

**RECEIVED**

**Nov 28 2023**

**SC Court of Appeals**

THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

---

APPEAL FROM JASPER COUNTY  
Court of Common Pleas

H. Steven DeBerry, IV, Circuit Court Judge

---

Common Pleas Case Number 2022-CP-27-00109  
Appellate Case Number 2023-000791

---

A.M.L., and J.J.L., by and through  
their Next of Friend, John Doe,  
R.D.M., by and through his Next of  
Friend, Jane Snow, J.J.G., and S.T.S.,

Appellants,

v.

Wright Directions Family Services,  
LLC,

Respondent,

---

**RECORD ON APPEAL, VOLUME II (Page No. 501-1000)**

---

Robert J. Butcher  
Deborah J. Butcher  
Foster Care Abuse Law Firm  
Post Office Box 610  
Camden, South Carolina 29021

Elizabeth F. Morrison  
Whelan, Mellen, & Norris, LLC  
89 Broad Street  
Charleston, South Carolina 29401  
Email: [elizabeth@whelanmellen.com](mailto:elizabeth@whelanmellen.com)

Attorneys for the Appellants A.M.L., J.J.L.,  
R.D.M., J.J.G., and S.T.S.

Attorney for Wright Directions Family Services,  
LLC

## INDEX

### Volume I (ROA Page No. 1-500)

|                                                                                                           |     |
|-----------------------------------------------------------------------------------------------------------|-----|
| Form 4 Order (April 8, 2022) . . . . .                                                                    | 1   |
| Order (April 12, 2022) . . . . .                                                                          | 4   |
| Order Denying Plaintiffs' Motion to Show Cause and for Emergency Hearing<br>(December 29, 2022) . . . . . | 10  |
| Form 4 Order (January 5, 2023) . . . . .                                                                  | 14  |
| Form 4 Order (March 28, 2023) . . . . .                                                                   | 17  |
| Order Denying Motion to Reconsider (May 12, 2023) . . . . .                                               | 20  |
| Summons and Complaint (March 9, 2022) . . . . .                                                           | 22  |
| Motion to Show cause and for Expedited Hearing (March 9, 2022) . . . . .                                  | 30  |
| Exhibit 1, Medicaid Detailed Claims Report for A.M.L. (March 9, 2022) .                                   | 36  |
| Exhibit 2, Medicaid Detailed Claims Report for J.J.L. (March 9, 2022) . .                                 | 42  |
| Exhibit 3, Medicaid Detailed Claims Report for R.D.M. (March 9, 2022) .                                   | 49  |
| Exhibit 4, Medicaid Detailed Claims Report for J.J.G. (March 9, 2022) . .                                 | 59  |
| Exhibit 5, Medicaid Detailed Claims Report for S.T.S. (March 9, 2022) . .                                 | 66  |
| Exhibit 6, Correspondence with WDFS (May 2, 2019) . . . . .                                               | 70  |
| Exhibit 7, Correspondence with WDFS (May 12, 2021) . . . . .                                              | 78  |
| Exhibit 8, Correspondence with WDFS (December 15, 2021) . . . . .                                         | 124 |
| Exhibit 9, Correspondence with WDFS (January 19, 2022) . . . . .                                          | 129 |
| Exhibit 10, Correspondence with WDFS (February 25, 2022) . . . . .                                        | 135 |
| Exhibit 11, Affidavit of Tiffany Brown (March 9, 2022) . . . . .                                          | 160 |
| Amended Complaint for Specific Performance (March 10, 2022) . . . . .                                     | 165 |

|                                                                                                                                                        |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Plaintiffs’ Memorandum of Law in Support of Their Motion to Show Cause<br>(April 1, 2022) . . . . .                                                    | 171 |
| Certificate of Service (April 1, 2022) . . . . .                                                                                                       | 210 |
| Defendant Wright Directions Sub, LLC’s Answer to Plaintiffs’ Amended<br>Complaint (April 6, 2022) . . . . .                                            | 212 |
| Defendant Wright Directions Sub, LLC’s Memorandum in Opposition to<br>Plaintiffs’ Motion to Show Cause and Expedited Hearing (April 6, 2022) . . . . . | 216 |
| Exhibit A, Emails (April 6, 2022) . . . . .                                                                                                            | 223 |
| Motion to Show Cause and for Emergency Hearing (April 27, 2022) . . . . .                                                                              | 228 |
| Exhibit 1, WDFS Progress Notes (April 27, 2022) . . . . .                                                                                              | 234 |
| Exhibit 2, CV of Roy H. Lubit, M.D., Ph.D. . . . .                                                                                                     | 245 |
| Exhibit 3, Email to Elizabeth Morrison from Robert Butcher (April 22,<br>2022) . . . . .                                                               | 260 |
| Exhibit 4, Affidavit of Roy H. Lubit, M.D., Ph.D. (April 27, 2022) . . . . .                                                                           | 264 |
| Defendant’s Motion for Costs (October 26, 2022) . . . . .                                                                                              | 267 |
| Exhibit A, Transcript for April 7, 2022 (October 26, 2022) . . . . .                                                                                   | 272 |
| Exhibit B, Order (April 12, 2022) . . . . .                                                                                                            | 301 |
| Exhibit C, Affidavit of Ronda Stevens (October 24, 2022) . . . . .                                                                                     | 307 |
| Exhibit D, Invoice (May 4, 2022) . . . . .                                                                                                             | 309 |
| Exhibit E, Email between counsel (May 5, 2022) . . . . .                                                                                               | 310 |
| Motion for Continuance (January 3, 2023) . . . . .                                                                                                     | 312 |
| Exhibit 1, Email from WDFS’s counsel (December 30, 2022) . . . . .                                                                                     | 315 |
| Exhibit 2, Medical Record for Plaintiffs’ Counsel (December 17, 2022) . .                                                                              | 318 |
| Exhibit 3, Medical Record for Plaintiffs’ Counsel (December 23, 2022) . .                                                                              | 320 |
| Exhibit 4, Notice of Hearing (December 14, 2022) . . . . .                                                                                             | 325 |

|                                                                              |      |
|------------------------------------------------------------------------------|------|
| Plaintiffs’ Amended Response to Motion for Costs (March 3, 2023) . . . . .   | 328  |
| Exhibit 1, Expert Report of Evan T. Ortlieb, Ph.D. (February 27, 2023) . . . | 344  |
| Exhibit 2, SCDHHS Medicaid Audit (May 7, 2018) . . . . .                     | 399  |
| Exhibit 3, WDFS Progress Notes for A.M.L. . . . .                            | 447  |
| <b>Volume II (ROA Page No. 501-1000)</b>                                     |      |
| Exhibit 4, WDFS Progress Notes for A.M.L. . . . .                            | 748  |
| Exhibit 5, WDFS Progress Notes for J.J.G. . . . .                            | 1000 |
| <b>Volume III (ROA Page No. 1001-1500)</b>                                   |      |
| <b>Volume IV (ROA Page No. 1501-2000)</b>                                    |      |
| Exhibit 6, WDFS Progress Notes for J.J.G. . . . .                            | 1501 |
| Exhibit 7, WDFS Progress Notes for J.J.G. . . . .                            | 1689 |
| Exhibit 8, WDFS Progress Notes for J.J.L. . . . .                            | 1750 |
| <b>Volume V (ROA Page No. 2001-2500)</b>                                     |      |
| Exhibit 9, WDFS Progress Notes for J.J.L. . . . .                            | 2028 |
| Exhibit 10, WDFS Progress Notes for R.D.M. . . . .                           | 2334 |
| <b>Volume VI (ROA Page No. 2501-3000)</b>                                    |      |
| Exhibit 11, WDFS Progress Notes for R.D.M. . . . .                           | 2876 |
| <b>Volume VII (ROA Page No. 3001-3500)</b>                                   |      |
| Exhibit 12, WDFS Progress Notes for R.D.M. . . . .                           | 3174 |
| <b>Volume VIII (ROA Page No. 3501-4000)</b>                                  |      |
| <b>Volume IX (ROA Page No. 4001-4500)</b>                                    |      |
| Exhibit 13, WDFS Progress Notes for S.T.S. . . . .                           | 4102 |
| Exhibit 14, WDFS Treatment Plan for R.D.M. (July 5, 2017) . . . . .          | 4418 |



|                                                                                           |      |
|-------------------------------------------------------------------------------------------|------|
| Exhibit 15, WDFS Biopsychosocial Treatment Plan for J.J.L. (September 16, 2014) . . . . . | 4421 |
| Exhibit 16, WDFS Biopsychosocial Treatment Plan for J.J.L. (November 5, 2013) . . . . .   | 4427 |
| Exhibit 17, Affidavit of Attorney’s Fees and Costs (March 3, 2023) . . . . .              | 4433 |
| Exhibit 18, Beaufort County School District Calendars . . . . .                           | 4462 |
| Exhibit 19, Supplemental Affidavit of Attorney’s Fees and Costs (March 8, 2023) . . . . . | 4470 |
| Plaintiffs’ Motion to Reconsider (April 6, 2023) . . . . .                                | 4475 |
| Transcript of Hearing (April 7, 2022) . . . . .                                           | 4499 |
| <b>Volume X (ROA Page No. 4501-4574)</b>                                                  |      |
| Transcript of Hearing (April 29, 2022) . . . . .                                          | 4528 |
| Transcript of Hearing (March 9, 2023) . . . . .                                           | 4542 |
| Letter from South Carolina Court of Appeals to Counsel (June 2, 2023) . . . . .           | 4559 |
| Appellants’ Memorandum on Appealability (June 12, 2023) . . . . .                         | 4560 |
| Respondent’s Memorandum on Appealability (June 22, 2023) . . . . .                        | 4566 |
| Order (July 17, 2023) . . . . .                                                           | 4574 |

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

Respectfully submitted,

**FOSTER CARE ABUSE LAW FIRM, PA**

s/Robert J. Butcher

Robert J. Butcher - 74722

Deborah J. Butcher - 74029

509 Walnut Street

Camden, South Carolina 29020

Post Office Box 610

Camden, South Carolina 29021

Telephone: 803.432.7599

[rbutcher@camdensc-law.com](mailto:rbutcher@camdensc-law.com)

Camden, South Carolina  
November 28, 2021

Name: **A.M.L.A.M.L**

Policy

**ROA Page No. 0501**

Insurance No.

DOB:

**DOB**

Note ID#: 6594379

Date of Service: 2/17/2015

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy Insurance No. **DOB**

Record #: 72

Note ID#: 6597107

Date of Service: 2/18/2015

Staff: Jamison, Victoria

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 9

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 2/18/2015

Shift/Duration of Service: 10:45 AM - 1:00 PM Total Time: 2 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

**[REDACTED]**

**[REDACTED]**

Intervention/Activity  
(What you did)

**[REDACTED]**

Assessment of  
Progress Towards  
Goal

**[REDACTED]**

Plan for next session:

**[REDACTED]**

Client Progress:

**[REDACTED]**

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Policy

Insurance No. **ROA Page No. 0503**

DOB:

**DOB**

Note ID#: 6597107

Date of Service: 2/18/2015

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

2/23/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy #

ROA Page No. 0594

Insurance No.

DOB:

**DOB**

Note ID#: 6601371

Date of Service: 2/19/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: 

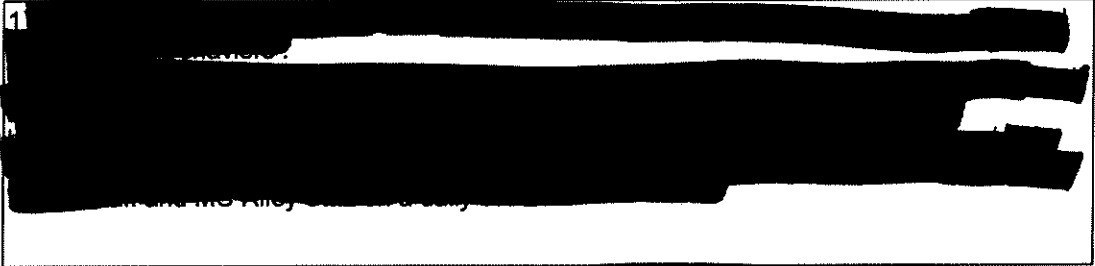
Date: 2/19/2015

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

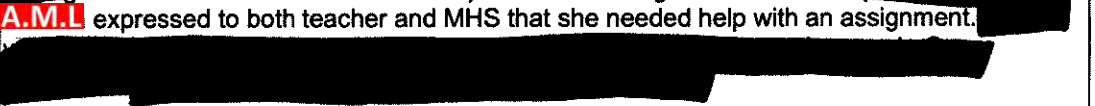
1) 



Intervention/Activity  
(What you did)



Assessment of  
Progress Towards  
Goal

  
**A.M.L.** expressed to both teacher and MHS that she needed help with an assignment.  
  
Plan for next session:  


Client Progress:



Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy #

**ROA Page No. 0505**

Insurance No.

DOB:

**DOB**

Note ID#: 6601371

Date of Service: 2/19/2015

Staff: Jamison, Victoria

Record # 12

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

2/23/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy

ROA Page No. 0506

DOB:

**DOB**

Note ID#: 6601759

Date of Service: 2/20/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 2/20/2015

Shift/Duration of Service: 1:00 PM - 2:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1 [REDACTED]

1 [REDACTED]

Intervention/Activity  
(What you did)

[REDACTED]

Assessment of  
Progress Towards  
Goal

[REDACTED] **A.M.L.** responded to MHS discussion by  
stating, "because I was good all week long."  
Plan for next session:  
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP

*Victoria Jamison, BA, MHS*

2/23/2015



Name: **A.M.L.A.M.L.**

Date of Service: 2/20/2015

Policy: **Insurance No.**

Staff: Jamison, Victoria

DOB:

**DOB**

Note ID#: 6601759

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy

ROA Page No. 0508

Insurance No.

DOB:

**DOB**

Note ID#: 6601972

Date of Service: 2/20/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: Home - 12

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 2/20/2015

Shift/Duration of Service: 4:15 PM - 4:45 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) [REDACTED]

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

[REDACTED] Mom followed through by stating that  
**A.M.L.** had an incident on the bus where she and her sibling took someone's snack.

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP

*Victoria Jamison, BA, MHS*

2/23/2015

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Policy # **Insurance No.**

DOB:

**DOB**

Note ID#: 6601972

Date of Service: 2/20/2015

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy #

ROA Page No. 0510

DOB:

**DOB**

Note ID#: 6612551

Date of Service: 2/23/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 2/23/2015

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) [REDACTED]

Intervention/Activity  
(What you did)

[REDACTED]

Assessment of  
Progress Towards  
Goal

[REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Date of Service: 2/23/2015

Policy #

Insurance No. **ROA Page No. 0511**

DOB:

**DOB**

Note ID#: 6612551

Staff: Jamison, Victoria

Record #: 12

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

3/2/2015

Signature/Credentials/Position:

Wright Directions Family Services, LLC

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 8  
Service: (H2014HN) 15 Mins. - Behavior Modification  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

|                                     |                              |                      |
|-------------------------------------|------------------------------|----------------------|
| Consumer: <b>A.M.L.A.M.L.A.M.L.</b> | Date of Birth: <b>DOB</b>    | Location: School - 3 |
| Record #: 72                        | Policy: <b>Insurance No.</b> |                      |
| Face To Face: Yes                   |                              |                      |
| Overall Affect: <b>[REDACTED]</b>   |                              |                      |

|                 |                                               |                           |
|-----------------|-----------------------------------------------|---------------------------|
| Date: 2/25/2015 | Shift/Duration of Service: 9:30 AM - 11:30 AM | Total Time: 2 hrs. 0 min. |
|-----------------|-----------------------------------------------|---------------------------|

DSM-V Diagnosis: N/A

Purpose of Contact

**[REDACTED]**

Intervention/Activity  
(What you did)

**A.M.L.** with a "Good morning."

MHS came into the classroom and

Assessment of  
Progress Towards  
Goal

**A.M.L.** responded to MHS by saying "Morning."

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

Name: **A.M.L.A.M.L.**

Policy

Insurance No. **ROA Page No. 0513**

DOB:

**DOB**

Note ID#: 6612681

Date of Service: 2/25/2015

Staff: Jamison, Victoria

Record #: 12

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

3/2/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6614084

Date of Service: 2/25/2015

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy # **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 2/25/2015

Shift/Duration of Service: 1:00 PM - 2:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

**[REDACTED]**

**[REDACTED]**

Intervention/Activity  
(What you did)

**[REDACTED]**

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L.A.M.I.**

Policy:

ROA Page No. 0515

Insurance No.

DOB:

**DOB**

Note ID#: 6614084

Date of Service: 2/25/2015

Staff: Sutton, Renee

Record # 12

Page 2 of 2

Assessment of  
Progress Towards  
Goal

[REDACTED]

Plan: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 2/27/2015

Signature/Credentials/Position:

\_\_\_\_\_  
\_\_\_\_\_

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy: **Insurance No.**

DOB: **DOB**

Note ID#: 6620454

Date of Service: 2/27/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 2/27/2015

Shift/Duration of Service: 11:30 AM - 1:30 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

"I did nothing."

**A.M.L.** expressed to MHS that she needed some help with  
holding a few of her items during lunch

Plan for next session:

Client Progress: **[REDACTED]**

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Date of Service: 2/27/2015

Policy:

Insurance No. **ROA Page No. 0517**

DOB:

**DOB**

Note ID#: 6620454

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

3/2/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6624555

Date of Service: 3/2/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 3/2/2015

Shift/Duration of Service: 8:45 AM - 10:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

1) [REDACTED]

[REDACTED]

[REDACTED] "I played with my  
nephews the past weekend." **A.M.L.** expressed to MHS that she did not need her glasses.  
**A.M.L.** expressed that she could not read the text [REDACTED]  
Plan for next session:  
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Date of Service: 3/2/2015

Policy #

Staff: Jamison, Victoria

ROA Page No. 0519

Insurance No.

DOB:

Record #: 72

**DOB**

Note ID#: 6624555

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

3/9/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6624935

Date of Service: 3/3/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 8  
Service: (H2014HN) 15 Mins. - Behavior Modification

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 3/3/2015

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1)

**Intervention/Activity  
(What you did)**

MHS asked **A.M.L.** if she needed help with her work.

**Assessment of  
Progress Towards  
Goal**

"no."

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Policy:

ROA Page No. 0521

Insurance No.

DOB:

**DOB**

Note ID#: 6624935

Date of Service: 3/3/2015

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

3/9/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy #

ROA Page No. 0522

Insurance No.

DOB: **DOB**

Note ID#: 6625242

Date of Service: 3/4/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 12

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 3/4/2015

Shift/Duration of Service: 9:45 AM - 12:45 PM Total Time: 3 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Client Progress:

1) [REDACTED]

[REDACTED]

[REDACTED] "Yes"  
[REDACTED] **A.M.L.** followed through by stating to the MHS that "I'm  
scared to ask my mama if I can wear my new swim suit because she doesn't like for us to wear  
our new stuff." **A.M.L.** expressed to MHS that she wanted the MHS to come by her house so  
that someone will be with her when she tries to ask her mother if it would be okay to wear her  
new swim suit.  
Plan for next session:  
[REDACTED]

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L.A.M.L**

Policy #

Insurance No. **ROA Page No. 0523**

DOB:

**DOB**

Note ID#: 6625242

Date of Service: 3/4/2015

Staff: Jamison, Victoria

Record #: 12

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison BA CSP*

3/11/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy:

**ROA Page No. 0524**

Insurance No.

DOB:

**DOB**

Note ID#: 6627048

Date of Service: 3/4/2015

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Main - Ridgeland

Units Used: 1

77 Hazzard creek vlg, unit - C

Service: (90837HO) 1 Hour Individual Therapy

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

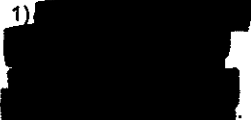
Overall Affect: 

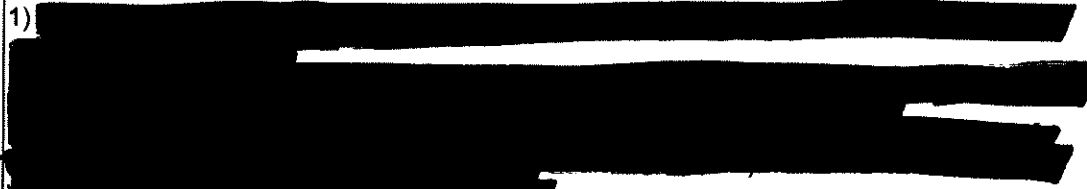
Date: 3/4/2015

Shift/Duration of Service: 12:45 PM - 1:45 PM Total Time: 1 hrs. 0 min.

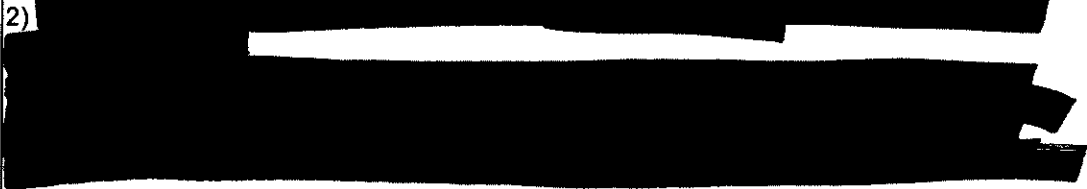
DSM-V Diagnosis: N/A

Purpose of  
Contact

1) 

1) 

2) 

2) 

Intervention/Activity  
(What you did)



ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy

Insurance No. **ROA Page No. 0525**

DOB:

**DOB**

Note ID#: 6627048

Date of Service: 3/4/2015

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Response: **A.M.L.** [REDACTED] telling a teacher to call mom about her wearing her new bathing suit during school swimming on Friday. [REDACTED]

[REDACTED] Her parents reported to MHP the school meeting but said father can't attend and mother will not attend school meetings. [REDACTED] but agreed to attendance in another meeting for youngest brother.

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 3/9/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy

Insurance No. **ROA Page No. 0526**

DOB: **DOB**

Note ID#: 6630351

Date of Service: 3/5/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 3/5/2015

Shift/Duration of Service: 11:00 AM - 1:00 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1) **[REDACTED]**

**Intervention/Activity  
(What you did)**

**Assessment of  
Progress Towards  
Goal**

1) **[REDACTED]**

**[REDACTED]**

**[REDACTED]**  
**A.M.L.** expressed to MHS that her teacher called her mom so  
that **A.M.L.** could participate in swimming. **A.M.L.** expressed having fun **[REDACTED]**  
**[REDACTED]**. **A.M.L.** expressed  
that the lunch was not what she had ordered.  
Plan for next session:  
**[REDACTED]**

Client Progress: **[REDACTED]**

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy

Insurance No. **ROA Page No. 0527**

DOB:

**DOB**

Note ID#: 6630351

Date of Service: 3/5/2015

Staff:

Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

3/9/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

**Policy #**

**ROA Page No. 0528**

DOB

**Note ID#: 6635163**

**Date of Service:** 3/6/2015

**Staff:** Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

**Main - Ridgeland**

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

## Jasper County

**Phone: 8436457700**

Division of Mental Health, Developmental

Units Used: 10

## Disabilities and Substance Abuse Services

**Service: (H2014HN) 15 Mins. - Behavior Modification**

Consumer: A.M.L.A.M.L.A.M.L

**Date of Birth**

DOB

**Location:** School - 3

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

**Overall Affect:**

Date: 3/6/2015

Shift/Duration of Service: 11:00 AM - 1:30 PM Total Time: 2 hrs. 30 min.

**DSM-V Diagnosis: N/A**

### Purpose of Contact

1)

**Intervention/Activity**  
(What you did)

greeted **A.M.L** with a "Good Morning."

MHS

### Assessment of Progress Towards Goal

[REDACTED] A.M.L expressed to MHS that her mom had given her money for her positive actions. A.M.L followed through by stating that she does not want to continue to get in trouble because her parents stated that her younger siblings look up to her so she has to be good all the time.

**Plan for next session:**

**Client Progress:**

Next Appointment:    None Scheduled

Name: **A.M.L.A.M.L**

Policy

Insurance No. **ROA Page No. 0529**

DOB:

**DOB**

Note ID#: 6635163

Date of Service: 3/6/2015

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

3/9/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6635345

Date of Service: 3/6/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: Home - 12

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 3/6/2015

Shift/Duration of Service: 4:15 PM - 4:45 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Mom followed through by stating that **A.M.L.** can use the money to by  
whatever she decides but the earnings cannot go towards candy. **[REDACTED]**

Plan for next session:  
**[REDACTED]**

Client Progress: **[REDACTED]**

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP

*Victoria Jamison, BA, MHS*

3/9/2015

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L.A.M.L**

Policy Insurance No.

DOB:

**DOB**

Note ID#: 6635345

Date of Service: 3/6/2015

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Policy # Insurance No.

DOB: **DOB**

Note ID#: 6636574

**Date of Service:** 3/9/2015

**Staff:** Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

## Jasper County

Phone: 8436457700

## Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Units Used: 8

**Service: (H2014HN) 15 Mins. - Behavior Modification**

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth

Location: School - 3

Record #: 72

Policy #

Face To Face: Yes

**Overall Affect:**

**Date: 3/9/2015**

Shift/Duration of Service: 9:30 AM - 11:30 AM Total Time: 2 hrs. 0 min.

**DSM-V Diagnosis: N/A**

### Purpose of Contact

13

Intervention/Activity  
(What you did)

### Assessment of Progress Towards Goal

1

MHS greeted **A.M.L** with a "Good Morning."

stating "Morning." [REDACTED] A.M.L responded to MHS by

**Plan for next session:**

**Client Progress:**

Name: **A.M.L.A.M.L.**

Policy #

Insurance No. **ROA Page No. 0533**

DOB:

**DOB**

Note ID#: 6636574

Date of Service: 3/9/2015

Staff: Jamison, Victoria

Record # 12

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

3/16/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6636872

Date of Service: 3/10/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 3/10/2015

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

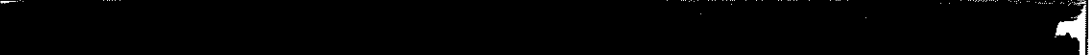
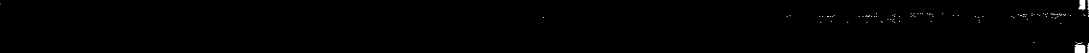
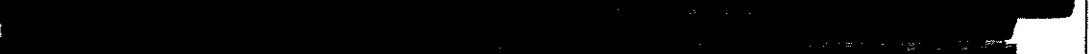
1) 

1)   
  
  
  


Intervention/Activity  
(What you did)

MHS greeted **A.M.L.** with a "Good morning." 

Assessment of  
Progress Towards  
Goal


Plan for next session:



Client Progress:



Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Date of Service: 3/10/2015

Policy #

Insurance No. **ROA Page No. 0535**

DOB:

**DOB**

Note ID#: 6636872

Staff: Jamison, Victoria

Record # 12

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

3/16/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy:

**ROA Page No. 0536**

**Insurance No.**

DOB:

**DOB**

Note ID#: 6637933

Date of Service: 3/11/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth:

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 3/11/2015

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

**A.M.L.** informed teacher that she needed help looking up a word in the dictionary.

Assessment of  
Progress Towards  
Goal

**A.M.L.** responded to MHS by stating that "I forgot them."

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy:

ROA Page No. 0537

Insurance No.

DOB:

**DOB**

Note ID#: 6637933

Date of Service: 3/11/2015

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

3/16/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**  
Date of Service: 3/20/2015

Policy Insurance No.  
Staff: Sutton, Renee

DOB: **DOB**  
Record #: 72

Note ID#: 6654437

Page 1 of 2

Wright Directions Family Services, LLC  
Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services  
Units Used: 1  
Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: **A.M.L.A.M.L.A.M.L.**  
Record #: 72  
Face To Face: Yes  
Overall Affect: **[REDACTED]**

Date of Birth: **DOB**  
Policy #: **Insurance No.**  
Location: School - 3

Date: 3/20/2015 Shift/Duration of Service: 10:30 AM - 11:30 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Response

Mom reported "we'll see" with  
MHP's attempts to clarify continuing therapy services.  
**A.M.L.**'s sister reported mom threw away sister's therapy journal because of **A.M.L.**'s  
expressed dislike that MHP had not given her coloring pages and journal. Teachers reported  
school suspension earlier in week due to **A.M.L.** stealing food from peer book bag.

Progress: **[REDACTED]**



Name: **A.M.L.A.M.L.**  
Date of Service: 3/20/2015

Policy Insurance No. [REDACTED]  
Staff: Sutton, Renee

DOB: **DOB**  
Record #: 72

Note ID#: 6654437

Page 2 of 2

Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 3/26/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy #

ROA Page No. 0540

Insurance No.

DOB: **DOB**

Note ID#: 6733419

Date of Service: 4/23/2015

Staff: Williams, Barbara

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 6

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (T1016) TCM - no travel

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: Home - 12

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 4/23/2015

Shift/Duration of Service: 12:00 PM - 1:30 PM Total Time: 1 hrs. 30 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1.

**Intervention/Activity  
(What you did)**

**Monitoring/Assessment:**

CM was informed that **A.M.L.** is doing well in school for the school is not reporting any issues of her behavior or getting any referrals. CM was informed that she has really made a complete turnaround.

CM was informed that she is doing well in the home for there is no behavioral issues in the home.

CM told mom that this was good for this is teaching her responsibility and how to take care of others by doing work around the house.

**Effectiveness of  
Intervention/Activity**

**Support Team:**

Mom stated that she is happy to say she has no issues from the child at home. That she has spoken with the child letting them know that they are not to take anything and they are not to ask for anything, for the school is just waiting for them to slip up so that they can call DSS. Mom stated that one of the children got in trouble at school for he asked the custodian for a pack of crackers and got a referral.

Mom stated that she informed the school to do what needed to be done for she has spoken with him time after time about not asking and not taking things.

Mom stated that she refuses to go to the school and she is not taking any phone calls from them either.

CM told her that she needed to talk to school official, because she don't want this to look like she is not wanting to cooperate with the school.

Name: **A.M.L.A.M.L.**

Policy Insurance No. **ROA Page No. 0541**

DOB: **DOB**

Note ID#: 6733419

Date of Service: 4/23/2015

Staff: Williams, Barbara

Record #: 72

Page 2 of 2

Referral/ Follow-up:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Barbara Williams

CSP

*Barbara Williams, MS, MHS*

4/25/2015

Signature/Credentials/Position:

\_\_\_\_\_

Name: **A.M.L.A.M.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6773261

Date of Service: 5/1/2015

Staff: Williams, Barbara

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 6

Service: (T1016) TCM - no travel

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: Home - 12

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 5/1/2015

Shift/Duration of Service: 10:30 AM - 12:00 PM Total Time: 1 hrs. 30 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

**[REDACTED]**

1)

**[REDACTED]**

2)

**[REDACTED]**

**Intervention/Activity  
(What you did)**

**Monitoring/Assessment:**

**[REDACTED]**

CM was informed that **A.M.L.** is doing well in school for the school is not reporting any issues of her behavior or getting any referrals. CM was informed that she has really made a complete turnaround.

**[REDACTED]** CM was informed that she is doing okay in the home for she seems to be trying to do the right things, but at times she is found picking on her younger siblings. CM was informed by mom that she is always talking to her about her behavior, letting her know that she is wrong for doing this and she needs to stop. **[REDACTED]**

**[REDACTED]**

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy

Insurance No. **ROA Page No. 0543**

DOB:

**DOB**

Note ID#: 6773261

Date of Service: 5/1/2015

Staff: Williams, Barbara

Record #: 72

Page 2 of 2

Effectiveness of  
Intervention/Activity

**Support Team:**

[REDACTED] Mom stated that she is happy to say she has no issues from the child at home. That she has spoken with the child letting them know that they are not to take anything and they are not to ask for anything, for the school is just waiting for them to slip up so that they can call DSS. Mom stated that one of the children got in trouble at school for he asked the custodian for a pack of crackers and got a referral.

Mom stated that she informed the school to do what needed to be done for she has spoken with him time after time about not asking and not taking things. [REDACTED]

[REDACTED] Mom stated that she refuses to go to the school and she is not taking any phone calls from them either. [REDACTED]

**Referral/ Follow-up:**

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Barbara Williams

CSP

*Barbara Williams, MS, MHS*

5/2/2015

Signature/Credentials/Position:

\_\_\_\_\_  
\_\_\_\_\_

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6770132

Date of Service: 5/15/2015

Staff: Williams, Barbara

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 6

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (T1016) TCM - no travel

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: Home - 12

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 5/15/2015

Shift/Duration of Service: 12:00 PM - 1:30 PM Total Time: 1 hrs. 30 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1)

**Intervention/Activity  
(What you did)**

**Monitoring/Assessment:**

CM was told by mom that she was not sure that one day they went into the Target store up the street and she asked her to buy her a kit. Mom stated that she always encourage her to be the best that she can be.

CM was told by mom that she is doing great for her report is good, she just have some issues with talking too much in class at times.

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Date of Service: 5/15/2015

Policy #: **Insurance No.**

Staff: Williams, Barbara

DOB: **DOB**

Record #: 72

Note ID#: 6770132

Page 2 of 2

**Effectiveness of Intervention/Activity**

**Support Team:** [REDACTED]  
Mom informed CM that the child was doing well at home but at time still having some issues at school. Mom stated that the school continues to call when there is an issue and still just tell them to handle the situation. [REDACTED]

[REDACTED] Mom stated that she is just tired of the school calling with petite things. [REDACTED]

**Referral/Follow-up:** [REDACTED]

**Client Progress:** [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Barbara Williams  
CSP

*Barbara Williams, MS, MHS*

5/16/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6841888

Date of Service: 6/17/2015

Staff: Williams, Barbara

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Service: (T1016) TCM - no travel

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: Other Place of Service - 99

Record #: 72

Policy #

**Insurance No.**

Face To Face: No

Overall Affect: **[REDACTED]**

Date: 6/17/2015

Shift/Duration of Service: 2:30 PM - 3:00 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1) **[REDACTED]**

**Intervention/Activity  
(What you did)**

Monitoring/Assessment: **[REDACTED]**

**Effectiveness of  
Intervention/Activity**

**Support Team:** **[REDACTED]** Mom informed CM that his week would not be a good week for a visit with the children. Mom shared that the children has appointments and she has her grandchildren with her at the home and that she is not sure that this time is good of her, but that she asked CM to call later in the week to set a time for the following week for a visit.

**Referral/Follow-up:** **[REDACTED]**

**Client Progress:**

Next Appointment: None Scheduled

Signature/Credentials/Position:

Barbara Williams

CSP

*Barbara Williams, MS, MHS*

6/20/2015



Name: **A.M.L.A.M.L.**

Date of Service: 6/17/2015

Policy:

Insurance No. **ROA Page No. 0547**

DOB:

**DOB**

Note ID#: 6841888

Staff: Williams, Barbara

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6423156

Date of Service: 10/28/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 7

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 10/28/2014

Shift/Duration of Service: 10:00 AM - 11:45 AM Total Time: 1 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy: **Insurance No.**

DOB: **DOB**

Note ID#: 6423156

Date of Service: 10/28/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

11/4/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy

ROA Page No. 0550

Insurance No.

DOB

Note ID#: 6424582

Date of Service: 10/29/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 7

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

DOB

Location: School - 3

Record #: 72

Policy

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 10/29/2014

Shift/Duration of Service: 10:00 AM - 11:45 AM Total Time: 1 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

1) [REDACTED]

[REDACTED]

[REDACTED] **A.M.L.** cooperated by stating to MHS that she did  
"good" while in small group reading comprehension. [REDACTED]  
[REDACTED] **A.M.L.** followed through by stating that she wanted to do  
assignment alone without the help of MHS around. [REDACTED]

Plan for next session:

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy

Insurance No. **ROA Page No. 0551**

DOB:

**DOB**

Note ID#: 6424582

Date of Service: 10/29/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

11/5/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6426122

Date of Service: 10/30/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 7  
Service: (H2014HN) 15 Mins. - Behavior Modification  
Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 10/30/2014

Shift/Duration of Service: 10:00 AM - 11:45 AM Total Time: 1 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Date of Service: 10/30/2014

Policy #

Staff: Jamison, Victoria

ROA Page No. 0553

Insurance No.

DOB:

**DOB**

Note ID#: 6426122

Record # 12

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

11/6/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy

Insurance No. **ROA Page No. 0554**

DOB: **DOB**

Note ID#: 6431410

Date of Service: 10/31/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 10/31/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

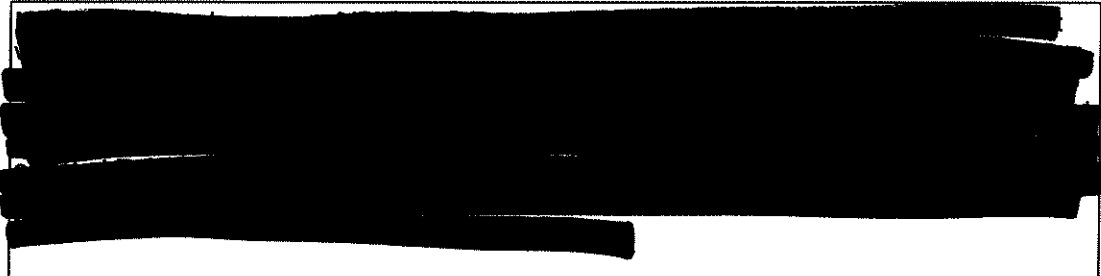
DSM-V Diagnosis: N/A

Purpose of  
Contact

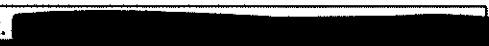
1) 

1) 

Intervention/Activity  
(What you did)



Assessment of  
Progress Towards  
Goal

**A.M.L.** expressed to MHS that she was talking a test.   
  
Plan for next session:  

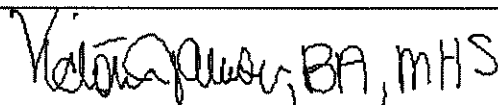

Client Progress:



Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP



11/7/2014



Name: **A.M.L.A.M.L**

Policy: **Insurance No.**

DOB: **DOB**

Note ID#: 6431410

Date of Service: 10/31/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy #

ROA Page No. 0556

Insurance No.

DOB:

**DOB**

Note ID#: 6433863

Date of Service: 11/3/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: [REDACTED]

Date: 11/3/2014

Shift/Duration of Service: 10:00 AM - 11:00 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) [REDACTED]

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

1) [REDACTED]

[REDACTED]

[REDACTED] **A.M.L.** responded to MHS question of what was she doing by saying, "This."  
[REDACTED] **A.M.L.** responded to MHS liking her scarecrow by saying "Thank you."  
Plan for next session:  
[REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy

**ROA Page No. 0557**

Insurance No.

DOB:

**DOB**

Note ID#: 6433863

Date of Service: 11/3/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA CSP*

11/10/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Wright Directions Family Services, LLC  
Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 8  
Service: (H2014HN) 15 Mins. - Behavior Modification  
Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

|                                     |                                |                      |
|-------------------------------------|--------------------------------|----------------------|
| Consumer: <b>A.M.L.A.M.L.A.M.L.</b> | Date of Birth: <b>DOB</b>      | Location: School - 3 |
| Record #: 72                        | Policy #: <b>Insurance No.</b> |                      |
| Face To Face: Yes                   |                                |                      |
| Overall Affect: <b>[REDACTED]</b>   |                                |                      |

Date: 11/5/2014 Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

**[REDACTED]**

Intervention/Activity  
(What you did)

**[REDACTED]**

Assessment of  
Progress Towards  
Goal

**[REDACTED]**  
"thank you" to MHS  
**A.M.L.** informed MHS that she cannot complete the entire worksheet in that short amount of time. **A.M.L.** by stating that she did not finish all of the worksheet as MHS requested.  
**[REDACTED]**  
Plan for next session:  
**[REDACTED]**

Client Progress:

**[REDACTED]**

Name: **A.M.L.A.M.L.**

Policy

Insurance No. **ROA Page No. 0559**

DOB:

**DOB**

Note ID#: 6435107

Date of Service: 11/5/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison BA CSP*

11/12/2014

Signature/Credentials/Position:

Wright Directions Family Services, LLC  
Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 1  
Service: (90837HO) 1 Hour Individual Therapy  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

|                                     |                              |                      |
|-------------------------------------|------------------------------|----------------------|
| Consumer: <b>A.M.L.A.M.L.A.M.L.</b> | Date of Birth: <b>DOB</b>    | Location: School - 3 |
| Record #: 72                        | Policy: <b>Insurance No.</b> |                      |
| Face To Face: Yes                   |                              |                      |
| Overall Affect: <b>[REDACTED]</b>   |                              |                      |

Date: 11/6/2014 Shift/Duration of Service: 11:45 AM - 12:45 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) **[REDACTED]**

1) **[REDACTED]**

Intervention/Activity (What you did)

**[REDACTED]**

Assessment of Progress Towards Goal

**[REDACTED]**  
around. **[REDACTED]** She reported not being embarrassed when MHP comes around. **[REDACTED]**  
Progress: **[REDACTED]**  
**[REDACTED]**  
Plan: **[REDACTED]**

Name: **A.M.L.A.M.I.**

Policy

Insurance No. **ROA Page No. 0561**

DOB:

**DOB**

Note ID#: 6436724

Date of Service: 11/6/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 11/18/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy

ROA Page No. 0562

Insurance No.

DOB

Note ID#: 6438386

Date of Service: 11/6/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

DOB

Location: School - 3

Record #: 72

Policy

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 11/6/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1)

**Intervention/Activity  
(What you did)**

**Assessment of  
Progress Towards  
Goal**

**Client Progress:**

1) [REDACTED]

[REDACTED]

**A.M.L.** informed teacher that she did not have a non-fiction book because she read both of the books at home and has already returned them back to the library. [REDACTED]

[REDACTED] **A.M.L.**

responded to MHS question about "what are you doing" by stating that she was "reading."

[REDACTED]

**A.M.L.** informed MHS about her completing the worksheet.

[REDACTED]

Plan for next session:

[REDACTED]

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L.A.M.L**

Policy:

**ROA Page No. 0563**

Insurance No.

DOB:

**DOB**

Note ID#: 6438386

Date of Service: 11/6/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison BA CSP*

11/13/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy #

ROA Page No. 0564

Insurance No.

DOB:

**DOB**

Note ID#: 6441650

Date of Service: 11/10/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: 

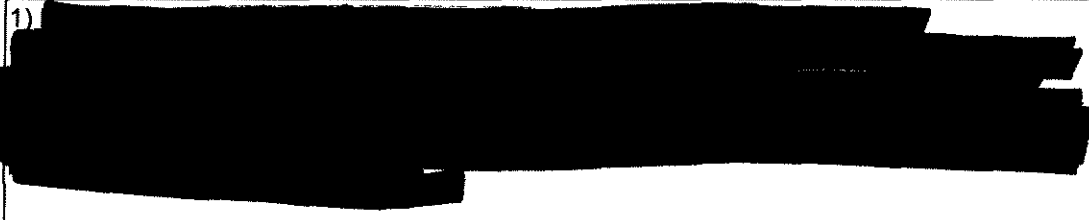
Date: 11/10/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

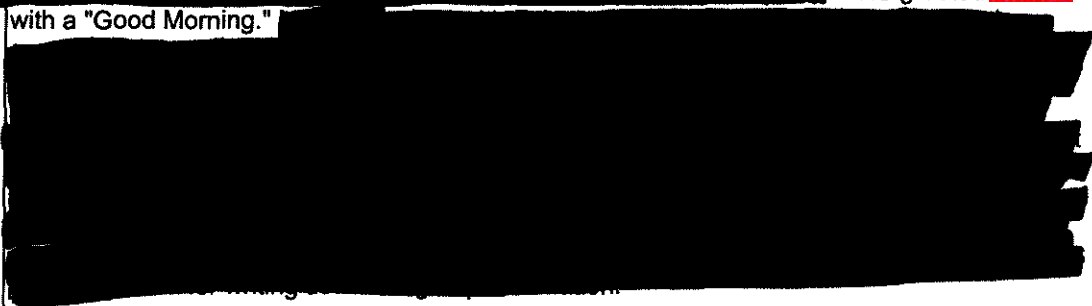
DSM-V Diagnosis: N/A

Purpose of  
Contact

1) 

1) 

Intervention/Activity  
(What you did)

 MHS greeted **A.M.L.**  
with a "Good Morning." 

Assessment of  
Progress Towards  
Goal

**A.M.L.** responded to MHS morning greet by saying, "Morning." 

Plan for next session:  


Client Progress: 

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Policy # **Insurance No.**

DOB:

**DOB**

Note ID#: 6441650

Date of Service: 11/10/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA CSP*

11/17/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy:

ROA Page No. 0566

Insurance No.

DOB:

**DOB**

Note ID#: 6443329

Date of Service: 11/10/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental

Main - Ridgeland

Units Used: 1

Disabilities and Substance Abuse Services

77 Hazzard creek vlg, unit - C

Service: (S9482HN) 15 Mins. - Family Support

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Consumer:

**A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: Home - 12

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 11/10/2014

Shift/Duration of Service: 4:00 PM - 4:15 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1)

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Client Progress:

1) [REDACTED]

[REDACTED]

Mom responded [REDACTED] by stating that **A.M.L.** is bossy. Mom followed through by stating that **A.M.L.** has a problem with "running her mouth off at the teacher." Mom expressed that **A.M.L.** is slow at doing her work because she wants it to be neat.

Plan for next session:

[REDACTED]

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP

*Victoria Jamison, BA, CSP*

11/17/2014

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Policy: **Insurance No.**

DOB:

**DOB**

Note ID#: 6443329

Date of Service: 11/10/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy

ROA Page No. 0568

Insurance No.

DOB

Note ID#: 6443372

Date of Service: 11/12/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

DOB

Location: School - 3

Record #: 72

Policy

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 11/12/2014

Shift/Duration of Service: 11:45 AM - 12:45 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Response:

Progress:

Plan:

Name: **A.M.L.A.M.L.**

Policy #

ROA Page No. 0569

Insurance No.

DOB:

**DOB**

Note ID#: 6443372

Date of Service: 11/12/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Client Progress:

Minor Progress

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

Renee Sutton, MHP, LPC-I 11/18/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6443621

Date of Service: 11/12/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Main - Ridgeland

Units Used: 8

77 Hazzard creek vlg, unit - C

Service: (H2014HN) 15 Mins. - Behavior Modification

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 11/12/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

**[REDACTED]**, **A.M.L.** responded by stating that "I already read it." **A.M.L.** followed through by  
stating once more that "I don't want to read it again." **[REDACTED]**

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L.A.M.L**

Policy

Insurance No. **ROA Page No. 0571**

DOB:

**DOB**

Note ID#: 6443621

Date of Service: 11/12/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison BA CSP*

11/19/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy Insurance No. **DOB**

DOB: **DOB**

Note ID#: 6444705

Date of Service: 11/13/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Main - Ridgeland

Units Used: 8

77 Hazzard creek vlg, unit - C

Service: (H2014HN) 15 Mins. - Behavior Modification

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 11/13/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

**A.M.L.** responded to MHS by stating  
that she was reading.

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Date of Service: 11/13/2014

Policy

Insurance No. **ROA Page No. 0573**

DOB:

**DOB**

Note ID#: 6444705

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

12/7/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy: **Insurance No.**

DOB: **DOB**

Note ID#: 6446690

Date of Service: 11/14/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 11/14/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

1) **[REDACTED]**

Intervention/Activity  
(What you did)

**[REDACTED]**

Assessment of  
Progress Towards  
Goal

**[REDACTED]**

Plan for next session:

**[REDACTED]**

Client Progress:

**[REDACTED]**

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy #

Insurance No. **ROA Page No. 0575**

DOB:

**DOB**

Note ID#: 6448690

Date of Service: 11/14/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

11/21/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6450194

Date of Service: 11/17/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 11/17/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

**[REDACTED]**  
by MHS. **A.M.L.** responded to MHS question by stating that everything was going good.

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy #

ROA Page No. 0577

Insurance No.

DOB:

**DOB**

Note ID#: 6450194

Date of Service: 11/17/2014

Staff: Jamison, Victoria

Record #: 12

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

11/24/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy

ROA Page No. 0578

DOB: **DOB**

Note ID#: 6464987

Date of Service: 11/20/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: Home - 12

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: 

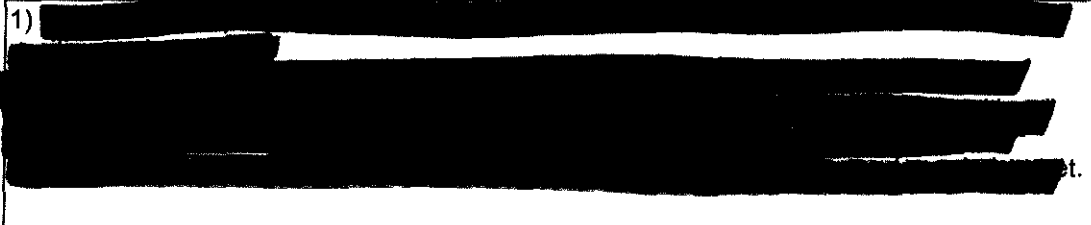
Date: 11/20/2014

Shift/Duration of Service: 5:30 PM - 6:00 PM Total Time: 0 hrs. 30 min.

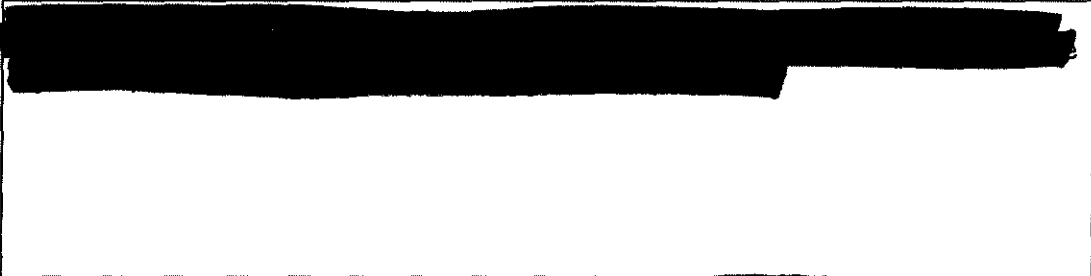
DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1) 

1) 

**Intervention/Activity  
(What you did)**



**Assessment of  
Progress Towards  
Goal**

 Mom informed  
MHS as to why **A.M.L.** was not in school today. Mom and dad expressed the importance of  
sending **A.M.L.** on the WDFS field trip.

Plan for next session:



**Client Progress:**

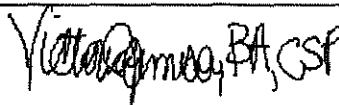


Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP



11/27/2014

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L.A.M.L**

Policy # **Insurance No.**

DOB:

**DOB**

Note ID#: 6464987

Date of Service: 11/20/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy: **Insurance No.**

DOB: **DOB**

Note ID#: 6471879

Date of Service: 12/1/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 12/1/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

1) **[REDACTED]**

**[REDACTED]**

**[REDACTED]** **A.M.L.** responded  
to MHS by stating that she was working on her writing. **[REDACTED]**

Plan for next session:

**[REDACTED]**

Client Progress:

**[REDACTED]**

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Date of Service: 12/1/2014

Policy #

Insurance No. **ROA Page No. 0581**

DOB:

**DOB**

Note ID#: 6471879

Staff: Jamison, Victoria

Record #: 12

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

12/8/2014

Signature/Credentials/Position:

Name: **A.M.I.A.M.I.**

Policy #

ROA Page No. 0582

DOB

DOB:

Note ID#: 6474131

Date of Service: 12/2/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.I.A.M.I.A.M.I.**

Date of Birth

Location: School - 3

Record #: 72

Policy #

DOB  
Insurance No.

Face To Face: Yes

Overall Affect: [REDACTED]

Date: 12/2/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) [REDACTED]

[REDACTED] S,

Intervention/Activity  
(What you did)

[REDACTED]

Assessment of  
Progress Towards  
Goal[REDACTED]  
Plan for next session:  
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP

Victoria Jamison, BA, MHS

12/9/2014

ROA Page No. 0582

FCA Bates No. 023959

Name: **A.M.I.A.M.I.**

Policy #

ROA Page No. 0583

Insurance No.

DOB:

**DOB**

Note ID#: 6474131

Date of Service: 12/2/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy

ROA Page No. 0584

DOB

Note ID#: 6474328

Date of Service: 12/2/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L.A.M.L.A.M.L.**Date of Birth: **DOB**

Location: Home - 12

Record #: 72

Policy: **Insurance No.**

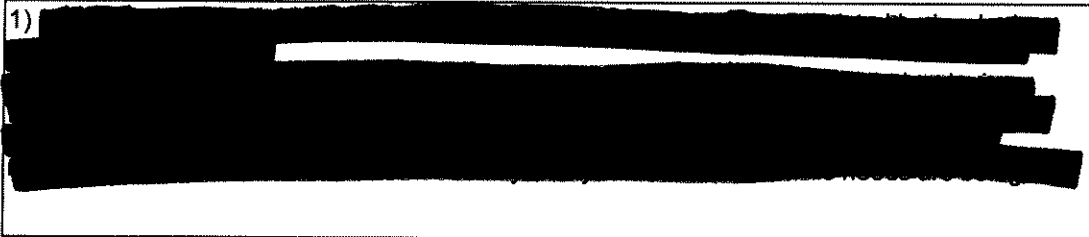
Face To Face: Yes

Overall Affect: 

Date: 12/2/2014

Shift/Duration of Service: 5:15 PM - 5:45 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

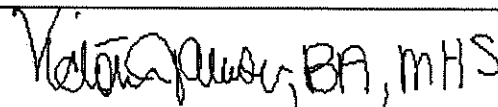
Purpose of  
Contact1) 1) Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal Mom informed MHS about  
upcoming field trips for client. Plan for next session:  


## Client Progress:



Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP

12/9/2014

Name: **AMLIAM**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6474328

Date of Service: 12/2/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy: **Insurance No.**

DOB: **DOB**

Note ID#: 6475714

Date of Service: 12/3/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 12/3/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L.A.M.L.**

Policy:

Insurance No. **ROA Page No. 0587**

DOB:

**DOB**

Note ID#: 6475714

Date of Service: 12/3/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

12/10/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6477181

Date of Service: 12/4/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 12/4/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1) **[REDACTED]**

1) **[REDACTED]**

**Intervention/Activity  
(What you did)**

**[REDACTED]**

**Assessment of  
Progress Towards  
Goal**

**[REDACTED]**  
A.M.L. expressed to MHS that she seen MHS in the hallway this morning and spoke. A.M.L. followed through by stating to MHS that the MHS did not respond to A.M.L. in the hallway. A.M.L. expressed to MHS that she wanted to go over homework sheet with MHS. **[REDACTED]**  
Plan for next session:  
**[REDACTED]**

**Client Progress:**

**[REDACTED]**

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

12/11/2014

ROA Page No. 0588

FCA Bates No. 023965

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Policy Insurance No.

DOB: **DOB**

Note ID#: 6477181

Date of Service: 12/4/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy Insurance No. **DOB**

DOB: **DOB**

Note ID#: 6485498

Date of Service: 12/8/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB** Location: School - 3

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 12/8/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1) **[REDACTED]**

1) **[REDACTED]**

**Intervention/Activity  
(What you did)**

**[REDACTED]**

**Assessment of  
Progress Towards  
Goal**

**A.M.L.** responded to MHS  
wave by saying, "Hi."

**[REDACTED]**

Plan for next session:

**[REDACTED]**

**Client Progress:**

**[REDACTED]**

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy

ROA Page No. 0591

Insurance No.

DOB:

**DOB**

Note ID#: 6485498

Date of Service: 12/8/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

12/15/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L**

## Policy

**ROA Page No. 0592**

DOB

DOB: DOB

Note ID#: 6487891

**Date of Service:** 12/9/2014

**Staff:** Jamison, Victoria

**Record #: 72**

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

## Jasper County

**Phone: 8436457700**

Units Used: 8

## Division of Mental Health, Developmental Disabilities and Substance Abuse Services

**Service: (H2014HN) 15 Mins. - Behavior Modification**

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth: [REDACTED]

**Location:** School - 3

Record #: 72

## Policy

Face To Face: Yes

**Overall Affect:**

**Date:** 12/9/2014

**Shift/Duration of Service:** 12:30 PM - 2:30 PM Total Time: 2 hrs. 0 min.

**DSM-V Diagnosis: N/A**

### Purpose of Contact

1)

**Intervention/Activity**  
(What you did)

### Assessment of Progress Towards Goal

1) [REDACTED]

[REDACTED]

[illegible]

**Client Progress:**

Name: **A.M.L.A.M.L**

Policy:

Insurance No. **ROA Page No. 0593**

DOB:

**DOB**

Note ID#: 6487891

Date of Service: 12/9/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP

*Victoria Jamison, BA, MHS*

12/16/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy: **Insurance No.**

DOB: **DOB**

Note ID#: 6488127

Date of Service: 12/9/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Main - Ridgeland

Units Used: 1

77 Hazzard creek vlg, unit - C

Service: (S9482HN) 15 Mins. - Family Support

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: Home - 12

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 12/9/2014

Shift/Duration of Service: 4:45 PM - 5:00 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

- 1) **[REDACTED]**
- 2) **[REDACTED]**
- 3) **[REDACTED]**

Intervention/Activity  
(What you did)

**[REDACTED]**

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L.A.M.I.**

Policy #

Insurance No. **ROA Page No. 0595**

DOB:

**DOB**

Note ID#: 6488127

Date of Service: 12/9/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Response: [REDACTED]  
[REDACTED] Mother reported her progress [REDACTED] "well...except for  
stealing." Mother reported that she wanted the kids to tell their progress. [REDACTED]

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 12/9/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy

Insurance No. **ROA Page No. 0596**

DOB: **DOB**

Note ID#: 6488147

Date of Service: 12/10/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Main - Ridgeland

Units Used: 8

77 Hazzard creek vlg, unit - C

Service: (H0032HO) 15 Mins. - Service Plan Development

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: Office - 11

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 12/10/2014

Shift/Duration of Service: 11:45 AM - 1:45 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

1)

2)

2)

3)

3)

Intervention/Activity  
(What you did)

Name: **A.M.L.A.M.L.**

Policy # **Insurance No.**

DOB:

**DOB**

Note ID#: 6488147

Date of Service: 12/10/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Response: see attached files.

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton  
MHP

*Renee Sutton, MHP, LPC-I* 12/17/2014

Signature/Credentials/Position:

\_\_\_\_\_

Name: **A.M.L.A.M.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6488983

Date of Service: 12/10/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 12/10/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1) **[REDACTED]**

**Intervention/Activity  
(What you did)**

**Assessment of  
Progress Towards  
Goal**

**A.M.L.** expressed to MHS that she wanted MHS to read the chapter in the book. **A.M.L.** expressed to MHS that she did not want her mother to find out about her behavior today.

Plan for next session:

**Client Progress:**

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Policy #

**ROA Page No. 0599**

Insurance No.

DOB:

**DOB**

Note ID#:

6488983

Date of Service: 12/10/2014

Staff:

Jamison, Victoria

Record #:

72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

12/17/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6492456

Date of Service: 12/10/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: No

Overall Affect: **[REDACTED]**

Date: 12/10/2014

Shift/Duration of Service: 2:30 PM - 2:45 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1) **[REDACTED]**

**Intervention/Activity  
(What you did)**

**Assessment of  
Progress Towards  
Goal**

Mom responded to MHS discussion about **A.M.L.**'s behavior by stating that **A.M.L.** forgot to take medication which was the reason for her behavior today. Mom expressed to MHS that no one will see **A.M.L.** for the holiday break; she will be with mom and no one else.

Plan for next session:

**[REDACTED]**

**Client Progress:**

**[REDACTED]**

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP

*Victoria Jamison, BA, MHS*

12/17/2014

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Policy Insurance No. [REDACTED]

DOB: **DOB**

Note ID#: 6492456

Date of Service: 12/10/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

[Empty box for signature/credentials/position]

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy

ROA Page No. 0602

Insurance No.

DOB

Note ID#: 6495230

Date of Service: 12/11/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

DOB

Location: School - 3

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 12/11/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1)

**Intervention/Activity  
(What you did)**

**Assessment of  
Progress Towards  
Goal**

1) [REDACTED]

[REDACTED]

**A.M.L.** complied with MHS greet by stating good morning and that she was having a good day. **A.M.L.** responded to MHS by stating that she was acting silly and that is why she was in ISS. [REDACTED] and informing MHS that she was also using the "f-word" at school and that is why she was in ISS. [REDACTED] **A.M.L.** expressed to MHS that mom did not punish her for getting into trouble. [REDACTED] **A.M.L.** expressed to assistant principle that **A.M.L.** got grounded for her behavior. [REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L.A.M.L.**

Policy

ROA Page No. 0603

Insurance No.

DOB:

**DOB**

Note ID#:

6495230

Date of Service: 12/11/2014

Staff:

Jamison, Victoria

Record #: 72

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

12/18/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L**

Policy : Insurance 100

**ROA Page No. 0604**

DOB

DOB: **DOB** Note ID#: 6495339

**Date of Service:** 12/12/2014

**Staff:** Jamison, Victoria

**Record #: 72**

Page 1 of 2

**Wright Directions Family Services, LLC**

### Main - Ridgeland

77 Hazzard creek vlg, unit - C

**Ridgeland, SC 29936**

## Jasper County

**Phone: 8436457700**

Units Used: 8

**Service: (H2014HN) 15 Mins. - Behavior Modification**

## Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth [REDACTED]

**Location:** School - 3

Record #: 72

Policy #

**DOB**    
**Insurance No.**  

Face To Face: Yes

Overall Affect: 

**Date: 12/12/2014**

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

**DSM-V Diagnosis: N/A**

### Purpose of Contact

1) [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

1) [REDACTED]  
[REDACTED]  
[REDACTED] f  
[REDACTED]  
[REDACTED]  
[REDACTED] S.

**Intervention/Activity**  
(What you did)

[REDACTED]

### Assessment of Progress Towards Goal

[REDACTED]

A.M.L expressed that she had difficulty with the quiz. A.M.L followed through by stating, "I forgot what that word means."

**Plan for next session:**

\_\_\_\_\_

**Client Progress:**

Next Appointment:    None Scheduled

Name: **A.M.L.A.M.L**

Policy #

**ROA Page No. 0605**

Insurance No.

DOB:

**DOB**

Note ID#: 6495339

Date of Service: 12/12/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

12/19/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6498192

Date of Service: 12/15/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 12/15/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1) **[REDACTED]**

1) **[REDACTED]**

**Intervention/Activity  
(What you did)**

MHS greeted **A.M.L.** with a "Good Morning." **[REDACTED]**

**Assessment of  
Progress Towards  
Goal**

**A.M.L.** responded to MHS morning greet by saying "Good Morning." **[REDACTED]**

Plan for next session:

**[REDACTED]**

**Client Progress:**

**[REDACTED]**

Next Appointment: None Scheduled

Name: **A.M.L.A.M.L.**

Policy: **Insurance No.**

DOB: **DOB**

Note ID#: 6498192

Date of Service: 12/15/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

12/22/2014

Signature/Credentials/Position:



Name: **A.M.L.A.M.L.**

Policy # **Insurance No.**

DOB:

**DOB**

Note ID#: 6498284

Date of Service: 12/16/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

12/23/2014

Signature/Credentials/Position:

Name: **A.M.L A.M.L**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6505511

**Date of Service:** 12/18/2014

**Staff:** Jamison, Victoria

**Record #: 72**

Page 1 of 2

**Wright Directions Family Services, LLC**

## Main - Ridgeland

77 Hazzard creek vlg, unit - C

**Ridgeland, SC 29936**

## Jasper County

**Phone: 8436457700**

Units Used: 8

**Service: (H2014HN) 15 Mins. - Behavior Modification**

**Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services**

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth

**Location:** School - 3

Record #: 72

Policy #

Face To Face: Yes

**Overall Affect:**

**Date: 12/18/2014**

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

**DSM-V Diagnosis: N/A**

### Purpose of Contact

1) [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

1) [REDACTED]

**Intervention/Activity**  
(What you did)

[illegible]

### Assessment of Progress Towards Goal

[REDACTED] A.M.L responded to MHS greet by stating, "Morning." A.M.L responded to MHS by stating that she was working on a light bulb circuit. A.M.L expressed that she needed help with the group circuit. [REDACTED] A.M.L expressed to MHS that she took students snack because she wanted to. A.M.L followed through by stating that she liked those snacks better than her own snack. A.M.L responded to MHS by stating that she would not be upset if someone took something that belonged to her. [REDACTED]

**Plan for next session:**

**Client Progress:**

**Next Appointment:**    None Scheduled



Name: **A.M.L.A.M.L**

Policy

Insurance No. **ROA Page No. 0611**

DOB:

**DOB**

Note ID#: 6505511

Date of Service: 12/18/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

12/22/2014

Signature/Credentials/Position:

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

## Jasper County

**Phone: 8436457700**

Units Used: 8

## Division of Mental Health, Developmental Disabilities and Substance Abuse Services

**Service: (H2014HN) 15 Mins. - Behavior Modification**

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth

**DOB**

**Location:** School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

**Overall Affect:**

**Date: 12/19/2014**

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

**DSM-V Diagnosis: N/A**

### Purpose of Contact

1)

**Intervention/Activity**  
(What you did)

### Assessment of Progress Towards Goal

**A.M.L.** responded to MHS by stating "Good morning." **A.M.L.** expressed to MHS that she and her group members were working on a STEM project. [REDACTED]

[REDACTED] A.M.L expressed to her classmates that she was nervous about being the spokes person for their group. [REDACTED]

[REDACTED] A.M.L responded to MHS by stating that she wanted a cellphone for Christmas. A.M.L followed through by stating that her older brother got a cellphone when he was her age so that is why she wants a cellphone for Christmas. [REDACTED]

**Plan for next session:**

**Client Progress:**

Name: **A.M.L.A.M.L**

Policy Insurance No.

DOB:

**DOB**

Note ID#: 6507363

Date of Service: 12/19/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

12/22/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy Insurance No.

DOB: **DOB**

Note ID#: 6502866

Date of Service: 12/19/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB** Location: School - 3

Record #: 72

Policy Insurance No.

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 12/19/2014

Shift/Duration of Service: 12:00 PM - 1:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

- 1) **[REDACTED]**
- 2) **[REDACTED]**

- 1) **[REDACTED]**
- 2) **[REDACTED]**

**Intervention/Activity  
(What you did)**

**[REDACTED]**

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy

ROA Page No. 0615

Insurance No.

DOB:

**DOB**

Note ID#: 6502866

Date of Service: 12/19/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Response:

earlier in day **A.M.L.** requested to see sister during recess time.

Progress:

Plan:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton  
MHP

*Renee Sutton, MHP, LPC-I* 12/19/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy

Insurance No. **ROA Page No. 0616**

DOB:

**DOB**

Note ID#: 6513796

Date of Service: 12/29/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: Home - 12

Record #: 72

Policy

**Insurance No.**

Face To Face: No

Overall Affect: **[REDACTED]**

Date: 12/29/2014

Shift/Duration of Service: 10:30 AM - 10:45 AM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact1) **[REDACTED]**Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

Mom acknowledged to MHS that she has allowed **A.M.L.** to go into the store to pick out the snacks that she wanted to have. Mom clarified that she stopped allowing **A.M.L.** to pick out her own snacks because she needed to use the items given to her from the school on the backpack buddy program. **[REDACTED]**

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

Name: **A.M.L.A.M.L**

Policy Insurance No. **ROA Page No. 0617**

DOB: **DOB**

Note ID#: 6513796

Date of Service: 12/29/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

1/5/2015

Signature/Credentials/Position:

Name: A.M.L.A.M.L

## Policy

**ROA Page No. 0618**

DOB

Note ID#: 6514157

**Date of Service:** 12/29/2014

**Staff:** Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

## Jasper County

**Phone: 8436457700**

Units Used: 4

## Division of Mental Health, Developmental Disabilities and Substance Abuse Services

**Service: (H2014HN) 15 Mins. - Behavior Modification**

Consumer: **A.M.LA.M.LA.M.L**

Date of Birth

Location: School - 3

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

**Overall Affect:**

**Date:** 12/29/2014

Shift/Duration of Service: 1:30 PM - 2:30 PM Total Time: 1 hrs. 0 min.

**DSM-V Diagnosis: N/A**

### Purpose of Contact

1) [REDACTED]

1)

Natural supports, classroom, etc.

| Intervention/Activity<br>(What you did)                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. I reviewed the literature on the topic.</p> <p>2. I conducted interviews with experts in the field.</p> <p>3. I analyzed the data from the interviews.</p> <p>4. I wrote the paper.</p> |

and during the variable to the constant

### Assessment of Progress Towards Goal

7. **A.M.L** followed through by stating that she will respect others in order for her not to end up at a place like the AMI facility.

**Plan for next session:**

**Client Progress:**

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Power, BA, MHS

1/5/2015



Name: **A.M.L.A.M.L**

Policy #: **Insurance No.**

DOB:

**DOB**

Note ID#: 6514157

Date of Service: 12/29/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy: **Insurance No.**

DOB: **DOB**

Note ID#: 6515112

Date of Service: 12/29/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: Community - 99

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: 

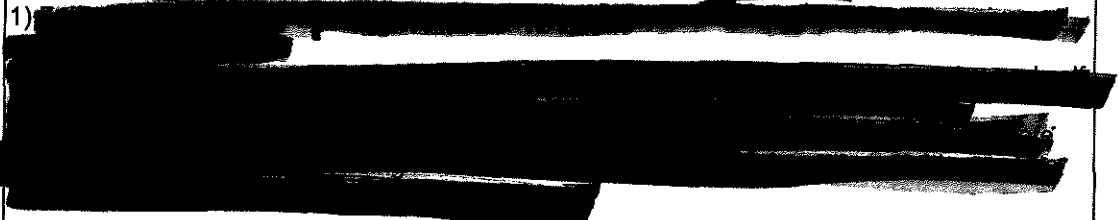
Date: 12/29/2014

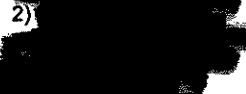
Shift/Duration of Service: 11:00 AM - 12:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

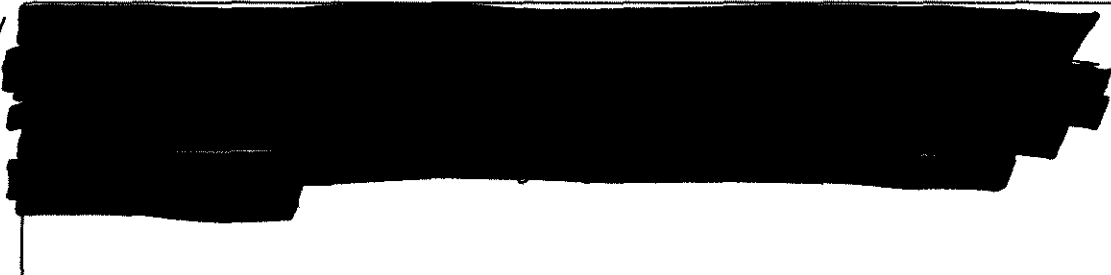
1) 

1) 

2) 

2) 

**Intervention/Activity  
(What you did)**



ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L/A.M.L**

Policy #:

Insurance No.

DOB:

Note ID#: 6524540

Date of Service: 1/6/2015

Staff:

Jamison, Victoria

Record #:

72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: Mitchell, Falezia

Date of Birth:

DOB

Location: School - 3

Record #: 72

Policy #:

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 1/6/2015

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

When Mrs. Sutton walked in, **A.M.L** responded to MHS question by stating that Mrs. Sutton gave her the water bottle so that it will help her to not take food items that do not belong to her. **A.M.L** expressed to MHS that she wanted to read the book aloud to MHS.

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

Name: **A.M.L.A.M.L**

Policy #:

Insurance No.

DOB:

Note ID#: 6524540

Date of Service: 1/6/2015

Staff:

Jamison, Victoria

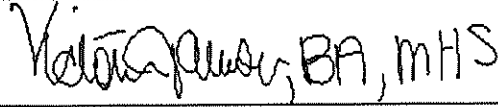
Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

1/13/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy:

Insurance No.

DOB:

**DOB**

Note ID#: 6527551

Date of Service: 1/7/2015

Staff:

Jamison, Victoria

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth:

**DOB**

Location: School - 3

Record #: 72

Policy:

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 1/7/2015

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal**A.M.L.** responded to MHS by stating that she was feeling good.**A.M.L.** expressed that she knew what it was that she was supposed to be doing.

Plan for the next session:

Client Progress:

Next Appointment: None Scheduled

Name: **A.M.L.A.M.L**

Policy: **Insurance No.**

DOB:

Note ID#: 6527551

Date of Service: 1/7/2015

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison  
CSP

*Victoria Jamison, BA, MHS*

1/13/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**Policy: **Insurance No.**DOB: **DOB**

Note ID#: 6527630

Date of Service: 1/7/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L.A.M.L.A.M.L.**Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy: **Insurance No.**

Face To Face: No

Overall Affect: **[REDACTED]**

Date: 1/7/2015

Shift/Duration of Service: 4:30 PM - 4:45 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact1) **[REDACTED]**Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
GoalPlan for next session:  
**[REDACTED]**

## Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

1/14/2015

DOB

Name: A.M.L.A.M.L

Policy # Insurance No.

DOB:

Note ID#: 6527630

Date of Service: 1/7/2015

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L.A.M.L**

Policy #

Insurance No.

DOB:

**DOB**

Note ID#: 6527721

Date of Service: 1/8/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

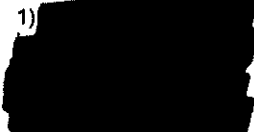
Face To Face: Yes

Overall Affect: 

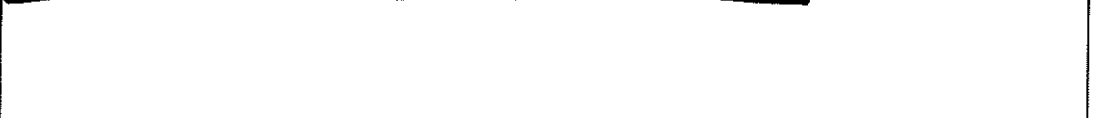
Date: 1/8/2015

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact1) 

1)   


Intervention/Activity  
(What you did)  
Assessment of  
Progress Towards  
Goal

 **A.M.L** expressed that her behavior the day prior was not right by writing an  
apology note to MHS.

Plan for next session:



Client Progress:



Next Appointment: None Scheduled

Name: **A.M.L.A.M.L**

Policy #

Insurance No.

DOB:

Note ID#: 6527721

Date of Service: 1/8/2015

Staff: Jamison, Victoria

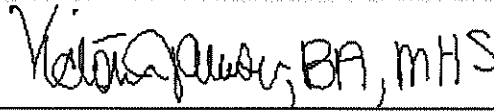
Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Handwritten signature of Victoria Jamison in black ink.

1/15/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy #

Insurance No.

DOB:

**DOB**

Note ID#: 6527791

Date of Service: 1/8/2015

Staff:

Jamison, Victoria

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

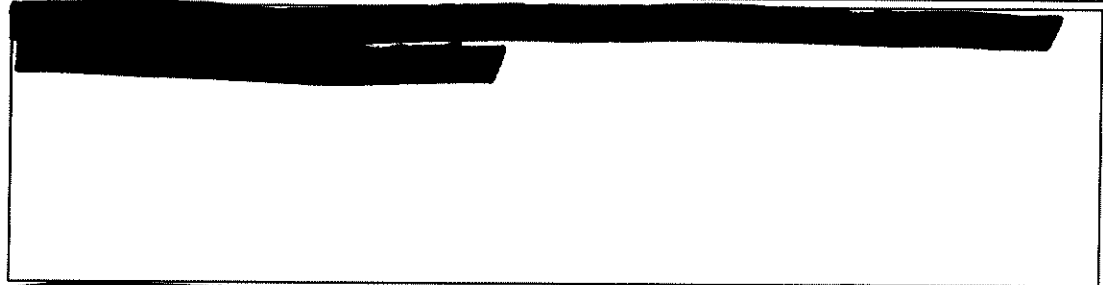
Face To Face: Yes

Overall Affect: 

Date: 1/8/2015

Shift/Duration of Service: 3:45 PM - 4:00 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact1) Intervention/Activity  
(What you did)Effectiveness of  
Intervention/Activity

Dad followed through  
to mention to mention that **A.M.L.** should not be mean to anyone especially if someone is trying  
to help you out for the better.

Plan for next session:

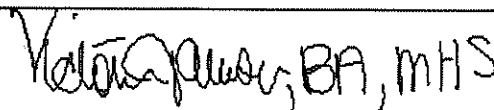


Client Progress:



Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP

1/15/2015

DOB

Name: A.M.L.A.M.L.

Policy Insurance No.

DOB:

Note ID#: 6527791

Date of Service: 1/8/2015

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L** Policy # **Insurance No.** DOB: **DOB** Note ID#: 6529902  
 Date of Service: 1/8/2015 Staff: Sutton, Renee Record #: 72 Page 1 of 2

Wright Directions Family Services, LLC  
 Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

Units Used: 1  
 Service: (90837HO) 1 Hour Individual Therapy  
 Division of Mental Health, Developmental Disabilities and Substance Abuse Services

|                                    |                                |                      |
|------------------------------------|--------------------------------|----------------------|
| Consumer: <b>A.M.L.A.M.L.A.M.L</b> | Date of Birth: <b>DOB</b>      | Location: School - 3 |
| Record #: 72                       | Policy #: <b>Insurance No.</b> |                      |
| Face To Face: Yes                  |                                |                      |
| Overall Affect: <b>[REDACTED]</b>  |                                |                      |

Date: 1/8/2015 Shift/Duration of Service: 1:00 PM - 2:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

**[REDACTED]**

|                      |
|----------------------|
| 1) <b>[REDACTED]</b> |
| 2) <b>[REDACTED]</b> |

Intervention/Activity (What you did)

|                   |
|-------------------|
| <b>[REDACTED]</b> |
|-------------------|

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: A.M.L.A.M.L.

Policy

Insurance No.

DOB:

Note ID#: 6529902

Date of Service: 1/8/2015

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Response:

Progress:

Plan:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton  
MHP

Renee Sutton, MHP, LPC-I 1/9/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy #

Insurance No.

DOB:

**DOB**

Note ID#: 6533715

Date of Service: 1/9/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: [REDACTED]

Date: 1/9/2015

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) [REDACTED]

Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal**A.M.L.** responded to MHS by saying "Hi."[REDACTED] **A.M.L.**  
responded [REDACTED] by saying "Thank you."

Plan for next session:

## Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

1/16/2015

DOB

Name: **A.M.L.A.M.L**

Policy # **Insurance No.**

DOB:

Note ID#: 6533715

Date of Service: 1/9/2015

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L.A.M.L**

Policy #

**Insurance No.**

DOB:

**DOB**

Note ID#: 6536852

Date of Service: 1/12/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 1/12/2015

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact1) **[REDACTED]**Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal**A.M.L** responded to MHS greet by saying "Hi." **[REDACTED]**Plan for next session:  
**[REDACTED]**Client Progress: **[REDACTED]**

Next Appointment: None Scheduled

Name: **A.M.L.A.M.L**

Policy: **Insurance No.**

DOB:

Note ID#: 6536852

Date of Service: 1/12/2015

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

1/19/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L**

Policy #

Insurance No.

DOB:

**DOB**

Note ID#: 6541989

Date of Service: 1/15/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 1/15/2015

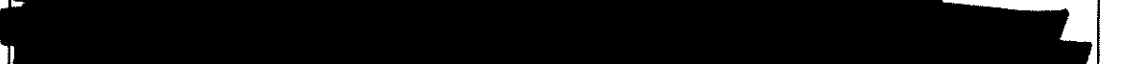
Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

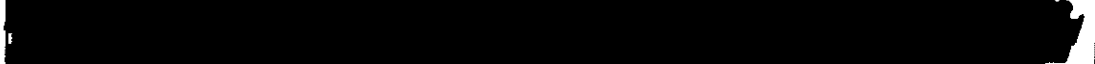
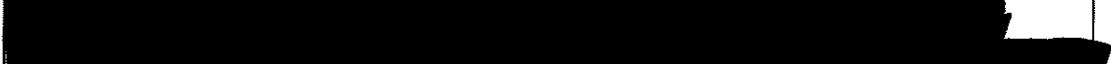
DSM-V Diagnosis: N/A

Purpose of  
Contact

1

Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

1)   
  
  
  


 **A.M.L** responded to MHS by stating that she was being silly and got into trouble so that is why she was not going to be participating in the celebration.

Plan for next session:



Client Progress:



Next Appointment: None Scheduled

Name: **A.M.L.A.M.L**

Policy: **Insurance No.**

DOB:

Note ID#: 6541989

Date of Service: 1/15/2015

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

1/22/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**Policy #: **Insurance No.**DOB: **DOB**

Note ID#: 6542413

Date of Service: 1/15/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L.A.M.L.A.M.L.**Date of Birth: **DOB**

Location: Home - 12

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 1/15/2015

Shift/Duration of Service: 4:15 PM - 4:30 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact**[REDACTED]****[REDACTED]**Intervention/Activity  
(What you did)**[REDACTED]**Assessment of  
Progress Towards  
Goal**[REDACTED]** Mom followed through by saying  
that **A.M.L.** was bossy and slow with getting dressed that morning. **[REDACTED]**

Plan for next session:

**[REDACTED]**

Client Progress:

**[REDACTED]**

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP*Victoria Jamison, BA, MHS*

1/22/2015

DOB

Name: A.M.L.A.M.L

Policy: Insurance No.

DOB:

Note ID#: 6542413

Date of Service: 1/15/2015

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy #

Insurance No.

DOB:

**DOB**

Note ID#: 6546862

Date of Service: 1/20/2015

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 1/20/2015

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

1)

A.M.L. responded to MHS by saying "Okay." to having a good day at school today.

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

1/27/2015

DOB

Name: A.M.L.A.M.L.

Policy Insurance No.

DOB:

Note ID#: 6546862

Date of Service: 1/20/2015

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L.A.M.L.**

Policy #

Insurance No.

DOB:

**DOB**

Note ID#: 6552955

Date of Service: 1/22/2015

Staff:

Jamison, Victoria

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

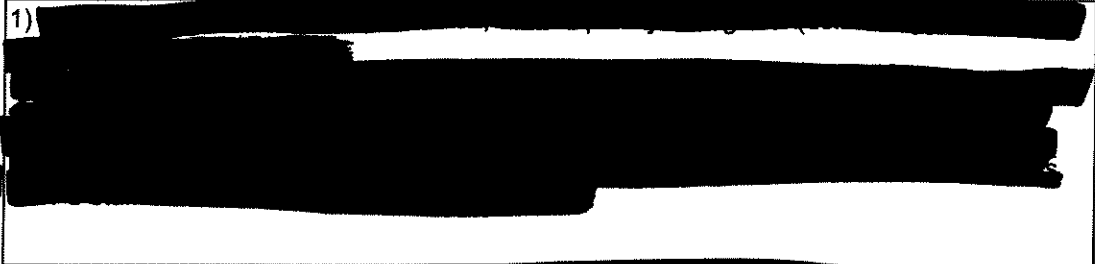
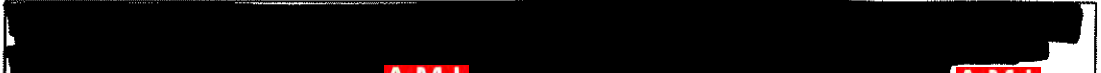
Face To Face: Yes

Overall Affect: 

Date: 1/22/2015

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

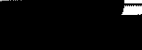
DSM-V Diagnosis: N/A

Purpose of  
Contact1) Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal  
expressed tom MHS that she will have to start drinking soy almond milk because she is not  
eating enough. **A.M.L.** followed through by stating that she was not in school the day before  
because she and her brother did not wake up on time. 

Plan for next session:



Client Progress:



Next Appointment: None Scheduled

Name **A.M.L.A.M.L.**

Policy Insurance No.

DOB:

Note ID#: 6552955

Date of Service: 1/22/2015

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

1/29/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy #

**Insurance No.**

DOB:

**DOB**

Note ID#: 6553113

Date of Service: 1/23/2015

Staff:

Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

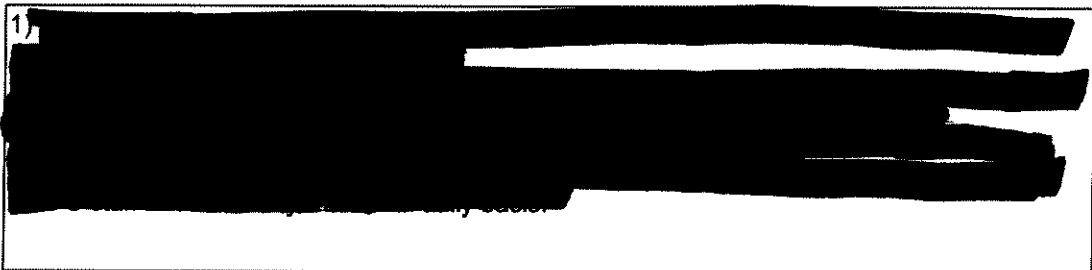
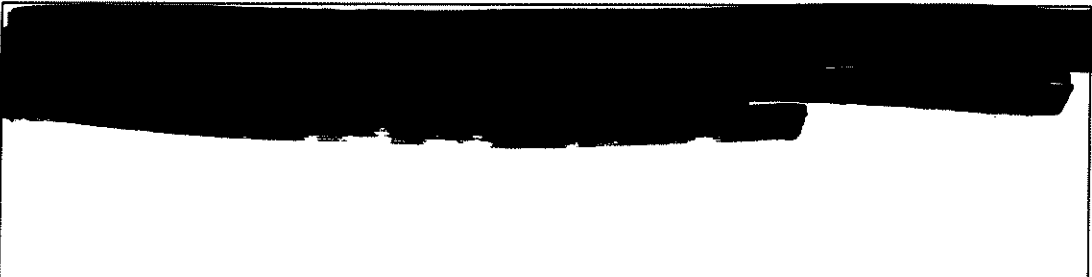
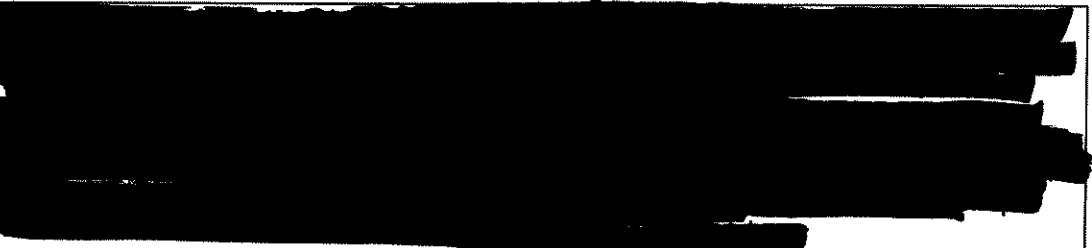
Face To Face: Yes

Overall Affect: 

Date: 1/23/2015

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact1. 1. Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

Plan for next session:



Client Progress:



Next Appointment: None Scheduled

Name **A.M.L.A.M.L**

Policy

Insurance No.

DOB:

Note ID#: 6553113

Date of Service: 1/23/2015

Staff:

Jamison, Victoria

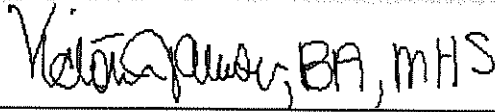
Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

1/30/2015

Signature/Credentials/Position:

Name: **A.M.L.A.M.L**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6270932

Date of Service: 6/16/2014

Staff: Ferguson, Natasha

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth **DOB**

Location: Office - 11

Record #: 72

Policy # **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 6/16/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Response: **[REDACTED]**

Progress: **[REDACTED]**

Plan: **[REDACTED]**

Client Progress: **[REDACTED]**

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

DOB

Name **A.M.L.A.M.L**

Policy

Insurance No.

DOB:

Note ID#: 6270932

Date of Service: 6/16/2014

Staff:

Ferguson, Natasha

Record #: 72

Page 2 of 2

Next Appointment: None Scheduled

Name/Position/Signature:

Ferguson, Natasha

CSP

Name/Position/Signature:

Name: **A.M.L.A.M.L.**

Policy:

Insurance No.

DOB:

**DOB**

Note ID#: 6270951

Date of Service: 6/17/2014

Staff:

Ferguson, Natasha

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth:

**DOB**

Location: Community - 99

Record #: 72

Policy:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 6/17/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact1) 

1) 



Intervention/Activity  
(What you did)

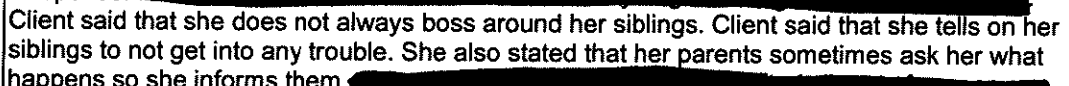






Assessment of  
Progress Towards  
Goal

Response: 

Client said that she does not always boss around her siblings. Client said that she tells on her siblings to not get into any trouble. She also stated that her parents sometimes ask her what happens so she informs them. 

 Client said that she does not want to get her siblings into any trouble anymore. 



Progress: Plan: 

Client Progress:



Next Appointment: None Scheduled

Name: **A.M.L.A.M.L.**

Policy: **Insurance No.**

DOB:

Note ID#: 6270951

Date of Service: 6/17/2014

Staff: Ferguson, Natasha

Record #: 72

Page 2 of 2

Name/Position/Signature:

Ferguson, Natasha

CSP

Name/Position/Signature:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L.A.M.L.**

Policy

Insurance No.

DOB:

**DOB**

Note ID#: 6270290

Date of Service: 6/18/2014

Staff: Sebesta, Eleza

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: Office - 11

Record #: 72

Policy

**Insurance No.**

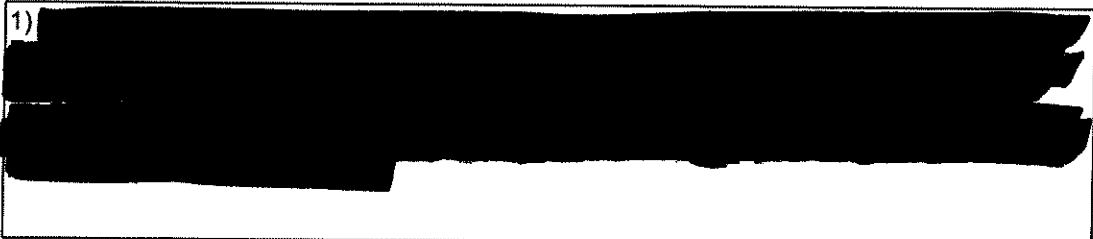
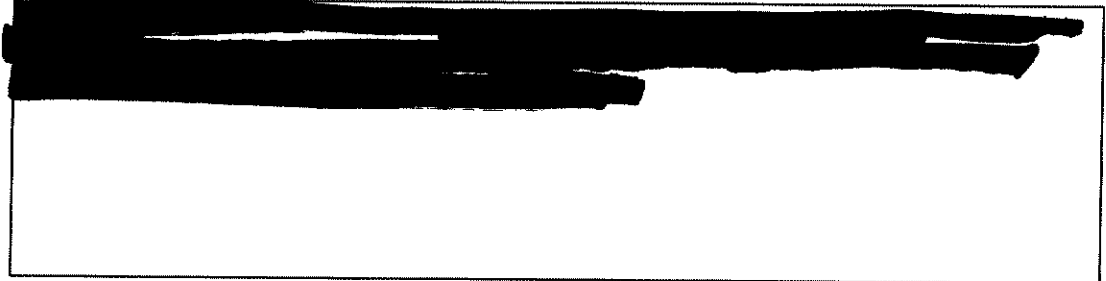
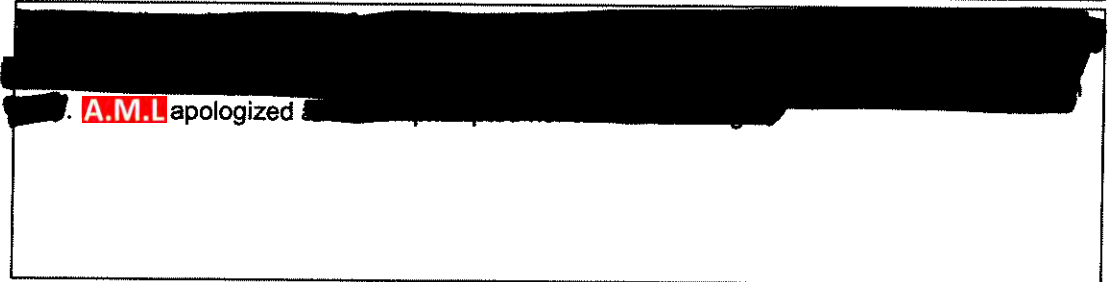
Face To Face: Yes

Overall Affect: 

Date: 6/18/2014

Shift/Duration of Service: 8:00 AM - 9:00 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

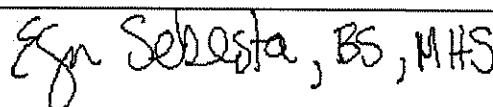
Purpose of  
Contact1) 1) Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal  
**A.M.L.** apologized 

Client Progress:



Next Appointment: None Scheduled

Signature/Credentials/Position:

Eleza Sebesta  
CSP

6/24/2014

DOB

Name: A.M.L.A.M.L.

Policy Insurance No.

DOB:

Note ID#: 6270290

Date of Service: 6/18/2014

Staff: Sebesta, Eleza

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy:

Insurance No.

DOB:

**DOB**

Note ID#: 6270296

Date of Service: 6/18/2014

Staff: Sebesta, Eleza

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth:

**DOB**

Location: Community - 99

Record #: 72

Policy:

**Insurance No.**

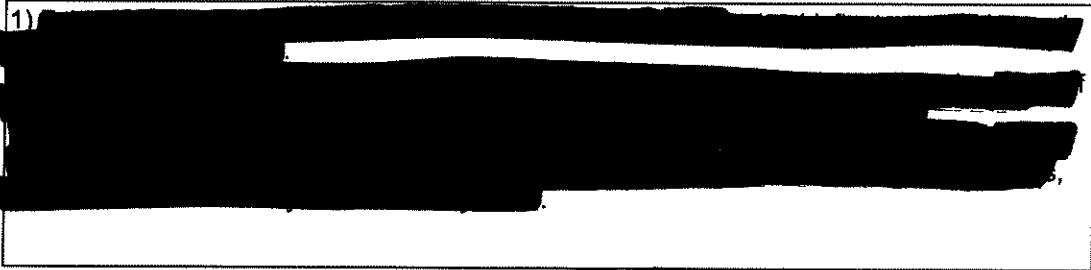
Face To Face: Yes

Overall Affect: 

Date: 6/18/2014

Shift/Duration of Service: 5:00 PM - 6:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
ContactIntervention/Activity  
(What you did)Effectiveness of  
Intervention/Activity **A.M.L.** asked to  
help with lunch multiple times after staff assured her that she had to be patient. 

Client Progress:

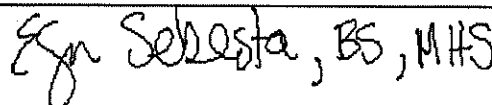


Next Appointment: None Scheduled

Signature/Credentials/Position:

Eleza Sebesta

CSP



6/24/2014

DOB

Name: A.M.L.A.M.L.

Policy Insurance No.

DOB:

Note ID#: 6270296

Date of Service: 6/18/2014

Staff: Sebesta, Eleza

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

**Wright Directions Family Services, LLC**  
Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 4      Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services  
Service: (H2014HN) 15 Mins. - Behavior Modification

|                 |                   |               |               |           |             |
|-----------------|-------------------|---------------|---------------|-----------|-------------|
| Consumer:       | A.M.L.A.M.L.A.M.L | Date of Birth | DOB           | Location: | Office - 11 |
| Record #: 72    |                   | Policy #      | Insurance No. |           |             |
| Face To Face:   | Yes               |               |               |           |             |
| Overall Affect: |                   |               |               |           |             |

**Date:** 6/19/2014      **Shift/Duration of Service:** 8:00 AM - 9:00 AM   **Total Time:** 1 hrs. 0 min.

**DSM-V Diagnosis: N/A**

|                                      |                                                                                 |
|--------------------------------------|---------------------------------------------------------------------------------|
| Purpose of Contact                   | 1) [REDACTED]                                                                   |
| Intervention/Activity (What you did) | [REDACTED]                                                                      |
| Assessment of Progress Towards Goal  | [REDACTED] A.M.L asked staff to finish a math challenge with her. [REDACTED] p. |
| Client Progress:                     | [REDACTED]                                                                      |

Next Appointment: None Scheduled

Signature/Credentials/Position: Eleza Sebesta, BS, MHS 6/24/2014  
Eleza Sebesta  
CSP

Name: Mitchell, Elezian  
Date of Service: 6/19/2014

Policy #  
Staff: Sebesta, Eleza

ROA Page No. 0656  
Insurance No.

DOB: [REDACTED]  
Record #: 12

Note ID#: 6270313

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: Mitchell, Elezia  
Date of Service: 6/19/2014

Policy # [REDACTED]  
Staff: Sebesta, Eleza

ROA Page No. 0657

DOB: [REDACTED]  
Record #: 72

Note ID#: 6270324

Page 1 of 2

Wright Directions Family Services, LLC  
Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services  
Units Used: 4  
Service: (H2014HN) 15 Mins. - Behavior Modification

|                              |                      |                          |
|------------------------------|----------------------|--------------------------|
| Consumer: A.M.L.A.M.L.A.M.L. | Date of Birth: DOB   | Location: Community - 99 |
| Record #: 72                 | Policy #: [REDACTED] | Insurance No. [REDACTED] |
| Face To Face: Yes            |                      |                          |
| Overall Affect: [REDACTED]   |                      |                          |

|                 |                                              |                           |
|-----------------|----------------------------------------------|---------------------------|
| Date: 6/19/2014 | Shift/Duration of Service: 5:00 PM - 6:00 PM | Total Time: 1 hrs. 0 min. |
|-----------------|----------------------------------------------|---------------------------|

DSM-V Diagnosis: N/A

Purpose of  
Contact

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Client Progress:

1 [REDACTED]

[REDACTED]

[REDACTED] A.M.L. asked her sister to play with her and expressed joy when she complied. [REDACTED]

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:  
Eleza Sebesta  
CSP

*Eleza Sebesta, BS, MHS*

6/24/2014

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Date of Service: 6/19/2014

Policy #

Staff: Sebesta, Eleza

**ROA Page No. 0658**  
**Insurance No.**

DOB:

**DOB**

Note ID#: 6270324

Record #: 12

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L.A.M.L**  
Date of Service: 6/19/2014

Policy # **Insurance No.**  
Staff: Sutton, Renee

DOB: **DOB**  
Record #: 72

Note ID#: 6267284

Page 1 of 2

Wright Directions Family Services, LLC  
Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 1  
Service: (90837HO) 1 Hour Individual Therapy  
Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Consumer: **A.M.L.A.M.L.A.M.L**  
Record #: 72  
Face To Face: Yes  
Overall Affect: 

Date of Birth **DOB**  
Policy # **Insurance No.**

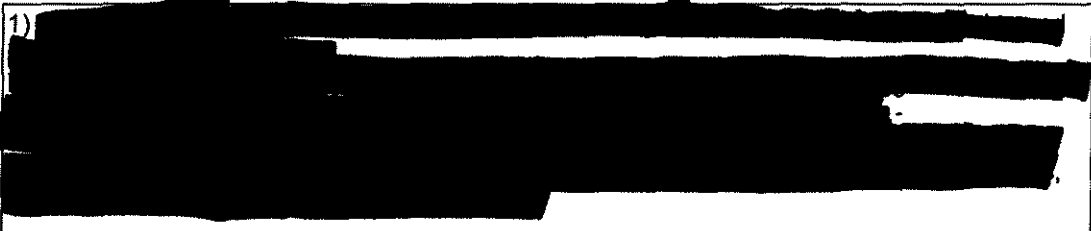
Location: Office - 11

Date: 6/19/2014 Shift/Duration of Service: 11:00 AM - 12:00 PM Total Time: 1 hrs. 0 min.

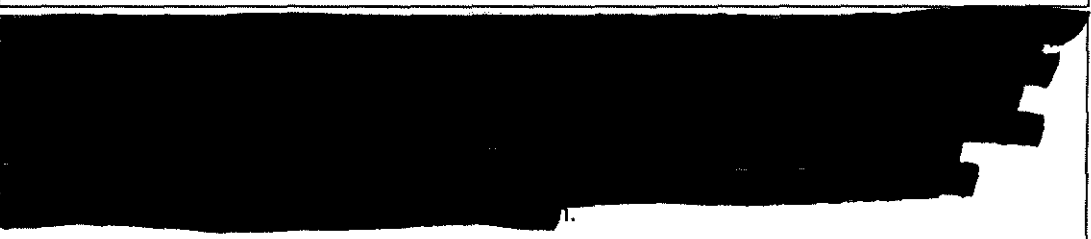
DSM-V Diagnosis: N/A

Purpose of  
Contact

1)   
2) 

1)   
2) 

Intervention/Activity  
(What you did)

1.   


ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name **A.M.L.A.M.L**

Date of Service: 6/19/2014

Policy

Staff: Sutton, Renee

ROA Page No. 0660  
Insurance No.

DOB:

**DOB**

Note ID#: 6267284

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Response:

[REDACTED] She reported that a friend gives food/toys but later clarified that MHP was still a friend even if MHP didn't give food/toy like what was done with other siblings. She reported that mom tells them "everybody should get the same thing". She responded not knowing what she thinks about this belief. **A.M.L** repeated what **R.D.M.** told them about getting "snack and eight pieces of gum" from MHP, who [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Progress:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Plan:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 6/26/2014

Signature/Credentials/Position:

\_\_\_\_\_

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy #

ROA Page No. 0661

Insurance No.

DOB:

**DOB**

Note ID#: 6270330

Date of Service: 6/20/2014

Staff: Sebesta, Eleza

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Main - Ridgeland

Units Used: 4

77 Hazzard creek vlg, unit - C

Service: (H2014HN) 15 Mins. - Behavior Modification

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: Community - 99

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: 

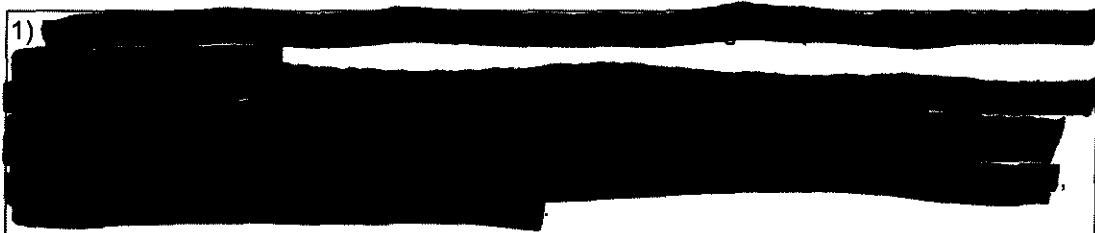
Date: 6/20/2014

Shift/Duration of Service: 8:00 AM - 9:00 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

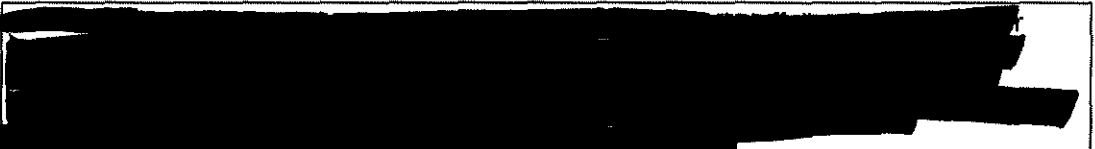
1) 

1) 

Intervention/Activity  
(What you did)



Effectiveness of  
Intervention/Activity



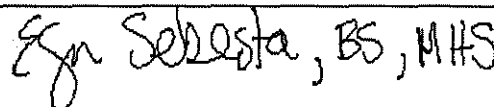
Client Progress:



Next Appointment: None Scheduled

Signature/Credentials/Position:

Eleza Sebesta  
CSP



6/24/2014

ROA Page No. 0661

FCA Bates No. 024038

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Policy

ROA Page No. 0662

Insurance No.

DOB:

**DOB**

Note ID#: 6270330

Date of Service: 6/20/2014

Staff: Sebesta, Eleza

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy:

Insurance No. **ROA Page No. 0663**

DOB:

**DOB**

Note ID#: 6270339

Date of Service: 6/20/2014

Staff: Sebesta, Eleza

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth:

**DOB**

Location: Community - 99

Record #: 72

Policy:

**Insurance No.**

Face To Face: Yes

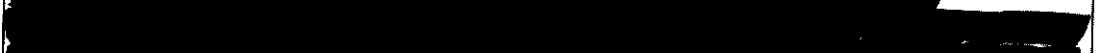
Overall Affect: 

Date: 6/20/2014

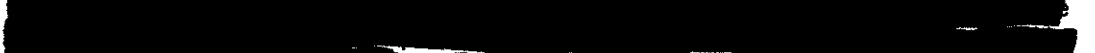
Shift/Duration of Service: 5:00 PM - 6:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

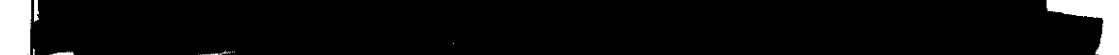
Purpose of  
Contact1) 

1)   
  
  
  


Intervention/Activity  
(What you did)


Assessment of  
Progress Towards  
Goal

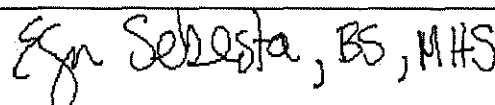
  
  
  
  
  


Client Progress:



Next Appointment: None Scheduled

Signature/Credentials/Position:

Eleza Sebesta  
CSP

6/24/2014

Name: **A.M.L.A.M.L**

Policy #

ROA Page No. 0664

Insurance No.

DOB:

**DOB**

Note ID#: 6270339

Date of Service: 6/20/2014

Staff: Sebesta, Eleza

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6273029

Date of Service: 6/25/2014

Staff: Ferguson, Natasha

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth **DOB**

Location: Community - 99

Record #: 72

Policy # **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 6/25/2014

Shift/Duration of Service: 11:00 AM - 1:00 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Response: **[REDACTED]** Client said that she would be more nice to her  
siblings. Client expressed that she trying to be positive at camp and not get anyone into any  
trouble. **[REDACTED]**

Progress: **[REDACTED]**

Plan: **[REDACTED]**

Client Progress: **[REDACTED]**

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Date of Service: 6/25/2014

Policy #

Staff: Ferguson, Natasha

ROA Page No. 0666

Insurance No.

DOB:

**DOB**

Note ID#: 6273029

Record #: /2

Page 2 of 2

Name/Position/Signature:

Ferguson, Natasha

CSP

Name/Position/Signature:



Name: **A.M.L.A.M.L.**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6274365

Date of Service: 6/26/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth **DOB**

Location: Office - 11

Record #: 72

Policy # **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 6/26/2014

Shift/Duration of Service: 11:00 AM - 12:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1. **[REDACTED]**

**Intervention/Activity  
(What you did)**

**Assessment of  
Progress Towards  
Goal**

Response: **[REDACTED]**  
She reported not doing past behaviors while in camp, and described an experience today where she asked peers to stop an negative activity instead of tattling first. **[REDACTED]**  
**[REDACTED]**  
**[REDACTED]** She reported having one friend at school but didn't provide examples of how she is her friend.

Progress: **[REDACTED]**

Plan: **[REDACTED]**

Client Progress: **[REDACTED]**

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Date of Service: 6/26/2014

Policy #

Insurance No.

DOB:

**DOB**

Note ID#: 6274365

Staff:

Sutton, Renee

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LFC-I* 7/7/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy: **Insurance No.**

DOB: **DOB**

Note ID#: 6300110

Page 1 of 2

Date of Service: 7/11/2014

Staff: Inman, Tenille

Record #: 72

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: Office - 11

Record #: 72

Policy: **Insurance No.**

Face To Face: Yes

Overall Affect: N/A

Date: 7/11/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis:

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

1) [REDACTED]

Goal 1:

Intervention

[REDACTED]

Name: **A.M.L.A.M.L**

Date of Service: 7/11/2014

Policy:

ROA Page No. 0670

Insurance No.

Staff: Inman, Tenille

DOB:

**DOB**

Note ID#: 6300110

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] **A.M.L** shared feeling sad and lonely  
without support nearby. [REDACTED]  
[REDACTED]

Plan:

Progress:

Client Progress:

Next Appointment: None Scheduled

Name/Position/Signature:

Inman, Tenille

MHS

Name/Position/Signature:

**Wright Directions Family Services, LLC**  
Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

**Units Used: 56**      **Division of Mental Health, Developmental Disabilities and Substance Abuse Services**  
**Service: (H2014HN) 15 Mins. - Behavior Modification**

|                 |                   |                |               |           |                |
|-----------------|-------------------|----------------|---------------|-----------|----------------|
| Consumer:       | A.M.L.A.M.L.A.M.L | Date of Birth: | DOB           | Location: | Community - 99 |
| Record #:       | 72                | Policy #:      | Insurance No. |           |                |
| Face To Face:   | Yes               |                |               |           |                |
| Overall Affect: |                   |                |               |           |                |

**Date:** 6/26/2014      **Shift/Duration of Service:** 4:00 PM - 6:00 AM **Total Time:** 14 hrs. 0 min.

**DSM-V Diagnosis: N/A**

### Purpose of Contact

11

| Intervention/Activity<br>(What you did) |
|-----------------------------------------|
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |

### Assessment of Progress Towards Goal

once. [REDACTED] A.M.L mentioned that it was "good because she only had to be told [REDACTED]

**Client Progress:**

Next Appointment:    None Scheduled

Signature/Credentials/Position:  
Eleza Sebesta  
CSP

Eyn Sebesta, BS, MHS

7/6/2014

Name: **A.M.L.A.M.L.**

Policy

Insurance No.

DOB:

**DOB**

Note ID#: 6276078

Date of Service: 6/26/2014

Staff:

Sebesta, Eleza

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Policy #

Insurance No. **ROA Page No. 0673**

DOB: **DOB**

Note ID#: 6283234

Date of Service: 7/3/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth

**DOB**

Location: Community - 99

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: ☐

Date: 7/3/2014

Shift/Duration of Service: 12:00 PM - 1:00 PM Total Time: 1 hrs. 0 min.

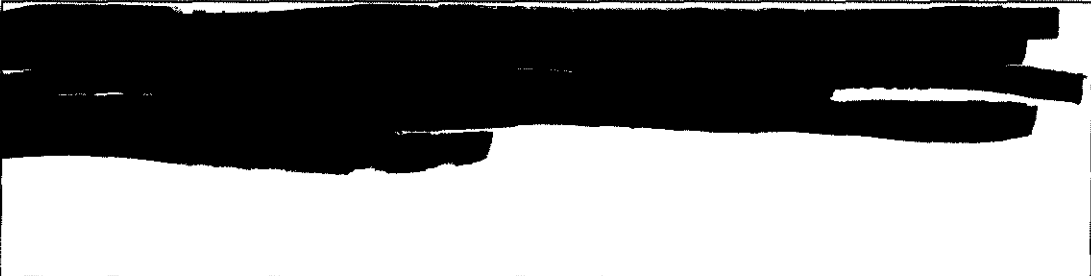
DSM-V Diagnosis: N/A

Purpose of  
Contact

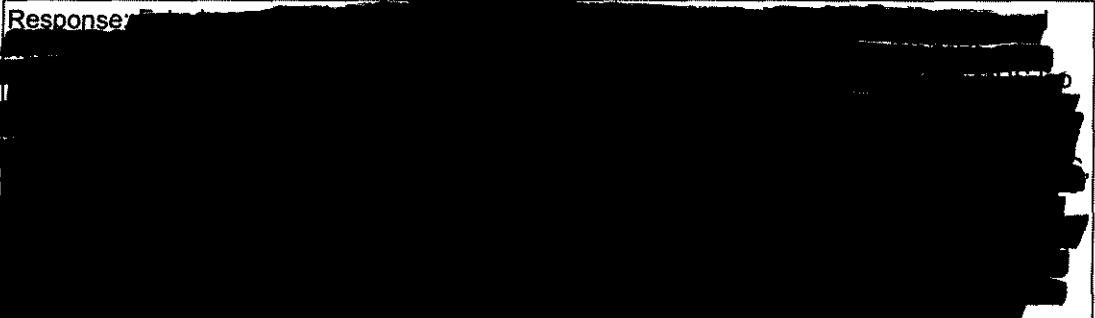
1) 

1) 

Intervention/Activity  
(What you did)



Assessment of  
Progress Towards  
Goal

Response: 

**A.M.L** reported that she felt unsure about the emotion that she may be feeling but smiled and was able to walk at normal pace by end of session. 

Progress: 

Name: **A.M.L.A.M.L.**

Policy:

Insurance No. **ROA Page No. 0674**

DOB:

**DOB**

Note ID#: 6283234

Date of Service: 7/3/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Plan:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 7/7/2014

Signature/Credentials/Position:



Name: **A.M.L.A.M.L.**  
Date of Service: 7/7/2014

Policy: **Insurance No.**  
Staff: Inman, Tenille

DOB: **DOB**  
Record #: 72

Note ID#: 6300098

Page 1 of 2

Wright Directions Family Services, LLC  
Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 8  
Service: (H2014HN) 15 Mins. - Behavior Modification  
Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Consumer: **A.M.L.A.M.L.A.M.L.**  
Record #: 72  
Face To Face: Yes  
Overall Affect: **[REDACTED]**

Date of Birth: **DOB**  
Location: Office - 11  
Policy: **Insurance No.**

Date: 7/7/2014 Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Goal 1: **[REDACTED]**

DOB: **DOB**

Name: **A.M.L.A.M.L**

Policy Insurance No.

Note ID#: 6300098

Date of Service: 7/7/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

[Redacted]

Progress: [Redacted]

Plan: [Redacted]

Client Progress: [Redacted]

Next Appointment: None Scheduled

Name/Position/Signature:  
Inman, Tenille  
MHS

Name/Position/Signature:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Policy #

ROA Page No. 0677

Insurance No.

DOB:

**DOB**

Note ID#: 6300106

Date of Service: 7/8/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 3

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth

**DOB**

Location: Office - 11

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 7/8/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Goal 1:

Intervention

Name: **A.M.L. A.M.L.**

Date of Service: 7/8/2014

Policy:

Insurance No. **ROA Page No. 0678**

Staff: Inman, Tenille

DOB:

**DOB**

Note ID#: 6300106

Record #: 72

Page 2 of 3

Assessment of  
Progress Towards  
Goal

Behavior/Response:

**A.M.L.** expressed feeling happy due to spending time with supports. **A.M.L.** shared a recent trip clarifying her meal as her best memory.

[REDACTED]

Plan:

Progress:

Client Progress:

Next Appointment: None Scheduled

Name/Position/Signature:

Inman, Tenille

MHS

DOB

Name: A.M.L.A.M.L.

Policy: Insurance No.

DOB:

Note ID#: 6300106

Date of Service: 7/8/2014

Staff: Inman, Tenille

Record #: 72

Page 3 of 3

Name/Position/Signature:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Policy:

ROA Page No. 0680

Insurance No.

DOB:

**DOB**

Note ID#: 6300109

Date of Service: 7/9/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth

**DOB**

Location: Office - 11

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 7/9/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Goal 1:

Intervention:

ROA Page No. 0680

FCA Bates No. 024057

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**  
Date of Service: 7/9/2014

Policy Insurance No.  
Staff: Inman, Tenille

ROA Page No. 0681

DOB: **DOB**  
Record #: 72

Note ID#: 6300109

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] **A.M.L.** expressed scenarios involving social  
challenges as times for support presence. [REDACTED]  
[REDACTED]

Plan: [REDACTED]

Progress: [REDACTED]  
[REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Name/Position/Signature:

Inman, Tenille  
MHS

Name/Position/Signature:

\_\_\_\_\_  
\_\_\_\_\_

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6293464

Date of Service: 7/9/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth **DOB**

Location: Office - 11

Record #: 72

Policy # **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 7/9/2014

Shift/Duration of Service: 11:00 AM - 12:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1) **[REDACTED]**

**[REDACTED]**

2) **[REDACTED]**

**[REDACTED]**

**Intervention/Activity  
(What you did)**

**[REDACTED]**

**Assessment of  
Progress Towards  
Goal**

Response: **[REDACTED]**

**[REDACTED]**

Progress: **[REDACTED]**

**[REDACTED]**

Plan: **[REDACTED]**

ROA Page No. 0682

FCA Bates No. 024059



Name: **A.M.L.A.M.L**

Policy:

ROA Page No. 0683

Insurance No.

DOB:

**DOB**

Note ID#:

6293464

Date of Service: 7/9/2014

Staff:

Sutton, Renee

Record #:

72

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

Renee Sutton, MHP, LPC-I 7/15/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L**

Policy #

Insurance No.

DOB:

**DOB**

Note ID#: 6295995

Date of Service: 7/11/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth

**DOB**

Location: N/A - 999

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: ☐

Date: 7/11/2014

Shift/Duration of Service: 11:00 AM - 12:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Response: **[REDACTED]**

**[REDACTED]** "we were to butter  
you up". **[REDACTED]** and she only  
responded with "thank you".

Progress: **[REDACTED]**

Plan: **[REDACTED]**

Name: A.M.I.A.M.I.

Policy

Insurance No.

DOB:

Note ID#: 6295995

Date of Service: 7/11/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Client Progress:

Minor Progress

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

Renee Sutton, MHP, LPC-I 7/22/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy #

ROA Page No. 0686  
Insurance No.

DOB:

DOB

Note ID#: 6305901

Date of Service: 7/21/2014

Staff: ferguson, shaquanna

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

DOB

Location: Other Place of Service - 99

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect: 

Date: 7/21/2014

Shift/Duration of Service: 10:00 AM - 12:00 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

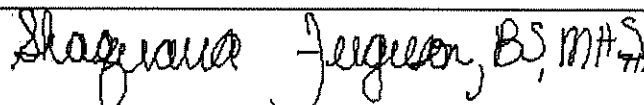
Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

Next Appointment: None Scheduled

Signature/Credentials/Position:

shaquanna ferguson

MHS

 BS, MHS 7/26/2014

DOB

Name: A.M.L.A.M.L

Policy # Insurance No.

DOB:

Note ID#: 6305901

Date of Service: 7/21/2014

Staff: ferguson, shaquanna

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name **A.M.L.A.M.L.**

Policy

ROA Page No. 0688  
Insurance No.

DOB:

DOB

Note ID#: 6309418

Date of Service: 7/22/2014

Staff: ferguson, shaquanna

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

DOB

Location: Other Place of Service - 99

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect: 

Date: 7/22/2014

Shift/Duration of Service: 11:00 AM - 1:00 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

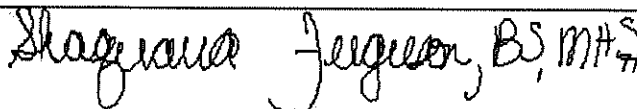
Purpose of  
Contact

1)

Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:  
shaquanna ferguson  
MHS BS, MHS 7/26/2014

Name **A.M.L.A.M.L**

Policy

Insurance No.

DOB:

**DOB**

Note ID#: 6309418

Date of Service: 7/22/2014

Staff: ferguson, shaquanna

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy #

**Insurance No.**

DOB: **DOB**

Note ID#: 6311473

Date of Service: 7/25/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth **DOB**

Location: Community - 99

Record #: 72

Policy # **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 7/25/2014

Shift/Duration of Service: 11:00 AM - 12:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

2) **[REDACTED]**

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Response: **[REDACTED]**

Progress: **[REDACTED]**

Plan: **[REDACTED]**

Client Progress: **[REDACTED]**

ROA Page No. 0690

FCA Bates No. 024067

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L. A.M.L.**  
Date of Service: 7/25/2014

Policy : **Insurance No.**  
Staff: Sutton, Renee

DOB: **DOB**  
Record #: 72

Note ID#: 6311473  
Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LFC-I* 8/5/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L**

Policy #

Insurance No. **ROA Page No. 0692**

DOB: **DOB**

Note ID#: 6311939

Date of Service: 7/25/2014

Staff: ferguson, shaquanna

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth

**DOB**

Location: Other Place of Service - 99

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 7/25/2014

Shift/Duration of Service: 12:00 PM - 2:00 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

**A.M.L** greeted mhs by saying good morning. **A.M.L** asked mhs for help with completing her assignment. **[REDACTED]**

**A.M.L** discussed with mhs why she bosses and feels that she has to have control when it comes to her sister. **A.M.L** said because she is the oldest. **[REDACTED]**

Client Progress: **[REDACTED]**

Next Appointment: None Scheduled

Name/Position/Signature:

ferguson, shaquanna

MHS

**ROA Page No. 0692**

**FCA Bates No. 024069**

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

DOB

Name: A.M.L.A.M.L.

Policy

Insurance No.

DOB:

Note ID#: 6311939

Date of Service: 7/25/2014

Staff: ferguson, shaquanna

Record #: 72

Page 2 of 2

Name/Position/Signature:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Policy #

ROA Page No. 0694  
Insurance No.

DOB:

DOB

Note ID#: 6315314

Date of Service: 7/28/2014

Staff: ferguson, shaquanna

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth

DOB

Location: Other Place of Service - 99

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 7/28/2014

Shift/Duration of Service: 1:00 PM - 3:00 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

**A.M.L** greeted mhs by saying good morning **Falezia** asked mhs for assistance in completing her assignment.

**A.M.L** yelled at her sister to do something that she wanted to do. After talking with mhs, **A.M.L** told her sister that she was sorry for yelling at her. While talking with mhs, **A.M.L** said that she would not like it if someone yelled at her to do something that she didn't want to do.

Next Appointment: None Scheduled

Name/Position/Signature:

ferguson, shaquanna

MHS

DOB

Name **A.M.L.A.M.L**

Policy

Insurance No.

DOB:

Note ID#: 6315314

Date of Service: 7/28/2014

Staff: ferguson, shaquanna

Record #: 72

Page 2 of 2

Name/Position/Signature:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.I.A.M.I**

Policy #

Insurance No.

DOB:

**DOB**

Note ID#: 6314751

Date of Service: 7/29/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.I.A.M.I.A.M.I**

Date of Birth

**DOB**

Location: Office - 11

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

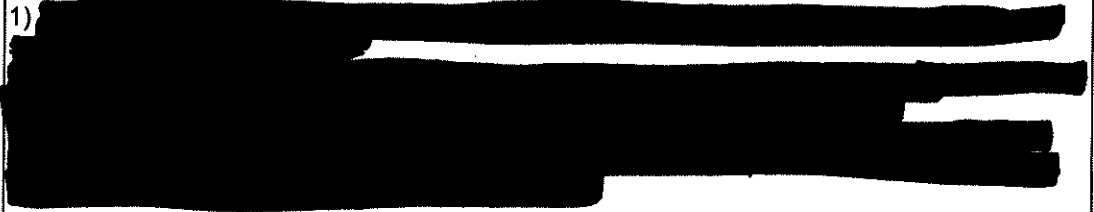
Overall Affect: 

Date: 7/29/2014

Shift/Duration of Service: 11:00 AM - 12:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact1) 

1) 

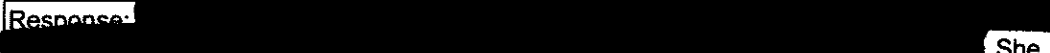
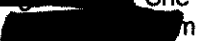
2) 

2) 

Intervention/Activity  
(What you did)



Assessment of  
Progress Towards  
Goal

Response:  She  
reported liking brother saying nice things about her, making her feel proud. 

 She reported not understanding the concepts of controlling thoughts.

Progress: Pan: Client Progress: 

Name: **A.M.L.A.M.L.**

Policy

ROA Page No. 0697  
Insurance No.

DOB:

**DOB**

Note ID#: 6314751

Date of Service: 7/29/2014

Staff:

Sutton, Renee

Record #: 72

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 8/5/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy #

Insurance No.

DOB:

**DOB**

Note ID#: 6317518

Date of Service: 7/29/2014

Staff: ferguson, shaquanna

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: Other Place of Service - 99

Record #: 72

Policy #

**Insurance No.**

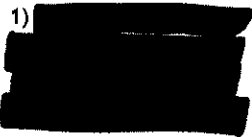
Face To Face: Yes

Overall Affect: 

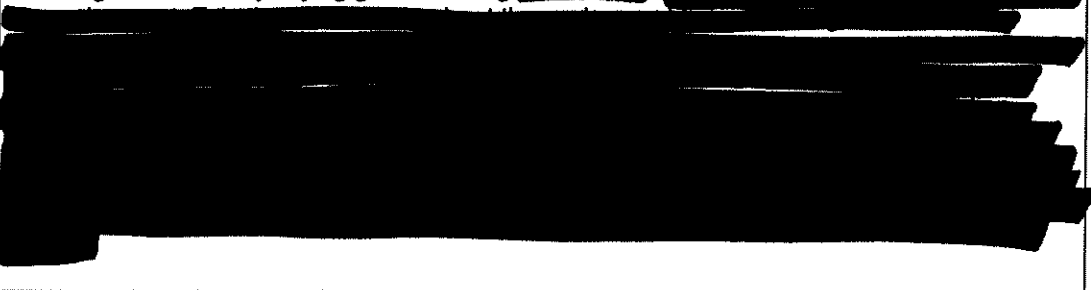
Date: 7/29/2014

Shift/Duration of Service: 12:00 PM - 2:00 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact1) 

1)   


Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal**A.M.L.** greeted mhs by saying good morning 

Client Progress:



Next Appointment: None Scheduled



DOB

Name: A.M.L.A.M.L

Policy # Insurance No.

DOB:

Note ID#: 6317518

Date of Service: 7/29/2014

Staff: ferguson, shaquanna

Record #: 72

Page 2 of 2

Name/Position/Signature:

ferguson, shaquanna

MHS

Name/Position/Signature:

Name: **A.M.L.A.M.L.** Policy: **Insurance No.** DOB: **DOB** Note ID#: 6317654  
Date of Service: 7/30/2014 Staff: ferguson, shaquanna Record #: 72 Page 1 of 2

Wright Directions Family Services, LLC  
Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 8  
Service: (H2014HN) 15 Mins. - Behavior Modification  
Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Consumer: **A.M.L.A.M.L.A.M.L.** Date of Birth: **DOB** Location: Other Place of Service - 99  
Record #: 72 Policy: **Insurance No.**  
Face To Face: Yes  
Overall Affect: **[REDACTED]**

Date: 7/30/2014 Shift/Duration of Service: 12:00 PM - 2:00 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

- 1) **[REDACTED]**
- 2) **[REDACTED]**
- 3) **[REDACTED]**

- 1) **[REDACTED]**
- 2) **[REDACTED]**
- 3) **[REDACTED]**

Intervention/Activity  
(What you did)

**[REDACTED]**

Name: A.M.L.A.M.L.

Policy :

Insurance No.

DOB:

Note ID#: 6317654

Date of Service: 7/30/2014

Staff: ferguson, shaquanna

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

A.M.L. greeted mhs by saying good morning. [REDACTED]  
[REDACTED] A.M.L. also stated that she didn't feel  
like doing her assignments. [REDACTED]

A.M.L. said she was acting up because her sister was not there. [REDACTED]  
[REDACTED] A.M.L.  
apologized for her behavior and showed good deeds for the remainder of the day. [REDACTED]  
[REDACTED]

Client Progress:

Next Appointment: None Scheduled

Name/Position/Signature:

ferguson, shaquanna

MHS

Name/Position/Signature:

ROA Page No. 0702

|                            |                              |                 |                   |
|----------------------------|------------------------------|-----------------|-------------------|
| Name: <b>A.M.L.A.M.L.</b>  | Policy: <b>Insurance No.</b> | DOB: <b>DOB</b> | Note ID#: 6316293 |
| Date of Service: 7/30/2014 | Staff: Ferguson, Natasha     | Record #: 72    | Page 1 of 2       |

Wright Directions Family Services, LLC  
Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services  
Units Used: 2  
Service: (S9482HN) 15 Mins. - Family Support

|                                     |                              |                          |
|-------------------------------------|------------------------------|--------------------------|
| Consumer: <b>A.M.L.A.M.L.A.M.L.</b> | Date of Birth: <b>DOB</b>    | Location: Community - 99 |
| Record #: 72                        | Policy: <b>Insurance No.</b> |                          |
| Face To Face: Yes                   |                              |                          |
| Overall Affect: <b>[REDACTED]</b>   |                              |                          |

|                 |                                              |                            |
|-----------------|----------------------------------------------|----------------------------|
| Date: 7/30/2014 | Shift/Duration of Service: 4:00 PM - 4:30 PM | Total Time: 0 hrs. 30 min. |
|-----------------|----------------------------------------------|----------------------------|

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Response: **[REDACTED]** Mother said that client  
feel she is the boss. **[REDACTED]**  
**[REDACTED]** Mrs. Mitchell stated that client is totally different at home then with MHS.

Progress: **[REDACTED]**

Plan: **[REDACTED]**

Client Progress: **[REDACTED]**

Next Appointment: None Scheduled

Name/Position/Signature:

Ferguson, Natasha  
CSP

DOB

Name **A.M.L.A.M.I**

Policy

Insurance No.

DOB:

Note ID#: 6316293

Date of Service: 7/30/2014

Staff: Ferguson, Natasha

Record #: 72

Page 2 of 2

Name/Position/Signature:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6316991  
 Date of Service: 7/30/2014 Staff: Sutton, Renee Record #: 72 Page 1 of 2

**Wright Directions Family Services, LLC**  
 Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

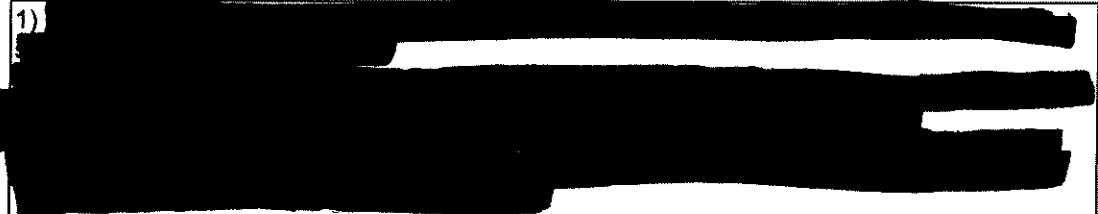
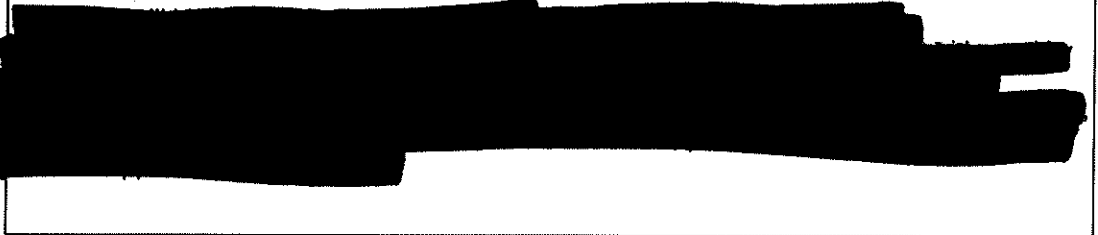
Division of Mental Health, Developmental  
 Disabilities and Substance Abuse Services  
 Units Used: 1  
 Service: (90847HO) 1 Hr. - Family Therapy w/ Client

|                                                                                                   |                                |                                       |
|---------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------|
| Consumer: <b>A.M.L.A.M.L.A.M.L.</b>                                                               | Date of Birth: <b>DOB</b>      | Location: Other Place of Service - 99 |
| Record #: 72                                                                                      | Policy #: <b>Insurance No.</b> |                                       |
| Face To Face: Yes                                                                                 |                                |                                       |
| Overall Affect:  |                                |                                       |

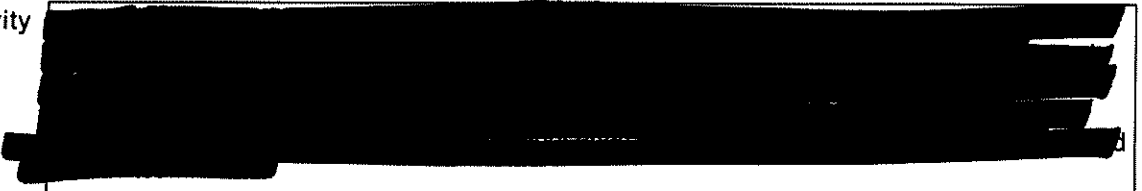
Date: 7/30/2014 Shift/Duration of Service: 11:00 AM - 12:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

**Purpose of Contact**

- 1)  
- 2)  

**Intervention/Activity  
(What you did)**



Name: **AMLA.M.I.**

Policy :

**ROA Page No. 0705**  
**Insurance No.**

DOB:

**DOB**

Note ID#: 6316991

Date of Service: 7/30/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Response:

[REDACTED]

Progress:

[REDACTED]

Plan:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 8/5/2014

Signature/Credentials/Position:

\_\_\_\_\_  
\_\_\_\_\_

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.I.A.M.I.** Policy # **Insurance No.** DOB: **DOB** Note ID#: 6363569  
 Date of Service: 9/9/2014 Staff: Sutton, Renee Record #: 72 Page 1 of 2

Wright Directions Family Services, LLC  
 Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

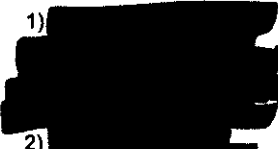
Division of Mental Health, Developmental  
 Disabilities and Substance Abuse Services  
 Units Used: 4  
 Service: (H0032HO) 15 Mins. - Service Plan Development

|                                                                                                   |                                |                                       |
|---------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------|
| Consumer: <b>A.M.I.A.M.I.A.M.I.</b>                                                               | Date of Birth: <b>DOB</b>      | Location: Other Place of Service - 99 |
| Record #: 72                                                                                      | Policy #: <b>Insurance No.</b> |                                       |
| Face To Face: Yes                                                                                 |                                |                                       |
| Overall Affect:  |                                |                                       |

Date: 9/9/2014 Shift/Duration of Service: 1:00 PM - 2:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

- 1) 
- 2) 
- 3) 

Intervention/Activity  
 (What you did)





Name: A.M.L.A.M.L.

Policy

Insurance No.

DOB:

Note ID#: 6363569

Date of Service: 9/9/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Response: [REDACTED]

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress:

Accomplished

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

Renee Sutton, MHP, LPC-I 9/15/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L**

Policy #

**Insurance No.**

DOB:

**DOB**

Note ID#: 6364886

Date of Service: 9/11/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 9/11/2014

Shift/Duration of Service: 1:00 PM - 2:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

2)

1) [REDACTED]

2) [REDACTED]

Intervention/Activity  
(What you did)

[REDACTED]

Assessment of  
Progress Towards  
Goal

Response: [REDACTED]

[REDACTED] about more casually. Mom and teacher reported stealing incident a few days ago and her continued staring at others backpack. Teacher reported yesterday a student reported snack missing but **A.M.L.** denied stealing. [REDACTED]

[REDACTED]

Progress: [REDACTED]

[REDACTED]

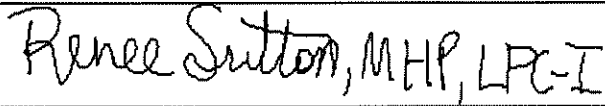
Plan: [REDACTED]

[REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:  
Renee Sutton  
MHP

  
\_\_\_\_\_  
Signature/Credentials/Position: \_\_\_\_\_

9/15/2014

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6373281

Date of Service: 9/16/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90791HO) 1 Event - Diagnostic Assessment- Initial

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth **DOB**

Location: Home - 12

Record #: 72

Policy # **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 9/16/2014

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

2) **[REDACTED]**

3) **[REDACTED]**

Intervention/Activity  
(What you did)

Name: A.M.L.A.M.L

Policy:

Insurance No.

DOB:

Note ID#: 6373281

Date of Service: 9/16/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Response: see attachment

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton  
MHPRenee Sutton, MHP, LPC-I 9/20/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6373304  
 Date of Service: 9/16/2014 Staff: Sutton, Renee Record #: 72 Page 1 of 2

Wright Directions Family Services, LLC  
 Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

Units Used: 1  
 Service: (90791HO) 1 Event - Diagnostic Assessment- Initial  
 Division of Mental Health, Developmental Disabilities and Substance Abuse Services

|                                                                                                   |                                |                     |
|---------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| Consumer: <b>A.M.L.A.M.L.A.M.L.</b>                                                               | Date of Birth: <b>DOB</b>      | Location: Home - 12 |
| Record #: 72                                                                                      | Policy #: <b>Insurance No.</b> |                     |
| Face To Face: Yes                                                                                 |                                |                     |
| Overall Affect:  |                                |                     |

Date: 9/16/2014 Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of Contact

- 1) 
- 2) 
- 3) 

Intervention/Activity  
(What you did)



Name: **A.M.L.A.M.L**

Policy #

**ROA Page No. 0713**  
**Insurance No.**

DOB:

**DOB**

Note ID#: 6373304

Date of Service: 9/16/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Response: see attachment

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton  
MHP

*Renee Sutton, MHP, LPC-I* 9/20/2014

Signature/Credentials/Position:

Name: **A.M.I.A.M.I**

Policy #

Insurance No. **ROA Page No. 0714**

DOB: **DOB**

Note ID#: 6374701

Date of Service: 9/17/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.I.A.M.I.A.M.I**

Date of Birth

**DOB**

Location: Home - 12

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 9/17/2014

Shift/Duration of Service: 5:00 PM - 5:30 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Client Progress: **[REDACTED]**

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP

*Victoria Jamison, BA, MHS*

9/21/2014



DOB

Name: A.M.L.A.M.L

Policy # Insurance No.

DOB:

Note ID#: 6374701

Date of Service: 9/17/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6374763  
Date of Service: 9/18/2014 Staff: Sutton, Renee Record #: 72 Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 9/18/2014

Shift/Duration of Service: 12:15 PM - 1:15 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1)

2)

**Intervention/Activity  
(What you did)****Assessment of  
Progress Towards  
Goal**

Response:

She shared her emotions of missing a particular staff member  
She reported not having problems with milk but is not allowed to eat dairy.

Progress:

Plan:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 9/22/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L**

Policy #

**Insurance No.**

DOB:

**DOB**

Note ID#: 6379987

Date of Service: 9/23/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H0032HO) 15 Mins. - Service Plan Development

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth

**DOB**

Location: Other Place of Service - 99

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 9/23/2014

Shift/Duration of Service: 8:00 AM - 9:00 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

2)

3)

1) [REDACTED]

2) [REDACTED]

3) [REDACTED]

Intervention/Activity  
(What you did)

[REDACTED]

Name: A.M.L/A.M.L

Policy

Insurance No.

DOB:

Note ID#: 6379987

Date of Service: 9/23/2014

Staff:

Sutton, Renee

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Response: see file

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

Renee Sutton, MHP, LPC-I 9/26/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L**

Policy:

Insurance No.

DOB:

**DOB**

Note ID#: 6396101

Date of Service: 10/6/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth:

**DOB**

Location: Home - 12

Record #: 72

Policy:

**Insurance No.**

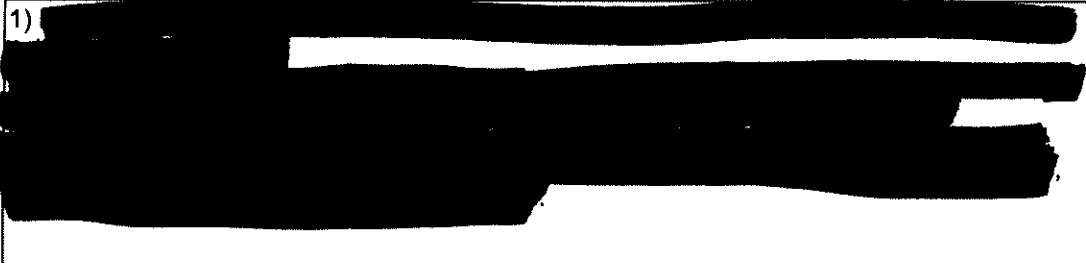
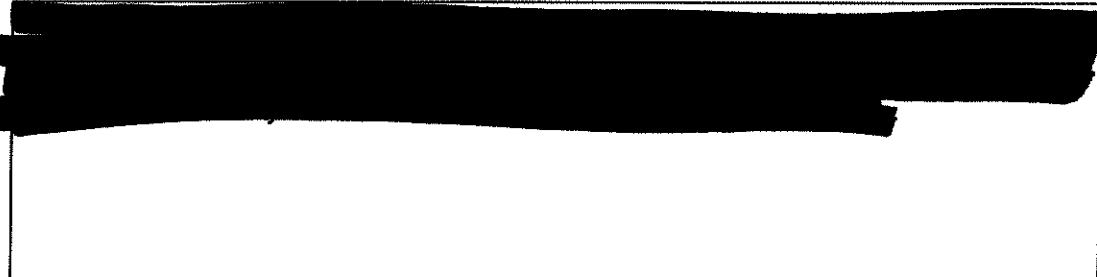
Face To Face: Yes

Overall Affect: 

Date: 10/6/2014

Shift/Duration of Service: 2:15 PM - 2:30 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact1) 1) Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal Mom pointed out that **A.M.L** is declining in  
her work especially during Math and Social Studies. 

Plan for the next session:

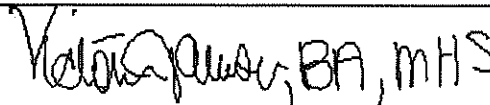


Client Progress:



Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP

10/15/2014

DOB

Name: A.M.L.A.M.L

Policy

Insurance No.

DOB:

Note ID#: 6396101

Date of Service: 10/6/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6397814  
 Date of Service: 10/7/2014 Staff: Jamison, Victoria Record #: 72 Page 1 of 2

# Wright Directions Family Services, LLC

Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

Division of Mental Health, Developmental  
 Disabilities and Substance Abuse Services  
 Units Used: 6  
 Service: (H2014HN) 15 Mins. - Behavior Modification

|                                     |                                |                      |
|-------------------------------------|--------------------------------|----------------------|
| Consumer: <b>A.M.L.A.M.L.A.M.L.</b> | Date of Birth: <b>DOB</b>      | Location: School - 3 |
| Record #: 72                        | Policy #: <b>Insurance No.</b> |                      |
| Face To Face: Yes                   |                                |                      |
| Overall Affect: <b>[REDACTED]</b>   |                                |                      |

Date: 10/7/2014 Shift/Duration of Service: Total Time: 1 hrs. and 30 mins.

DSM-V Diagnosis: N/A

## Purpose of Contact

1) **[REDACTED]**

## Intervention/Activity (What you did)

## Assessment of Progress Towards Goal

Client said to MHS that she "like being around grown ups like the MHS because she can talk to them and tell them what she likes and what she wants." Client pointed out that last worker played games with her and brought her stuff is she was good the entire week.

Plan for next session:

Client Progress: **[REDACTED]**

Next Appointment: None Scheduled



Name: **A.M.L/A.M.L**

Policy

Insurance No.

DOB:

Note ID#: 6397814

Date of Service: 10/7/2014

Staff:

Jamison, Victoria

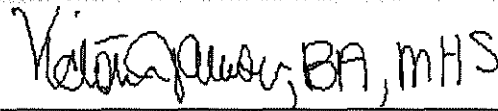
Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Handwritten signature of Victoria Jamison in black ink.

10/13/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Date of Service: 10/8/2014

Policy

Insurance No.

DOB:

**DOB**

Note ID#: 6400042

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 9

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 10/8/2014

Shift/Duration of Service: Total Time: 2 hrs. and 25 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

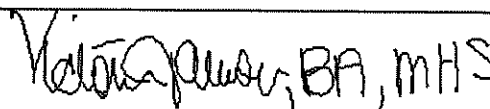
Plan for next session:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP



10/15/2014

ROA Page No. 0724

FCA Bates No. 024101

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

DOB

Name: **A.M.L.A.M.L**

Policy # **Insurance No.**

DOB:

Note ID#: 6400042

Date of Service: 10/8/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**Policy # **Insurance No.**DOB: **DOB**

Note ID#: 6400183

Date of Service: 10/9/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 6

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**Date of Birth **DOB**

Location: School - 3

Record #: 72

Policy # **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 10/9/2014

Shift/Duration of Service: Total Time: 1 hrs. and 30 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact1) **[REDACTED]**Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

Client responded to MHS "I like game" by stating "I don't know" to the simple question "What do you like." and expressing that some of the things she like are: Ice cream, dolphins, math, Barbies, Ihop, coloring, and bananas.

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP*Victoria Jamison, BA, MHS*

10/15/2014

Name: **A.M.L.A.M.L**

Policy:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6400183

Date of Service: 10/9/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6401828

Date of Service: 10/10/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 5

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: N/A

Date: 10/10/2014

Shift/Duration of Service: Total Time: 1 hrs. and 20 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) [REDACTED]

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

playground activity with [REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP

*Victoria Jamison, BA, MHS*

10/15/2014

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

DOB

Name: A.M.L.A.M.L.

Policy : Insurance No.

DOB:

Note ID#: 6401828

Date of Service: 10/10/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**Policy: **Insurance No.**DOB: **DOB**

Note ID#: 6404283

Date of Service: 10/13/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 10/13/2014

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact1) **[REDACTED]**Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

**A.M.L.** responded to MHS question of "What are you guys doing" by informing MHS that the two were talking about what they had done over the summer. **[REDACTED]** and asking if MHS had any songs on the phone. **[REDACTED]**

Plan for next session:

## Client Progress:

Next Appointment: None Scheduled



Name: A.M.I.A.M.I.

Policy

Insurance No.

DOB:

Note ID#: 6404283

Date of Service: 10/13/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

10/15/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy: **Insurance No.**

DOB: **DOB**

Note ID#: 6407210

Date of Service: 10/14/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 5

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

|                                     |                              |                      |
|-------------------------------------|------------------------------|----------------------|
| Consumer: <b>A.M.L.A.M.L.A.M.L.</b> | Date of Birth: <b>DOB</b>    | Location: School - 3 |
| Record #: 72                        | Policy: <b>Insurance No.</b> |                      |
| Face To Face: Yes                   |                              |                      |
| Overall Affect:                     |                              |                      |

|                  |                                                            |
|------------------|------------------------------------------------------------|
| Date: 10/14/2014 | Shift/Duration of Service: Total Time: 1 hrs. and 15 mins. |
|------------------|------------------------------------------------------------|

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

1)

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Plan for next session:

Client Progress:

|                                  |
|----------------------------------|
| Next Appointment: None Scheduled |
|----------------------------------|

|                                                            |             |            |
|------------------------------------------------------------|-------------|------------|
| Signature/Credentials/Position:<br>Victoria Jamison<br>CSP | <br>BA, MHS | 10/27/2014 |
|------------------------------------------------------------|-------------|------------|

DOB

Name: A.M.L.A.M.L

Policy: Insurance No.

DOB:

Note ID#: 6407210

Date of Service: 10/14/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L.A.M.L**

Policy

ROA Page No. 0735

Insurance No.

DOB:

**DOB**

Note ID#: 6408593

Date of Service: 10/15/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Client Progress:

Moderate Progress

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 10/18/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy: **Insurance No.**

DOB: **DOB**

Note ID#: 6413159

Date of Service: 10/20/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy: **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 10/20/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

1) **[REDACTED]**

Intervention/Activity  
(What you did)

**[REDACTED]**

Assessment of  
Progress Towards  
Goal

**[REDACTED]**

How were the questions out loud to Victoria

Plan for next session:

**[REDACTED]**

Client Progress:

**[REDACTED]**

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP

*Victoria Jamison, BA, MHS*

10/27/2014

DOB

Name: A.M.L.A.M.L

Policy: Insurance No.

DOB:

Note ID#: 6413159

Date of Service: 10/20/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy:

Insurance No.

DOB:

**DOB**

Note ID#: 6414419

Date of Service: 10/21/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy: **Insurance No.**

Face To Face: Yes

Overall Affect: 

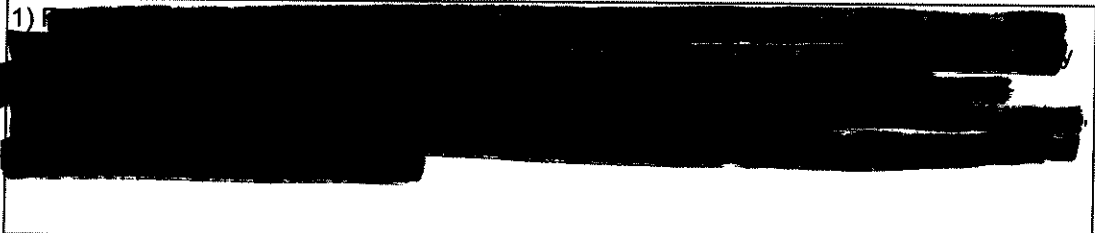
Date: 10/21/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

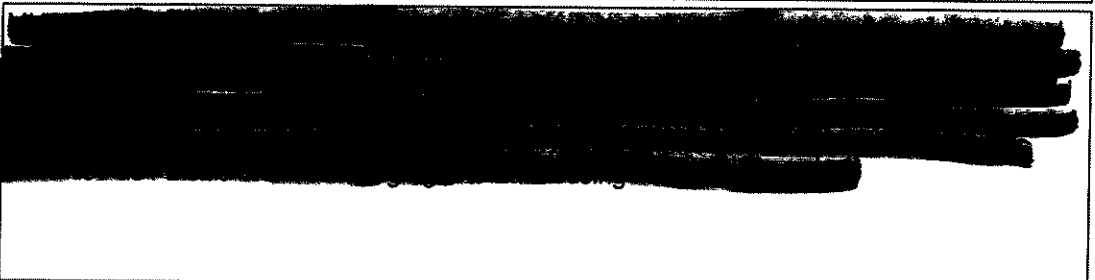
DSM-V Diagnosis: N/A

Purpose of  
Contact

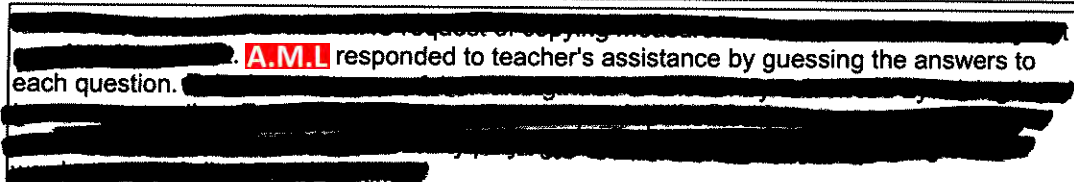
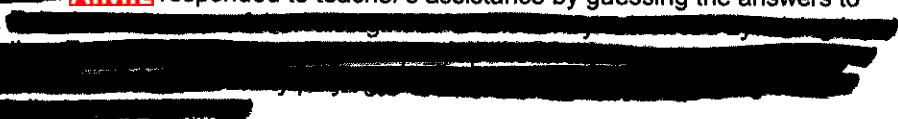
1) 

1) 

Intervention/Activity  
(What you did)



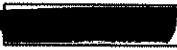
Assessment of  
Progress Towards  
Goal

 **A.M.L.** responded to teacher's assistance by guessing the answers to each question. 

Plan for next session:



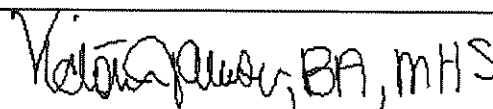
Client Progress:



Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP



10/28/2014



DOB

Name: A.M.I.A.M.I.

Policy Insurance No.

DOB:

Note ID#: 6414419

Date of Service: 10/21/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L.A.M.L.**

Policy

ROA Page No. 0740

Insurance No.

DOB:

**DOB**

Note ID#: 6417092

Date of Service: 10/22/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy

**Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 10/22/2014

Shift/Duration of Service: 10:00 AM - 11:00 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

1) **[REDACTED]**

Intervention/Activity  
(What you did)

**[REDACTED]**

Assessment of  
Progress Towards  
Goal

**[REDACTED]**

Plan for next session:

**[REDACTED]**

Client Progress:

**[REDACTED]**

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: A.M.I.A.M.I.

Policy

Insurance No.

DOB:

Note ID#: 8417092

Date of Service: 10/22/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

11/13/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L**

## Policy

**Insurance No.**

**DOB:**

DOB

Note ID#: 6417330

**Date of Service:** 10/22/2014

**Staff:** Sutton, Renee

Record #: 72

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

**Ridgeland, SC 29936**

## Jasper County

**Phone: 8436457700**

Units Used: 1

## Division of Mental Health, Developmental Disabilities and Substance Abuse Services

**Service: (90837HO) 1 Hour Individual Therapy**

Consumer: **A.M.L.A.M.L.A.M.L**

Date of Birth

Location: School - 3

Record #: 72

## Policy

**Insurance No.**

Face To Face: Yes

**Overall Affect:**

Date: 10/22/2014

Shift/Duration of Service: 11:45 AM - 12:45 PM Total Time: 1 hrs. 0 min.

**DSM-V Diagnosis: N/A**

### Purpose of Contact

1)

**Intervention/Activity**  
(What you did)

### Assessment of Progress Towards Goal

Response: [REDACTED] She said she plays with friends, [REDACTED]. A peer reported that A.M.L is her friend. She reported that she was doing what teacher said to group on the previous night, which was to behave. [REDACTED] She reported mom tells them not to waste food. [REDACTED] She reported not sleeping last night because thinking about things. [REDACTED]

**Progress:**

**Plan:**

**Client Progress:**

Name: A.M.L.A.M.L.

Policy:

Insurance No.

DOB:

Note ID#: 6417330

Date of Service: 10/22/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

Renee Sutton, MHP, LPC-I 10/29/2014

Signature/Credentials/Position:

Name: **A.M.L.A.M.L.**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6417154

Date of Service: 10/23/2014

Staff: Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy # **Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 10/23/2014

Shift/Duration of Service: 9:45 AM - 11:45 AM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1) **[REDACTED]**

1) **[REDACTED]**

**Intervention/Activity  
(What you did)**

**[REDACTED]**

**Assessment of  
Progress Towards  
Goal**

**A.M.L.** informed MHS that she was taking a math test. **[REDACTED]** **A.M.L.** responded to MHS question by stating, "Good." **[REDACTED]**

Plan for next session:

**[REDACTED]**

**Client Progress:**

**[REDACTED]**

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison  
CSP

*Victoria Jamison, BA, MHS*

10/30/2014

Name: **A.M.L.A.M.L**

Policy #

**ROA Page No. 0745**  
**Insurance No.**

DOB:

**DOB**

Note ID#:

6417154

Date of Service: 10/23/2014

Staff:

Jamison, Victoria

Record #:

72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

**Date of Service:** 10/27/2014

**Staff:** Jamison, Victoria

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

## Jasper County

Phone: 8436457700

Units Used: 7

**Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services**

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L.A.M.L.A.M.L**

**Date of Birth** **DOB**

Location: School - 3

Record #: 72

|          |               |
|----------|---------------|
| Policy # | Insurance No. |
|----------|---------------|

**Face To Face:** Yes

**Overall Affect:**

Date: 10/27/2014

**Shift/Duration of Service:** 10:00 AM - 11:45 AM Total Time: 1 hrs. 45 min.

**DSM-V Diagnosis: N/A**

### Purpose of Contact

1)

**Intervention/Activity**  
(What you did)

██████████. MHS responded to A.M.L by asking her "how did she think she do on her quiz?"

### Assessment of Progress Towards Goal

[REDACTED] A.M.L informed MHS that she thinks she did a good job on quiz.

Plan for next session:

**Client Progress:**

Next Appointment:    None Scheduled

**Signature/Credentials/Position:**

Victoria Jamison  
CSP

Victoria Paus, BA, MHS

11/3/2014



DOB

Name: A.M.L/A.M.L

Policy: Insurance No.

DOB:

Note ID#: 6421674

Date of Service: 10/27/2014

Staff: Jamison, Victoria

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

# EXHIBIT 4

Name: **A.M.L A.M.L**

Policy #:

**ROA Page No. 0749**

DOB:

**DOB**

Note ID#: 6207450

Date of Service: 4/10/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L A.M.L**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 4/10/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

1)

Intervention/Activity  
(What you did)

Goal 3: Practice assertive communication (verbal and non-verbal) via role-plays and scenarios to aid in identifying feelings and practice expressing them with others in session.

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0750

DOB:

**DOB**

Note ID#: 6207450

Date of Service: 4/10/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response 1115-1215: **A.M.L.** stated that she is improving relationships with siblings. **A.M.L.** agreed to communicate needs and feelings to persons available to assist during obstacles or changes in mood.

[REDACTED]

[REDACTED]

Progress: [REDACTED]

Plan: [REDACTED]

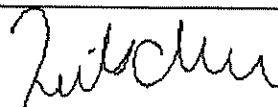
Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/10/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0751

DOB:

**DOB**

Note ID#: 6207451

Date of Service: 4/14/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: Office - 11

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

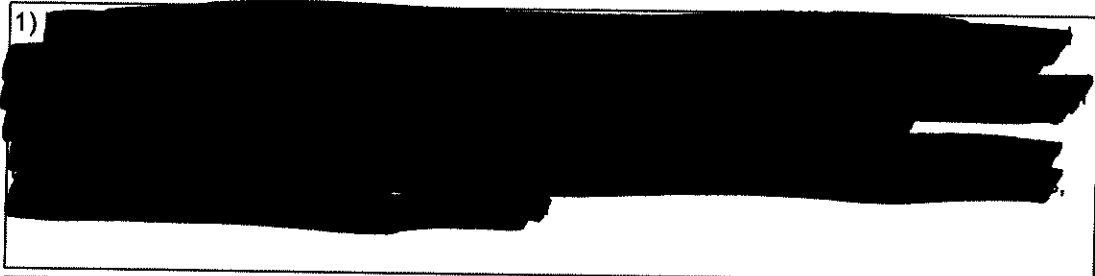
Date: 4/14/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

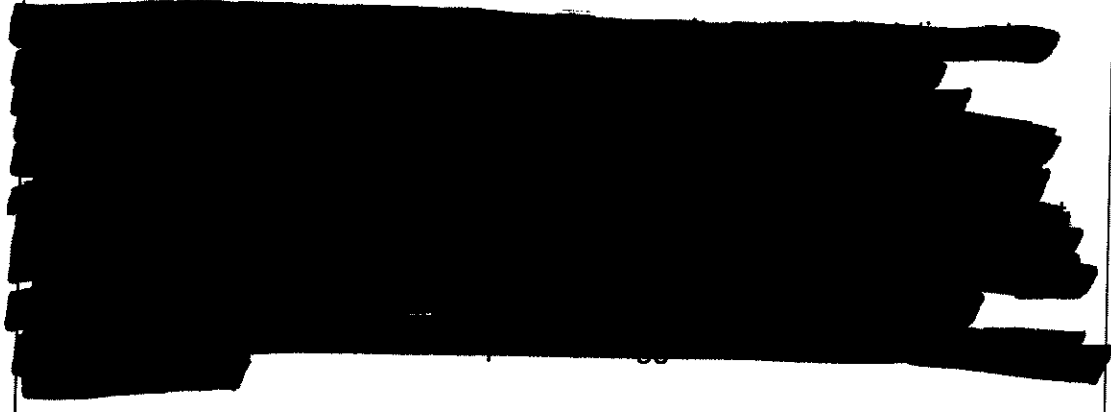
Purpose of  
Contact

1) 

1) 

Intervention/Activity  
(What you did)

Goal 1: providing education on safety, the importance of rules and respecting others property, well-being, and why rules are important and processing this in session (individual, family, group, etc)



ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: A.M.L. A.M.L.

Policy #:

ROA Page No. 0752

DOB:

DOB

Note ID#: 6207451

Date of Service: 4/14/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response:

[REDACTED] A.M.L. commented about coping skills practiced and target for personal goal clarifying high level interests. [REDACTED] A.M.L. expressed concern for inability to meet personal growth due to past challenges. A.M.L. agreed to track triggers and implement soothing practices prior to inappropriate responses.

Progress:

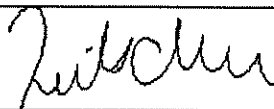
Plan:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman  
MHS



4/19/2014

Signature/Credentials/Position:

Name: **A.M.L A.M.L**

Policy #:

ROA Page No. 0753

DOB:

**DOB**

Note ID#: 6207459

Date of Service: 4/14/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L A.M.L**

Date of Birth:

**DOB**

Location: Other Place of Service - 99

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

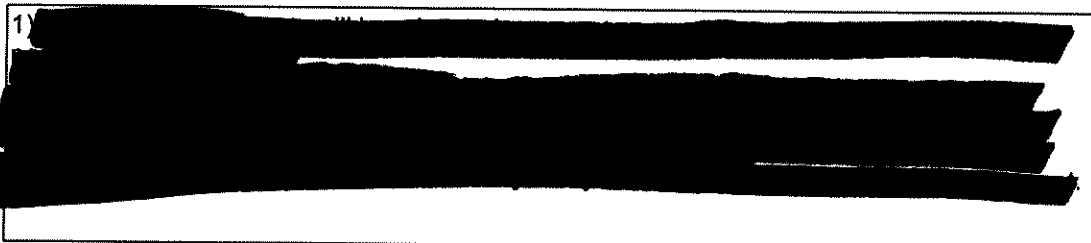
Date: 4/14/2014

Shift/Duration of Service: Total Time: 0 hrs. and 30 mins.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1) 

1) 

**Intervention/Activity  
(What you did)**

Goal 2: assist developing positive coping skills via behavior modification in individual and family sessions; providing education regarding diagnosis, symptoms and treatment modalities and the effects neglect (including drug use) has on children and their developing relationships w/ others

Intervention 415-445: 

**Assessment of  
Progress Towards  
Goal**

Response: Caregiver shared that client is bossy at home with siblings and usually instructs others of what to do. Caregiver mentions working with client on patience with siblings and peers. Caregiver expressed client behavior tracking improving at both school and home. Caregiver explained that client has not visited time out for long period of time.

Plan: 

Progress: 

Client Progress:

Accomplished

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**  
Date of Service: 4/14/2014

Policy #: **ROA Page No. 0754**  
Staff: Inman, Tenille

DOB: **DOB**  
Record #: 72

Note ID#: 6207459

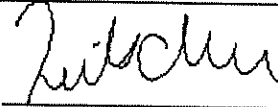
Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/19/2014

Signature/Credentials/Position:



Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0755

DOB

DOB

Note ID#: 6205921

Date of Service: 4/14/2014

Staff:

Berryhill, Amy Kathryn

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: **A.M.L. A.M.L.**

Date of Birth

DOB

Location: Office - 11

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 4/14/2014

Shift/Duration of Service: 4:00 PM - 5:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Effectiveness of  
Intervention/Activity

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Amy Berryhill  
MHP

 4/22/2014

Name: **A.M.L. A.M.L.**

Policy #:

**ROA Page No. 0756**

DOB

**DOB**

Note ID#: 6205921

Date of Service: 4/14/2014

Staff:

Berryhill, Amy Kathryn

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0757

DOB:

**DOB**

Note ID#: 6207453

Date of Service: 4/15/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: Office - 11

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 4/15/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

1) **[REDACTED]**

Goal 1: promoting self-esteem and identifying strengths to be demonstrated in session via role-plays, etc. ; creating a reward system for positive(non-defiant/impulsive) behaviors and consequences for neg. /unsafe behaviors and problem-solving obstacles to decreasing defiant and impulsive behaviors

Intervention: **[REDACTED]**

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0758

DOB:

**DOB**

Note ID#: 6207453

Date of Service: 4/15/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response: [REDACTED]  
[REDACTED] **A.M.L.** verbalized negative behaviors displayed during periods of anger or frustration. **A.M.L.** commented about personal pleasure received from writing in journal. [REDACTED]  
[REDACTED] **A.M.L.** mentioned ability to teach siblings coping and soothing activities during high level frustration during home and school. [REDACTED]

Progress: [REDACTED]

Plan: [REDACTED]  
[REDACTED]  
2 [REDACTED]  
[REDACTED]

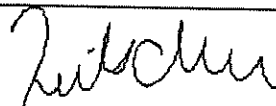
Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/19/2014

Signature/Credentials/Position:

\_\_\_\_\_  
\_\_\_\_\_

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #

ROA Page No. 0759

DOB

DOB

Note ID#: 6207456

Date of Service: 4/16/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

DOB

Location: Office - 11

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect: 

Date: 4/16/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

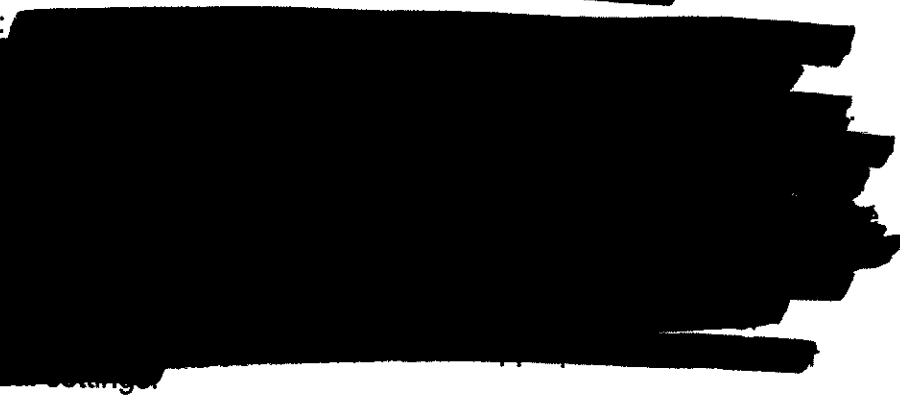
1) 

1) 

Intervention/Activity  
(What you did)

Goal 3: Practice assertive communication (verbal and non-verbal) via role-plays and scenarios to aid in identifying feelings and practice expressing them with others in session.

  
...asking for help and identifying...

Intervention: 

Name: A.M.L. A.M.L.

Policy #

ROA Page No. 0760

DOB

DOB

Note ID#: 6207456

Date of Service: 4/16/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response:

[REDACTED] A.M.L. explained feeling sad and happy as predominate emotions experienced. A.M.L. verbalized multiple incidences causing negative emotions to arise as outcome. [REDACTED] at [REDACTED]

[REDACTED] A.M.L. commented on triggers associated with negative feelings and lacking control to adjust. [REDACTED]

Progress:

Plan:

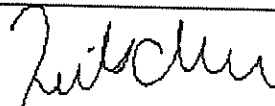
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/19/2014

Signature/Credentials/Position:

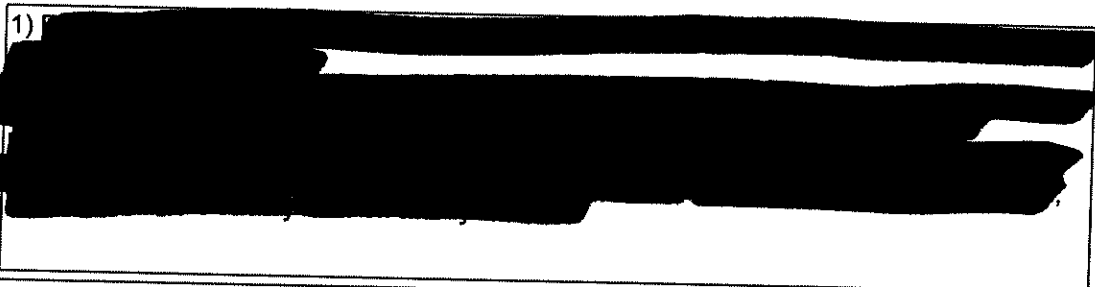
Name: **A.M.L. A.M.L.** Policy # **ROA Page No. 0761** DOB **DOB** Note ID#: 6212299  
Date of Service: 4/17/2014 Staff: Inman, Tenille Record #: 72 Page 1 of 2  
Wright Directions Family Services, LLC  
Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700  
Units Used: 8  
Service: (H2014HN) 15 Mins. - Behavior Modification  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: **A.M.L. A.M.L.** Date of Birth: **DOB** Location: Office - 11  
Record #: 72 Policy #: **Insurance No.**  
Face To Face: Yes  
Overall Affect: 

Date: 4/17/2014 Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.  
DSM-V Diagnosis: N/A

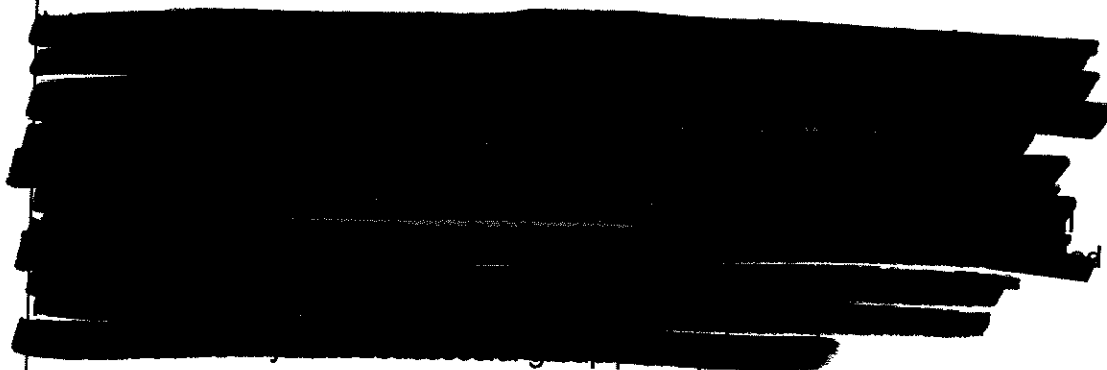
Purpose of Contact

1) 

1) 

Intervention/Activity  
(What you did)

Goal 1: providing education on safety, the importance of rules and respecting others property, well-being, and why rules are important and processing this in session (individual, family, group, etc)



Name: A.M.L. A.M.L.

Policy #:

ROA Page No. 0762

DOB:

DOB

Note ID#: 6212299

Date of Service: 4/17/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response: A.M.L. stated being excited about personal growth made amongst peers. A.M.L. expressed current relationships developed with peers sharing similarities and interests. A.M.L. verbalized thoughts related to rules and process are important to safety. A.M.L. stated importance of group members making decisions together for the success of all. A.M.L. reflected on personal experiences lacking patience for the interest of others.

Progress:

Plan:

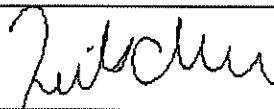
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/19/2014

Signature/Credentials/Position:



Name: **A.M.L. A.M.L.** Policy #: **ROA Page No. 0763** DOB: **DOB** Note ID#: 6212307  
Date of Service: 4/18/2014 Staff: Inman, Tenille Record #: 72 Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L. A.M.L.** Date of Birth: **DOB** Location: Other Place of Service - 99  
Record #: 72 Policy #: **Insurance No.**  
Face To Face: No  
Overall Affect: **[REDACTED]**

Date: 4/18/2014 Shift/Duration of Service: Total Time: 0 hrs. and 30 mins.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**1) **[REDACTED]****Intervention/Activity  
(What you did)**

Goal 2: assist developing positive coping skills via behavior modification in individual and family sessions; providing education regarding diagnosis, symptoms and treatment modalities and the effects neglect (including drug use) has on children and their developing relationships w/ others

**Intervention:** **[REDACTED]****Assessment of  
Progress Towards  
Goal**

Behavior/Response: Caregiver expressed client relationship with siblings is improving. Caregiver stated client displays patience and mild temper with siblings more often. Caregiver mentioned client discipline consists of timeout mat in corner as realistic consequence to negative behaviors. Caregiver agreed to continued positive behavior reinforcement and home based behavior reward system.

**Progress:** **[REDACTED]****Plan:** **[REDACTED]**

Name: **A.M.L. A.M.L.**

Policy #:

**ROA Page No. 0764**

DOB

**DOB**

Note ID#: 6212307

Date of Service: 4/18/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/19/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #:

**ROA Page No. 0765**

DOB

**DOB**

Note ID#: 6212316

Date of Service: 4/21/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 4/21/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

**[REDACTED]**  
ways:

Intervention/Activity  
(What you did)

Goal 3: Practice assertive communication (verbal and non-verbal) via role-plays and scenarios to aid in identifying feelings and practice expressing them with others in session.

Intervention: **[REDACTED]**

Intervention: **[REDACTED]**

Name: **A.M.L. A.M.L.**

Policy #

ROA Page No. 0766

DOB

DOB

Note ID#: 6212316

Date of Service: 4/21/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response 1115-1215: **A.M.L.** shared situations within the home in which she demonstrates assertive communication with siblings. **A.M.L.** explains not sharing information with caregiver often. [REDACTED]

[REDACTED] **A.M.L.** expressed social situations in which peers seem to restrict verbal exchanges. **A.M.L.** agreed to make attempt and track personal efforts of implementing assertive communication skills.

Behavior/Response 250-350: **A.M.L.** verbalized personal feelings and interests with personal class event celebration. **A.M.L.** explained need for communicating with caregiver about activities of interests. [REDACTED]

[REDACTED] **A.M.L.** stated interests in creating personal counting goal of demonstrating healthy displays of assertive socialization.

Progress: [REDACTED]

Plan: [REDACTED]

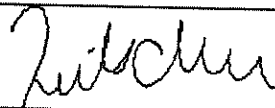
Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/21/2014

Signature/Credentials/Position:

\_\_\_\_\_

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0767

DOB:

**DOB**

Note ID#: 6208229

Date of Service: 4/21/2014

Staff: Berryhill, Amy Kathryn

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

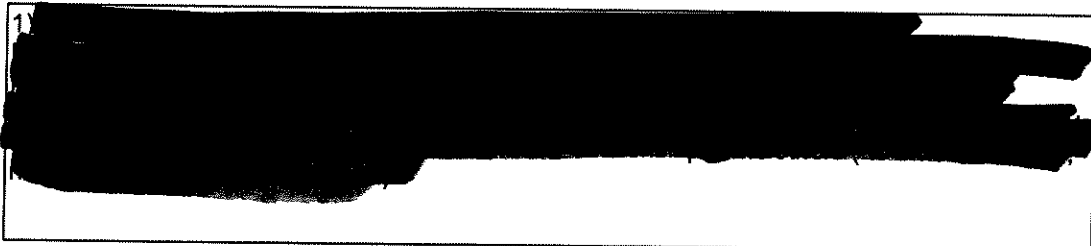
Date: 4/21/2014

Shift/Duration of Service: 9:15 AM - 10:15 AM Total Time: 1 hrs. 0 min.

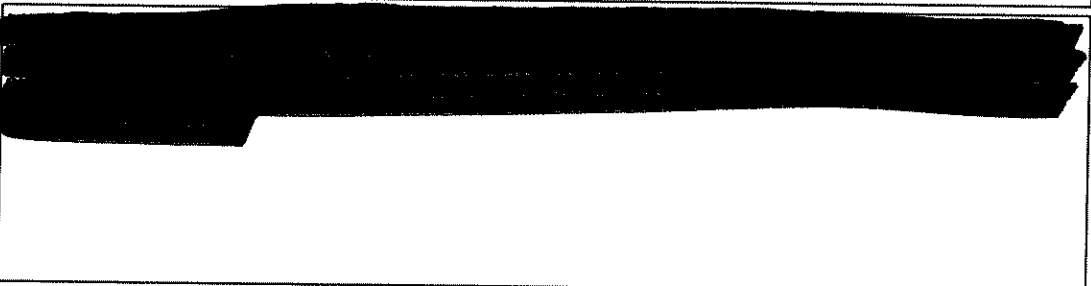
DSM-V Diagnosis: N/A

Purpose of  
Contact





Intervention/Activity  
(What you did)



Effectiveness of  
Intervention/Activity

 She was able to express herself well and participate in  
the session.  She also acknowledged that she has problems  
discussing her feelings. 

Client Progress:



Next Appointment: None Scheduled

Signature/Credentials/Position:

Amy Berryhill  
MHP

 5/1/2014

Name: **A.M.L. A.M.L.**

Policy #:

**ROA Page No. 0768**

DOB

**DOB**

Note ID#: 6208229

Date of Service: 4/21/2014

Staff:

Berryhill, Amy Kathryn

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #

ROA Page No. 0769

DOB

DOB

Note ID#: 6212325

Date of Service: 4/22/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

DOB

Location: School - 3

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 4/22/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

[REDACTED]

1)

[REDACTED]

Intervention/Activity  
(What you did)

Goal: Practice assertive communication (verbal and non-verbal) via role-plays and scenarios to aid in identifying feelings and practice expressing them with others in session.

[REDACTED]

Intervention:

[REDACTED]

Intervention:

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

**ROA Page No. 0770**

DOB:

**DOB**

Note ID#: 6212325

Date of Service: 4/22/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response 1115-1215: [REDACTED]

**A.M.L.** stated thoughts regarding feelings and causes of emotions reflected. **A.M.L.** stated feeling happy currently with intent to achieve daily participation goal. [REDACTED]

Behavior/Response 250-350: [REDACTED]

[REDACTED] **A.M.L.** states desire to play organized sports but does not possess personal talent to join appropriate groups [REDACTED]

Progress: [REDACTED]

Plan: [REDACTED]

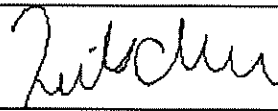
Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/23/2014

Signature/Credentials/Position:



Name: **A.M.L. A.M.L.**

Policy #:

**ROA Page No. 0771**

DOB:

**DOB**

Note ID#: 6212331

Date of Service: 4/23/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 4/23/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1)

**Intervention/Activity  
(What you did)**

Goal 3: Practice assertive communication (verbal and non-verbal) via role-plays and scenarios to aid in identifying feelings and practice expressing them with others in session. Practice asking for help and identifying supports and obstacles.

Intervention:

Intervention:

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0772

DOB:

**DOB**

Note ID#: 6212331

Date of Service: 4/23/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response 1115-1215: **A.M.L.** explained that physical displays of hurting others are not healthy ways of communication. **A.M.L.** commented on listening to friends and sharing ideas as methods to assert personal self-esteem. **A.M.L.** sorted experiences, responses, and approaches into categories based on negative and positive assertive verbal practices.

Behavior/Response 250-350:

**A.M.L.** responded to redirection stating being bothered by peer interaction. **A.M.L.** agreed to implement assertive communication skills as supportive aid during social obstacles.

Progress:

Plan:

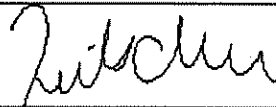
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/23/2014

Signature/Credentials/Position:

Wright Directions Family Services, LLC  
Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 8  
Service: (H2014HN) 15 Mins. - Behavior Modification  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

|                                   |                                |                      |
|-----------------------------------|--------------------------------|----------------------|
| Consumer: <b>A.M.L A.M.L</b>      | Date of Birth: <b>DOB</b>      | Location: School - 3 |
| Record #: 72                      | Policy #: <b>Insurance No.</b> |                      |
| Face To Face: Yes                 |                                |                      |
| Overall Affect: <b>[REDACTED]</b> |                                |                      |

Date: 4/24/2014 Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of Contact

1) **[REDACTED]**

1) **[REDACTED]**

Intervention/Activity (What you did)

Goal 3: Practice assertive communication (verbal and non-verbal) via role-plays and scenarios to aid in identifying feelings and practice expressing them with others in session.

Intervention **[REDACTED]**

**[REDACTED]**

Intervention 250-350

**[REDACTED]** MHS reviewed strategies available during obstacles amongst staff and peers regarding feeling identification. **[REDACTED]**

Name: **A.M.L** **A.M.L**

Policy #:

ROA Page No. 0774

DOB:

**DOB**

Note ID#: 6218327

Date of Service: 4/24/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 3

Assessment of  
Progress Towards  
Goal

Behavior/Response:

**A.M.L** verbalized phrases reflected complete identification feelings as related to state of being.

**A.M.L** agreed to practice social assertion of feelings amongst staff and peers for healthy feeling communication.

Behavior/Response:

**A.M.L** verbalized inability as a result of not knowing correct social exchange required for task completion.

Progress:

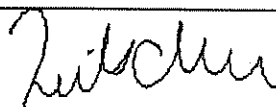
Plan:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman  
MHS



4/25/2014

ROA Page No. 0774

FCA Bates No. 024150

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0776

DOB:

**DOB**

Note ID#: 6218334

Date of Service: 4/25/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 4

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 4/25/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

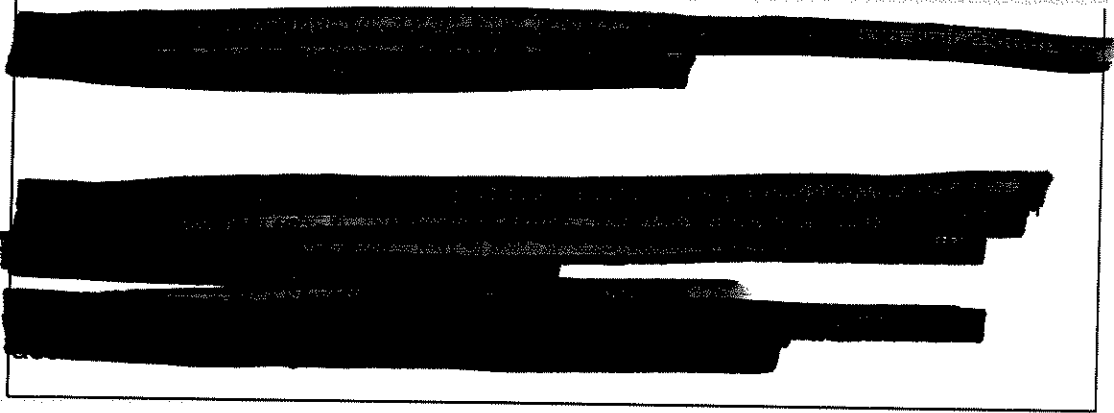
1

Intervention/Activity  
(What you did)

Goal1: Assist in identifying feelings and expressing them in healthy ways (assertive communication, etc.) While promoting self-esteem and identifying strengths to be demonstrated in session via role-plays, etc.

Intervention

Intervention



Name: A.M.L. A.M.L.

Policy #:

ROA Page No. 0778

DOB:

DOB

Note ID#: 6218334

Date of Service: 4/25/2014

Staff: Inman, Tenille

Record #: 72

Page 3 of 4

Effectiveness of  
Intervention/Activity

Behavior/Response:

A.M.L. stated that her past behaviors reflect current behavior target of daily behavior goal reached. A.M.L. explained excitement with upcoming group trip for class to aquarium. A.M.L. expressed hesitation with parent conversation regarding details of school sponsored trip.

Behavior/Response:

Progress:

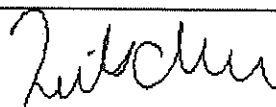
Plan:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman  
MHS



4/30/2014

ROA Page No. 0778

FCA Bates No. 024154

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L** **A.M.L**

Policy #:

**ROA Page No. 0779**

DOB

**DOB**

Note ID#: 6218334

Date of Service: 4/25/2014

Staff: Inman, Tenille

Record #: 72

Page 4 of 4

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.** Policy # **ROA Page No. 0780** **DOB** Note ID#: 6218359  
Date of Service: 4/28/2014 Staff: Inman, Tenille Record #: 72 Page 1 of 3

Wright Directions Family Services, LLC  
Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700  
Units Used: 8  
Service: (H2014HN) 15 Mins. - Behavior Modification  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: **A.M.L. A.M.L.** Date of Birth **DOB** Location: School - 3  
Record #: 72 Policy # **Insurance No.**  
Face To Face: Yes  
Overall Affect: **[REDACTED]**

Date: 4/28/2014 Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.  
DSM-V Diagnosis: N/A

Purpose of Contact

1) **[REDACTED]**

1) **[REDACTED]**

Intervention/Activity (What you did)

Goal 3: assist with feeling identification and processing life stressors (past and present) and healthy ways to cope with them.

Intervention **[REDACTED]**

**[REDACTED]**

Intervention **[REDACTED]**

**[REDACTED]**

Name: A.M.L A.M.L

Policy #:

ROA Page No. 0781

DOB:

DOB

Note ID#: 6218359

Date of Service: 4/28/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 3

Assessment of  
Progress Towards  
Goal

Behavior/Response:

A.M.L expressed happiness during meal times and personal time with significant people in personal life.

A.M.L described writing as personal relief activity to express discomfort or happiness. A.M.L agreed to implement self-soothing practice throughout day recoding personal response to obstacle faced.

Behavior/Response:

A.M.L expressed receiving item from peer.

Progress:

Plan:

Client Progress:

Next Appointment: None Scheduled

ROA Page No. 0781

FCA Bates No. 024157

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

**ROA Page No. 0782**

DOB:

**DOB**

Note ID#: 6218359

Date of Service: 4/28/2014

Staff: Inman, Tenille

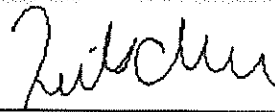
Record #: 72

Page 3 of 3

Signature/Credentials/Position:

Tenille Inman

MHS



4/30/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0783

DOB:

**DOB**

Note ID#: 6218369

Date of Service: 4/29/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 3

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

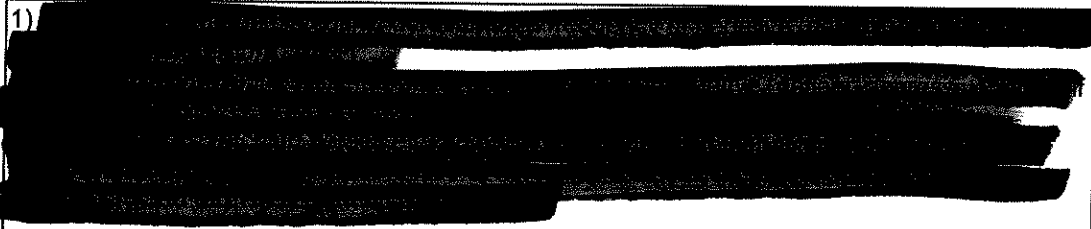
Date: 4/29/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1) 

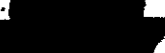
1) 

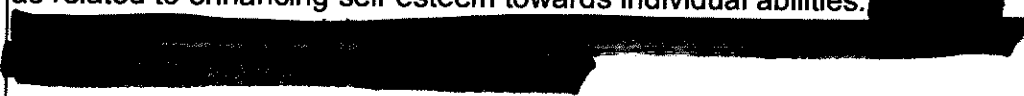
**Intervention/Activity  
(What you did)**

Goal 1: aiding in developing atmosphere of safety and security; promoting praise and enhanced self-esteem in all social areas

Intervention 



MHS discussed benefits of appreciating various expressions of social identity as related to enhancing self-esteem towards individual abilities. 



Intervention 



ROA Page No. 0783

FCA Bates No. 024159

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L** **A.M.L**

Policy #:

ROA Page No. 0784

DOB:

**DOB**

Note ID#: 6218369

Date of Service: 4/29/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 3

Assessment of  
Progress Towards  
Goal

Behavior/Response:

Behavior/Response:

**A.M.L** verbalized personal achievement and growth displayed reflecting healthy self-management and self-esteem.

Progress:

Plan:

Client Progress:

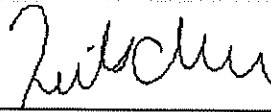
Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Signature/Credentials/Position:

Tenille Inman

MHS



4/30/2014

Signature/Credentials/Position:

\_\_\_\_\_  
\_\_\_\_\_

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0786

DOB:

**DOB**

Note ID#: 6218385

Date of Service: 4/29/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: Other Place of Service - 99

Record #: 72

Policy #:

**Insurance No.**

Face To Face: No

Overall Affect:

Date: 4/29/2014

Shift/Duration of Service: Total Time: 0 hrs. and 30 mins.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1) [REDACTED]

**Intervention/Activity  
(What you did)**

Goal: assist developing positive coping skills via behavior modification in individual and family sessions; providing education regarding diagnosis, symptoms and treatment modalities and the effects neglect (including drug use) has on children and their developing relationships w/ others

**Intervention:**

[REDACTED]

**Assessment of  
Progress Towards  
Goal**

Response: Caregiver discussed client bringing items to school without consent. Caregiver mentioned client being dishonest regarding chocolate found on persona. Caregiver stated processing incident with client prior to bedtime and client responding explaining that item was received from peer. Caregiver stated being aware that client is being untruthful. Caregiver mentioned client outbursts within the home occur but minimizing in intensity.

[REDACTED] Caregiver agreed to meet within a weeks' time to assess client progress towards goals.

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L. A.M.L.**

Policy #:

**ROA Page No. 0787**

DOB

**DOB**

Note ID#: 6218385

Date of Service: 4/29/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Progress:

Plan:

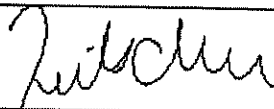
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/30/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.** Policy #: **ROA Page No. 0788** **DOB** **DOB** Note ID#: 6218378  
Date of Service: 4/30/2014 Staff: Inman, Tenille Record #: 72 Page 1 of 4

**Wright Directions Family Services, LLC**

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 8  
Service: (H2014HN) 15 Mins. - Behavior Modification  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: **A.M.L. A.M.L.** Date of Birth: **DOB** Location: School - 3  
Record #: 72 Policy #: **Insurance No.**  
Face To Face: Yes  
Overall Affect: **[REDACTED]**

Date: 4/30/2014 Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

**Purpose of Contact**

1) **[REDACTED]**

1) **[REDACTED]**

**Intervention/Activity (What you did)**

Goal 3: assist with feeling identification and processing life stressors (past and present) and healthy ways to cope with them.

Intervention **[REDACTED]**

**[REDACTED]**

Intervention **[REDACTED]**

**[REDACTED]**

Name: **A.M.L. A.M.L.**

Policy #

**ROA Page No. 0789**

DOB

**DOB**

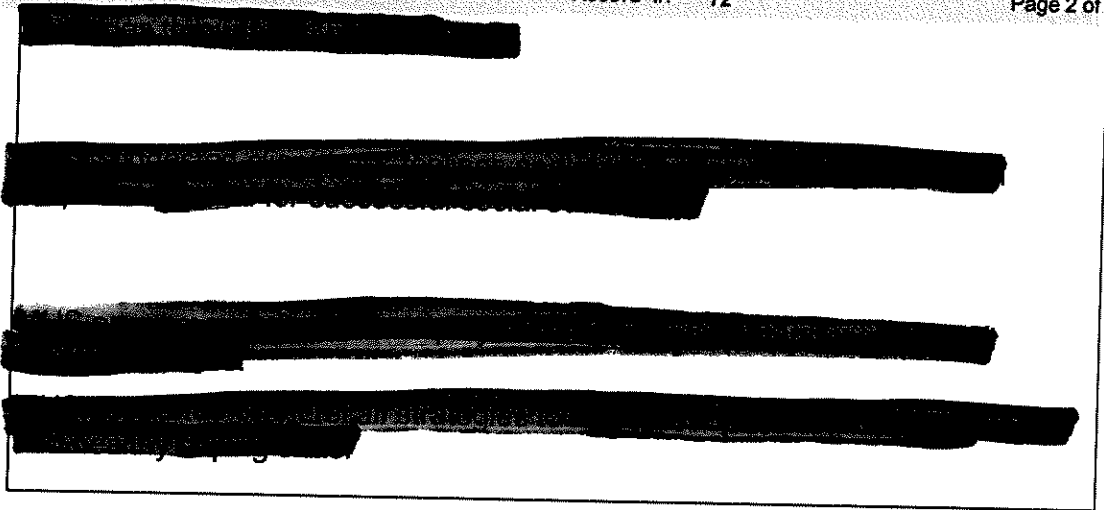
Note ID#: 6218378

Date of Service: 4/30/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 4



ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

**ROA Page No. 0790**

DOB:

**DOB**

Note ID#: 6218378

Date of Service: 4/30/2014

Staff: Inman, Tenille

Record #: 72

Page 3 of 4

Assessment of  
Progress Towards  
Goal

Behavior/Response:

[REDACTED]

Behavior/Response:

[REDACTED]

Progress:

Plan:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman  
MHS

*Tenille Inman*

4/30/2014

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

**ROA Page No. 0791**

DOB:

**DOB**

Note ID#: 6218378

Date of Service: 4/30/2014

Staff: Inman, Tenille

Record #: 72

Page 4 of 4

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0792

DOB:

**DOB**

Note ID#: 6215207

Date of Service: 4/30/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 4/30/2014

Shift/Duration of Service: 11:45 AM - 12:45 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

[REDACTED]

[REDACTED]

Response: [REDACTED] from camp and [REDACTED]  
[REDACTED] She denied having any specific questions and acknowledged weekly  
schedule of individual therapy and family therapy that will occur. She agreed to weekly 8:15-  
9:15 timeframe on either Mon/Tues for individual therapy. [REDACTED]

Progress:

[REDACTED]

Plan:

[REDACTED]

Name: **A.M.L. A.M.L.**

Policy #:

**ROA Page No. 0793**

DOB:

**DOB**

Note ID#: 6215207

Date of Service: 4/30/2014

Staff: Sutton, Renee

Record #: 12

Page 2 of 2

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 5/9/2014

Signature/Credentials/Position:

\_\_\_\_\_  
\_\_\_\_\_

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0794

DOB:

**DOB**

Note ID#: 6227642

Date of Service: 5/1/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 5/1/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) 

Intervention/Activity  
(What you did)

Goal 1: creating a reward system for positive(non-defiant/impulsive) behaviors and consequences for neg. /unsafe behaviors and problem-solving obstacles to decreasing defiant and impulsive behaviors

Intervention 

Intervention 



Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0795

DOB:

**DOB**

Note ID#: 6227642

Date of Service: 5/1/2014

Staff: Inman, Tenille

Record #: 12

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response:

[REDACTED]

Behavior/Response:

[REDACTED]

Progress:

[REDACTED]

Plan:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman  
MHS

*Tenille Inman*

5/8/2014

Signature/Credentials/Position:

\_\_\_\_\_

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0796

DOB:

**DOB**

Note ID#: 6228751

Date of Service: 5/2/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 5/2/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) 

Intervention/Activity  
(What you did)

Goal 1: creating a reward system for positive(non-defiant/impulsive) behaviors and consequences for neg. /unsafe behaviors and problem-solving obstacles to decreasing defiant and impulsive behaviors

Intervention 

Intervention 

Name: **A.M.L. A.M.L.**

Policy #

**ROA Page No. 0797**

DOB

**DOB**

Note ID#: 6228751

Date of Service: 5/2/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response:

Behavior/Response:

**A.M.L.** discussed caregiver consequence related to past stealing incident.  
**A.M.L.** verbalized journaling as preferred experience but expressed frustrations with not knowing when item will be granted again **A.M.L.** commented about ability to demonstrate target positive behaviors as related to reward systems at both home and school **A.M.L.** provided list of items interested in as rewards for achieving behavior goals.

Progress: Client response demonstrated moderate progress for duration of session.

Plan:

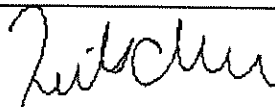
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



5/8/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #: **ROA Page No. 0798**

DOB: **DOB**

Note ID#: 6228759

Date of Service: 5/5/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 5/5/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Goal 3: Practice assertive communication (verbal and non-verbal) via role-plays and scenarios to aid in identifying feelings and practice expressing them with others in session.

Intervention **[REDACTED]**

Intervention **[REDACTED]**

Name: **A.M.L. A.M.L.**

Policy #

**ROA Page No. 0799**

DOB

**DOB**

Note ID#: 6228759

Date of Service: 5/5/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response:

**A.M.L.** commented about spending weekend in the home due to lack of caregiver transportation **A.M.L.** discussed interest in attending school event with minimal emotional expression **A.M.L.** agreed to practice social skill role playing appropriate eye contact [REDACTED]

Behavior/Response:

[REDACTED]

Progress:

[REDACTED]

Plan:

[REDACTED]

Client Progress:

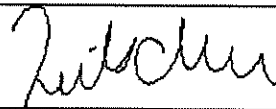
[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



5/11/2014

Signature/Credentials/Position:

\_\_\_\_\_  
\_\_\_\_\_

Name: **A.M.L A.M.L**

Policy #:

ROA Page No. 0800

DOB:

**DOB**

Note ID#: 6220295

Date of Service: 5/5/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L A.M.L**

Date of Birth

**DOB**

Location: School - 3

Record #: 

Policy #:

**Insurance No.**

Face To Face: Yes

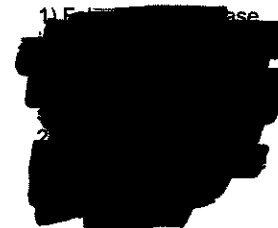
Overall Affect: N/A

Date: 5/5/2014

Shift/Duration of Service: 9:30 AM - 10:30 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) F 

1) F

2) V

Intervention/Activity  
(What you did)

1) F

Name: **A.M.L. A.M.L.**

Policy #:

**ROA Page No. 0801**

DOB

**DOB**

Note ID#: 6220295

Date of Service: 5/5/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

**Assessment of  
Progress Towards  
Goal**

Response: [REDACTED] She reported this as a strength and something she likes to do. She described a choice to not steal and lie, learning how to do when she saw someone else lie/steal. She reported that temptation is hard sometimes, but able to choose not to do it. She prefers to play inside not liking the wide-open space at school, saying that she plays outside at home in fenced yard. She could use the emotion words worry/sad and was able to talk about what causes these emotions.

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 5/9/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0802

DOB:

**DOB**

Note ID#: 6227648

Date of Service: 5/6/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer:

**A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: Other Place of Service - 99

Record #: 72

Policy #:

**Insurance No.**

Face To Face: No

Overall Affect:

Date: 5/6/2014

Shift/Duration of Service: Total Time: 0 hrs. and 30 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Goal 3: assist with feeling identification and processing life stressors (past and present) and healthy ways to cope with them.  
Intervention 300-330

Assessment of  
Progress Towards  
Goal

Behavior/Response:

Caregiver discussed personal condition and medical commitment as cause for client to miss school day. Caregiver agreed to contact school personnel providing update about client attendance for upcoming testing session. Caregiver discussed concern with client habit of withdrawing and telling lies during obstacles occurring outside of the home. Caregiver verbalized intent to track client behaviors while implementing home based positive reward system for strengths shown.

Progress:

Plan

ROA Page No. 0802

FCA Bates No. 024178

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L. A.M.L.**

Policy #

**ROA Page No. 0803**

DOB

**DOB**

Note ID#: 6227648

Date of Service: 5/6/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



5/11/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0804

DOB:

**DOB**

Note ID#: 6222785

Date of Service: 5/7/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer:

**A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: Home - 12

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 5/7/2014

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Response:

time once knowing father's work schedule so that he can participate again. Mom reported not getting a paycheck until August and being classified by doctor as disabled and not returning to work. Mom reported not sure of when they would go out of town during June, which would prevent kids from going to camp. She didn't reply when MHP explained they can miss time at camp during summer.

Progress:

Name: **A.M.L. A.M.L.**

Policy #

**ROA Page No. 0805**

DOB

**DOB**

Note ID#: 6222785

Date of Service: 5/7/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Plan:

[Redacted Plan Information]

Client Progress:

[Redacted Client Progress]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 5/12/2014

Signature/Credentials/Position:

[Redacted Signature]

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0806

DOB:

**DOB**

Note ID#: 6229737

Date of Service: 5/13/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer:

**A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 5/13/2014

Shift/Duration of Service: 10:15 AM - 11:15 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

2)

Intervention/Activity  
(What you did)

Name: **A.M.L. A.M.L.**

Policy #

**ROA Page No. 0807**

DOB

**DOB**

Note ID#: 6229737

Date of Service: 5/13/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Response: [REDACTED] She  
agreed this is her strength [REDACTED]

[REDACTED] She reported enjoying family meeting watching parents blow up  
balloons. [REDACTED]

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton  
MHP

*Renee Sutton, MHP, LPC-I* 5/16/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0808

DOB:

**DOB**

Note ID#: 6251170

Date of Service: 5/13/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 5/13/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

(1)

Intervention/Activity  
(What you did)

Goal 3: -Practice assertiveness and asking for help via role-play in sessions, etc. and  
demonstrate in all social settings

Intervention 

Name: **A.M.L. A.M.L.**

Policy #:

**ROA Page No. 0809**

DOB

**DOB**

Note ID#: 6251170

Date of Service: 5/13/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response: **A.M.L.** explained having good day feeling excitement for song and dance rehearsal.

**A.M.L.** discussed feeling comfort in all settings when additional support is provided or allowed from peers or staff. **A.M.L.** verbalized appropriate social exchanges and practices for seeking assistance during discomfort.

Progress:  
session.

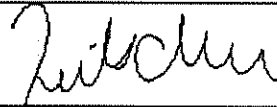
Plan:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman  
MHS



5/16/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0810

DOB

**DOB**

Note ID#: 6251178

Date of Service: 5/14/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #

**Insurance No.**

Face To Face:

Overall Affect: N/A

Date: 5/14/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

1) [REDACTED]

Goal 1: aiding in developing atmosphere of safety and security; promoting praise and enhanced self-esteem in all social areas

Intervention

Intervention



Name: **A.M.L. A.M.L.**

Policy #:

**ROA Page No. 0811**

DOB

**DOB**

Note ID#: 6251178

Date of Service: 5/14/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response: F [REDACTED] a  
Falezia agreed to listen to possible  
alternatives for healthy socialization.  
[REDACTED]

Behavior/Response:

**A.M.L.** expressed siblings are nice but sometimes they blame her for being bossy. **A.M.L.** verbalized feeling angry when not able to do certain activities with loved ones. **A.M.L.** rehearsed social phrases for clarifying needs and wants with loved ones. **A.M.L.** explained not feeling comfortable telling others her feelings because they may not believe her. [REDACTED]

Progress: [REDACTED]

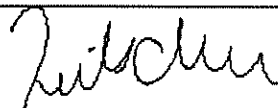
Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman  
MHS



5/16/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0812  
Insurance No.

DOB:

**DOB**

Note ID#: 6251180

Date of Service: 5/14/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: Other Place of Service - 99

Record #: 72

Policy #:

**Insurance No.**

Face To Face: No

Overall Affect: 

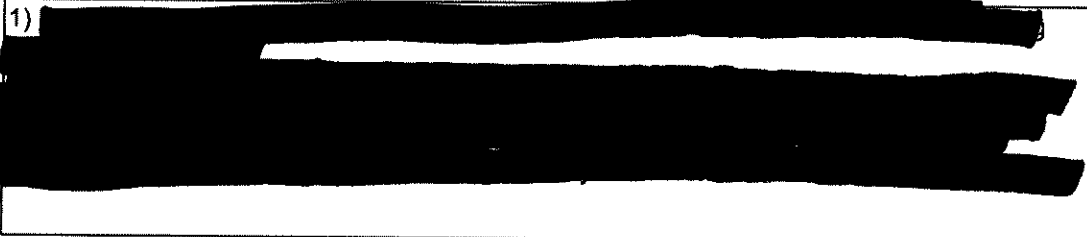
Date: 5/14/2014

Shift/Duration of Service: Total Time: 0 hrs. and 30 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) 

1) 

Intervention/Activity  
(What you did)

**Goal 2:** assist developing positive coping skills via behavior modification in individual and family sessions

**Intervention** 



Assessment of  
Progress Towards  
Goal

Response: Caregiver explained wanting client to participate but feeling concerned about details and clients emotional stability throughout day. Caregiver explained personal challenges within the home regarding resources surrounding client's involvement in class activity. Caregiver agreed to follow up with school staff concerning needs of client if participation is allowed. Caregiver stated feeling reassured about client growth in behaviors and ability to attend class outing.

Progress: 

Plan: 

Client Progress: 

Name: **A.M.L. A.M.L.**

Policy #

**ROA Page No. 0813**

DOB

**DOB**

Note ID#: 6251180

Date of Service: 5/14/2014

Staff: Inman, Tenille

Record #: 72

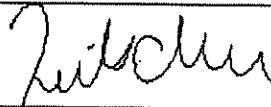
Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



5/16/2014

Signature/Credentials/Position:

---

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0814

DOB:

**DOB**

Note ID#: 6251200

Date of Service: 5/15/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: Other Place of Service - 99

Record #: 72

Policy #:

**Insurance No.**

Face To Face: No

Overall Affect:

Date: 5/15/2014

Shift/Duration of Service: Total Time: 0 hrs. and 30 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

1)

Intervention/Activity  
(What you did)

Goal 1: creating a reward system for positive(non-defiant/impulsive) behaviors and consequences for neg. /unsafe behaviors and problem-solving obstacles to decreasing defiant and impulsive behaviors

Intervention

Name: **A.M.L. A.M.L.**

Policy #:

**ROA Page No. 0815**

DOB:

**DOB**

Note ID#: 6251200

Date of Service: 5/15/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

**Assessment of  
Progress Towards  
Goal**

Behavior/Response: Caregiver expressed client inability to participate in aquatic activities. Caregiver discussed concerns for client safety and ability to respond appropriately to certain social situations. Caregiver stated client behavior within the home is reflecting change towards positive growth. Caregiver explained client ability to respond to redirection prompts with no resistance. Caregiver agreed to continue implementation of self-soothing skills and positive praise support.

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman  
MHS

*Tenille Inman*

5/16/2014

Signature/Credentials/Position:

\_\_\_\_\_  
\_\_\_\_\_

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0816

DOB:

**DOB**

Note ID#: 6251206

Date of Service: 5/15/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 5/15/2014

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Goal 1: creating a reward system for positive(non-defiant/impulsive) behaviors and consequences for neg. /unsafe behaviors and problem-solving obstacles to decreasing defiant and impulsive behaviors

Intervention 

Name: **A.M.L. A.M.L.**

Policy #:

**ROA Page No. 0817**

DOB:

**DOB**

Note ID#: 6251206

Date of Service: 5/15/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response: [REDACTED] **A.M.L.** agreed assertion of feelings and needs as target behavior. **A.M.L.** shared feeling good about ability to ask for wants and needs during obstacles. **A.M.L.** listed supports available for assistance. **A.M.L.** discussed behavior goal of green rating as goal. **A.M.L.** selected reward appropriate achieving goal. **A.M.L.** expressed asking staff for assistance as problem solving behavior.

Progress: [REDACTED]

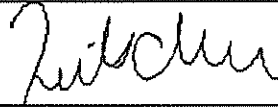
Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman  
MHS



5/16/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0818

DOB:

**DOB**

Note ID#: 6251207

Date of Service: 5/16/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 20

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 5/16/2014

Shift/Duration of Service: Total Time: 5 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Goal 3: assist with feeling identification and processing life stressors (past and present) and healthy ways to cope with them. Practice assertive communication (verbal and non-verbal) via role-plays and scenarios to aid in identifying feelings and practice expressing them with others in session.

Intervention



Name: **A.M.L A.M.L**  
Date of Service: 5/16/2014

Policy # [REDACTED]  
Staff: Inman, Tenille

ROA Page No. 0819  
Insurance No. [REDACTED]

DOB: **DOB**  
Record #: 72

Note ID#: 6251207

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response: **A.M.L** clarified feeling excited for participation in peer activity [REDACTED]

[REDACTED] **A.M.L** verbalized concern for meal time and feelings of hunger. **A.M.L** stated inability to cope until scheduled meal time. **A.M.L** communicated with peer through negative demand. [REDACTED]

[REDACTED] **A.M.L** verbalized having lack of food to soothe feelings of hunger. **A.M.L** verbalized consumed food and [REDACTED] **A.M.L** scaled feelings at 7. **A.M.L** explained wanting more and feeling sad when she cannot have more food. **A.M.L** agreed to remain patient until scheduled snack. [REDACTED]

Progress: [REDACTED]

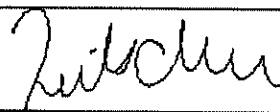
Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman  
MHS



5/16/2014

Signature/Credentials/Position:

\_\_\_\_\_  
\_\_\_\_\_

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0820

DOB:

**DOB**

Note ID#: 6251217

Date of Service: 5/19/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth:

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 5/19/2014

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Goal: Falezia will decrease intensity, duration, and frequency of negative (defiant, aggressive and self-harming) behaviors

Intervention **[REDACTED]**

Assessment of  
Progress Towards  
Goal

Behavior/Response: **[REDACTED]**. **A.M.L.** shared staying in home over the weekend with siblings. Falezia explained drawing and writing as activities of interests. **A.M.L.** mentioned sleeping in school clothes in the evening. **A.M.L.** clarified her and siblings sleep in school uniforms each evening to prepare for upcoming school day. **A.M.L.** verbalized music as a shared family activity. **[REDACTED]**

Progress **[REDACTED]**

Plan: **[REDACTED]**

ROA Page No. 0820

FCA Bates No. 024196

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L A.M.L**

Policy #:

**ROA Page No. 0821**  
Insurance No.

DOB

**DOB**

Note ID#: 6251217

Date of Service: 5/19/2014

Staff: Inman, Tenille

Record # 72

Page 2 of 2

Client Progress:

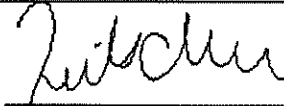
[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



5/24/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0822

DOB:

**DOB**

Note ID#: 6251222

Date of Service: 5/20/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 5/20/2014

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Goal 1: aiding in developing atmosphere of safety and security; promoting praise and enhanced self-esteem in all social areas

Intervention **[REDACTED]**

Assessment of  
Progress Towards  
Goal

Behavior/Response: **A.M.L.** resisted initial engagement regarding personal strengths. **A.M.L.** communicated through head nod and shoulder shrug during reflective prompts. **A.M.L.** agreed to assert thoughts using verbalization. **A.M.L.** clarified interests as dance and gymnastics. **A.M.L.** expressed dance as emotional outlet towards feeling happy. **[REDACTED]**

Progress **[REDACTED]**

Plan: **[REDACTED]**

ROA Page No. 0822

FCA Bates No. 024198

Name: **A.M.L A.M.L**

Policy #:

**ROA Page No. 0823**  
Insurance No.

DOB

**DOB**

Note ID#: 6251222

Date of Service: 5/20/2014

Staff: Inman, Tenille

Record # 72

Page 2 of 2

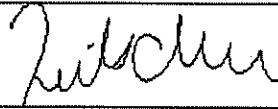
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



5/24/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0824  
Insurance No.

DOB:

**DOB**

Note ID#: 6236584

Date of Service: 5/20/2014

Staff: Sutton, Renee

Record #: 12

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 5/20/2014

Shift/Duration of Service: 9:15 AM - 10:15 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

Response: Excellent

She had difficulty defining what "good" meant

Progress: F

Name: **A.M.L A.M.L**

Policy #:

ROA Page No. 0825  
Insurance No.

DOB:

DOB

Note ID#: 6236584

Date of Service: 5/20/2014

Staff: Sutton, Renee

Record # 12

Page 2 of 2

Plan: M

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

Renee Sutton, MHP, LFC-I 5/26/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0826

DOB:

**DOB**

Note ID#: 6237436

Date of Service: 5/21/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: Home - 12

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 5/21/2014

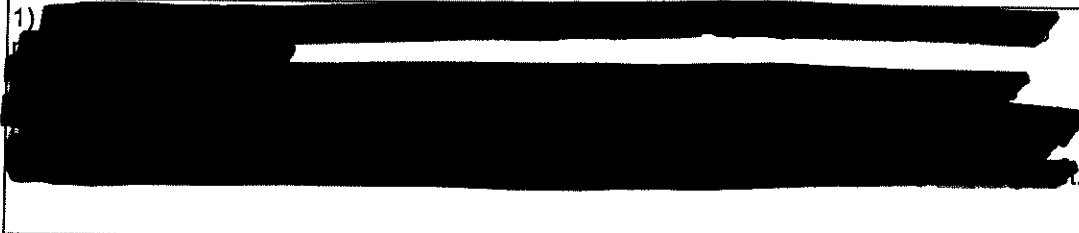
Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

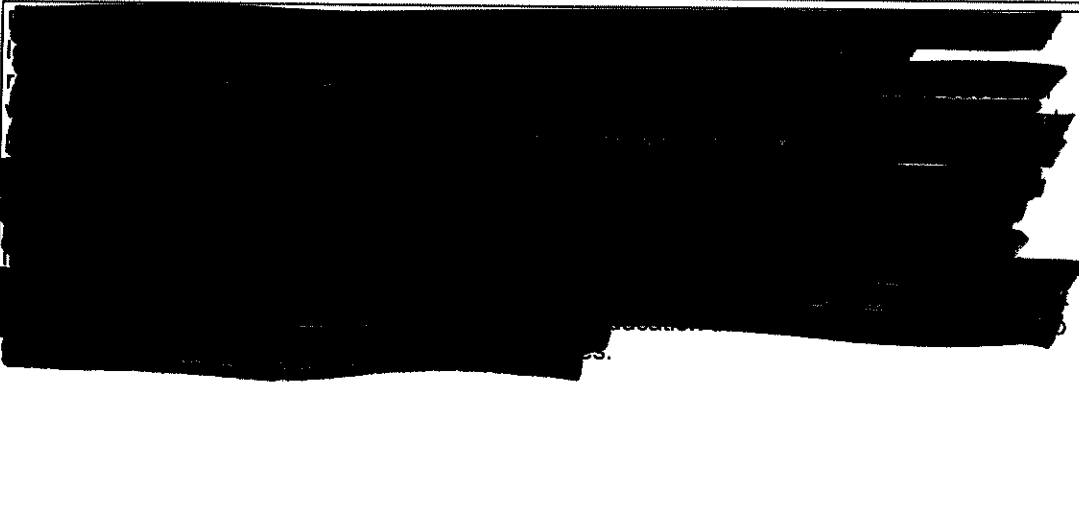
DSM-V Diagnosis: N/A

Purpose of  
Contact

1) 

Intervention/Activity  
(What you did)

1) 



ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0827  
Insurance No.

DOB

DOB

Note ID#: 6237436

Date of Service: 5/21/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Response: Mrs. Mitchell, **S.T.S.**, **R.D.M.**, **J.J.G.**, **A.M.L.**, and **J.J.L.** participated in game [REDACTED] [REDACTED] father provided input before leaving for work and mom agreed to inform him of results of activity. [REDACTED]

[REDACTED] The family agreed upon a list of quality time activities and games with mom's conveyance of expectations of what she can accomplish due to knee injury and upcoming camp activity. They agreed to weekend family games. Mom provided bathing suits for everyone for field day and participated earlier in events with everyone excitedly reviewing their fun activity. Mom agreed to camp attendance and provided vacation dates, agreeing to read and return signed papers with **J.J.G.** [REDACTED]

[REDACTED] Mom reported partial sex education occurred but not as planned, accepting support from MHP after another discussion on this. Mom thanked MHP for book but didn't say whether she would read it.

**A.M.L.** remained fairly quiet but participated by answering questions. **A.M.L.** reported liking to receive words of affirmation and quality time.

Progress:

Plan: M [REDACTED]  
[REDACTED]  
[REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 5/26/2014

Signature/Credentials/Position:

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

**Ridgeland, SC 29936**

## Jasper County

**Phone: 8436457700**

Units Used: 8

**Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services**

**Service: (H2014HN) 15 Mins. - Behavior Modification**

**Consumer:**

Date of Birth

DOB

Location: School - 3

Record #: 72

**Policy #:**

**Insurance No.**

Face To Face: Yes

**Overall Affect:**

**Date:** 5/21/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

**DSM-V Diagnosis: N/A**

### Purpose of Contact

1) [REDACTED] ctice

**Intervention/Activity**  
(What you did)

**Goal 3: Practice assertive communication (verbal and non-verbal) via role-plays and scenarios to aid in identifying feelings and practice expressing them with others in session.**

### Intervention 1005-1205

to redirect and implement our

Name: **A.M.L. A.M.L.**

Policy #

ROA Page No. 0829

DOB

DOB

Note ID#: 6251233

Date of Service: 5/21/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response: [REDACTED] communicated ability to participate using nonverbal gestures. **A.M.L.** asked about procedures and routines associated with current activity. **A.M.L.** expressed knowledge of assigned task and feeling capable of successful engagement. **A.M.L.** commented about possible obstacle and available supports to locate for assistance. [REDACTED]

**A.M.L.** stated feeling nervous during certain social exchanges. **A.M.L.** communicated intent to use of assertive communication as tool for social challenges.

Progress: [REDACTED]

Plan: [REDACTED]

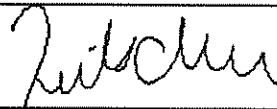
Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



5/24/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0830

DOB:

**DOB**

Note ID#: 6251244

Date of Service: 5/23/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

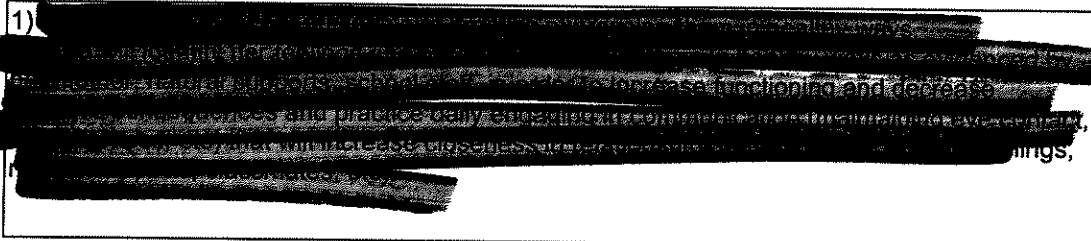
Date: 5/23/2014

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

### Purpose of Contact

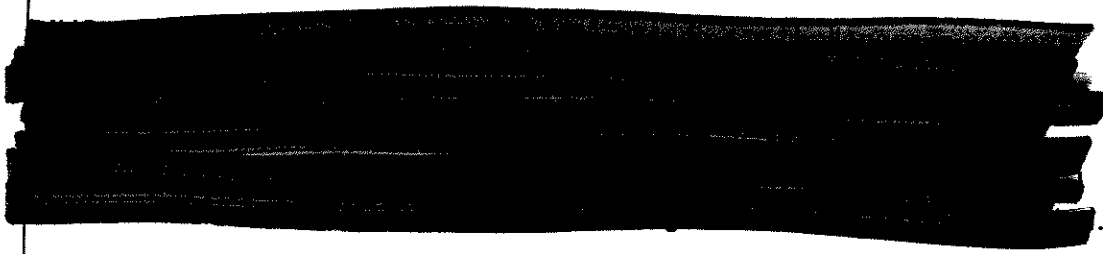
1

1)  including and decreasing  mings,

### Intervention/Activity (What you did)

Goal 3: assist with feeling identification and processing life stressors (past and present) and healthy ways to cope with them.

### Intervention 1255-155



### Assessment of Progress Towards Goal

Behavior/Response **A.M.L.** discussed feeling hungry. **A.M.L.** verbalized feeling fear when seeking support from staff. **A.M.L.** stated staff may say no or give consequence when asking for aid. **A.M.L.** stated feeling good during good decisions and sad when in trouble. **A.M.L.** explained taking food from peers as cause for feeling hungry. 

### Progress:



### Plan



Name: **A.M.L. A.M.L.**

Date of Service: 5/23/2014

Policy #

Staff: Inman, Tenille

ROA Page No. 0831  
Insurance No.

DOB

DOB

Note ID#: 6251244

Record #: 72

Page 2 of 2

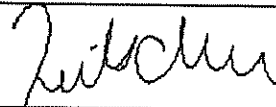
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



5/24/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0832

DOB:

**DOB**

Note ID#: 6300024

Date of Service: 5/27/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 4

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 5/27/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1)

Practice

**Intervention/Activity  
(What you did)**

Goal 3: Practice assertive communication (verbal and non-verbal) via role-plays and scenarios to aid in identifying feelings and practice expressing them with others in session.

Intervention 1255-255:

Name: **A.M.L A.M.L**

Policy #:

**ROA Page No. 0833**  
Insurance No.

DOB

**DOB**

Note ID#: 6300024

Date of Service: 5/27/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 4

Intervention

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L A.M.L**

Policy #:

ROA Page No. 0834  
Insurance No.

DOB

DOB

Note ID#: 6300024

Date of Service: 5/27/2014

Staff: Inman, Tenille

Record #: 72

Page 3 of 4

Assessment of  
Progress Towards  
Goal

Behavior/Response:

**A.M.L** clarified lack of understanding displaying distracted behaviors. **A.M.L** explained self-talk to be saying good or nice things about yourself. [REDACTED]

**A.M.L** expressed not recalling personal moments of self-talk as coping tool.

**A.M.L** shared tests and personal challenges as appropriate coping outlet for self-talk. [REDACTED]

**A.M.L** agreed to implement positive self-talk as coping tool 3 out of 5 times.

Behavior/Response:

**A.M.L** discussed feeling pleased with current behavior status.

**A.M.L** shared personal interest in celebration event occurring in classroom.

**A.M.L** commented about receiving reward for behavior display. **A.M.L** agreed to continue growth till weeks end for target reward of appropriate behaviors.

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress: [REDACTED]



Name: **A.M.L A.M.L**

Date of Service: 5/27/2014

Policy #

Staff:

Inman, Tenille

**ROA Page No. 0835**  
**Insurance No.**

DOB

**DOB**

Note ID#: 6300024

Record #: 72

Page 4 of 4

Next Appointment: None Scheduled

Name/Position/Signature:

Inman, Tenille

MHS

Name/Position/Signature:

Name: **A.M.L. A.M.L.**

Date of Service: 5/28/2014

Policy #:

Staff: Inman, Tenille

ROA Page No. 0836  
Insurance No.

DOB:

**DOB**

Note ID#: 6300040

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 5/28/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1) [REDACTED]

**Intervention/Activity  
(What you did)**

Goal 1: Assist in identifying feelings and expressing them in healthy ways (assertive communication, etc.) while promoting self-esteem and identifying strengths to be demonstrated in session via role-plays, etc.

Intervention 1255-255:

[REDACTED]

Name: **A.M.L A.M.L**

Date of Service: 5/28/2014

Policy #

Staff: Inman, Tenille

ROA Page No. 0837  
Insurance No.

DOB

DOB

Note ID#: 6300040

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response:

**A.M.L** discussed caregivers becoming angry during disagreements or challenges with siblings. **A.M.L** shared feeling upset or afraid of response and consequences. **A.M.L** mentioned expressing what happened as tool for relieving anger of others. **A.M.L** commented about telling caregiver about issues that occur between siblings to relieve angered responses.

**A.M.L** clarified feeling sad as the respondent and upset as the aggressor when engaging in role play

Progress:

Plan:

Client Progress:

Next Appointment: None Scheduled

Name/Position/Signature:

Inman, Tenille

MHS

Name/Position/Signature:

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0838

Insurance No.

DOB

DOB

Note ID#: 6245028

Date of Service: 5/28/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: **A.M.L. A.M.L.**

Date of Birth

DOB

Location: Home - 12

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 5/28/2014

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

1)

Intervention/Activity  
(What you did)

Name **A.M.L A.M.L**

Date of Service: 5/28/2014

Policy #

Staff: Sutton, Renee

ROA Page No. 0839  
Insurance No.

DOB

Record #: 72

Note ID#: 6245028

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Response:

[REDACTED] As activity progressed, Mom interjected instructions and how to complete group activity, giving restrictions and correcting their way of performing activity. Mom corrected every case of child's adult reply to ensure they were saying "yes, mamma" and in tone that she desired. Mom reported a possibility of children not attending camp, letting staff know this week. Mom reported reading book provided last week, stating that she "like it" and enjoyed quality time activity with family this past weekend. None of the children offered reasons or emotions regarding stealing/eating food.

[REDACTED] R.D.M. was discussing bullying. She seemed to not understand her incongruence and didn't respond to brother's inquiry about his perception that she was making fun of him. Mother reported A.M.L's stealing incident from peer's backpack. Felezia didn't offer any information.

Progress:

Plan:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton  
MHP

Renee Sutton, MHP, LPC-I 5/31/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0840

Insurance No.

DOB:

**DOB**

Note ID#: 6246132

Date of Service: 5/30/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 5/30/2014

Shift/Duration of Service: 11:00 AM - 12:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

2)

Intervention/Activity  
(What you did)

Name: **A.M.L A.M.L**  
Date of Service: 5/30/2014

Policy #: **Insurance No.**  
Staff: Sutton, Renee

DOB: **DOB**  
Reco: **DOB**

Note ID#: 6246132

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Response: [REDACTED] he identified how she felt when hearing about brother's painful predicament but incorrectly defined the emotion word. [REDACTED]

[REDACTED] because she explained why she was happy even though talking about sad situation. [REDACTED]

[REDACTED] She reported smells (chocolate) as trigger with embarrassment and shock in getting caught. She initiated questions to learn about imprisonment and correct emotional word definitions. She reported not stealing again because of punishment and in using 5-finger counting phrase (mom provided) to avoid stealing when smell food in classroom. [REDACTED]

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton  
MHP

*Renee Sutton, MHP, LPC-I* 6/2/2014

Signature/Credentials/Position:

ROA Page No. 0842  
Name: **A.M.L. A.M.L.** Policy #: **Insurance No.** OOB: **DOB** Note ID#: 6250571  
Date of Service: 6/3/2014 Staff: Sutton, Renee Record #: 72 Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services  
Units Used: 1  
Service: (90837HO) 1 Hour Individual Therapy

|                                                                                                   |                                |                      |
|---------------------------------------------------------------------------------------------------|--------------------------------|----------------------|
| Consumer: <b>A.M.L. A.M.L.</b>                                                                    | Date of Birth: <b>DOB</b>      | Location: School - 3 |
| Record #: 72                                                                                      | Policy #: <b>Insurance No.</b> |                      |
| Face To Face: Yes                                                                                 |                                |                      |
| Overall Affect:  |                                |                      |

Date: 6/3/2014 Shift/Duration of Service: 8:30 AM - 9:30 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1)

2)

**Intervention/Activity  
(What you did)**



Name: **A.M.L. A.M.L.**

Date of Service: 6/3/2014

Policy #

Staff: Sutton, Renee

ROA Page No. 0843  
Insurance No.

DOB

DOB

Note ID#: 6250571

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Response: **A.M.L.** [REDACTED] excitedly telling about the food in the classroom. She [REDACTED] identifying of triggers and emotions related to temptation. She attributed choice as a way to prevent stealing. She stated the 5-finger reminder that mom gave her to change her thoughts, practicing a new positive affirmation "I resist...". She agreed to continue to work on not stealing.

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton  
MHP

*Renee Sutton, MHP, LPC-I* 6/10/2014

Signature/Credentials/Position:

ROA Page No. 0844  
Name: **A.M.L. A.M.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6251529  
Date of Service: 6/3/2014 Staff: Sutton, Renee Record #: 72 Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H0032HO) 15 Mins. - Service Plan Development

|                                   |                                |                     |
|-----------------------------------|--------------------------------|---------------------|
| Consumer: <b>A.M.L. A.M.L.</b>    | Date of Birth: <b>DOB</b>      | Location: N/A - 999 |
| Record #: 72                      | Policy #: <b>Insurance No.</b> |                     |
| Face To Face: Yes                 |                                |                     |
| Overall Affect: <b>[REDACTED]</b> |                                |                     |

|                |                                              |                           |
|----------------|----------------------------------------------|---------------------------|
| Date: 6/3/2014 | Shift/Duration of Service: 6:00 AM - 7:00 AM | Total Time: 1 hrs. 0 min. |
|----------------|----------------------------------------------|---------------------------|

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

2)

1) [REDACTED]

2) [REDACTED]

3) [REDACTED]

Intervention/Activity  
(What you did)

[REDACTED]

[REDACTED]

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0845  
Insurance No.

DOB

DOB

Note ID#: 6251529

Date of Service: 6/3/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Progress

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 6/10/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6300082  
 Date of Service: 6/8/2014 Staff: Inman, Tenille Record #: 72 Page 1 of 2

# Wright Directions Family Services, LLC

Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

Division of Mental Health, Developmental  
 Disabilities and Substance Abuse Services  
 Units Used: 2  
 Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L. A.M.L.** Date of Birth: **DOB** Location: Other Place of Service - 99  
 Record #: 72 Policy #: **Insurance No.**  
 Face To Face: Yes  
 Overall Affect: **[REDACTED]**

Date: 6/8/2014 Shift/Duration of Service: Total Time: 0 hrs. and 30 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

**[REDACTED]**

**[REDACTED]**

Intervention/Activity  
(What you did)

Goal 2: assist developing positive coping skills via behavior modification in individual and family sessions

Intervention 800-830: **[REDACTED]**

**[REDACTED]**

Assessment of  
Progress Towards  
Goal

Behavior/Response:

Caregiver stated being pleased with growth in client social abilities. Caregiver mentioned exchanges amongst client siblings within the home **[REDACTED]**  
**[REDACTED]** Caregiver explained interest in client engaging in family and community outings through faith based outlets as way to grow personal talents and hobbies. Caregiver discussed client behavioral and academic goals over to be targeted during summer session as way to continue client readiness for upcoming school year.

Name: **A.M.L. A.M.L.**

Policy #

**ROA Page No. 0847**  
**Insurance No.**

DOB

**DOB**

Note ID#: 6300082

Date of Service: 6/8/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 2

Progress:

Plan:

Client Progress:

Next Appointment: None Scheduled

Name/Position/Signature:

Inman, Tenille

MHS

Name/Position/Signature:

Name: **A.M.L. A.M.L.**

Policy #

ROA Page No. 0848  
Insurance No.

DOB

DOB

Note ID#: 6300074

Date of Service: 6/10/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

DOB

Location: Office - 11

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect: 

Date: 6/10/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Goal 1: providing education on safety, the importance of rules and respecting others property, well-being, and why rules are important and processing this in session (individual, family, group, etc)

Intervention 

### Assessment of Progress Towards Goal

**Behavior/Response:**

A.M.L. clarified interests in remaining with support instead of engaging in suggested task. A.M.L. expressed feeling happy causing resistance to separation. A.M.L. agreed to practice healthy boundaries demonstrating healthy boundaries and rule identification.

**A.M.L** verbalized interests in visual creation sharing strengths in artistic expression. **A.M.L** chose partner game as outlet to practice healthy boundaries social communication.

**Progress:**

### Plan:

**Client Progress:**

Next Appointment: None Scheduled

Name/Position/Signature:

**Inman, Tenille**

MHS

**Name/Position/Signature:**

Name: **A.M.L. A.M.L.**

Policy #

ROA Page No. 0850  
Insurance No.

DOB

Note ID#: 6300081

Date of Service: 6/11/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

DOB

Location: Office - 11

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 6/11/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1

Intervention/Activity  
(What you did)

Goal 3: assist with feeling identification and processing life stressors (past and present) and healthy ways to cope with them.

Intervention



Name: **A.M.L A.M.L**

Date of Service: 6/11/2014

Policy #

Staff: Inman, Tenille

ROA Page No. 0851  
Insurance No.

DOB

DOB

Note ID#: 6300081

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response:

[REDACTED]  
[REDACTED] **A.M.L** stated needing people to do nice for her. **A.M.L** stated food as gesture of kindness and love from others. [REDACTED]  
**A.M.L** explained past experiences with peers in which restraint was used to cope with healthy social stressors. **A.M.L** repeated statements to use with siblings when feelings of frustration arise. [REDACTED]  
[REDACTED]

Progress:  
session.

[REDACTED]  
[REDACTED]  
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name/Position/Signature:

Inman, Tenille

MHS

Name/Position/Signature:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6260358

Date of Service: 6/12/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L. A.M.L.**

Date of Birth:

**DOB**

Location: N/A - 999

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 6/12/2014

Shift/Duration of Service: 11:00 AM - 12:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

Response:

Progress:

Plan:

Name: **A.M.L A.M.L**

Policy #:

ROA Page No. 0853  
Insurance No.

DOB

DOB

Note ID#: 6260358

Date of Service: 6/12/2014

Staff: Sutton, Renee

Record #: 72

Page 2 of 2

Client Progress:



Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton  
MHP

*Renee Sutton, MHP, LPC-I* 6/26/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6270444

Date of Service: 6/13/2014

Staff: Ferguson, Natasha

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth:

**DOB**

Location: Community - 99

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: **[REDACTED]**

Date: 6/13/2014

Shift/Duration of Service: 11:00 AM - 1:00 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact1) **[REDACTED]**Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
GoalResponse: **[REDACTED]**

**[REDACTED]** client was telling siblings she was  
going to go home and tell on her brothers and sisters. **[REDACTED]**  
Client acknowledged  
that she will not try to control what was going on in the camp. **[REDACTED]**

Progress: **[REDACTED]**Plan: **[REDACTED]**

## Client Progress:

Next Appointment: None Scheduled

Name: **A.M.L A.M.L**

Date of Service: 6/13/2014

Policy #:

Staff: Ferguson, Natasha

ROA Page No. 0855  
Insurance No.

DOB:

**DOB**

Note ID#: 6270444

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

Natasha Ferguson

CSP

*Natasha Ferguson, BA, MHS*

6/24/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**

Policy #:

**Insurance No.**

DOB

**DOB**

Note ID#: 6264924

Date of Service: 6/16/2014

Staff: Sutton, Renee

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: Office - 11

Record #: 72

Policy #

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 6/16/2014

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

Response:

Progress:

Name: **A.M.L. A.M.L.**

Date of Service: 6/16/2014

Policy #

Staff: Sutton, Renee

ROA Page No. 0857  
Insurance No.

DOB

DOB

Note ID#: 6264924

Record #: 72

Page 2 of 2

Plan: [REDACTED]

[REDACTED] from and due the professional services.

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

*Renee Sutton, MHP, LPC-I* 6/26/2014

Signature/Credentials/Position:

ROA Page No. 0858

Name: **A.M.L. A.M.L.**

Policy #:

Insurance No.

DOB

DOB

Note ID#: 6110874

Date of Service: 12/18/2013

Staff: Nichols, Nicki

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L. A.M.L.**

Date of Birth

DOB

Location: Home - 12

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect: [REDACTED]

Date: 12/18/2013

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

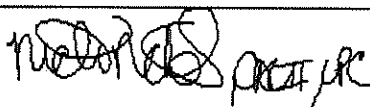
1) [REDACTED]

Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal**A.M.L.** was able to identify that is was wrong to take others things because then they wouldn't have them.**A.M.L.** also verbalized an understanding that" if you lie to people, they will start to not believe anything you say" [REDACTED].

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols  
MHP

12/23/2013

ROA Page No. 0858

FCA Bates No. 024234



Name: **AML A.M.L**

Policy #:

ROA Page No. 0859  
Insurance No.

DOB

DOB

Note ID#: 6110874

Date of Service: 12/18/2013

Staff: Nichols, Nicki

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.** Policy # **Insurance No.** DOB **DOB** Note ID#: 6114299  
 Date of Service: 12/23/2013 Staff: Nichols, Nicki Record #: 72 Page 1 of 2

# Wright Directions Family Services, LLC

Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

Division of Mental Health, Developmental  
 Disabilities and Substance Abuse Services  
 Units Used: 1  
 Service: (90846HO) 1 Hr. - Family Therapy w/o Client

Consumer: **A.M.L. A.M.L.** Date of Birth: **DOB** Location: Home - 12  
 Record #: 72 Policy #: **Insurance No.**  
 Face To Face: Yes  
 Overall Affect: **[REDACTED]**

Date: 12/23/2013 Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

**[REDACTED]**

Assessment of  
Progress Towards  
Goal

Mrs. Mitchell shared overall **A.M.L.**'s behavior has improved from last week, she has earned money instead of having it all taken away. She did admit to losing track of using the behavior chart due to being on holiday schedule and spending alot of time with her mother, but overall shared overall **A.M.L.**'s behavior improved but she still needs to work on respecting other's property and not bossing her siblings around.

Client Progress:

**[REDACTED]**

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols  
 MHP

*Nicki Nichols*

12/24/2013

Name: **A.M.L A.M.L**

Policy #:

Insurance No.

DOB:

**DOB**

Note ID#: 6114299

Date of Service: 12/23/2013

Staff:

Nichols, Nicki

Record #: 12

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L A.M.L**

Policy #:

Insurance No.

DOB:

DOB

Note ID#: 6113501

Date of Service: 12/27/2013

Staff: Nichols, Nicki

Record

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0864

Insurance No.

DOB:

DOB

Note ID#: 6120911

Date of Service: 1/8/2014

Staff: Nichols, Nicki

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90846HO) 1 Hr. - Family Therapy w/o Client

Consumer: **A.M.L. A.M.L.**

Date of Birth

DOB

Location: Community - 99

Record #: 72

Policy #:

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 1/8/2014

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

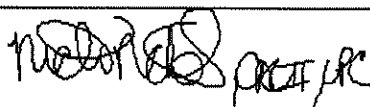
1)

Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

Mrs. Mitchell shared her mother had passed away this morning and she "knew it was coming" because she was in the hospital, came out, then went back in. She shared she is upset and unsure what to do next, just taking things "day by day". Mrs. Mitchell expressed comfort in knowing that her mother was no longer in pain and shared overall she is doing the best she can and hanging in there. She reported **A.M.L.** seems to be handling things "ok". She shared her concentration has been on her mother and not so much behavior monitoring but in time she was going to get "back on track". She shared her surgery is still planned for the end of the month.

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols  
MHP


1/12/2014

Name: **A.M.L A.M.L**

Policy #:

Insurance No.

DOB:

DOB

Note ID#: 6120911

Date of Service: 1/8/2014

Staff: Nichols, Nicki

Record #

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L A.M.L** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6127170  
 Date of Service: 1/15/2014 Staff: Nichols, Nicki Record #: 72 Page 1 of 2

Wright Directions Family Services, LLC  
 Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

Units Used: 1 Division of Mental Health, Developmental Disabilities and Substance Abuse Services  
 Service: (90846HO) 1 Hr. - Family Therapy w/o Client

|                              |                                |                          |
|------------------------------|--------------------------------|--------------------------|
| Consumer: <b>A.M.L A.M.L</b> | Date of Birth: <b>DOB</b>      | Location: Community - 99 |
| Record #: 72                 | Policy #: <b>Insurance No.</b> |                          |
| Face To Face: Yes            |                                |                          |
| Overall Affect:              |                                |                          |

Date: 1/15/2014 Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of Contact

- 1)
- 2)
- 3)

Intervention/Activity (What you did)

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L A.M.L**  
Date of Service: 1/15/2014Policy # [REDACTED]  
Staff: Nichols, NickiDOB [REDACTED]  
Records [REDACTED]

Note ID#: 6127170

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Mrs. Mitchell shared **A.M.L** is still struggling with being "bossy" to the other kids and one morning she would not get dressed despite being re-directed several times. Mom told her if she didn't get dressed in 15 mins she was going to be left by her dad and have to ride the bus. She further stated she wasn't sure if that was the "right thing to do" because **A.M.L** may like riding the bus. She shared also that she lost the opportunity to pick her snack out that morning and someone else had to pick for her. Mrs. Mitchell shared another potential consequence would be if she or a sibling picked out **A.M.L** clothes that morning as a consequence because that is something she enjoys doing. [REDACTED] She shared they will ask and ask and she won't say anything.

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols  
MHP


1/18/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.** Policy # **Insurance No.** DOB **DOB** Note ID#: 6130838  
 Date of Service: 1/17/2014 Staff: Nichols, Nicki Record #: 72 Page 1 of 2

# Wright Directions Family Services, LLC

Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
 Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L. A.M.L.** a Date of Birth **DOB** Location: Office - 11  
 Record #: 72 Policy # **Insurance No.**  
 Face To Face: Yes  
 Overall Affect: **[REDACTED]**

Date: 1/17/2014 Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

**A.M.L.** presented as oriented x 4 and was cooperative in session. She actively participated in sharing and shared her grandmother was sick and passed away. She shared her grandmother was "nice , gave them snacks, and always said good morning to us and she cooked really good grits". She listed these and presented them on her memory chain.

Client Progress: **[REDACTED]**

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols  
 MHP

*Nicki Nichols*

1/18/2014

Name **A.M.L A.M.L**

Policy #

Insurance No.

DOB

**DOB**

Note ID#: 6130838

Date of Service: 1/17/2014

Staff:

Nichols, Nicki

Record #:

72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6135222

Date of Service: 1/23/2014

Staff: Nichols, Nicki

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: **A.M.L A.M.L**

Date of Birth:

**DOB**

Location: Home - 12

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

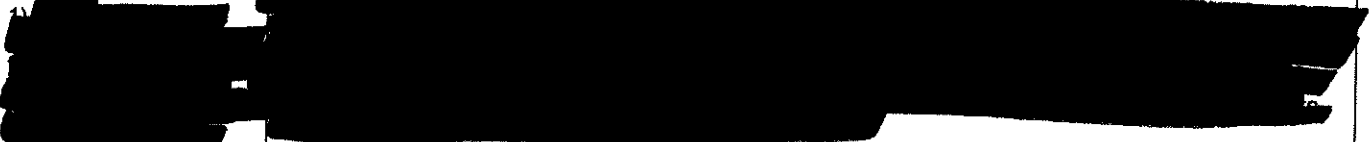
Overall Affect: 

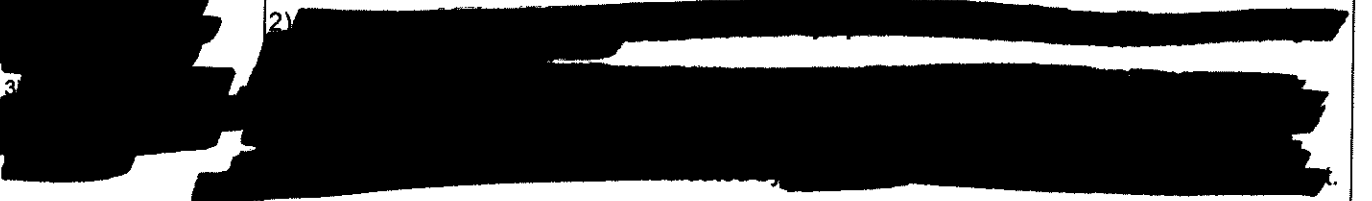
Date: 1/23/2014

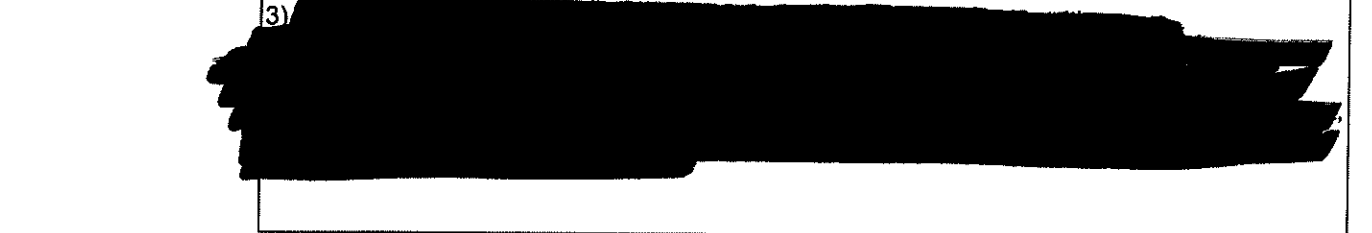
Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) 

2) 

3) 

Intervention/Activity  
(What you did)

Name: **A.M.L. A.M.L.**  
Date of Service: 1/23/2014

Policy: **Insurance No.**  
Staff: Nichols, Nicki

DOB: **DOB**  
Record #: 72

Note ID#: 6135222

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Mrs. Mitchell shared she has continued to have problems with **A.M.L.** taking things and hiding in her bedroom and eating or drinking them. She even shared that **A.M.L.** drank out of her grandbaby's bottle. When asked, **A.M.L.** would only say "i don't know or I just wanted it". Mrs. Mitchell shared they have been having to keep track of snacks, etc. and they know when they are missing. She shared she has siblings watch over her from the hallway but at the same time she knows that "isn't right" and puts pressure between them.

**A.M.L.** was able to verbalize understanding that if she asks and is told "no" then she cannot have something and that is the rule.

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols  
MHP



1/24/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**  
Date of Service: 2/4/2014

Policy # [REDACTED]  
Staff: Nichols, Nicki

ROA Page No. 0872  
Insurance No. [REDACTED]

DOB [REDACTED]  
Record #: 72

Note ID#: 6144426

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L. A.M.L.**  
Record #: 72  
Face To Face: Yes  
Overall Affect: [REDACTED]

Date of Birth: **DOB**  
Policy #: **Insurance No.**

Location: Home - 12

Date: 2/4/2014

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) [REDACTED]

1) [REDACTED]

2) [REDACTED]

Intervention/Activity  
(What you did)

[REDACTED]

Assessment of  
Progress Towards  
Goal

[REDACTED] . She  
was able to share it is wrong to "lie" because "your not supposed to  
do it" and she shared "it's not nice". **A.M.L.** also shared it is wrong to fight with others because  
"it isn't nice" [REDACTED]

Client Progress:

[REDACTED]

Name: **A.M.L. A.M.L.**

Policy #

ROA Page No. 0873  
Insurance No.

DOB

DOB

Note ID#: 6144426

Date of Service: 2/4/2014

Staff: Nichols, Nicki

Record #: 72

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols

MHP



2/7/2014

Signature/Credentials/Position:

Name **A.M.L A.M.L**

Date of Service: 2/11/2014

Policy #

Staff: Nichols, Nicki

ROA Page No. 0874

Insurance No.

DOB

DOB

Note ID#: 6149646

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: **A.M.L A.M.L** a

Date of Birth

DOB

Location: Home - 12

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect: 

Date: 2/11/2014

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) 

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

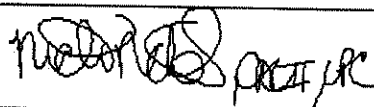
Mrs. Mitchell  stating she was able to relocate from room to room which is progress. . She shared **A.M.L** had an attitude the day before yesterday. She asked if she could open a bag and her dad told her "no" and she did it anyway. Dad put her in time-out and it seemed to be effective. She shared that since he has been doing the disciplining things have been going well. She shared she has been helpful around the house. She had no issue getting ready for school just overall stubbornness.

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols  
MHP



2/14/2014

ROA Page No. 0874

FCA Bates No. 024250

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name **A.M.L. A.M.L.**

Date of Service: 2/11/2014

Policy #

Staff: Nichols, Nicki

**ROA Page No. 0875**  
**Insurance No.**

DOB

**DOB**

Note ID#: 6149646

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name **A.M.L A.M.L**

Date of Service: 2/18/2014

Policy #

Staff: Nichols, Nicki

ROA Page No. 0876  
Insurance No.

DOB

DOB

Note ID#: 6155260

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L A.M.L** a

Date of Birth

DOB

Location: Home - 12

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect: 

Date: 2/18/2014

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) 

Intervention/Activity  
(What you did)

Assessment of  
Progress Towards  
Goal

**A.M.L** identified her angry animal as a "wolf", because she "cries like a wolf and gives mean looks when she is angry". she shared mostly getting angry when her oldest brother "won't be quiet when she asks him too and she is trying to do something". healthy alternatives when angry were "count to 5, then tell an adult or teacher, squeeze your hands together (referencing PMR)" She identified getting in trouble when angry for "hitting, being mean, and being bossy".  

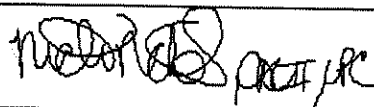

Client Progress: 

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols

MHP



2/21/2014

Name: **A.M.L A.M.L**

Policy #

**ROA Page No. 0877**  
**Insurance No.**

DOB

**DOB**

Note ID#: 6155260

Date of Service: 2/18/2014

Staff: Nichols, Nicki

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.** Policy #: **ROA Page No. 0878** Insurance No. **DOB** Note ID#: 6160576  
 Date of Service: 2/25/2014 Staff: Nichols, Nicki Record #: 72 Page 1 of 2

# Wright Directions Family Services, LLC

Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

Units Used: 1 Division of Mental Health, Developmental Disabilities and Substance Abuse Services  
 Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: **A.M.L. A.M.L.** Date of Birth: **DOB** Location: Home - 12  
 Record #: 72 Policy #: **Insurance No.**  
 Face To Face: Yes  
 Overall Affect: 

Date: 2/25/2014 Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of Contact

1) 

Intervention/Activity  
 (What you did)

Assessment of  
 Progress Towards  
 Goal

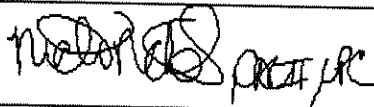
Mrs Mitchell's shared last week **A.M.L.** stole out of another child's lunchbox - a pop tart. She shared she had asked if she could have it, was told no and topknot anyways. **A.M.L.** admitted to taking it,  how did state it "was wrong to take it". Ms Mitchell shares **A.M.L.** is still having issues w being bossy also.  She is starting to share her feelings more and admitted she did quit stealing did a long time and she took it "because she wanted it".

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols  
 MHP



2/27/2014

Name: **A.M.L. A.M.L.**

Date of Service: 2/25/2014

Policy #

Staff: Nichols, Nicki

ROA Page No. 0879  
Insurance No.

DOB

DOB

Note ID#: 6160576

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0880

DOB:

**DOB**

Note ID#: 6195385

Date of Service: 2/27/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 3

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 7

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 2/27/2014

Shift/Duration of Service: Total Time: 1 hrs. and 45 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1

Intervention/Activity  
(What you did)

Goal: Practice assertive communication (verbal and non-verbal) via role-plays and scenarios to aid in identifying feelings and practice expressing them with others in session. Practice asking for help and identifying supports and obstacles.

Intervention

Intervention

Name: **A.M.L. A.M.L.**  
Date of Service: 2/27/2014

Policy #  
Staff: Inman, Tenille

ROA Page No. 0881  
Insurance No.

DOB **DOB**  
Record #: 72

Note ID#: 6195385

Page 2 of 3

Assessment of  
Progress Towards  
Goal

Behavior 1:

[REDACTED]

[REDACTED]

Behavior 2:

[REDACTED] Client verbalized need for assistance and further direction. Client responded to reflections of persona strengths acknowledging moments in the past where she overcame obstacles. Client commented about personal strength available to use in current obstacle.

Response/Plan:

[REDACTED]

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:  
Tenille Inman  
MHS

*Tenille Inman*

3/1/2014

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name **A.M.L A.M.L**

Date of Service: 2/27/2014

Policy #

Staff: Inman, Tenille

**ROA Page No. 0882**  
Insurance No.

DOB

Record #: 72

Note ID#: 6195385

Page 3 of 3

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



ROA Page No. 0883  
Name: **A.M.L A.M.L** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6195398  
Date of Service: 2/28/2014 Staff: Inman, Tenille Record #: 72 Page 1 of 4

**Wright Directions Family Services, LLC**

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services  
Units Used: 7  
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L A.M.L** Date of Birth: **DOB** Location: School - 3  
Record #: 72 Policy #: **Insurance No.**  
Face To Face: Yes  
Overall Affect: 

Date: 2/28/2014 Shift/Duration of Service: Total Time: 1 hrs. and 45 mins.

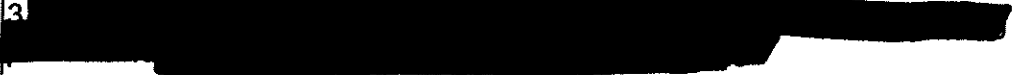
DSM-V Diagnosis: N/A

Purpose of  
Contact

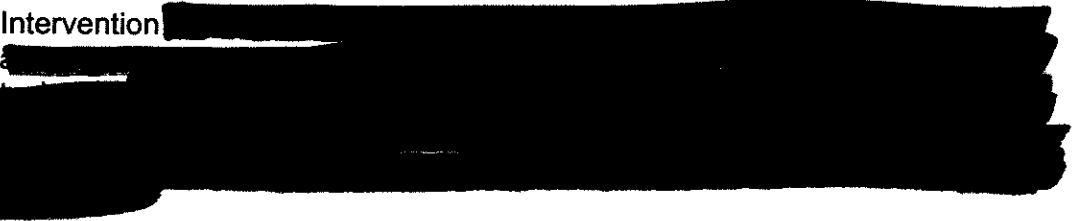
1 

Intervention/Activity  
(What you did)

Goal: creating a reward system for positive(non-defiant/impulsive) behaviors and consequences for neg. /unsafe behaviors and problem-solving obstacles to decreasing defiant and impulsive behaviors

2 

Intervention

3 

Name: **A.M.L A.M.L**

Policy #

**ROA Page No. 0884**  
**Insurance No.**

DOB

**DOB**

Note ID#: 6195398

Date of Service: 2/28/2014

Staff: Inman, Tenille

Record #: 72

Page 2 of 4

Intervention



ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L A.M.L**

Date of Service: 2/28/2014

Policy #

Staff: Inman, Tenille

ROA Page No. 0885  
Insurance No.

DOB

DOB

Note ID#: 6195398

Page 3 of 4

Assessment of  
Progress Towards  
Goal

Behavior 1:

Behavior 2:

Client clarified  
feeling excited but bored.

Client verbalized personal strengths available in variety of  
atmospheres to assist with safe experiences.

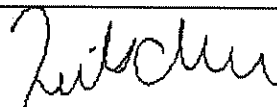
Response/Plan:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman  
MHS



2/28/2014

ROA Page No. 0885

FCA Bates No. 024261

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L A.M.L**

Policy #

**ROA Page No. 0886**  
**Insurance No.**

DOB

**DOB**

Note ID#: 6195398

Date of Service: 2/28/2014

Staff: Inman, Tenille

Record #: 72

Page 4 of 4

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L A.M.L**

Policy #:

ROA Page No. 0887

Insurance No.

DOB:

DOB

Note ID#: 6166010

Date of Service: 3/4/2014

Staff: Nichols, Nicki

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L A.M.L**

Date of Birth:

DOB

Location: Home - 12

Record #: 72

Policy #:

Insurance No.

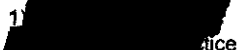
Face To Face: Yes

Overall Affect: 

Date: 3/4/2014

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact1)   
Justice

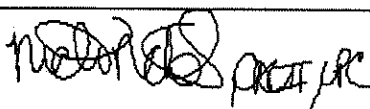
1)

Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal  
was even able to verbalize "right" (doing your best,, respecting others  
property" from "wrong"(stealing, lying, etc) and even shared when her feelings were hurt by  
other family members ( when brother said something mean) and verbalized telling him this in a  
nice way.

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols  
MHP

3/5/2014

Name: **A.M.L. A.M.L.**

Date of Service: 3/4/2014

Policy #

Staff: Nichols, Nicki

**ROA Page No. 0888**  
**Insurance No.**

DOB

Record # 12

**DOB**

Note ID#: 6166010

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L A.M.L**

Policy #:

ROA Page No. 0889  
Insurance No.

DOB:

DOB

Note ID#: 6173067

Date of Service: 3/7/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 55

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L A.M.L**

Date of Birth:

DOB

Location: School - 3

Record #: 72

Policy #:

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 3/7/2014

Shift/Duration of Service: 2:00 PM - 3:45 AM Total Time: 13 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

### Effectiveness of Intervention/Activity

[REDACTED] Social worker stated clients brief background, interests, strengths, and areas for growth. [REDACTED] Client verbalized interests in short phrases with minimal elaboration. [REDACTED]

...a time. Credit comments [redacted] al

**Client Progress:**

**Next Appointment:**    None Scheduled

**Signature/Credentials/Position:**

**Tenille Inman**

MHS

Zeichen

3/18/2014

**Signature/Credentials/Position:**



**Wright Directions Family Services, LLC**

## Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

## Jasper County

**Phone: 8436457700**

Units Used: 7

## Division of Mental Health, Developmental Disabilities and Substance Abuse Services

**Service: (H2014HN) 15 Mins. - Behavior Modification**

Consumer: A.M.L A.M.L

Date of Birth

**DOB**

**Location:** School - 3

Record #: 72

**Policy #:**

**Insurance No.**

Face To Face: Yes

**Overall Affect:**

**Date: 3/10/2014**

Shift/Duration of Service: 2:00 PM - 3:45 PM Total Time: 1 hrs. 45 min.

**DSM-V Diagnosis: N/A**

### Purpose of Contact

[illegible]

Name: **A.M.L. A.M.L.**

Date of Service: 3/10/2014

Policy #

Staff: Inman, Tenille

ROA Page No. 0892  
Insurance No.

DOB

DOB

Note ID#: 6173079

Record #: 72

Page 2 of 2

Effectiveness of  
Intervention/Activity

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS

*Tenille Inman*

3/18/2014

Signature/Credentials/Position:

\_\_\_\_\_  
\_\_\_\_\_

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L A.M.L**

Policy #:

ROA Page No. 0893  
Insurance No.

DOB:

DOB

Note ID#: 6172054

Date of Service: 3/10/2014

Staff: Nichols, Nicki

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: **A.M.L A.M.L**

Date of Birth

DOB

Location: Home - 12

Record #: 72

Policy #:

Insurance No.

Face To Face: Yes

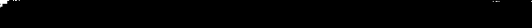
Overall Affect: 

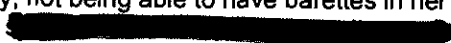
Date: 3/10/2014

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact1) 2) Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

. When having a substitute at school last week she went into another room and stole a child's lunch and \$5, she then tried to take that \$5 to the lunchroom to purchase more cookies and the worker knew her and she couldn't have cookies (due to allergy) and informed school and mom. 

 Mom identified consequence of time out used frequently last week and adding others such as "losing money for they day, not being able to have barettes in her hair, and someone else choosing her snack for the day"  **A.M.L** admitted to taking the items 

Next Appointment: None Scheduled

Signature/Credentials/Position:
Nicki Nichols
MHP
Signature/Credentials/Position:
3/14/2014

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L A.M.L**

Policy #:

ROA Page No. 0895  
Insurance No.

DOB:

DOB

Note ID#: 6172077

Date of Service: 3/11/2014

Staff:

Nichols, Nicki

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L A.M.L**

Date of Birth:

DOB

Location: Home - 12

Record #: 72

Policy #:

Insurance No.

Face To Face: Yes

Overall Affect: [REDACTED]

Date: 3/11/2014

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) [REDACTED]

Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal**A.M.L** shared she felt "nothing" about Co. [REDACTED]She did shared she enjoyed having a Co. at school working with her  
and that her teacher was nice and sometimes substitutes were mean ( possibly denoting  
anxiety with change). [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols

MHP



3/14/2014

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0896

Insurance No.

DOB

DOB

Note ID#: 6172077

Date of Service: 3/11/2014

Staff: Nichols, Nicki

Record #: 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L A.M.L**

Policy #:

ROA Page No. 0897

Insurance No.

DOB

DOB

Note ID#: 6173146

Date of Service: 3/11/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 7

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L A.M.L**

Date of Birth

DOB

Location: School - 3

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect: [REDACTED]

Date: 3/11/2014

Shift/Duration of Service: 2:00 PM - 3:45 PM Total Time: 1 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Name **A.M.L. A.M.L.**

Date of Service: 3/11/2014

Policy

Staff: Inman, Tenille

ROA Page No. 0898  
Insurance No.

DOB

DOB

Note ID#: 6173146

Record #: 72

Page 2 of 2

Effectiveness of  
Intervention/Activity

[REDACTED]  
Client shared editing ideas for time management and  
productivity.

[REDACTED]  
moting praise of enhanced son's

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS

*Tenille Inman*

3/18/2014

Signature/Credentials/Position:



### Effectiveness of Intervention/Activity

additional assistance. [REDACTED] Client verbalized need for

**Client Progress:**

Next Appointment:    None Scheduled

**Signature/Credentials/Position:**

Tenille Inman  
MHS

Zutchen

3/13/2014

**Signature/Credentials/Position:**

Name: **A.M.L A.M.L**

Policy #:

ROA Page No. 0900  
Insurance No.

DOB

DOB

Note ID#: 6173175

Date of Service: 3/12/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 7

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L A.M.L**

Date of Birth:

DOB

Location: School - 3

Record #: 72

Policy #:

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 3/12/2014

Shift/Duration of Service: 2:00 PM - 3:45 PM Total Time: 1 hrs. 45 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1)

[REDACTED]

**Intervention/Activity  
(What you did)**

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L A.M.L**

Date of Service: 3/12/2014

Policy #:

Staff: Inman, Tenille

ROA Page No. 0901

Insurance No.

DOB

DOB

Note ID#: 6173199

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Service: (S9482HN) 15 Mins. - Family Support

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Consumer: **A.M.L A.M.L**

Date of Birth

DOB

Location: School - 3

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affected

Date: 3/12/2014

Shift/Duration of Service: 4:00 PM - 4:30 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1/

**Intervention/Activity  
(What you did)**

9

**Effectiveness of  
Intervention/Activity**

Caregiver stated initial frustration with process of service delivery. Caregiver shared desired outcome for client performance. Caregiver inquired about service delivery, time, location, and frequency.

1/

2/

3/

ROA Page No. 0901

FCA Bates No. 024277

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #:

ROA Page No. 0902

Insurance No.

DOB:

**DOB**

Note ID#: 6173199

Date of Service: 3/12/2014

Staff: Inman, Tenille

Record #:

Page 2 of 2

[REDACTED] their

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS

*Tenille Inman*

3/13/2014

Signature/Credentials/Position:

\_\_\_\_\_

Name: **A.M.L A.M.L**

Policy #:

ROA Page No. 0903  
Insurance No.

DOB:

DOB

Note ID#: 6178112

Date of Service: 3/13/2014

Staff:

Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer:

**A.M.L A.M.L**

Date of Birth:

DOB

Location: School - 3

Record #: 72

Policy #:

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 3/13/2014

Shift/Duration of Service: 3:00 PM - 4:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

[REDACTED]

Intervention/Activity  
(What you did)

Goal: aiding in developing atmosphere of safety and security; promoting praise and enhanced self-esteem in all social areas

Intervention:

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name **A.M.L. A.M.L.**

Date of Service: 3/13/2014

Policy #

Staff: Inman, Tenille

ROA Page No. 0904  
Insurance No.

DOB

DOB

Note ID#: 6178112

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior: [REDACTED] Client requests assistance and support. [REDACTED]  
[REDACTED]

Response/Progress: [REDACTED]  
[REDACTED]

Plan: [REDACTED]  
[REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS

*Tenille Inman*

3/20/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

ROA Page No. 0905

|                            |                                |                 |                   |
|----------------------------|--------------------------------|-----------------|-------------------|
| Name: <b>A.M.L A.M.L</b>   | Policy #: <b>Insurance No.</b> | DOB: <b>DOB</b> | Note ID#: 6178355 |
| Date of Service: 3/13/2014 | Staff: Inman, Tenille          | Record #: 72    | Page 1 of 2       |

Wright Directions Family Services, LLC  
Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services  
Units Used: 3  
Service: (H2014HN) 15 Mins. - Behavior Modification

|                                   |                                |                      |
|-----------------------------------|--------------------------------|----------------------|
| Consumer: <b>A.M.L A.M.L</b>      | Date of Birth: <b>DOB</b>      | Location: School - 3 |
| Record #: 72                      | Policy #: <b>Insurance No.</b> |                      |
| Face To Face: Yes                 |                                |                      |
| Overall Affect: <b>[REDACTED]</b> |                                |                      |

|                 |                                              |                            |
|-----------------|----------------------------------------------|----------------------------|
| Date: 3/13/2014 | Shift/Duration of Service: 1:25 PM - 2:10 PM | Total Time: 0 hrs. 45 min. |
|-----------------|----------------------------------------------|----------------------------|

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) **[REDACTED]**

Intervention/Activity  
(What you did)

Goal: aiding in developing atmosphere of safety and security; promoting praise and enhanced self-esteem in all social areas

Intervention: **[REDACTED]**

Name **A.M.L. A.M.L.**

Date of Service: 3/13/2014

Policy #

Staff: Inman, Tenille

ROA Page No. 0906  
Insurance No.

DOB

DOB

Note ID#: 6178355

Record # 12

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior: [REDACTED] Client commented about inability to engage in task due to lack of knowledge. Client responded to positive reinforcement [REDACTED]

Response/Progress: [REDACTED]

Plan [REDACTED]

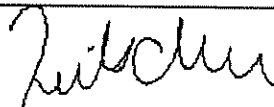
Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



3/20/2014

Signature/Credentials/Position:



Name: **A.M.L A.M.L**

Date of Service: 3/14/2014

Policy #:

Staff: Inman, Tenille

ROA Page No. 0907  
Insurance No.

DOB

DOB

Note ID#: 6178121

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 3

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L A.M.L**

Date of Birth

DOB

Location: School - 3

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 3/14/2014

Shift/Duration of Service: 1:25 PM - 2:10 PM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Goal: aiding in developing atmosphere of safety and security; promoting praise and enhanced self-esteem in all social areas

Intervention:

Name: **A.M.L. A.M.L.**

Date of Service: 3/14/2014

Policy #

Staff: Inman, Tenille

ROA Page No. 0908  
Insurance No.

DOB

DOB

Note ID#: 6178121

Record # 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior:

Client shared personal likes using single words or short phrases. Client illustrated personal likes of interest.

Response/Progress:

Plan:

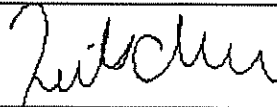
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



3/20/2014

Signature/Credentials/Position:

Name: **A.M.L A.M.L**

Date of Service: 3/14/2014

Policy #:

Staff: Inman, Tenille

ROA Page No. 0909

Insurance No.

DOB

DOB

Note ID#: 6178122

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L A.M.L**

Date of Birth

DOB

Location: School - 3

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 3/14/2014

Shift/Duration of Service: 3:00 AM - 4:00 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1

Intervention/Activity  
(What you did)

Goal: aiding in developing atmosphere of safety and security; promoting praise and enhanced self-esteem in all social areas

Intervention

Name: **A.M.L. A.M.L.**  
Date of Service: 3/14/2014

Policy #: **Insurance No.**  
Staff: Inman, Tenille

DOB: **DOB**  
Record #: 72

Note ID#: 6178122

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior:

Client verbalized resolved issue with assignment and ideas for project success.

Response/Progress:

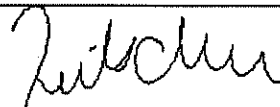
Plan:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman  
MHS



3/20/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.**  
Date of Service: 3/17/2014

Policy #: **Insurance No.**  
Staff: Inman, Tenille

DOB: **DOB**  
Record #: 72

Note ID#: 6178197

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 3

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L. A.M.L.**  
Record #: 72  
Face To Face: Yes  
Overall Affect: **[REDACTED]**

Date of Birth: **DOB**  
Policy #: **Insurance No.**

Location: School - 3

Date: 3/17/2014 Shift/Duration of Service: 1:25 PM - 2:10 PM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1

Intervention/Activity  
(What you did)

Goal: aiding in developing atmosphere of safety and security; promoting praise and enhanced self-esteem in all social areas

Intervention

Assessment of  
Progress Towards  
Goal

Behavior: Client inquired about service time on weekends and schedule in the evenings. Client shared personal interest and values that provide comfort in various environments. [REDACTED]

Response/Progress [REDACTED]

Plan: [REDACTED] of [REDACTED]

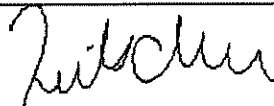
Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



3/20/2014

Signature/Credentials/Position:

\_\_\_\_\_

Name: A.M.L. A.M.L.  
Date of Service: 3/17/2014

Policy #: [REDACTED]  
Staff: [REDACTED]

ROA Page No. 0913  
Insurance No.

DOB: [REDACTED]  
Record #: 72

Note ID#: 6178199

Page 1 of 2

Wright Directions Family Services, LLC  
Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services  
Units Used: 4  
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: A.M.L. A.M.L.  
Record #: 72  
Face To Face: Yes  
Overall Affect: [REDACTED]

Date of Birth: [REDACTED]  
Policy #: [REDACTED]  
Insurance No.

Location: School - 3

Date: 3/17/2014 Shift/Duration of Service: 3:05 PM - 4:05 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) [REDACTED]

Intervention/Activity  
(What you did)

Goal: aiding in developing atmosphere of safety and security; promoting praise and enhanced self-esteem in all social areas

Intervention: [REDACTED]

Assessment of  
Progress Towards  
Goal

Rehearsal [REDACTED]

[REDACTED] Client questioned length of group activity and outline for remainder of day [REDACTED]

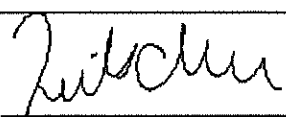
Response/Progress [REDACTED]

Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:  
Tenille Inman  
MHS



3/20/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



Name: **A.M.L. A.M.L.**  
Date of Service: 3/20/2014

Policy #: **Insurance No.**  
Staff: Berryhill, Amy Kathryn

DOB: **DOB**  
Record #: 72

Note ID#: 6184913

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L. A.M.L.**

Date of Birth: **DOB**

Location: School - 3

Record #: 72

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 3/20/2014

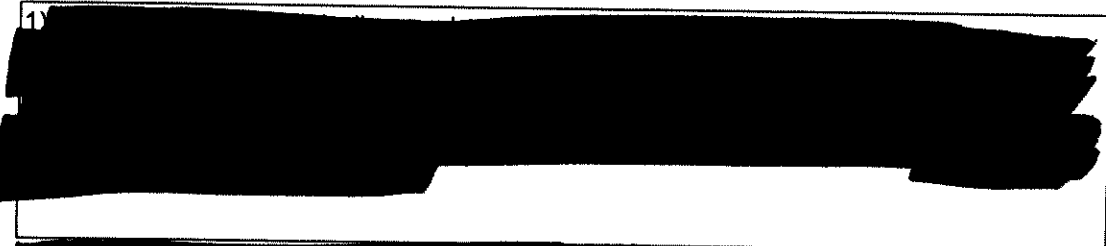
Shift/Duration of Service: 12:00 PM - 1:00 PM Total Time: 1 hrs. 0 min.

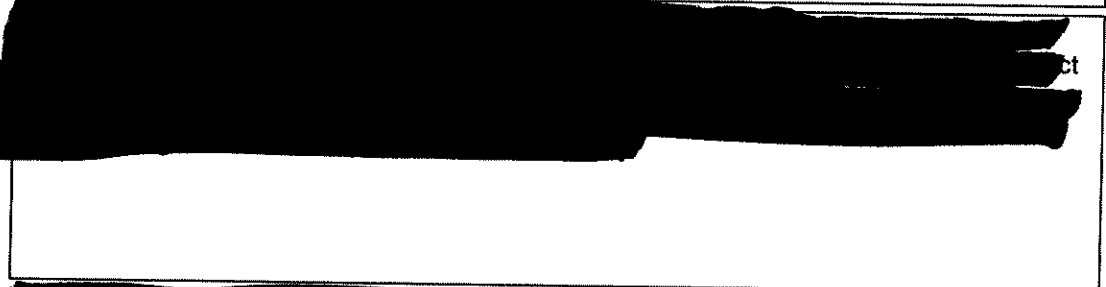
DSM-V Diagnosis: N/A

Purpose of  
Contact

Intervention/Activity  
(What you did)

Effectiveness of  
Intervention/Activity





The client was able to discuss her issues with MHP and how she has been expressing her feelings and the trouble she gets in at home and school. 

Client Progress:



Next Appointment: None Scheduled

Signature/Credentials/Position:

Amy Berryhill  
MHP

 3/26/2014

Name: **A.M.L. A.M.L.**

Date of Service: 3/20/2014

Policy:

Staff: Berryhill, Amy Kathryn

ROA Page No. 0916

Insurance No.

DOB

DOB

Note ID#: 6184913

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L A.M.L**

Policy #:

ROA Page No. 0917

Insurance No.

DDB:

**DOB**

Note ID#: 6185698

Date of Service: 3/20/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L A.M.L**

Date of Birth:

**DOB**

Location: School - 3

Record #: 72

Policy #:

Insurance No.

Face To Face: Yes

Overall Affect: [REDACTED]

Date: 3/20/2014

Shift/Duration of Service: 1:40 PM - 2:40 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) [REDACTED]

Intervention/Activity  
(What you did)

Goal 3: Practice assertive communication (verbal and non-verbal) via role-plays and scenarios to aid in identifying feelings and practice expressing them with others in session.

Intervention: [REDACTED]

Name **A.M.L. A.M.L.**

Date of Service: 3/20/2014

Policy #

Staff: Inman, Tenille

ROA Page No. 0918  
Insurance No.

DOB

DOB

Note ID#: 6185698

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior: [REDACTED] Client  
verbalized interests in teaching and having social relationships.

[REDACTED] Client stated variety of negative outcomes resulting from poor  
decision making skills. Client indicated hunger value as 4 before and after consuming snack.

Response/Progress: [REDACTED]

Plan: [REDACTED]

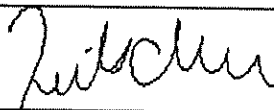
Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



3/27/2014

Signature/Credentials/Position:

Name: **A.M.L A.M.L**

Policy #:

ROA Page No. 0919

Insurance No.

DOB:

DOB

Note ID#: 6185699

Date of Service: 3/20/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L A.M.L**

Date of Birth:

DOB

Location: School - 3

Record #: 72

Policy #:

Insurance No.

Face To Face: Yes

Overall Affect: [REDACTED]

Date: 3/20/2014

Shift/Duration of Service: 3:20 PM - 3:50 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1

Intervention/Activity  
(What you did)

Goal 3: Practice assertive communication (verbal and non-verbal) via role-plays and scenarios to aid in identifying feelings and practice expressing them with others in session.

Intervention:

Name **A.M.L. A.M.L.**

Date of Service: 3/20/2014

Policy #

Staff: Inman, Tenille

ROA Page No. 0920

Insurance No.

DOB

DOB

Note ID#: 6185699

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior:

Client stated lack of understanding and ability to complete task

Response/Prog

Plan:

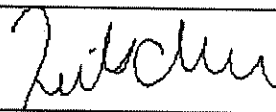
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



3/27/2014

Signature/Credentials/Position:

Name: **A.M.L A.M.L**

Policy #:

ROA Page No. 0921

Insurance No.

DOB:

**DOB**

Note ID#: 6187826

Date of Service: 3/25/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L A.M.L**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 3/25/2014

Shift/Duration of Service: 1:25 PM - 2:25 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1

Intervention/Activity  
(What you did)

Goal 3: assist with feeling identification and processing life stressors (past and present) and healthy ways to cope with them.

Intervention

Name **A.M.L. A.M.L.**

Date of Service: 3/25/2014

Policy #

Staff: Inman, Tenille

ROA Page No. 0922  
Insurance No.

DOB

DOB

Note ID#: 6187826

Record #: 72

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior

[REDACTED] Client shared that items in desk were all personal possessions [REDACTED]  
[REDACTED] e. Client agreed that personal items need to remain in personal care and  
items belonging to others must remain in care of others. [REDACTED]  
[REDACTED]

Response/Progress:

[REDACTED]

[REDACTED]

Plan:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS

*Tenille Inman*

3/27/2014

Signature/Credentials/Position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109



ROA Page No. 0923

Name: A.M.L A.M.L

Policy #:

Insurance No.

DOB:

DOB

Note ID#: 6187830

Date of Service: 3/25/2014

Staff: Inman, Tenille

Record #:

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 3

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: A.M.L A.M.L

Date of Birth:

DOB

Location: School - 3

Record #: 72

Policy #:

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 3/25/2014

Shift/Duration of Service: 3:20 PM - 4:05 PM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

1)

Intervention/Activity  
(What you did)

Goal 3: assist with feeling identification and processing life stressors (past and present) and healthy ways to cope with them. Practice assertive communication (verbal and non-verbal) via role-plays and scenarios to aid in identifying feelings and practice expressing them with others in session. Practice asking for help and identifying supports and obstacles.

Intervention:

ROA Page No. 0923

FCA Bates No. 024299

Name: **A.M.L. A.M.L.**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6187830

Date of Service: 3/25/2014

Staff: Inman, Tenille

Record # 12

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior

Client agreed to demonstrate desired behaviors to overcome obstacles.

Response/Progress:

Plan:

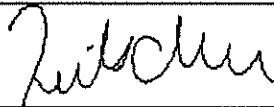
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



3/27/2014

Signature/Credentials/Position:

Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6187960

Date of Service: 3/26/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 5

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L A.M.L**

Date of Birth

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

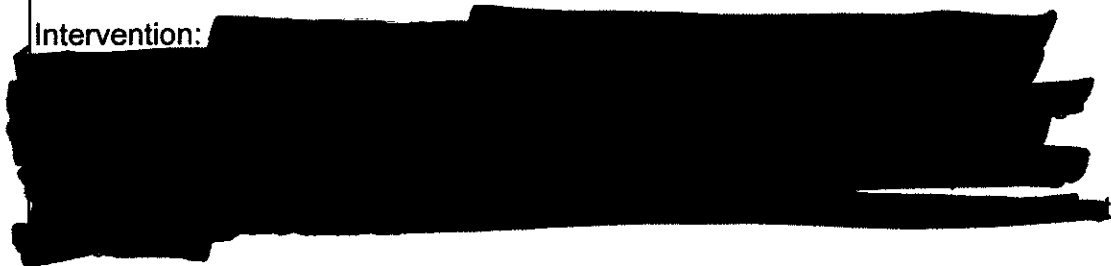
Face To Face: Yes

Overall Affect: 

Date: 3/26/2014

Shift/Duration of Service: 1:25 PM - 3:25 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact1) Intervention/Activity  
(What you did)Goal 3:-Practice assertiveness and asking for help via role-play in sessions, etc. and  
demonstrate in all social settingsIntervention: 

Name: **A.M.L A.M.L**

Policy #

Insurance No.

DOB

DOB

Note ID#: 6187960

Date of Service: 3/26/2014

Staff: Inman, Tenille

Record # 72

Page 2 of 5

Goal 1:-Decrease inappropriate/self- defeating behaviors by develop positive coping skills for symptoms, causes, and effects and demonstrate the use of these skills in session and daily life (school and home)

-Decrease aggressive episodes and symptoms – identify causes and healthy ways to cope with symptoms and decrease attacks

-Identify symptoms and causes for behaviors and discuss stressors and healthy ways to cope in session

-Monitoring behaviors /symptoms and problem-solving obstacles in decreasing negative behaviors

Intervention:

[REDACTED]

Independent task to complete

Name: **A.M.L A.M.L**

Policy #:

Insurance No.

DOB:

**DOB**

Note ID#: 6187960

Date of Service: 3/26/2014

Staff: Inman, Tenille

Record

Page 3 of 5

Assessment of  
Progress Towards  
Goal

Behavior

[REDACTED] Client shared personal interests in siblings and  
memorable experiences with caregiver. [REDACTED]  
[REDACTED]

Response/Progress:

intervention: [REDACTED]  
[REDACTED]

Plan: [REDACTED]

Behavior: Client agreed to share familiar information regarding daily routines.  
Client shared chores and responsibilities within in home for positive reward  
reinforcements. [REDACTED]

[REDACTED] Client commented on practicing caregiver  
instructions throughout school day. Client demonstrated distracted behaviors.

Name: **A.M.L A.M.L**

Policy #

Insurance No.

DOB

DOB

Note ID#: 6187960

Date of Service: 3/26/2014

Staff: Inman, Tenille

Recd

Page 4 of 5

[REDACTED]

Response/Progress: Client demonstrated [REDACTED]

[REDACTED]

[REDACTED]

-Decrease aggressive episodes and symptoms – identify causes and healthy ways to cope with symptoms and decrease attacks

-Identify symptoms and causes for behaviors and discuss stressors and healthy ways to cope in session

-Monitoring behaviors /symptoms and problem-solving obstacles in decreasing negative behaviors

Plan: [REDACTED]

Client Progress: [REDACTED]

Name: **A.M.L. A.M.L.**

Policy #:

Insurance No.

DOB:

DOB

Note ID#: 6187960

Date of Service: 3/26/2014

Staff:

Inman, Tenille

Record:

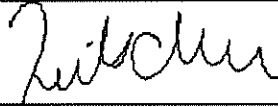
Page 5 of 5

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



3/27/2014

Signature/Credentials/Position:

Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6187976

Date of Service: 3/26/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L A.M.L**

Date of Birth:

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 3/26/2014

Shift/Duration of Service: 9:35 AM - 10:05 AM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: Purpose of  
ContactIntervention/Activity  
(What you did)

Goal 2: assist developing positive coping skills via behavior modification in individual and family sessions



Intervention:





Name: **A.M.L. A.M.L.**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6187976

Date of Service: 3/26/2014

Staff: Inman, Tenille

Record:

Page 2 of 2

**Assessment of  
Progress Towards  
Goal**

Response: Caregiver discusses difficulties with mobility due to recovery from recent knee surgery. Caregiver explained client behavior reflects lack of time to track progress as in past during stronger health.

[REDACTED]

Plan: [REDACTED]

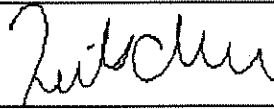
Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



3/27/2014

Signature/Credentials/Position:

Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6197963

Date of Service: 3/27/2014

Staff: Inman, Tenille

Record #:

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **A.M.L A.M.L**

Date of Birth:

**DOB**

Location: Home - 12

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: [REDACTED]

Date: 3/27/2014

Shift/Duration of Service: Total Time: 0 hrs. and 30 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) [REDACTED]

Intervention/Activity  
(What you did)

Goal: providing education on safety, the importance of rules and respecting others property, well-being, and why rules are important and processing this in session (individual, family, group, etc)

Intervention 745-815: [REDACTED]

Name: **A.M.L. A.M.L.**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6197963

Date of Service: 3/27/2014

Staff: Inman, Tenille

Record

Page 2 of 2

**Assessment of  
Progress Towards  
Goal**

Response: Caregiver stated that client follows rules in the home consistently. Caregiver explains that client participates in daily household chores for weekly earnings and home based reward system. Caregiver describes that client attempts to take control at school but follows caregiver rules while in the home. Caregiver warned of potential meltdowns that occur when client does not get way.

Plan: [REDACTED]

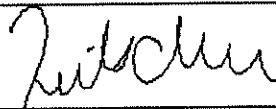
Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



3/29/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6195386  
 Date of Service: 3/27/2014 Staff: Inman, Tenille Record #: 72 Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
 Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

|                                |                                |                     |
|--------------------------------|--------------------------------|---------------------|
| Consumer: <b>A.M.L. A.M.L.</b> | Date of Birth: <b>DOB</b>      | Location: Home - 12 |
| Record #: 72                   | Policy #: <b>Insurance No.</b> |                     |
| Face To Face: Yes              |                                |                     |
| Overall Affect: <b>MM</b>      |                                |                     |

Date: 3/27/2014 Shift/Duration of Service: Total Time: 0 hrs. and 30 mins.

DSM-V Diagnosis: N/A

Purpose of  
 Contact

ated

net.

Intervention/Activity  
 (What you did)

Goal: providing education on safety, the importance of rules and respecting others property, well-being, and why rules are important and processing this in session (individual, family, group, etc)

Intervention

Name: **A.M.L. A.M.L.**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6195386

Date of Service: 3/27/2014

Staff: Inman, Tenille

Record:

Page 2 of 2

**Assessment of  
Progress Towards  
Goal**

Response: Caregiver stated that client follows rules in the home consistently. Caregiver explains that client participates in daily household chores for weekly earnings and home based reward system. Caregiver describes that client attempts to take control at school but follows caregiver rules while in the home. Caregiver warned of potential meltdowns that occur when client does not get way.

Plan:

Continue reinforcement

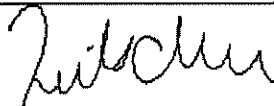
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



3/27/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6197966  
 Date of Service: 3/28/2014 Staff: Inman, Tenille Record: **DOB** Page 1 of 4

# Wright Directions Family Services, LLC

Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

Units Used: 7 Division of Mental Health, Developmental  
 Disabilities and Substance Abuse Services  
 Service: (H2014HN) 15 Mins. - Behavior Modification

|                                   |                                |                      |
|-----------------------------------|--------------------------------|----------------------|
| Consumer: <b>A.M.L. A.M.L.</b>    | Date of Birth: <b>DOB</b>      | Location: School - 3 |
| Record #: 72                      | Policy #: <b>Insurance No.</b> |                      |
| Face To Face: Yes                 |                                |                      |
| Overall Affect: <b>[REDACTED]</b> |                                |                      |

Date: 3/28/2014 Shift/Duration of Service: Total Time: 1 hrs. and 45 mins.

DSM-V Diagnosis: N/A

Purpose of Contact

**[REDACTED]**

**[REDACTED]**

Intervention/Activity  
(What you did)

Goal: creating a reward system for positive(non-defiant/impulsive) behaviors and consequences for neg./unsafe behaviors and problem-solving obstacles to decreasing defiant and impulsive behaviors

3. aiding in developing atmosphere of safety and security; promoting praise and enhanced self-esteem in all social areas

Intervention

**[REDACTED]**

Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6197966

Date of Service: 3/28/2014

Staff: Inman, Tenille

Record

Page 2 of 4

Intervention



Name: **A.M.L. A.M.L.**

Policy #:

Insurance No.

DOB:

**DOB**

Note ID#: 6197966

Date of Service: 3/28/2014

Staff:

Inman, Tenille

Record #:

Page 3 of 4

Assessment of  
Progress Towards  
Goal

Behavior 1: [REDACTED]

Behavior 2: Client commented about current mood and feelings. Client clarified feeling excited but bored. [REDACTED]

[REDACTED] Client verbalized personal strengths available in variety of atmospheres to assist with safe experiences. [REDACTED] for [REDACTED]

Response/Plan [REDACTED]

3. aiding in developing atmosphere of safety and security; promoting praise and enhanced self-esteem in all social areas

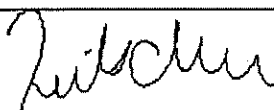
Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



3/29/2014



Name: **A.M.L A.M.L**

Policy #

Insurance No.

DOB

DOB

Note ID#: 6197966

Date of Service: 3/28/2014

Staff:

Inman, Tenille

Record # 12

Page 4 of 4

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L. A.M.L.**

Policy #

Insurance No.

DOB

DOB

Note ID#: 6192905

Date of Service: 3/28/2014

Staff: Berryhill, Amy Kathryn

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L. A.M.L.** a

Date of Birth

DOB

Location: School - 3

Record #: 72

Policy #

Insurance No.

Face To Face: Yes

Overall Affect: [REDACTED]

Date: 3/28/2014

Shift/Duration of Service: 11:00 AM - 12:00 PM Total Time: 1 hrs. 0 min.

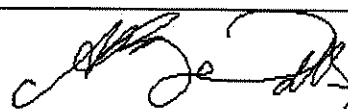
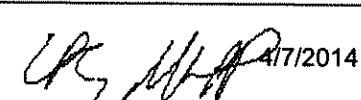
DSM-V Diagnosis: N/A

Purpose of  
ContactIntervention/Activity  
(What you did)Effectiveness of  
Intervention/Activity

**A.M.L.** reported she feels she is doing better with her behavior both at home and at school. She reported being in a good mood most of the time recently and her affect matched this report.

Next Appointment: [REDACTED]

Signature/Credentials/Position:

Amy Berryhill  
MHP



Name: **A.M.L A.M.L**

Policy #:

Insurance No.

DOB

DOB

Note ID#: 6192905

Date of Service: 3/28/2014

Staff:

Berryhill, Amy Kathryn

Record # 12

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

ROA Page No. 0942  
Name: A.M.L. A.M.L. Policy #: Insurance No. DOB: DOB Note ID#: 6195406  
Date of Service: 3/31/2014 Staff: Inman, Tenille Record #: 72 Page 1 of 3

**Wright Directions Family Services, LLC**

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 7 Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services  
Service: (H2014HN) 15 Mins. - Behavior Modification

|                            |                         |                      |
|----------------------------|-------------------------|----------------------|
| Consumer: A.M.L. A.M.L.    | Date of Birth: DOB      | Location: School - 3 |
| Record #: 72               | Policy #: Insurance No. |                      |
| Face To Face: Yes          |                         |                      |
| Overall Affect: [REDACTED] |                         |                      |

Date: 3/31/2014 Shift/Duration of Service: Total Time: 1 hrs. and 45 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) [REDACTED]

Intervention/Activity  
(What you did)

Goal: creating a reward system for positive(non-defiant/impulsive) behaviors and consequences for neg. /unsafe behaviors and problem-solving obstacles to decreasing defiant and impulsive behaviors; aiding in developing atmosphere of safety and security; promoting praise and enhanced self-esteem in all social areas ; providing education on safety, the importance of rules and respecting others property, well-being, and why rules are important and processing this in session (individual, family, group,etc)

Intervention [REDACTED]

Name: **A.M.L A.M.L**

Policy #:

Insurance No.

DOB:

**DOB**

Note ID#: 6195406

Date of Service: 3/31/2014

Staff: Inman, Tenille

Record

Page 2 of 3

Assessment of  
Progress Towards  
Goal

Behavior 1:

Behavior 2:

. Client verbalized behavior targets required for successful  
practice of rules and expectations.

Client asked for assistance and  
clarification with task at hand.

Response/Plan:

Client Progress:

Name: **A.M.L A.M.L**

Policy #:

Insurance No.

DOB

DOB

Note ID#: 6195406

Date of Service: 3/31/2014

Staff:

Inman, Tenille

Record #: 72

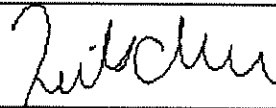
Page 3 of 3

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/3/2014

Signature/Credentials/Position:

ROA Page No. 0945

Name: **A.M.L. A.M.L.** Policy # **Insurance No.** DOB **DOB** Note ID#: 6195559  
Date of Service: 4/1/2014 Staff: Inman, Tenille Record #: 72 Page 1 of 3

## Wright Directions Family Services, LLC

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 7 Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services  
Service: (H2014HN) 15 Mins. - Behavior Modification

|                                                                                                   |                                |                      |
|---------------------------------------------------------------------------------------------------|--------------------------------|----------------------|
| Consumer: <b>A.M.L. A.M.L.</b> a                                                                  | Date of Birth: <b>DOB</b>      | Location: School - 3 |
| Record #: 72                                                                                      | Policy #: <b>Insurance No.</b> |                      |
| Face To Face: Yes                                                                                 |                                |                      |
| Overall Affect:  |                                |                      |

Date: 4/1/2014 Shift/Duration of Service: Total Time: 1 hrs. and 45 mins.

DSM-V Diagnosis: N/A

Purpose of  
ContactIntervention/Activity  
(What you did)

Goal 1: aiding in developing atmosphere of safety and security; promoting praise and enhanced self-esteem in all social areas



Intervention: 

Intervention 320-405: **ROA Page No. 0945** Observed client engage in dance activity. Prompted client **FCA Rates No. 024321**

Name: **A.M.L. A.M.L.**

Policy #:

Insurance No.

DOB:

**DOB**

Note ID#: 6195559

Date of Service: 4/1/2014

Staff: Inman, Tenille

Records:

Page 2 of 3

Assessment of  
Progress Towards  
Goal

Behavior:

Behavior 2: [REDACTED]. Client expressed personal interests in dance as hobby that brings satisfaction. Client recalls dancing with siblings during family events as celebration event. [REDACTED]

Response/Plan: [REDACTED] ss.

Client Progress:

Next Appointment: None Scheduled



Name: **A.M.L. A.M.L.**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6195559

Date of Service: 4/1/2014

Staff: Inman, Tenille

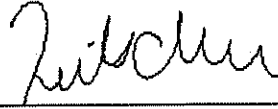
Record

Page 3 of 3

Signature/Credentials/Position:

Tenille Inman

MHS



4/3/2014

Signature/Credentials/Position:

ROA Page No. 0948  
Name: **A.M.L. A.M.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6194850  
Date of Service: 4/2/2014 Staff: Berryhill, Amy Kathryn Record #: 72 Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

|                                                                                                   |                                |                       |
|---------------------------------------------------------------------------------------------------|--------------------------------|-----------------------|
| Consumer: <b>A.M.L. A.M.L.</b>                                                                    | Date of Birth: <b>DOB</b>      | Location: Office - 11 |
| Record #: 72                                                                                      | Policy #: <b>Insurance No.</b> |                       |
| Face To Face: Yes                                                                                 |                                |                       |
| Overall Affect:  |                                |                       |

Date: 4/2/2014 Shift/Duration of Service: 5:05 PM - 6:05 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

Intervention/Activity  
(What you did)

Effectiveness of  
Intervention/Activity

Client Progress:

Next Appointment: None Scheduled

Name: **A.M.L A.M.L**

Policy #:

Insurance No.

DOB:

**DOB**

Note ID#: 6194850

Date of Service: 4/2/2014

Staff: Berryhill, Amy Kathryn

Record #

Page 2 of 2

Signature/Credentials/Position:

Amy Berryhill

MHP

 4/8/2014

Signature/Credentials/Position:

ROA Page No. 0950  
Name: **A.M.L. A.M.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6201475  
Date of Service: 4/3/2014 Staff: Inman, Tenille Record #: 72 Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

|                                   |                                |                      |
|-----------------------------------|--------------------------------|----------------------|
| Consumer: <b>A.M.L. A.M.L.</b>    | Date of Birth: <b>DOB</b>      | Location: School - 3 |
| Record #: 72                      | Policy #: <b>Insurance No.</b> |                      |
| Face To Face: Yes                 |                                |                      |
| Overall Affect: <b>[REDACTED]</b> |                                |                      |

**Date: 4/3/2014 Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.**

DSM-V Diagnosis: N/A

Purpose of  
ContactIntervention/Activity  
(What you did)

Goal: aiding in developing atmosphere of safety and security; promoting praise and enhanced self-esteem in all social areas

Intervention: **[REDACTED]**Intervention: **[REDACTED]**

Name: **A.M.L. A.M.L.**

Policy #:

Insurance No.

DOB:

**DOB**

Note ID#: 6201475

Date of Service: 4/3/2014

Staff: Inman, Tenille

Record #:

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior 1115-1215 **A.M.L.** expressed feeling sad about not attending field trip with classmates. **A.M.L.** explained thoughts about loneliness or fear joining new class as triggers for unwanted behaviors. **A.M.L.** agreed that alternatives to distracting behaviors or withdrawal include drawing emotional illustration or scribing personal feelings and thoughts as obstacles occur.

Behavior 250-350:

**A.M.L.** expressed interest in singing as soothing activity for use at school and home to calm unpleasant experiences.

Progress/Response:

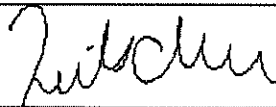
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/10/2014

Signature/Credentials/Position:

ROA Page No. 0952

Name: **A.M.L. A.M.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6201485  
Date of Service: 4/4/2014 Staff: Inman, Tenille Record #: 72 Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

|                                                                                                   |                                |                      |
|---------------------------------------------------------------------------------------------------|--------------------------------|----------------------|
| Consumer: <b>A.M.L. A.M.L.</b>                                                                    | Date of Birth: <b>DOB</b>      | Location: School - 3 |
| Record #: 72                                                                                      | Policy #: <b>Insurance No.</b> |                      |
| Face To Face: Yes                                                                                 |                                |                      |
| Overall Affect:  |                                |                      |

Date: 4/4/2014 Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) Following the initial assessment, the goal is to create a reward system for positive (non-defiant/impulsive) behaviors and consequences for neg. /unsafe behaviors and problem-solving obstacles to decreasing defiant and impulsive behaviors

Intervention/Activity  
(What you did)

Goal: creating a reward system for positive (non-defiant/impulsive) behaviors and consequences for neg. /unsafe behaviors and problem-solving obstacles to decreasing defiant and impulsive behaviors

Intervention 1:

Intervention:

ROA Page No. 0952

FCA Bates No. 024328

Name: **A.M.L. A.M.L.**

Policy #:

Insurance No.

DOB:

**DOB**

Note ID#: 6201485

Date of Service: 4/4/2014

Staff: Inman, Tenille

Record

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior

[REDACTED] **A.M.L.** expressed not  
taking belongings of others and resisting need to keep large amounts of food hidden.  
[REDACTED]

Behavior

[REDACTED]  
[REDACTED] interests as trigger for potential

Progress/Response:

Plan

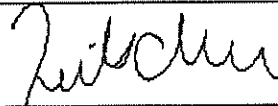
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/10/2014

Signature/Credentials/Position:

ROA Page No. 0954

Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6201503

Date of Service: 4/7/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L A.M.L**

Date of Birth:

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 4/7/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

[REDACTED]

Intervention/Activity  
(What you did)

Goal:providing education on safety, the importance of rules and respecting others property, well-being, and why rules are important and processing this in session (individual, family, group,etc)

Intervention

Intervention

characteristics

ROA Page No. 0954

FCA Bates No. 024330



Name: A.M.L. A.M.L.

Policy #:

Insurance No.

DOB

DOB

Note ID#: 6201503

Date of Service: 4/7/2014

Staff: Inman, Tenille

Record # 12

Page 2 of 2

**Assessment of  
Progress Towards  
Goal**

Behavior 1115-1215: A.M.L. shared personal visit to family relative over the weekend with siblings. A.M.L. recalled rules enforced in the home and when traveling away from the home that provide safety for all.

A.M.L. expressed concern for negative effects and impacts of disobeying rules at school and home.

Behavior 250-350: A.M.L. verbalized honesty means doing your own work and being truthful to others. A.M.L. stated that when she does something wrong she has to tell the truth to avoid further consequence. A.M.L. provided situations in daily life at home or school where honesty is required as safe practice or rule for all to follow.

Progress/Response:

Plan:

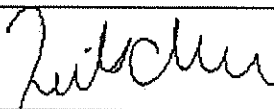
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/10/2014

Signature/Credentials/Position:

Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6201523

Date of Service: 4/8/2014

Staff: Inman, Tenille

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer:

**A.M.L A.M.L**

Date of Birth:

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect:

Date: 4/8/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1

Intervention/Activity  
(What you did)

Goal: Practice assertive communication (verbal and non-verbal) via role-plays and scenarios to aid in identifying feelings and practice expressing them with others in session. ; Practice asking for help and identifying supports and obstacles

Intervention

Intervention

Name: **A.M.L. A.M.L.**

Policy #:

Insurance No.

DOB

DOB

Note ID#: 6201523

Date of Service: 4/8/2014

Staff: Inman, Tenille

Record #:

Page 2 of 2

**Assessment of  
Progress Towards  
Goal**

Behavior 1115-1215:

[REDACTED] **A.M.L.** expressed not understanding or believing in personal ability to complete task as current obstacle.

Behavior 250-350: **A.M.L.** verbalized respect as way to show others that you care. **A.M.L.** explained that cooperating with those who offer her assistance as respectful response. **A.M.L.** communicated people and scenarios occurring within home, school, and community when respect is form of approved communication.

Progress/Response:

Plan:

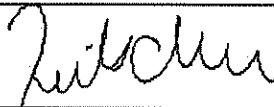
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/10/2014

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6200908  
 Date of Service: 4/8/2014 Staff: Berryhill, Amy Kathryn Record: **DOB** Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
 Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

|                                |                                |                      |
|--------------------------------|--------------------------------|----------------------|
| Consumer: <b>A.M.L. A.M.L.</b> | Date of Birth: <b>DOB</b>      | Location: School - 3 |
| Record #: 72                   | Policy #: <b>Insurance No.</b> |                      |
| Face To Face: Yes              |                                |                      |
| Overall Affect:                |                                |                      |

Date: 4/8/2014 Shift/Duration of Service: 9:00 AM - 10:00 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

 Intervention/Activity  
(What you did)

 Effectiveness of  
Intervention/Activity

She said she did have some negative behaviors, but could not remember what they were or when. She did say they were at home not at school. **A.M.L.** reported being in a good mood most of the time.

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Amy Berryhill  
 MHP

4/9/2014

Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6200908

Date of Service: 4/8/2014

Staff:

Berryhill, Amy Kathryn

Record

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

ROA Page No. 0960

Name: **A.M.L A.M.L**

Policy #:

Insurance No.

DOB:

DOB

Note ID#: 6201533

Date of Service: 4/9/2014

Staff: Inman, Tenille

Record #:

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

|                              |                                |                      |
|------------------------------|--------------------------------|----------------------|
| Consumer: <b>A.M.L A.M.L</b> | Date of Birth: <b>DOB</b>      | Location: School - 3 |
| Record #: 72                 | Policy #: <b>Insurance No.</b> |                      |
| Face To Face: Yes            |                                |                      |
| Overall Affect:              |                                |                      |

|                |                                                           |
|----------------|-----------------------------------------------------------|
| Date: 4/9/2014 | Shift/Duration of Service: Total Time: 2 hrs. and 0 mins. |
|----------------|-----------------------------------------------------------|

DSM-V Diagnosis: N/A

Purpose of  
Contact

1)

Intervention/Activity  
(What you did)

Goal:assist with feeling identification and processing life stressors (past and present) and healthy ways to cope with them;

Intervention

Intervention

ROA Page No. 0960

FCA Bates No. 024336

Name: **A.M.L. A.M.L.**

Policy #:

Insurance No.

DOB:

**DOB**

Note ID#: 6201533

Date of Service: 4/9/2014

Staff: Inman, Tenille

Record

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior: [REDACTED]

Behavior 250-350: **A.M.L.** stated feeling kind when offering gifts to others.  
**A.M.L.** explained that kindness makes others happy and interested in being around you. [REDACTED]

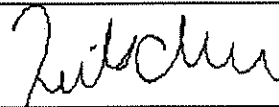
Progress/Response: [REDACTED]

Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman  
MHS

4/10/2014

Signature/Credentials/Position:

Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6201558

Date of Service: 4/9/2014

Staff: Inman, Tenille

Record #:

Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

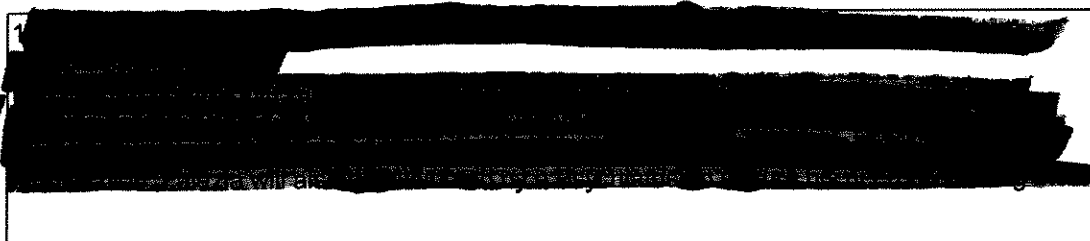
Service: (S9482HN) 15 Mins. - Family Support

|                                                                                                   |                                |                                       |
|---------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------|
| Consumer: <b>A.M.L A.M.L</b>                                                                      | Date of Birth: <b>DOB</b>      | Location: Other Place of Service - 99 |
| Record #: 72                                                                                      | Policy #: <b>Insurance No.</b> |                                       |
| Face To Face: No                                                                                  |                                |                                       |
| Overall Affect:  |                                |                                       |

|                |                                                            |
|----------------|------------------------------------------------------------|
| Date: 4/9/2014 | Shift/Duration of Service: Total Time: 0 hrs. and 30 mins. |
|----------------|------------------------------------------------------------|

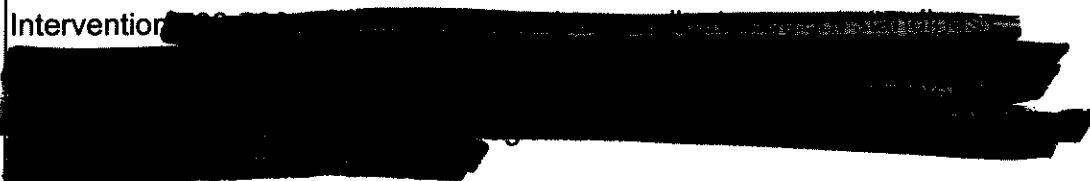
DSM-V Diagnosis: N/A

**Purpose of  
Contact**1) 

1) 

**Intervention/Activity  
(What you did)**

Goal: assist developing positive coping skills via behavior modification in individual and family sessions; providing education regarding diagnosis, symptoms and treatment modalities and the effects neglect (including drug use) has on children and their developing relationships w/ others

Intervention: 

**Assessment of  
Progress Towards  
Goal**

Behavior: Caregiver mentioned client success on current report card. Caregiver stated personal health is improving however date for work return is scheduled as April 28 until further notice. Caregiver agreed to continue implementing positive behavior system for reinforcement within the home of desired behaviors. Caregiver offered gratitude and reminded of prompt communication when obstacles arise in clients day.

Progress/Response: 



Name: **A.M.L A.M.L**

Policy #:

Insurance No.

DOB:

**DOB**

Note ID#: 6201558

Date of Service: 4/9/2014

Staff: Inman, Tenille

Record

Page 2 of 2

Plan:

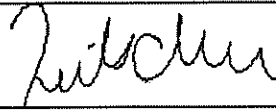
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/10/2014

Signature/Credentials/Position:

ROA Page No. 0964

Name: **A.M.L. A.M.L.**

Policy #:

Insurance No.

DOB:

DOB

Note ID#: 6200490

Date of Service: 4/9/2014

Staff: Berryhill, Amy Kathryn

Record #:

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer:

**A.M.L. A.M.L.**

Date of Birth

DOB

Location: Office - 11

Record #: 72

Policy #:

Insurance No.

Face To Face: Yes

Overall Affect:

Date: 4/9/2014

Shift/Duration of Service: 7:30 PM - 8:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
ContactIntervention/Activity  
(What you did)Effectiveness of  
Intervention/Activity

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Amy Berryhill

MHP

 4/9/2014

ROA Page No. 0964

FCA Bates No. 024340

Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6200490

Date of Service: 4/9/2014

Staff:

Berryhill, Amy Kathryn

Record

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

ROA Page No. 0966

Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6207450

Date of Service: 4/10/2014

Staff: Inman, Tenille

Record #:

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **A.M.L A.M.L**

Date of Birth:

**DOB**

Location: School - 3

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 4/10/2014

Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

ice

gs,

Intervention/Activity  
(What you did)

Goal 3: Practice assertive communication (verbal and non-verbal) via role-plays and scenarios to aid in identifying feelings and practice expressing them with others in session.

Intervention

ROA Page No. 0966

FCA Bates No. 024342

Name: **A.M.L A.M.L**

Policy #:

Insurance No.

DOB:

**DOB**

Note ID#: 6207450

Date of Service: 4/10/2014

Staff:

Inman, Tenille

Reco:

Page 2 of 2

Assessment of  
Progress Towards  
Goal

Behavior/Response 1115-1215: **A.M.L** stated that she is improving relationships with siblings. **A.M.L** agreed to communicate needs and feelings to persons available to assist during obstacles or changes in mood. **A.M.L** expressed inability to complete specific tasks causing personal anxiety to occur. **A.M.L** rehearsed positive self-talk phrases reinforcing self-esteem.

Behavior/Response

Progress:

Plan:

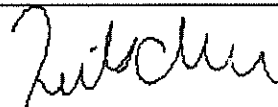
Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Tenille Inman

MHS



4/10/2014

Signature/Credentials/Position:

ROA Page No. 0968

Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6072526

Date of Service: 11/8/2013

Staff: Nichols, Nicki

Record:

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: **A.M.L A.M.L**

Date of Birth

**DOB**

Location: Home - 12

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 11/8/2013

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) Family

Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

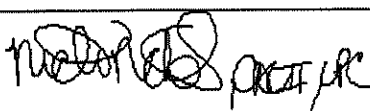
## Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols

MHP



11/9/2013

ROA Page No. 0968

FCA Bates No. 024344

Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6072526

Date of Service: 11/8/2013

Staff: Nichols, Nicki

Recon:

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6070639

Date of Service: 11/11/2013

Staff: Nichols, Nicki

Record:

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90791HO) 1 Event - Diagnostic Assessment- Initial

Consumer: **A.M.L A.M.L**

Date of Birth

**DOB**

Location: Home - 12

Record #: 72

Policy #:

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 11/11/2013

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

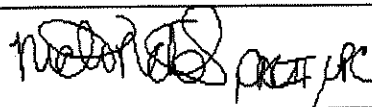
DSM-V Diagnosis: N/A

Purpose of  
ContactIntervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal**A.M.L**'s ??mother described a history of neglect and behavioral concerns to include telling others what to do and beating them up if they don't do it (sister), threatening to pinch/scratch/bite herself and to do so when faced with consequence or doesn't get her way, etc. 

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols  
MHP

11/16/2013



Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6070639

Date of Service: 11/11/2013

Staff: Nichols, Nicki

Recor

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

ROA Page No. 0972  
Name: **A.M.L A.M.L** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6079724  
Date of Service: 11/19/2013 Staff: Nichols, Nicki Record #: 72 Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L A.M.L** Date of Birth: **DOB** Location: Home - 12  
Record #: 72 Policy #: **Insurance No.**  
Face To Face: Yes  
Overall Affect: **[REDACTED]**

Date: 11/19/2013 Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1 **[REDACTED]** ctice **[REDACTED]**

**Intervention/Activity  
(What you did)****Assessment of  
Progress Towards  
Goal**

**A.M.L** shared she is happy when she is "playing with her baby dolls" and she is sad when "she is counting or gets a time-out". She shared she is angry when "people throw my drawings in the trash and won't say why they did it".

Client Progress: **[REDACTED]**

Name: **A.M.L. A.M.L.**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6079724

Date of Service: 11/19/2013

Staff: Nichols, Nicki

Record:

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols

MHP



11/23/2013

Signature/Credentials/Position:

Name: **A.M.L A.M.L** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6079746  
 Date of Service: 11/20/2013 Staff: Nichols, Nickl Recorder: **DOB** Page 1 of 2

# Wright Directions Family Services, LLC

Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Service: (90846HO) 1 Hr. - Family Therapy w/o Client

|                                   |                                |                     |
|-----------------------------------|--------------------------------|---------------------|
| Consumer: <b>A.M.L A.M.L</b>      | Date of Birth: <b>DOB</b>      | Location: Home - 12 |
| Record #: 72                      | Policy #: <b>Insurance No.</b> |                     |
| Face To Face: Yes                 |                                |                     |
| Overall Affect: <b>[REDACTED]</b> |                                |                     |

Date: 11/20/2013 Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

## Purpose of Contact

## Intervention/Activity (What you did)

## Assessment of Progress Towards Goal

Mom shared **A.M.L** has improved her bossiness "a little bit", however, **A.M.L** is still struggling with "respecting others property and is always fighting with her brother". Mom continued to share that **A.M.L** was place din time out and when she went to check on her she had a "gatorade" ( that only adults are allowed to drink in the home). **[REDACTED]**

Potential rewards were also added to include : connect 4 laungchers, dollar store times , and she has playing Wii- tennis with javair and other siblings" Mom verbalized she will check all behavior charts at homework time.Mom agreed to suggested use of stickers in time frame suggested.

Client Progress: **[REDACTED]**

Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6079746

Date of Service: 11/20/2013

Staff: Nichols, Nicki

Record:

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols

MHP



11/26/2013

Signature/Credentials/Position:

ROA Page No. 0976  
 Name: **A.M.L A.M.L** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6085816  
 Date of Service: 11/26/2013 Staff: Nichols, Nicki Record #: 72 Page 1 of 2

# Wright Directions Family Services, LLC

Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
 Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: **A.M.L A.M.L** Date of Birth: **DOB** Location: Office - 11  
 Record #: 72 Policy #: **Insurance No.**  
 Face To Face: Yes  
 Overall Affect: **[REDACTED]**

Date: 11/26/2013 Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
 Contact

Intervention/Activity  
 (What you did)

Assessment of  
 Progress Towards  
 Goal

Mrs. Mitchell shared that 3 weeks ago she took away **A.M.L**'s book g and has made her tuck in her shirt and empty all her pockets to ensure she was not taking anything that belonged to anyone else. So far, this has been working sucessfully. Mom is considering giving her privelege of bag back or getting a see-through bookbag. Mom created a daily rewarded free time chart for **A.M.L** as follows : each daily activity will be 15 minutes: Mon-IPAD, Tues- Drawing/games, Wed-play-do/paint, Thurs- coloring/puzles , Friday- free choice. The idea is for the consequence of not earning smile's on her chart would be the following day not being able to engage in fun time, time-out for 15 mins while others play, etc. Sat and Sun were left for family days and a time-out would still be used as a consequence or loss of electronic or tv privileges. A shecdule was also created for daily chores that were rotated by each sibling. Consequence to be time-out or loss of electronic privileges for this also. Mom shared she will be having surgery on 1/24/13 on her knees and plans to prepare the kids for this. She wanted to talk this over with her husband and the plant to begin preparation for **A.M.L** and her siblings will be next week. This is also when the chore chart and reward fun time will begin.

Client Progress:

Next Appointment: None Scheduled

Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6085816

Date of Service: 11/26/2013

Staff: Nichols, Nicki

Record #:

Page 2 of 2

Signature/Credentials/Position:

Nicki Nichols

MHP



11/30/2013

Signature/Credentials/Position:

ROA Page No. 0978

Name: **A.M.L. A.M.L.**

Policy #:

Insurance No.

DOB:

DOB

Note ID#: 8085906

Date of Service: 11/27/2013

Staff: Nichols, Nicki

Record #: 72

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L. A.M.L.**

Date of Birth

DOB

Location: Home - 12

Record #: 72

Policy #:

Insurance No.

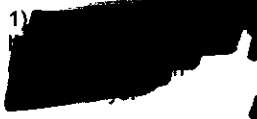
Face To Face: Yes

Overall Affect: 

Date: 11/27/2013

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
Contact1) Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

 She did share she was thankful for " playing hide and seek, hearing I love you, playing games, and fried chicken made fresh". She shared thankful means " counting to 10 if i get in trouble". **A.M.L.** shared she didn't feel sorry when she teases others. **A.M.L.** was able to describe reasons she is thankful for her siblings, mostly to include them being nice or sharing with her.

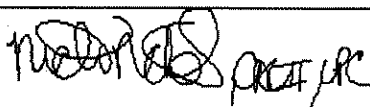
Client Progress: 

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols

MHP



11/30/2013

ROA Page No. 0978

FCA Bates No. 024354



Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6085906

Date of Service: 11/27/2013

Staff: Nichols, Nicki

Record # 12

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

ROA Page No. 0980

Name: **A.M.L. A.M.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6089365  
Date of Service: 12/3/2013 Staff: Nichols, Nicki Record #: 72 Page 1 of 2

**Wright Directions Family Services, LLC**

Main - Ridgeland  
77 Hazzard creek vlg, unit - C  
Ridgeland, SC 29936  
Jasper County  
Phone: 8436457700

Units Used: 1  
Service: (90847HO) 1 Hr. - Family Therapy w/ Client  
Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Consumer: **A.M.L. A.M.L.** Date of Birth: **DOB** Location: Home - 12  
Record #: 72 Policy #: **Insurance No.**  
Face To Face: Yes  
Overall Affect: 

Date: 12/3/2013 Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

**Purpose of  
Contact**

1)   
2) 

1) 

**Intervention/Activity  
(What you did)**



**Assessment of  
Progress Towards  
Goal**

**A.M.L.** shared she was open to helping and doing chores around the house while mom was recovering and agreed to follow directions of her father also.   
  
Mom shared 1 chore/day for each child to complete and reminded them they are still responsible for bringing home their agenda, completing homework and having it checked by her.   


Client Progress: 

ROA Page No. 0980

FCA Bates No. 024356

Name: **A.M.L A.M.L**

Policy #:

Insurance No.

DOB:

DOB

Note ID#: 6089365

Date of Service: 12/3/2013

Staff: Nichols, Nicki

Record

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols

MHP



12/7/2013

Signature/Credentials/Position:

ROA Page No. 0982

Name: **A.M.L. A.M.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6089395  
 Date of Service: 12/4/2013 Staff: Nichols, Nicki Record: **DOB** Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

Units Used: 1 Division of Mental Health, Developmental  
 Disabilities and Substance Abuse Services  
 Service: (90837HO) 1 Hour Individual Therapy

|                                   |                                |                     |
|-----------------------------------|--------------------------------|---------------------|
| Consumer: <b>A.M.L. A.M.L.</b>    | Date of Birth: <b>DOB</b>      | Location: Home - 12 |
| Record #: 72                      | Policy #: <b>Insurance No.</b> |                     |
| Face To Face: Yes                 |                                |                     |
| Overall Affect: <b>[REDACTED]</b> |                                |                     |

|                 |                                                           |
|-----------------|-----------------------------------------------------------|
| Date: 12/4/2013 | Shift/Duration of Service: Total Time: 1 hrs. and 0 mins. |
|-----------------|-----------------------------------------------------------|

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED] Practice

Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

**A.M.L.** shared she feels "scared" when she thinks "someone may break into our house". She shared this has come up by hearing that their neighbors house has been broken into. **A.M.L.** denied every experiencing a break in before. She shared her safe place is "in her mom's room ( her time-out space)". **A.M.L.** verbalized practicing deep breathing sometimes **[REDACTED]**

Client Progress:

ROA Page No. 0982

FCA Bates No. 024358

Name: **A.M.L. A.M.L.**

Policy #:

**Insurance No.**

DOB:

**DOB**

Note ID#: 6089395

Date of Service: 12/4/2013

Staff:

Nichols, Nicki

Recon:

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols

MHP



12/7/2013

Signature/Credentials/Position:

Name: **A.M.L. A.M.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6103273  
 Date of Service: 12/10/2013 Staff: Nichols, Nicki Record #: 72 Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland  
 77 Hazzard creek vlg, unit - C  
 Ridgeland, SC 29936  
 Jasper County  
 Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
 Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

|                                   |                                |                     |
|-----------------------------------|--------------------------------|---------------------|
| Consumer: <b>A.M.L. A.M.L.</b>    | Date of Birth: <b>DOB</b>      | Location: Home - 12 |
| Record #: 72                      | Policy #: <b>Insurance No.</b> |                     |
| Face To Face: Yes                 |                                |                     |
| Overall Affect: <b>[REDACTED]</b> |                                |                     |

Date: 12/10/2013 Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

## Purpose of Contact

Intervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

Mrs. Mitchell shared **A.M.L.** has been struggling with "doing what she asked". She continued to share she had issues with **A.M.L.** not wanting to take a bath and another morning she refused to get dressed for school because she "didn't want to wear what was picked out for her". Mrs. Mitchell continued to say that she feared she would be late for work so she dressed **A.M.L.** herself and made her get in the car. With the bath incident she shared that she ended up "washing her herself" and making her get out. She shared frustration with "struggling w/ her" when she also has her siblings to care for and how difficult it was. She shared for her misbehavior she will have to sit in "time out" during the activity time for the day. Mrs. Mitchell agreed to use 3 strikes method and verbalized understanding of this and identified **A.M.L.** "not getting her way" as a trigger for her negative behavior and agreed to instill a consequence of taking money that she has earned away from her and if she didn't have money she would have to do a time out, etc. **[REDACTED]** said she "didn't know why she didn't want to take a bath or get dressed".

## Client Progress:

Name: **A.M.L. A.M.L.**

Policy #:

Insurance No.

DOB:

DOB

Note ID#: 6103273

Date of Service: 12/10/2013

Staff:

Nichols, Nicki

Record:

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols

MHP



12/13/2013

Signature/Credentials/Position:

ROA Page No. 0986

Name: **A.M.L. A.M.L.**

Policy #:

Insurance No.

DOB:

DOB

Note ID#: 6103285

Date of Service: 12/11/2013

Staff: Nichols, Nicki

Record #:

Page 1 of 2

## Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: **A.M.L. A.M.L.**

Date of Birth

DOB

Location: Home - 12

Record #: 72

Policy #:

Insurance No.

Face To Face: Yes

Overall Affect: N/A

Date: 12/11/2013

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
ContactIntervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

Client Progress:

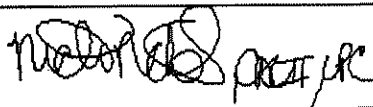
She shared that hitting wasn't a good thing because "it hurts others". She said telling lies was not good because you "aren't supposed to do it". She said it's also "not ok to take others things because they don't belong to you" and if you see someone being mean or doing something bad you should "tell your mom or a teacher".

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols

MHP



12/13/2013

ROA Page No. 0986

FCA Bates No. 024362



Name: **A.M.L A.M.L**

Policy #:

**Insurance No.**

DOB

**DOB**

Note ID#: 6103285

Date of Service: 12/11/2013

Staff: Nichols, Nicki

Recor

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

ROA Page No. 0988

Name: **A.M.L. A.M.L.**

Policy #:

Insurance No.

DOB:

DOB

Note ID#: 6109949

Date of Service: 12/17/2013

Staff: Nichols, Nicki

Record #: 72

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: **A.M.L. A.M.L.**

Date of Birth:

DOB

Location: Home - 12

Record #: 72

Policy #:

Insurance No.

Face To Face: Yes

Overall Affect: [REDACTED]

Date: 12/17/2013

Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of  
ContactIntervention/Activity  
(What you did)Assessment of  
Progress Towards  
Goal

**A.M.L.** [REDACTED] for stealing items over the weekend and hiding in the bathroom. She was informed by her mother that she was no longer allowed in her bathroom unless mom was in there with her. Mom also shared she keeps count of all items in the home and knows when things are missing. **A.M.L.** was asked why she engaged in this behavior and she was quiet, smiled and did not respond even when addressed by Counselor. [REDACTED]

[REDACTED] she did acknowledge that she wouldn't like not having a snack [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols  
MHP


12/18/2013

ROA Page No. 0988

FCA Bates No. 024364

Name: **A.M.L A.M.L**

Policy #:

Insurance No.

DOB

DOB

Note ID#: 6109949

Date of Service: 12/17/2013

Staff:

Nichols, Nicki

Record # 72

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 03 3:15 PM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **A.M.L A.M.L**

Medicaid

**Insurance No.**

DOB:

**DOB**

Note ID#: 6881654

Date of Service: 7/1/2015

Staff: Williams, Barbara

Record #: TCM1024

Page 1 of 2

Wright Directions Family Services, LLC

TCM

60 s railroad ave

ridgeland, SC 29936

Charleston County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

Service: (T1016) TCM - no travel

Consumer: **A.M.L A.M.L A.M.L**

Date of Birth

**DOB**

Location: Other Place of Service - 99

Record #: TCM1024

Medicaid

**Insurance No.**

Face To Face: No

Overall Affect: 

Date: 7/1/2015

Shift/Duration of Service: 4:30 PM - 5:00 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of  
ContactIntervention/Activity  
(What you did)Effectiveness of  
Intervention/Activity

Client Progress:

Next Appointment: None Scheduled

Name: **A.M.L. A.M.L.**

Medicaid

Insurance No.

DOB:

**DOB**

Note ID#: 6881654

Date of Service: 7/1/2015

Staff: Williams, Barbara

Record #: 001024

Page 2 of 2

Signature/Credentials/Position:

Barbara Williams

CSP

*Barbara Williams, MS, MHS*

7/4/2015

Signature/Credentials/Position:

ROA Page No. 0992

Name: **A.M.L A.M.L**

Medicaid

Insurance No.

DOB:

DOB

Note ID#: 6872982

Date of Service: 7/9/2015

Staff: Williams, Barbara

Record #: TCM1024

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

TCM

Units Used: 2

60 s railroad ave

Service: (T1016) TCM - no travel

ridgeland, SC 29936

Charleston County

Phone: 8436457700

Consumer: **A.M.L A.M.L A.M.L**

Date of Birth

DOB

Location: Other Place of Service - 99

Record #: TCM1024

Medicaid

Insurance No.

Face To Face: No

Overall Affect:

Date: 7/9/2015

Shift/Duration of Service: 2:00 PM - 2:30 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1

Intervention/Activity  
(What you did)

Monitoring/Assessment: C

Effectiveness of  
Intervention/Activity

Support Team

Referral/Follow-up:

Client Progress:

Next Appointment: None Scheduled

ROA Page No. 0992

FCA Bates No. 024368

Name: **A.M.L. A.M.L.** Medicaid Insurance No. DOB **DOB** Note ID#: 6872982  
Date of Service: 7/9/2015 Staff: Williams, Barbara Record #: TCM1024 Page 2 of 2

Signature/Credentials/Position:  
Barbara Williams  
CSP

*Barbara Williams, MS, MHS*

7/11/2015

Signature/Credentials/Position:

ROA Page No. 0994

Name: **A.M.L A.M.L**

Medical

**Insurance No.**

DOB

**DOB**

Note ID#: 6873048

Date of Service: 7/12/2015

Staff: Williams, Barbara

Record #: TCM1024

Page 1 of 2

Wright Directions Family Services, LLC  
TCM

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services60 s railroad ave  
ridgeland, SC 29936  
Charleston County  
Phone: 8436457700

Service: (T1016) TCM - no travel

Consumer: **A.M.L A.M.L A.M.L**

Date of Birth

**DOB**

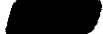
Location: Other Place of Service - 99

Record #: TCM1024

Medical

**Insurance No.**

Face To Face: No

Overall Affect: 

Date: 7/12/2015

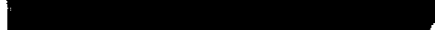
Shift/Duration of Service: 6:30 PM - 7:00 PM Total Time: 0 hrs. 30 min.

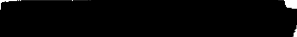
DSM-V Diagnosis: N/A

Purpose of  
ContactIntervention/Activity  
(What you did)

Monitoring/Assessment

Effectiveness of  
Intervention/ActivitySupport Staff: The mother of the minor child who is his support team spoke with CM today. 

 Mom stated that she has adopted a sister to four of the five children she already has. Mom stated that she has been making trips to Ohio so that the children can visit, but now that the new addition is in the home which she arrived on Thursday. Mom stated that she is still interested in the services for she is happy with what CM has already done for her and the children and taking the time to really sit down and talk with her keeping her in the loop about what is going on. Mom also share that she wanted to find out about the RBHS services for the children when the new school term starts. Mom was told by CM that she can have someone call her if she is interested in the services. Mom told CM that she could come and see the children on 7/13 for the weekly visit and then continue on a weekly basis as before.

Referral/Follow-up: 

ROA Page No. 0994

FCA Bates No. 024370



Name: **A.M.L. A.M.L.**

Medicaid

Insurance No.

DOB:

**DOB**

Note ID#: 6873048

Date of Service: 7/12/2015

Staff: Williams, Barbara

Reco:

024

Page 2 of 2

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Barbara Williams

CSP

*Barbara Williams, MS, MHS*

7/18/2015

Signature/Credentials/Position:

Name: **A.M.L A.M.L**

Medicaid

Insurance No.

DOB

DOB

Note ID#: 6873144

Date of Service: 7/13/2015

Staff: Williams, Barbara

Record #: TCM1024

Page 1 of 2

Wright Directions Family Services, LLC  
TCM

Units Used: 2

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services60 s railroad ave  
ridgeland, SC 29936  
Charleston County  
Phone: 8436457700

Service: (T1016) TCM - no travel

Consumer: **A.M.L A.M.L A.M.L**

Date of Birth

DOB

Location: Home - 12

Record #: TCM1024

Medical

Insurance No.

Face To Face: No

Overall Affect: [REDACTED]

Date: 7/13/2015

Shift/Duration of Service: 11:30 AM - 12:00 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) [REDACTED]

Intervention/Activity  
(What you did)

Monitoring/Assessment: [REDACTED]

Effectiveness of  
Intervention/Activity

Support Team: The mother of the minor child finally got in touched with CM after much calling and texting to let her know that CM was here for the visit. Mom informed CM that she forgot about the visit and needed to reschedule. Mom was informed that the only time that CM has available is on Friday at 10:00 am. Mom stated that this is fine and that she will make sure that she is available for the visit.

Referral/Follow-up: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Name: **A.M.L. A.M.L.**  
Date of Service: 7/13/2015

Medical Insurance No.  
Staff: Williams, Barbara

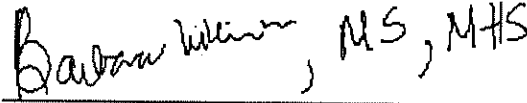
DOB: **DOB**  
Recd: **COM1024**  
Note ID#: 6873144

Page 2 of 2

Signature/Credentials/Position:

Barbara Williams

CSP



7/18/2015

Signature/Credentials/Position:

Name: **A.M.L A.M.L**

Medicaid

**Insurance No.**

DOB

**DOB**

Note ID#: 6878558

Date of Service: 7/17/2015

Staff: Williams, Barbara

Record #: TCM1024

Page 1 of 2

Wright Directions Family Services, LLC  
TCM

Units Used: 4

Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

60 s railroad ave

Service: (T1016) TCM - no travel

ridgeland, SC 29936

Charleston County

Phone: 8436457700

Consumer: **A.M.L A.M.L A.M.L**

Date of Birth

**DOB**

Location: Home - 12

Record #: TCM1024

Medicaid

**Insurance No.**

Face To Face: Yes

Overall Affect: 

Date: 7/17/2015

Shift/Duration of Service: 11:00 AM - 12:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of  
Contact

1) F

1) F

Intervention/Activity  
(What you did)

Monitoring/Assessment

Name: **A.M.L. A.M.L.**

Medicaid

Insurance No.

DOB

DOB

Note ID#: 6878558

Date of Service: 7/17/2015

Staff: Williams, Barbara

Record #: TCM1024

Page 2 of 2

## Effectiveness of Intervention/Activity

Support Team: The mother of the minor child spoke with CM on the progress the child is making at this time. Mom spoke to CM letting her know that she still seem to be having some issues with the child and telling truth and making appropriate decisions in all situations. [REDACTED]

Mom stated that they help out in the home when asked to do so, but she just wish when she ask if they did something that they will own up to it.

Mom stated that she is always getting on them about brushing their teeth daily. Mom stated that she has to ask them every morning if they brushed and especially at night, she stated that she try to tell them when they take their bath they should brush their teeth this way they want forget.

Referral/Follow-up [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Barbara Williams

CSP

*Barbara Williams, MS, MHS*

7/18/2015

Signature/Credentials/Position:

# EXHIBIT 5