



3801 North 88<sup>th</sup> Street Milwaukee, WI 53222 p 414.438.8580 f 414.466.0730

## Diagnostic Evaluation Center

### Comprehensive Report

The following assessments are included:

Psychological

Psychiatric

Chemical Abuse

Educational

Medical Health

An integrated summary is included to highlight the findings of the above assessments and clarify the individual and family needs to assist in future placements.

This report serves as the basis for the consultation meeting, March 22, 2007. The clinical team, caseworker, and family will discuss the results of the assessments, preliminary strategies and after care plan.

c h a n g i n g   h e a r t a c h e   t o   h o p e

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Residential Treatment • STAGES Stabilization Program • Therapeutic Day Education  
Family Reunification Program • Outpatient Mental Health Clinic • Nurturing Program • Respite Care



## Psychiatric Assessment

Name: Breanna [redacted]

Date of Birth: [redacted]

Date of Placement: January 31, 2007

Date of Assessment: February 1, 2007

Evaluated by: Anthony D. Meyer, MD

Breanna is a 14 ½-year-old girl who was referred here because of a chronic history of truancy from school. It began in the seventh grade because she was being teased, pushed, and physically harassed by her age mates with the accusation that she was dating her mother's boyfriend. She would then leave school to go home to be by herself or would go to a park. Since that time she's also been depressed. With the depression she has often cut herself on her left arm. She finds that when she's angry or down that this enables her to feel better. She has had suicidal thoughts but has never had any plan to kill herself. She also does not have any other means of self-soothing that help her feel better. Her major concern is that "my father has never been around." She longs for a relationship with him, but indeed has never had any substantive contact.

### Developmental History

Deferred

### Medical History

She is allergic to bleach and sulfa drugs. She had a broken nose from a playful activity. She has not had any operations. She had a head injury at age four but was not unconscious nor were there any sequelae. She had a fever of 105 with Scarlet Fever at age eight. Menarche was at eight years of age and, other than cramping, has had no problems with her cycle. She uses condoms and has never had any sexually transmitted diseases. At age 12 she was raped by a friend of the family.

### AODA

She states that since she was very young, age six, her grandfather would give her alcohol. Marijuana, however, has been used in the past two years. During the Christmas Holidays she overindulged in both marijuana and alcohol and was taken to the emergency room for alcohol poisoning. She had received a drinking

ticket in the past and did go through an alcohol program at that time. She states she has been clean for the last four weeks.

Educationally she does enjoy school and was formerly an A student. She would like to become a nurse one day and also get married and have a family.

She denies any phobic symptoms but does sense that she has mood swings and they are difficult to define. Her appetite has been good, however from August until December she lost over 30 lbs. because she was without an appetite. She did start eating again in December and now weighs 110 lbs.

#### **Mental Status Exam**

Breanna is a slender 14 ½-year-old girl who related with appropriate but dampened affect and maintained good eye contact. She was oriented to time, place, and person. Memory and intellect were intact with above average IQ as judged from her grammar and vocabulary. Judgment is swayed by her impulsivity. She denied any suicidal ideation though she admitted to a sad mood and at times in the interview when speaking of her father or the abuse by her peers, she became tearful. She does have difficulty falling asleep at night. She was recently started on Prozac 10 mg., but only recently began to take it. There was no evidence of any psychotic thinking, including delusions, hallucinations, flight of ideas. Thoughts were logically connected. There was no evidence of any homicidal thinking.

#### **Diagnosis**

Axis I	296.32 Major Depression possible Bi-Polar Disorder and a history of Poly-Substance Abuse
Axis II	None
Axis III	Allergy to bleach and Sulfa
Axis IV	Stress from peers
Axis V	45

Breanna has Major Depression which has been chronic and punctuated by cutting as an attempt to soothe herself. She has recently been started on 10mg of Prozac and it is too soon to tell its effect. Further diagnostic consideration needs to be given to possible Bi-Polar Disorder as well as her past history of substance abuse.

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Anthony D. Meyer, MD  
Child Adolescent Psychiatrist

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Date



## Psychological Assessment

Name: Breanna  
Date of Birth:   
Date of Placement: January 31, 2007  
Dates of Evaluation: February 2, 2007 & February 23, 2007

Age: 14-7

Evaluated by: Terri L. Jashinsky, M.S. and Deborah E. Renard, Ph.D., C.R.C.

### Sources of Information

Beck Youth Inventories for Children and Adolescents (BYI)  
Adolescent Anger Rating Scale (AARS)  
Trauma and Attachment Belief Scale (TABS)  
Achenbach Semi-structured Clinical Interview for Children and Adolescents (SCICA)  
Youth Self-Report (YSR)  
Child Behavior Checklist (CBCL) completed by St. Rose staff member  
Resiliency Scales for Adolescents (RS)  
St. Rose Youth & Family Center, Inc. admission and weekly progress reports  
Evaluator Observations  
Reports from Child Welfare workers, Rogers Memorial Hospital, and police/court

### Reason for Evaluation

Breanna is a 14-year-old, Caucasian female who was admitted as a residential participant of the Diagnostic Evaluation Center at St. Rose Youth and Family Center (Milwaukee, WI) on 01/31/07 for diagnostic evaluation and assessment. Chronic truancy was a primary issue leading to this referral. On 02/02/07, Breanna was seen in the Diagnostic Evaluation Center in order to assess her mental health/functioning and to provide specific recommendations to inform treatment planning and service provision. A follow-up interview was held on 02/23/07 to clarify some remaining concerns and to observe any changes since her initial assessment.

### Observations

Breanna was pleasant and cooperative throughout the session, and she was lucid and coherent. Breanna appeared nervous at the start of the session, but she relaxed

and appeared calm as the session progressed. Breanna appeared older than her stated age. She was dressed appropriately for her age, the weather, and the situation. Breanna displayed good hygiene; she was clean and well-groomed. Breanna's affect was mood congruent; she displayed appropriate range in affect. She became tearful several times when discussing her family. Breanna noted during the initial interview that she had never been this far from home before, and although "I know I need to do it," she was feeling rather homesick. By the second interview, she seemed more comfortable in the St. Rose environment and had been in frequent contact with family members by phone and visits.

Breanna responded well to the formal evaluation process. She responded to every item and gave good effort, without complaint. Her responses appeared to be honest indicators of the thoughts, feelings, and behaviors, and there is no evidence that she may have been trying to present herself as functioning better or worse than is actually the case. Her responses to all self-report instruments, both paper-and-pencil and interview-based assessment) are considered valid and interpretable.

#### **Evaluation Findings**

Breanna completed the Beck Youth Inventories for Children and Adolescents (BYI), which comprises self-report measures of Self-Concept (BSCI-Y), Anxiety (BAI-Y), Depression (BDI-Y), Anger (BANI-Y), and Disruptive Behavior (BDBI-Y). Breanna's responses suggest possible mild problems with depressive symptoms and disruptive behavior. Results of the BYI are consistent with what was observed and expressed by Breanna during the interview: mild depressive symptomology and behavior problems related to social interactions with peers and adults, truancy at school, and expressions of depressed thoughts and feelings. Critical items indicate trouble sleeping and the view that "life will be bad," which is consistent with Breanna's report and current situation; Breanna indicated difficulty sleeping since being away from home.

The Adolescent Anger Rating Scale (AARS) is a self-report measure that is designed to identify the mode(s) of anger expression and anger control that are most typical for the respondent. Scoring of the measure indicates a valid profile. Her Total Anger score fell into the Average range, which is consistent with her available history, caregiver reports, and evaluator observations. Breanna's scores on the Instrumental Anger (e.g. premeditated thoughts, acts of revenge) and the Reactive Anger (impulsive, unplanned responses to events perceived as negative) were in the Average range. Her ability to appropriately manage anger feelings when they arise is also within the Average range, as indicated by the Anger Control scale. Overall, Breanna's performance on the AARS indicates average functioning with respect to anger triggers and behavior control, which is consistent with other resources and accounts of her behavior.

Breanna completed the Trauma and Attachment Belief Scale (TABS). The TABS is a self-report measure that is designed to capture the persistent residue of past trauma and/or disturbed attachment experiences by highlighting beliefs (schemas) about self and others along dimensions of safety, trust, esteem, intimacy, and control. Her responses yielded a valid profile. Breanna's responses fell within the Average range on eight of the ten scales. Her High Average responses on the Self-Intimacy scale may indicate possible feelings of disconnection from her own experiences and/or a sense of not knowing the "real me." Elevations on the Self-Intimacy scale are common among individuals who have experienced sexual violation. On the Other Safety scale, Breanna's responses were in the Low range; her responses suggest that she may believe that cherished others in her life are safe from harm. Low range responses on the scale may suggest that Breanna is more trusting than average and may demonstrate vulnerability in relationships with others. Her scores on the TABS are consistent with both her presenting behavior and her history. Given Breanna's history, these results seem to indicate that she has managed traumatic experiences with resilience, and she has a healthy overall view the world around her.

Breanna was administered the Achenbach Semi-structured Clinical Interview for Children and Adolescents (SCICA) in order to obtain an overview of her psychosocial functioning. As recommended by Achenbach, a self-report (YSR) and a structured report of caregiver observations (CBCL, completed by residential unit staff) were obtained in conjunction with the administration of the SCICA. Diagnostically significant elevations were obtained on the Anxious/Depressed and Aggressive/Rule-Breaking scales. Other scales were in the Average range. These results are consistent with Breanna's presentation and history of depressive symptoms, truancy, substance use, and disobeying rules. Breanna's responses on the YSR indicate a total score in the Normal range. All sub-scales within the YSR were in the Normal range, with the exception of the Rule-Breaking Behavior scale, which was in the Clinical range. This is consistent with results of the clinical interview and chart information, given Breanna's history of truancy from school and substance use. The CBCL was completed by a St. Rose staff member. The Total score for the measure was in the Normal range. All scales within the CBCL were in the Normal range, with the exception of the Withdrawn/Depressed scale, which was in the Clinical range. Responses on these items indicate elevated levels of isolation, withdrawal, and shyness. These results are consistent with staff reports that indicated Breanna's quiet, timid demeanor, particularly during her first few days at St. Rose Youth & Family Center, Inc.

Breanna completed the Resiliency Scales, which are designed to measure the ability to endure adversity or to bounce back from a negative experience by assessing the personal attributes of the respondent. Breanna's responses indicated that Breanna

was in the Average range for all scales, other than the Recovery scale in which she was in the Below Average response range. The Recovery scale measures how well and how soon an individual recovers from strong emotion and being very upset. Breanna's Below Average responses on the Recovery scale suggest a relative strength in this area.

Breanna's responses during the interview indicated that Breanna is an intelligent, insightful, mildly depressed adolescent female. History and clinical interview suggest that Breanna is living in an environment where she defies rules, and where roles and expectations of family members are ambiguous. She describes her relationship with her mother as close, mostly supportive, but at times conflicted. She described her mother's live-in boyfriend as "like a big kid," and her grandmother was described in ways that conveyed respect, especially for her grandmother's patience with the rest of the family. Peer relationships have been problematic for Breanna. Except for one "good friend," age-peers at school treat her badly, which contributes to her truancy, and older peers have been her companions in risky behaviors including recreational use of multiple drugs and alcohol. Breanna accounts for her chronic truancy in terms of avoiding consistent harassment and occasional violence from peers, being too far behind to understand many of the daily assignments, and becoming habitual ("I wish it wasn't so easy for me to just not go to school now"). Breanna expressed motivation to change her current behaviors, affect, and academic and home situations.

### Diagnostic Impressions

Breanna is a 14-year-old, Caucasian female who has been in the DEC program at St. Rose Youth and Family Center since 01/31/2007. She is currently taking the SSRI fluoxetine (10mg) daily for depression. Documented health concerns include acne, a skin fungus on her back, and allergies to sulfa drugs and bleach. No other health issues were reported at this time. She was evaluated by this writer, Terri L. Jashinsky, M.S. and Deborah E. Renard, Ph.D., C.R.C., on February 2, 2007 at St. Rose in the DEC; evaluation inputs included the above-named self-and other-report instruments, a clinical interview, staff notes, and review of other available records.

One of the most striking impressions was the difference between Breanna's presentation at this point in time, compared with her reported psychological status during a brief in-patient stay at Rogers Memorial Hospital in November 2006. It should be noted that Breanna described a time of frequent polysubstance abuse and risky behaviors, from about August 2006 until her medical hospitalization for alcohol toxicity on 12/21/2006.

Breanna's description of her alcohol use history included initial use at about age 6 and consistent (daily) use from the time of the sexual assault at age 11 until



December 2006. She said her period of heaviest use was between August and December 2006, and her descriptions of the days after her hospitalization would be consistent with alcohol withdrawal syndrome. She reports that she has not consumed alcohol or any other recreational drugs since 12/21/2006. Breanna also described repeated use of cannabis and anti-tussive drugs (DMX, aka "skittles") during that same period of time, and her patterns would be consistent with the criteria for polysubstance abuse. It should be noted that she has been in controlled environments since mid-January 2007.

Several items from the November 2006 psychological reports from Breanna's brief psychiatric hospitalization are discrepant with observations by this evaluation team. First, Breanna has not currently presented any signs or symptoms of Post-Traumatic Stress Disorder (PTSD), which had been previously diagnosed. Second, evidence regarding possible eating disturbance or disorder is mixed. Although Breanna has denied any current or past history of restrictive eating, self-induced vomiting, or over-concern about weight and weight gain, she has admitted to these behaviors in the past, and current staff have some concerns in this area. On-going monitoring would be appropriate. Finally, these writers did not find any reports of manic behaviors except in the context of Breanna's heaviest polysubstance abuse (per her reports). From the information at hand, it seems more likely that her impulsive, high-risk behaviors are related to drug use. We have requested reconsideration of bipolar disorder as a formal diagnosis.

Based on the Psychiatric Assessment by Anthony D. Meyer, M.D., dated 02/01/07, diagnostic impressions are as follows:

Axis I:	Major Depression Possible Bipolar Disorder History of Poly-substance abuse
Axis II:	None
Axis III:	Allergy to bleach and Sulfa
Axis IV:	Stress from peers
Axis V:	Current GAF – 45

Breanna's strengths and assets include good insight related to her need for treatment, her awareness of how her behavior has affected others, and her desire for change. She expresses motivation to succeed academically and attend college, and she came to her career goal of nursing, not thoughtlessly but through a guided career exploration experience. It is impressive that she has remained grade level academic achievement despite significant truancy history. Breanna has consistently expressed a desire to decrease or stop drinking since hospitalization in December 2006. She has been able to maintain cessation of cigarette smoking while in the St.

Rose program, and she has expressed a desire to quit smoking altogether. Breanna has had a remarkable response to structure of St. Rose environment including good school performance, improved mood, affect, and overall psychological functioning, and peer interactions. Personnel on the residential unit and on the assessment team have found her to be a pleasant person to interact with. Breanna's own sense of her strengths includes the following: kind, generous, caring, understanding, and optimism ("seeing the positive side of everything").

### Summary

Breanna was pleasant and cooperative during two face-to-face sessions, and her mood was notably improved between the first and second interview sessions (a three-week interval). Breanna attributed her improvement to the anti-depressant medications taking effect and to becoming more comfortable at St. Rose. Results of the formal evaluation process were consistent with both observations and staff reports. Currently-mild depressive symptoms and rule-breaking behaviors (e.g., truancy and alcohol/drug use) are the consistent issues of greatest concern. By the objective measures, Breanna's scores on the Resilience Scales were average; however, recent problems, especially chronic truancy, substance use, and other risky behaviors, indicate current coping difficulties.

Her responses to her drug-related hospitalization in December 2006 and her subsequent admission to St. Rose appear to have led her to perceive the seriousness of her situation and a current window of opportunity to make importance changes. She expressed a genuine desire to stop dangerous drug/alcohol use. Regarding her school truancy, she expressed a strong desire to graduate "on time" [for her age] and go on for further training in nursing. However, she perceives difficulty in returning to regular school programming, and an alternative school placement is likely to be more successful for her. Breanna's home setting apparently presents both strengths and challenges for her. Among the challenges are structures and relationship patterns in which her truancy and social choices have gotten out of control; parent-child roles and expectations are unclear. Strengths in the home setting include Breanna's expressed love and respect for her mother, her remorse for "all I've put my mom through," and a strong desire to return home. Breanna seems motivated to try to improve her situation at home, and she mentioned that she thought it would be good to have a family therapist work with them in the home.

### Recommendations

1. It is recommended that in-home family therapy be provided to Breanna and her family members who are living in the home, including Breanna, her mother, her mother's boyfriend, and her maternal grandmother. Areas of family functioning that might be the focus of intervention to strengthen the family include: establishment of clear rules with predictable enforcement, reliable and

appropriate rewards/consequences, appropriate defined roles and responsibilities for each member of the family, consistency and congruence in parenting decisions, maintenance of healthy boundaries, effective communication and problem-solving, and re-building trust between Breanna and her mother.

2. Breanna would benefit from AODA treatment to maintain her abstinence.
3. Breanna needs to continue her education in a suitable environment.
4. Breanna may benefit from enhanced interactions with peers in healthy, age-appropriate social activities. It is recommended that she become involved in activities to encourage social interaction and improve social skills, especially regarding appropriate relationships with male and females of her own age.
5. Breanna will need some constructive outlets for her time and energy. She should be encouraged to pursue her interests in music and writing, as well as to explore new hobbies or otherwise constructive ways of building skills, using her creativity, and enhancing her sense of her own unique worth.

\*Additional recommendations are incorporated in the DEC integrative report.

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Terri L. Jashinsky, M.S.

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Date

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Deborah E. Renard, Ph.D., C.R.C..

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Date



## Medical Health Assessment

Name: Breanna [redacted]

Date of Birth: [redacted]

Date of Placement: January 31, 2007

Date of Report: March 2, 2007

Evaluated by: Maureen Mulcahy, RN, BSN

Allergies: Sulfa Drugs, bleach

### Medications

<u>Medication/ Indication</u>	<u>Dosage &amp; Frequency</u>	<u>Prescribing M.D.</u>
Prozac/ depression	10 mg. @ 8AM	Dr. Anthony Meyer
Lotrimin/ fungal infection	Apply to chest BID x 14d	Dr. Melissa Newhall
Benzyl Peroxide/ acne	Apply to affected areas PRN	"

### Doctor Appointments

<u>Doctor/ Specialty/ Address</u>	<u>Last Exam</u>	<u>Next Required Exam</u>
Anthony Meyer, M.D./ Psychiatrist 1220 Dewey Avenue Wauwatosa, WI 53213 414-454-6609	2-15-07	1 month
Dr. Melissa Newhall/ Family Practice Advanced HealthCare- Brookfield 13850 W. Capitol Drive Brookfield, WI 53005 262-790-1118	2-16-07	2-08
Dr. Neil Peterson/ DDS 5019 W. North Avenue Milwaukee, WI 53208 414-445-6500	Scheduled 3-5-07	
Eye Care Vision 8201 W. Capitol Dr. Milwaukee, WI 53222 414-527-1697	2-23-07 no RX	2-08

### Nursing History & Assessment

Breanna was very engaging with this writer throughout the interview. She asked pertinent questions and shared information with relative ease. Physical exam with Dr. Newhall revealed a healthy and petite 14 year-old. Lab tests including a CBC, chemistry panel, TSH and Urinalysis were obtained. All results were within normal parameters. In addition an STD screen was performed and results were negative. Outstanding health concerns included mild acne and a mild fungal condition on her upper chest and back. She was prescribed Lotrisone Cream twice daily for 2 weeks to clear the fungal infection and daily benzyl peroxide scrub will be used as needed to assist with the acne.

Nursing history was significant for exercise- induced asthma that has not required the use of an inhaler in over 3 years. Maternal grandmother has diabetes and biological mother had gestational diabetes while pregnant with Breanna. Lifestyle concerns include tobacco use of ½ ppd for 5 years. She has reduced that significantly since being placed at St. Rose. While on her last day pass, she was proud to report only smoking 2 cigarettes. She does not feel that she needs to use any cessation products at this time and has plans to completely quit.

Alcohol and drug use has been a very severe problem for Breanna. She reports not using any ETOH or THC since she had been hospitalized for alcohol toxicity in December '06. Prior to the hospital stay, Breanna verbalized drinking hard liquor on a daily basis. She would drink to get drunk and would have blackout episodes. In addition, she states that she used marijuana once per week with friends since 7<sup>th</sup> grade. High-risk behaviors are evident while under the influence as Breanna reports engaging in sexual activity while under the influence. She reports having 3 different partners and only sometimes used a condom. This writer counseled and educated Breanna regarding the need for protection if she is going to be sexually active due to the possibility of STD's and pregnancy. Abstinence was encouraged and emphasized.

Health assessment reveals a petite but proportionate adolescent female with a BMI of 20.8 placing her in the healthy weight range. Breanna reports a past history of anorexia that she received outpatient counseling. She frequently skips meals especially breakfast and lunch and typically only eats dinner that grandmother prepares. She denies purging or binge eating. Since placement, she eats portions of everything served and drinks plenty of water and milk at each meal. She denies any problems with elimination. Vital signs were within normal limits. Menarche was at age 8 and menses are heavy lasting 7-8 days and irregular. This writer encouraged Breanna to open discussion with her mother regarding the possible use of OCP to assist with regulating her periods. She was also counseled that if utilized, she should not use tobacco due to increased risks/potential for side

effects. She denies hearing or vision problems and reports no auditory or visual hallucinations.

Current psychotropic medication includes Prozac (Fluoxetine Hcl) 10 mg @ 8AM for depression. Dr. Meyer prescribes and monitors the use of this medication while at St. Rose. Peer interactions at school cause Breanna a lot of stress. She enjoys the schoolwork, but has many difficulties with peers. She reports that her truancy and alcohol/ THC abuse relate to the school problems. She believes that if she was in a smaller school setting that this would help. She feels that the Prozac has assisted with her depression.

Immunizations are up to date. She recently received a tetanus booster with the acellular pertussis component as well as a Meningitis vaccine. Recent tuberculin skin testing was negative. Dr. Newhall recommended the HPV vaccine series as well. Breanna should discuss this with her mother, as it is unclear if her current medical insurance will cover the expense.

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Maureen Mulcahy, RN, BSN  
Nurse Consultant

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Date



## Chemical Use Assessment

Name: Breanna  
Date of Birth:   
Date of Placement: January 31, 2007  
Date of Assessment: February 6, 2007

Evaluated by: Liz Klahr, CADCIH

### Methods of Assessment

Interview, collateral contacts with unit staff, and Director of Residential Treatment, review of available reports.

### Reason for Referral

Breanna was referred by Washington County Human Services due to a history of alcohol and marijuana use. Breanna also has a history of truancy which has resulted in legal action against her. Breanna has a history of depression, and substance abuse within her immediate family. Breanna was hospitalized for alcohol poisoning in December of 06. Based on the above information, Breanna is at high risk of developing substance abuse and dependence issues.

### Patterns of Use

Breanna is a fourteen year old Caucasian female who has been in placement at St. Rose since 1-31-07. She presented as friendly and cooperative, and was willing to share her history of alcohol and drug use. Breanna maintained appropriate eye contact throughout the interview, and was oriented to time, place and person. She did not display any obvious signs of anxiety or depression.

Breanna reports a significant history of alcohol and marijuana use which has intensified in the last year. She denies any use of cocaine, inhalants, amphetamines, or hallucinogens. Breanna reports her first use of alcohol at the age of nine at which time she took a beer from the refrigerator during a party. She states she drank the beer quickly, and then proceeded to take two more and drink them. She states she felt somewhat intoxicated and quickly fell asleep. Breanna states she did not drink again until the age of twelve at which time she began to associate with an older peer group. At this time she began to go to parties where alcohol was available, and she admits she felt pressure to drink. Breanna also states the alcohol relaxed her and made her feel more confident especially with the opposite sex. Breanna admits to drinking quite heavily, consuming several shots,

Breanna

2-06-07

and four to five beers in a short time period. Breanna reports drinking alcohol with the intention of becoming intoxicated, and admits to vomiting and blacking out on several occasions. Breanna states her use quickly escalated to an every weekend habit, drinking to the point of intoxication both Friday and Saturday night. She attributes the increase in use to her dysfunctional family situation, the death of her grandmother, and later in the interview divulged she had been raped by a family friend at the age of eleven. She admitted the alcohol helped her to forget the painful feelings she was experiencing. Breanna does admit to being embarrassed by her behavior while under the influence, but would not share any details. Breanna does admit to increased tolerance; however it is uncertain whether or not she fully understood the meaning of the term. She also states she has experienced cravings, and feelings of preoccupation, and believes she experienced withdrawal symptoms while in the hospital for alcohol poisoning in December of 06. Breanna reports this was her last use of alcohol as the incident frightened her and made her realize her use was out of control.

Breanna reports a less significant use of marijuana beginning at the age of thirteen. As with alcohol, she attributes her use to associating with an older peer group, and used marijuana for the first time at the party she became intoxicated at. Breanna states she had been drinking when someone offered her marijuana. Due to the fact she was intoxicated and determined to impress her peers, she accepted the marijuana pipe. Breanna states she went on to smoke two "bowls" of marijuana and became very high. She describes the feeling as unpleasant, and did not like the fact her vision was blurred and she felt the room was spinning. Breanna states she felt out of control and did not feel the experience was a positive one. Breanna states she did use marijuana approximately one week later, but states she did not smoke as much as the previous time, nor was she intoxicated at the time. She describes feeling relaxed and as with alcohol, felt less stressed. Breanna states she would smoke marijuana approximately once a month provided she had the money to pay for it. Breanna does not feel marijuana is her drug of choice, and feels she has control of her use. Breanna denies craving or feelings of preoccupation, increased tolerance or symptoms of withdrawal. She reports her last use as December of 06.

### Family History

Breanna reports a fairly stable childhood up until the time she was raped by a family friend. She states everything began to spiral out of control and she was able to acknowledge the rape as a contributing factor to her substance abuse. Breanna reports a very close relationship with her mother, but states her father has never really been part of her life. She also reports her father has been in and out of jail, and has substance dependence issues. Breanna reports a close relationship



Breanna  
2-06-07

with her mother's boyfriend, and states he is the father figure in her life. With the exception of her father, Breanna denies there are substance abuse and/or dependence issues within her immediate family.

### **Legal History**

Breanna reports a significant legal history involving one ticket for underage drinking and several tickets for truancy. She states she is on probation for truancy at this time. Breanna states she was truant from school because she did not like her peers, and had a difficult time getting along with them. She denies she would skip school to use drugs or alcohol. Breanna admits to being worried about her legal problems, and is motivated to resolve them.

### **Strengths/Assets**

Breanna is a bright and pleasant individual who likes to play volleyball and go shopping. She would like to graduate from high school and attend college with the goal of attaining a nursing degree.

### **Signs and Symptoms**

It is clear Breanna has had a significant history of alcohol and marijuana use which has caused her problems with school, family and the legal system. Breanna acknowledges these substances, particularly alcohol, have caused her life to spiral out of control. Breanna admits that up until the incident of which she was hospitalized for alcohol poisoning she did not realize she had lost control of her use. She states the incident scared her enough to make the decision to abstain from all substances. Breanna admits that one month prior to the hospitalization, she was drinking to the point of intoxication on a daily basis, and it was not uncommon for her to vomit or black out. She also admits to being embarrassed by her behavior while under the influence, and feels ashamed by some of her actions. Breanna also acknowledges she would place herself in high risk situation such as having sex with individuals she did not know. Breanna admits that her behavior while under the influence contributed to the feelings of low self worth she was already experiencing, which in turn compelled her to use more to avoid her feelings of shame. Breanna fully acknowledges she was using alcohol and marijuana to cope with painful feelings, particularly the sexual assault, and the death of her grandmother. Breanna states the alcohol became a crutch to deal with daily life; however she did not realize how dependent she was on the substance both physically and emotionally, until she was hospitalized and went through withdrawal. Breanna does not believe her marijuana use was out of control, and she states she has never had a problem abstaining from the substance. She does acknowledge though she must abstain from all substances as they all diminish her ability to make good choices. Breanna is also aware she is at higher risk of substance abuse and dependence as there is positive family history. As mentioned

Breanna

2-06-07

previously Breanna admits to increased tolerance, cravings, feelings of preoccupation and symptoms of withdrawal from alcohol. She denies experiencing any of the above to marijuana.

### Summary and Recommendations

Based on the above information, it is clear Breanna meets diagnostic criteria for alcohol dependence and cannabis abuse. Alcohol dependence is evidenced by the fact Breanna has experienced increased tolerance, requiring more alcohol to achieve the desired effect, and the fact she has experienced withdrawal symptoms i.e. shakes and tremors several days during and after the hospitalization. Breanna has also continued to use alcohol despite problems associated with her use such as family problems and chronic truancy. Cannabis abuse is evidenced by the fact she has continued to use this substance despite tension between Breanna and her mother regarding her use, and the fact her use has diminished her motivation to attend school. It is recommended that Breanna receive education regarding substance abuse/dependence through participation in individual and/or group sessions. Individual and group sessions will provide Breanna with a safe place to share her feelings and help her process how drugs and alcohol became a coping mechanism to deal with painful feelings. Group sessions will also enable Breanna to hear how her peers deal with their own substance abuse issues, and will give her the chance to receive feedback from peers. Breanna will also be an asset to the group as she readily admits her use is out of control, and acknowledges she must abstain to lead a productive life. It would also be recommended for Breanna to receive therapy to deal with her feelings surrounding the sexual assault as she admits alcohol and drugs were used to self medicate her feelings regarding this issue. Lastly, it is recommended that urine screens be conducted following home passes to monitor any use, and to give Breanna additional motivation to remain abstinent. Additional treatment may be recommended if further issues present themselves.

Liz Klahr CADCI III

Liz Klahr, CADCI III

Substance Abuse Counselor

2-10-07

Date



## Integrated Summary

Name: Breanna  
Date of Birth:   
Date of Placement: January 31, 2007  
Dates of Evaluation: February 1, 2, 6, 23 & March 2, 2007

### Areas of Assessment:

Psychiatric Assessment (Meyer, 2/1/07)  
Medical Health Assessment (Mulcahy, 3/2/07)  
Chemical Use Assessment (Klahr, 2/6/07)  
~~Educational Assessment (Bradke & Goyette, 3/2/07)~~  
Psychological Assessment (Jashinsky & Renard, 3/19/07)

### Other Information Sources:

Behavioral Observations from St. Rose residential staff  
Referral materials, including past psychosocial evaluations and court records

### Reason for Evaluation

Breanna is a 14-year-old, Caucasian female who was admitted as a residential participant of the Diagnostic Evaluation Center at St. Rose Youth and Family Center (Milwaukee, WI) on 1/31/07. Chronic truancy and recent hospitalization for alcohol toxicity were primary issues leading to this referral from Washington County (WI) Human Services. Breanna was evaluated in the Diagnostic Evaluation Center in order to assess her current status and to provide specific recommendations to inform treatment planning and service provision. The treatment planning meeting of the Diagnostic Evaluation Center staff, Breanna's involved family members, and other service providers is scheduled for March 22, 2007.

### Summary of Observations by Evaluators

Initially apprehensive about being away from home and meeting with multiple evaluators, Breanna has adapted rather well to the residential setting as the evaluation period has progressed. She responded well to the formal evaluation process, and her presentation was consistent across evaluators. Breanna was lucid, coherent, and fully oriented during the multiple assessments, and she impressed the evaluators as a bright, personable individual. She displayed appropriate dress and good hygiene, and she was pleasant and cooperative in her interactions with all formal evaluators. Evaluators indicated that she seemed to respond in a forthright manner, other than maintaining a degree of guardedness about details of her

involvement with adult males, including her mother's live-in boyfriend. She gave good effort to most tasks, although she exhibited less confidence and engagement in some academic tasks.

Breanna's affect was typically reported as congruent with her mood and the topics under discussion. In general, she displayed an appropriate range of affect, and she did not appear unusually anxious or depressed. She tended to become tearful when discussing her maternal family. She expressed some anger regarding her perception that her father has not had much involvement in her life; when discussing maltreatment from age-peers at school, a mixture of anger and sadness was noted. She generally displayed a calm demeanor during the formal evaluation sessions. However, residential staff observations indicate frequent, intense episodes in which Breanna becomes "upset" (raising her voice and crying, usually in relation to phone calls or home-pass arrangements).

In the formal evaluation sessions, Breanna's descriptions of her thoughts, feelings, perceptions, and behaviors were viewed as fairly insightful. She conveyed motivation for positive change at this crossroad in her life. Currently-mild depressive symptoms and rule-breaking behaviors (e.g., truancy and alcohol/drug use) are the consistent issues of greatest concern. Structured support in her living environment is seen as a key ingredient in facilitating her success in school, her abstinence from alcohol and substance abuse, and stabilization of her mental health and behavioral issues.

#### Summary of Evaluation Findings

A *Psychiatric Assessment* was by conducted by Dr. Anthony D. Meyer on 2/1/07, and he has monitored Breanna's case throughout her stay at St. Rose. Concerns include continuing problems sleeping, as well as her history of substance abuse, self-soothing via cutting her left arm, and significant weight loss due to loss of appetite. His DSM-IV-TR diagnosis is:

Axis I	296.32 Major Depression (chronic) History of Poly-Substance Abuse
Axis II	None
Axis III	Allergy to bleach and sulfa drugs
Axis IV	Stress from peers
Axis V	45

Dr. Meyer's initial evaluation recommended further assessments regarding substance abuse and to rule out Bi-Polar Mood Disorder, both of which have been completed. Ongoing and consistent use of anti-depressant medication (Prozac 10mg

daily) was recommended and has been in place for about 6-8 weeks at the time of this report. It is expected that an update will be available at the DEC team meeting on 3/22/07.

A *Psychological Assessment* was completed by Terri Jashinsky, MS, & Deborah Renard, PhD on 3/19/07. Brianna completed a number of instruments and a clinical interview that indicate strengths and areas of concern regarding a broad range of behaviors, emotional functioning, beliefs about self and world, trauma and attachment, psychosocial history, situational stressors, and resilience. This assessment was also informed by residential staff observations and file review of referral materials.

Results of the formal evaluation process were consistent with other observations and staff reports. On the objective measures, Breanna's responses were, for the most part, not clinically significant. Her responses were indicative of mild depressive symptomology (e.g., depressed thoughts and feelings, some social withdrawal, difficulty sleeping). Breanna's mood was notably improved between the first and second interview sessions (a three-week interval). Breanna attributed her improvement to the anti-depressant medications taking effect and to becoming more comfortable at St. Rose. Testing results also indicated behavior problems related to social interactions with peers and adults, school truancy, and rule-breaking (e.g., alcohol, tobacco, and drug use). Breanna may have a tendency to be more trusting than average and thus may demonstrate vulnerability in relationships with others. In addition to the stress from peers noted by Dr. Meyer as a psychosocial stressor (Axis IV diagnosis), the psychology team noted parent-child relational problems and academic problems as significant stressors. On the whole, given Breanna's history, the results seem to indicate that she has managed traumatic experiences with resilience, and she has an average (healthy) view of herself and the world around her.

Several items from the November 2006 psychological reports from Breanna's brief psychiatric partial hospitalization at Rogers Memorial Hospital are discrepant with observations by this evaluation team. First, Breanna has not currently presented any signs or symptoms of Post-Traumatic Stress Disorder (PTSD), which had been previously diagnosed. Second, evidence regarding possible eating disturbance or disorder is mixed. Although Breanna has denied any current or past history of restrictive eating, self-induced vomiting, or over-concern about weight and weight gain, she has admitted to these behaviors in the past, and current staff have some concerns in this area. On-going monitoring would be appropriate. Finally, Breanna described a period of heavy polysubstance abuse from about August 2006 until her medical hospitalization for alcohol toxicity on 12/21/2006. Reports of impulsivity, poor judgement, risky behaviors, and other manic-like symptoms seem to be limited

to the timeframe that corresponds with her heaviest period of substance abuse. Based on the information available, her impulsive, high-risk behaviors can be accounted for by intoxication during recreational drug use.

A significant event in Breanna's history was a sexual assault by a family friend when she was 11 years old. A number of problematic concerns have arisen since that event, and the timing seems particularly linked to the emergence of her depressive symptoms, drinking, and school problems. Other instances of inappropriate sexual encounters have been documented. On-going concerns include Breanna's recent history of high-risk behaviors while under intoxicated, her sense of age- and relationship-appropriate boundaries, and her overall healthy development in the arenas of sexuality and relationship.

Breanna's history and clinical interview suggest that Breanna is living in an environment where she defies rules, and where roles and expectations of family members are ambiguous. She describes her relationship with her mother as close, mostly supportive, but at times conflicted. She described her mother's live-in boyfriend as "like a big kid," and several observers have concerns about the appropriateness of the interactions between him and Breanna. Her maternal grandmother was described in ways that conveyed respect, especially for her grandmother's patience with the rest of the family. However, Breanna did not convey the impression that her grandmother exercises strong social control within the household.

Breanna's home setting apparently presents both strengths and challenges for her. Among the challenges are structures and relationship patterns in which her truancy and social choices have gotten out of control. Parent-child roles and expectations are unclear. Strengths in the home setting include Breanna's expressed love and respect for her mother, her remorse for "all I've put my mom through," and a strong desire to return home. Breanna seems motivated to try to improve her situation at home, and she mentioned that she thought it would be good to have a family therapist work with them in the home.

Peer relationships have been problematic for Breanna. Except for one long-time "good friend," age-peers at school have treated her so meanly that she has avoided school attendance, and older peers have been her companions in risky behaviors including recreational use of multiple drugs and alcohol. She complained about "not knowing anyone" in her community school, and she reportedly has kept to herself more than reaching out to connect with peers in the St. Rose residential and school programs. She seems to be more comfortable with adults than with age-peers or younger children.

Breanna's strengths and assets include good insight related to her need for treatment, her awareness of how her behavior has affected others, and her desire for change. She expresses motivation to succeed academically and attend college, and she came to her career goal of nursing, not thoughtlessly but through a guided career exploration experience. It is impressive that she has remained grade level academic achievement despite significant truancy history. Breanna has consistently expressed a desire to decrease or stop drinking since her emergency hospitalization in December 2006. She has expressed the intent to quit smoking altogether. Breanna has had a remarkable response to structure of St. Rose environment including good school performance, improved mood, affect, and overall psychological functioning, and peer interactions. Personnel on the residential unit and on the assessment team have found her to be a pleasant person to interact with. Breanna's own sense of her strengths included kindness, generosity, caring, understanding, and optimism ("seeing the positive side of everything"). Breanna expressed strong motivation to change her current behaviors, affect, and academic and home situations.

*A Medical Health Assessment* was conducted by Maureen Mulcahy, RN, BSN on 3/2/07. According to Breanna's recent physical exam by Melissa Newhall, MD, Breanna is in good health, with no problems indicated by her recent lab testing and STD screening. It was noted that Breanna has had exercise-induced asthma in the past, but she has not required the use of an inhaler for over three years. A family history of diabetes was noted. In addition to the anti-depressant medication prescribed by Dr. Meyer (Prozac 10mg/daily), Dr. Newhall prescribed two topical medications: one for mild acne (Benzyl Peroxide, applied to affected areas as needed) and the other for a mild fungal condition on her chest and back (Lotrimin, applied to affected areas twice daily for 14 days). A vision examination on 2/23/07 indicated that Breanna does not need glasses at this time. An update from a scheduled dental examination is expected to be available at the DEC team meeting on 3/22/07.

Significant health concerns include tobacco use, unprotected sexual encounters, severely problematic alcohol and drug use, a history of anorexia with significant weight loss, irregular and heavy menses, and situational stressors, especially at school. Education and some discussion regarding these issues occurred as part of the medical health assessment. On-going needs are reflected in the summary recommendations at the end of this report.

*A Chemical Use Assessment* was conducted by Liz Klahr, CADCIIL, on 2/6/07. Breanna's history of alcohol and marijuana use goes back a number of years, with increasing frequency of use after a sexual assault when she was 11 years old and

escalating further in the latter 3-4 months of 2006. Breanna's patterns of somewhat regular marijuana use, contributing to conflicts with her mother, meet the criteria for cannabis abuse. Breanna's daily drinking patterns meet the criteria for alcohol dependence, with tolerance increasing over time, multiple instances of vomiting and blackouts, withdrawal symptoms after abstinence, and significant interpersonal, social, educational, and legal problems associated with her drinking.

Interestingly, when talking with the alcohol and other drug (AODA) specialist on the evaluation team, Breanna apparently did not discuss her concurrent abuse of "skittles" (Dextromethorphan or DXM, an over-the-counter cough suppressant that can lead to euphoria and visual and auditory hallucinations when taken in high doses). She did discuss this drug and its part in her polysubstance abuse with some of the other evaluators and with past service providers. Breanna expressed the belief that the combination of substances, in out-of-control amounts, led to impulsive and risky behaviors that she later regretted.

A number of factors were identified in association with Breanna's AODA issues. Her father reportedly has had problems with substance dependence, which may increase her risk for abuse or dependence. The use of alcohol, especially, has been described as providing relief from the bad feelings that arose after sexual assault and the death of her grandmother. Other feelings described in connection with her reasons for using include shame, embarrassment, low self-worth, grief, boredom, relaxation, and social needs. Her heaviest use of multiple substances occurred in the context of socializing almost exclusively with a group of young adults who were quite a bit older than Breanna.

On 12/21/06 Breanna was reportedly taken to the hospital for emergency treatment for alcohol poisoning (no hospital records of her blood alcohol level or specific findings and treatments were available for review). This incident shook Breanna to the point of recognizing that her drinking and drug use had become serious problems, and she has continued to express strong motivation to change by abstaining from drugs and alcohol. Early in the evaluation period, Breanna claimed to have been abstinent since her hospitalization. It should be noted that she has been in controlled environments since mid-January 2007. However, recent observations have caused residential staff to question whether Breanna is maintaining her abstinence during home passes. Education and some discussion regarding AODA issues occurred as part of the assessment. On-going needs are reflected in the summary recommendations at the end of this report.

An *Educational Assessment* was completed by Susan Bradtke, Special Education Teacher, and Debra Goyette, Director of Educational Services at St. Rose, on 3/2/07. Breanna's school history, current achievement levels, and recent classroom



Breanna

3/22/07

functioning are described in detail in their full report. Breanna has been in regular educational placements in Hartford and West Bend (WI), and she did quite well in school through fifth grade. By seventh grade and onward, her record reflects excessive absences and falling grades due to missing assignments and poor effort. Her first truancy intervention occurred in December 2005, where she received group counseling and wake-up calls in addition to a fine. However, Brianna's absences continued and she eventually stopped going to school altogether. Chronic school truancy is one of the major concerns for which she is under juvenile court supervision.

Brianna reports that her problems in school started about two years ago, with rumors among her peers about an alleged relationship between Brianna and her mother's boyfriend. According to Brianna, the rumors were unfounded yet persistent, and she experienced school as an increasingly hostile environment because of verbal and physical harassment by peers. Despite a change in schools last year, she continued to report problems with peers as a reason for non-attendance. Returning to her home community for the current school year, she made an arrangement to move between classes at times that would minimize her exposure to peers. However, she continued to complain of being picked on by peers. She stopped attending school and received failing grades in all courses in fall 2006.

Given Brianna's poor attendance, concurrent with emerging mental health and AODA issues, her grade-level or high performance on multiple measures of academic achievement is noteworthy. She would appear to be a quite capable student, and it is believed that her poor grades are not related to any learning disability but are reflective of missed work due to her chronic truancy. Also, she has some splintered skills, especially evident in math, which are likely the result of missed instruction.

In her interview during the psychological assessment, Breanna accounted for her chronic truancy in terms of a) avoiding consistent harassment and occasional violence from peers, b) being too far behind to understand the daily assignments, and c) becoming habitual ("I wish it wasn't so easy for me to just not go to school now"). Brianna expressed a desire to attend an alternative school, where she could receive more individualized instruction that would enable her to remediate her deficits, advance at her own pace, and get back on track to graduate at what would have been her expected high school completion date. She has participated in career exploration activities at school, and her long-term goals are to finish high school and go on for post-secondary training for a career in nursing.

During this evaluation period, Brianna has been attending the on-site school at St. Rose, with low teacher-to-student ratios, small classes, and a mix of individual and group instruction. She has been completing her in-class and homework assignments, giving good effort, earning high marks, and attending daily as scheduled. Some anxiety about her performance and a low level of confidence about her work has been noted, especially in art, math, and computer-based activities. To date, peer conflicts have not been an issue in this school setting.

School achievement is considered one of the priority goals for Brianna at this point in time. Specific elements that would facilitate her academic success, both in school and in her overall life context, are addressed in the summary recommendations at the end of this document.

### Recommendations

1. Breanna should remain in residence and in school at St. Rose until such time as a sound plan is in place for appropriate school placement, enforced attendance, and follow-through on continuing care for mental health and AODA issues.
2. In order to be successful in school, Breanna appears to need a small, safe learning environment. Breanna would learn best in a setting where she is comfortable asking for help and receives frequent feedback and reinforcement. To help Breanna deal with difficulties with peers, she will require supportive teachers who can model behaviors and assist her in problem solving when issues with peers arise. Breanna would benefit from small group instruction to build social skills but, at times, may need the opportunity to work independently. Breanna's lack of confidence in herself appears to prevent her from taking academic risks. Breanna's teachers will need to be aware of her academic abilities and learning style in order to present an appropriate amount of challenge without overwhelming her. A small school setting, matched to Breanna's needs, will allow her to build academic skills and accrue high school credits while, at the same time, develop self confidence, coping skills and problem solving ability.
3. It is recommended that in-home family therapy be provided to Breanna and her family members who are living in the home, including Breanna, her mother, her mother's boyfriend, and her maternal grandmother. Areas of family functioning that might be the focus of intervention to strengthen the family include: establishment of clear rules with predictable enforcement, reliable and appropriate rewards/consequences, appropriate defined roles and responsibilities for each member of the family, consistency and congruence in parenting decisions, maintenance of healthy boundaries, effective communication and problem-solving, and re-building trust between Breanna

Breanna

3/22/07

and her mother. Family therapy should begin prior to Breanna's discharge from St. Rose, with one of the priorities being the development of a truancy plan. It is strongly suggested that the household adopt a "no alcohol in the house" policy to help Breanna maintain her sobriety.

4. Regarding AODA issues, Breanna should make every effort to abstain from recreational drug and alcohol use. It is recommended that Breanna receive further education and treatment about substance abuse and dependence through group outpatient treatment services, with particular emphasis on relapse prevention. Group sessions can provide Breanna with a safe place to share her feelings and help her process how drugs and alcohol became a coping mechanism to deal with painful feelings. She will learn how others deal with their own substance abuse issues, and she will give and receive feedback from peers; her potential contributions to such a group may foster self-esteem.
5. Individual psychotherapeutic treatment could be beneficial to Breanna, to support her through the life transitions she is facing. Individual treatment, if undertaken, should be coordinated with (preferably beginning *after* successful terminations from) family treatment and AODA group treatment in order to make sure that the aims are consistent and to allow for focused work on priority issues. Ideally, individual treatment would integrate AODA relapse prevention, all-around risk reduction, behavioral responsibility for school attendance, present/future-focused developmental goals, and motivational strategies. A commitment to regular attendance and the transportation arrangements necessary to make it possible should be in place.
6. Breanna should continue to consistently use all medications as prescribed. Her use of anti-depressant medications (currently Prozac 10mg daily) should be regularly monitored by a psychiatrist. It may be helpful to remind Breanna that she has said that she believes that the medication is helping to lift her mood and lessen her feelings of depression. Adult supervision to insure that Breanna does not stop or skip taking her medications should be in place.
7. It is recommended that Breanna continue her efforts to stop smoking cigarettes until she is free of the habit and urge to smoke. It should be noted that, during her stay at St. Rose, she reported having gone from smoking ½ pack (about 10) cigarettes daily to 2 cigarettes during a day pass. Her motivation to quit completely should be encouraged and supported.
8. Breanna should be monitored for signs of disordered eating or unexplained weight loss, so that timely intervention can be initiated if needed.
9. It is recommended that Breanna have a follow-up HIV test in June 2007, or at a future date that is six months after her last potential exposure through unprotected sex.

10. It is recommended that Breanna get the HPV vaccine series to minimize her future risk of cervical cancer.
11. It is recommended that Breanna, in consultation with her mother, consider the use of oral contraceptive medications (birth control pills) to regulate her menstrual periods. If Breanna decides to begin taking birth control pills, it is especially important for her health that she not smoke.
12. It is recommended that Breanna protect herself from possible pregnancy and/or sexually transmitted diseases (STDs), by either abstaining from risky sexual activities, or consistently using condoms. Even if she does begin to use birth control pills, she will need to protect herself from STDs whenever she is sexually active. Based on her history, Breanna has engaged in impulsive, high-risk sexual behaviors while under the influence of intoxicants (alcohol, pot, and cold medicine in combination); abstaining from drugs and alcohol is an important way that she can reduce risks to her health and safety.
13. Breanna could also benefit from training in refusal and/or negotiation skills regarding sexual activities. This type of intervention focuses on helping a person a) identify potentially risky situations, b) plan "good" responses to those situations, and c) practice ways to talk with potential partners about how to stay safe (for example, by saying "no" to unwanted or unprotected sex, even under pressure, or insisting on proper condom use).
14. It is recommended that urine screens be conducted following home passes and randomly for at least one year in order to monitor any substance use and to give Breanna additional motivation to remain abstinent.
15. Breanna could benefit from enhanced interactions with peers in healthy, age-appropriate social activities. It is recommended that she become involved in activities to encourage social interaction and improve social skills, especially regarding healthy relationships with male and females of her own age.
16. Breanna will need some constructive outlets for her time and energy. She should be encouraged to pursue her interests in music and writing, as well as to explore new hobbies or otherwise constructive ways of relieving boredom, building skills, using her creativity, and enhancing her sense of her own unique worth.



## Educational Assessment

Name: Breanna  
Date of Birth: [REDACTED]  
Date of Placement: January 31, 2007  
Date of Report: March 2, 2007

Age: 14 yr. 8 mos.  
Grade: 9


Evaluated by: Susan Bradtke & Debra Goyette

### School History

Breanna attended public schools in Hartford, Wisconsin from Kindergarten through 9<sup>th</sup> grade. The only deviation was attendance at Badger Middle School in West Bend, WI for the second semester of 7<sup>th</sup> grade and the first quarter of grade 8 in 2005. Breanna's most recent school placement was Hartford Union High School. Breanna has been in regular education throughout her school career.

A review of Breanna's school records suggests very good academic achievement in grades K-6. Breanna consistently received A's and B's on her report cards in all subjects for grades 1-5. In 6<sup>th</sup> grade Breanna began to receive some C's and one D. Teacher comments on behavior most frequently included "Breanna is a pleasure to have in class" and "puts forth satisfactory to commendable effort." A work concern noted occasionally in these grades was that Breanna needed to complete work on time. This comment may have been related to Breanna's absences from school during these early years. From 1<sup>st</sup> grade through 5<sup>th</sup> grade. Breanna had absences ranging from 10 to 13 days per school year. (Full year attendance for 6<sup>th</sup> grade is not present in her cumulative folder.) The only other work concern documented was in 3<sup>rd</sup> grade when Breanna's teacher noted problems with organizational skills including not having work done on time, and forgetting to bring materials such as her assignment notebook, homework folder and backpack to school.

Breanna's school attendance and academic achievement began to noticeably decline in 7<sup>th</sup> grade (2004-05). Breanna attended Central Middle School in Hartford for the first semester of the school year. Her grades ranged from A' to F's. Teachers in classes where Breanna was receiving low grades reported poor effort and missing assignments. Breanna missed 18.5 days of school during the first semester. Breanna transferred to Badger Middle School for second semester of 7<sup>th</sup> grade where her grades were all F's and D's for the 3<sup>rd</sup> quarter. Breanna's grades improved in all areas for the 4<sup>th</sup> quarter ranging from D's to an A. Breanna was

Breanna !  


absent 18.5 days during the 4<sup>th</sup> quarter at Badger. In 8<sup>th</sup> grade Breanna received grades ranging from F's to A's following the previous year's pattern of showing improvement in the 3<sup>rd</sup> and 4<sup>th</sup> quarters.

A truancy referral was made to Washington County Juvenile Court in December of 2005 by Central Middle School in Hartford. At that time Breanna had accumulated 20 unexcused absences for the semester with 35 partial or whole day absences in all. The report noted that attendance was an issue in 6<sup>th</sup> and 7<sup>th</sup> grades as well. Interventions noted at the 12/20/05 truancy meeting included counseling through the NOVA Truancy Intervention Program, Central Middle School addressing reported problems with Breanna and some female peers, and having the NOVA counselor call Breanna at 7:00 a.m. to wake her up for school. It was reported that Breanna's perception of the truancy problem was that she did not want to be in school. She reported peer conflicts and feeling bullied physically and emotionally at school.

Breanna's behavior and academic decline in middle school was likely affected by school changes and mental health and AODA issues. Breanna was sexually assaulted at age 11, reported feelings of depression, and engaged in drug and alcohol use. She was prescribed medication and began counseling at that time.

In fall of the 2006-07 school year, Breanna began attending Hartford Union High School as a ninth grader. Mr. Timmer, an administrator at the high school, stated he was approached by Breanna early in the school year regarding problems with peers. Breanna complained of not knowing anyone in the school and students picking on her. Mr. Timmer reported that Breanna was able to offer few details to assist in resolving the problem. A plan to dismiss Breanna early from classes was developed and Breanna was told to make him aware of any other incidents immediately. However, truancy issues worsened and Breanna stopped attending school all together. Her academic grades for the first semester are all F's.

### Academic Assessment

Academic screening at intake yielded the following results:

WRAT-3 (2-1-07)

	Std.	%	Grade
	<u>Score</u>	<u>ile</u>	<u>Score</u>
Reading	106	66	HS
Spelling	104	61	HS
Arithmetic	105	63	HS

*Woodcock Reading Mastery Tests- Revised (2-1-07)*

	<u>Grade Equivalen</u> t	<u>Age Equivalen</u> t	<u>Percentile Rank</u>	<u>Standard Score</u>
Word Identification	9.8	15-0	55	102
Passage Comprehension	14.7	24	79	112
Total Reading (Short Scale)	11.7	16-9	70	108

Breanna approached the tests seriously and worked hard to do her best. She was cooperative and was able to persevere when test items became more difficult. She displayed an appropriate sense of humor when spelling items on the WRAT-3 were totally unfamiliar. Breanna's performance on all subtests of the WRAT-3 placed her within the average range of achievement. She demonstrated excellent phonetic skills on both the spelling and reading portions. Breanna demonstrated good knowledge of basic computational skills although she did demonstrate gaps in skills with fractions and decimals. These gaps definitely appear to be more likely due to missed instruction rather than any learning difficulties. Breanna's performance on the Woodcock Reading Mastery Tests suggests strong passage comprehension skills along with very good word identification skills.

Breanna scored at the following levels on the most recent WKCE-CRT administered during the 2005-06 school year when she was in 8<sup>th</sup> grade. (Proficiency levels include minimal performance, basic, proficient, and advanced. Advanced demonstrates in-depth understanding of academic knowledge and skills and Proficient demonstrates competency in the academic knowledge and skills tested on the WKCE-CRT.)

	<u>Proficiency Level</u>	<u>State %</u>
Reading	Advanced	78
Language Arts	Advanced	89
Mathematics	Proficient	49
Science	Advanced	87
Social Studies	Proficient	39

Breanna's performance on academic tests suggests a very capable student. Breanna's current school difficulties cannot be attributed to learning difficulties. Given a school setting that meets Breanna's social and emotional needs, she should at minimum achieve at grade level standards and pace.

Breanna

3-02-07

**Current Classroom Functioning**

Breanna is scheduled in the following classes in the on-ground's school at St. Rose: English, U.S. History, algebra, art, digital media and study skills resource. These classes are a combination of group instruction and individualized instruction. Breanna has adjusted well to the small class size (2 to 6 students) and structure of the school program. She cooperatively and pleasantly follows normal class procedures and routine. She completes assigned work with good effort and thoroughness and has been responsible for completing homework. Breanna likes to work independently yet does ask for help when needed. All teachers report that Breanna demonstrates grade level skills and ability.

Breanna does exhibit some signs of anxiety and lack of self-confidence in her academic skills. In art she seems very concerned about her work; she is constantly worrying if her work is good enough. Breanna reports algebra as being difficult for her yet has completed all of her assignments at a 95 to 100% level. She quickly exhibits lack of confidence in her problem solving abilities whenever the entire class is given a math puzzle to solve. In this type of activity, Breanna demonstrates little faith in her ability and needs encouragement to persevere. She appears anxious in her digital media class in some part due to having little prior computer experience. Again, she is doing quite well in this class. Breanna appears to have some difficulty concentrating during lectures in her history class. She has told her teacher that she becomes bored and would like a worksheet or something to work on during lecture to keep her interested. Breanna does report that history is a difficult subject for her but she does like her class at St. Rose.

In the brief time that Breanna has been in the residential school program she reports that she has not experienced any significant peer conflicts. When Breanna was asked how she would deal with conflicts if they would arise, she said that she would "have to" because she has no option of not attending school. She believes that so far conflicts have not occurred because she has not shared much personal information with her peers. Teachers have observed that Breanna has corrected other students on behavior she considers inappropriate. So far, this has not resulted in peers becoming annoyed with her although the potential is there. She also has been overheard discussing another peer in a conversation that was characteristic of negative peer gossip.

**Summary and Recommendations**

School records indicate Breanna excelled academically in elementary school but her middle school years were marked by underachievement, truancy and peer issues. School difficulties continued after Breanna's transition to high school and she stopped attending a few weeks into the first semester. When asked about her



Breanna T.

3-02-07

school experiences, Breanna reports that she liked school in the early years but had some difficulty completing homework. She states the school changes in 7<sup>th</sup>-8<sup>th</sup> grade were very difficult. She had no friends and felt like she didn't fit in. As a result, she began skipping school and her grades dropped. During the first semester of high school, Breanna reports that rumors about her and taunting from peers got to be "too much" and she stopped attending. Breanna states that she enjoys learning and has always gotten along well with her teachers. Her goal is to become a registered nurse.

At St. Rose, Breanna has presented herself as a pleasant and cooperative student. She can, at times, appear anxious and somewhat withdrawn or depressed. At other times Breanna can be quite animated and interact positively with peers. There have only been very minor observable instances of potential peer problems. Breanna demonstrates grade level skills and ability in all subject areas but appears to lack confidence in her academic capabilities.

When interviewed about her adjustment to school at St. Rose, Breanna reported that school is going well. When prompted to be more specific, she stated that she likes the small classes and the one-on-one instruction. She feels comfortable asking for help from teachers in this small setting. She acknowledged that in a regular classroom she most likely would not ask for help. When asked about school placement after St. Rose, Breanna suggests that she would like to attend a small school similar to St. Rose.

A phone call was made to Mr. Timmer from Hartford Union High School to gain more insight into Breanna's school history and discuss high school options in the district. Mr. Timmer offered that he had knowledge of Breanna's peer and truancy issues at the high school. He stated that Hartford Union High School has about 1700 students, a school within a school program and two off-site alternative programs. The Downtown Campus is for special education students and Oriole Academy is for students 17 years and older who are deficient in credits.

Breanna is a personable young lady who has engaged in high risk behaviors over the past two years. She indicates a desire to complete high school and post high school education in order to attain her goal of becoming a nurse. While clearly capable of academic success, Breanna has established a pattern of high-risk behaviors and school non-attendance. In order to be successful in school, Breanna appears to need a small, safe learning environment. Breanna would learn best in a setting where she is comfortable asking for help and receives frequent feedback and reinforcement. To help Breanna deal with difficulties with peers, she will require supportive teachers who can model behaviors and assist her in problem

solving when issues with peers arise. Breanna would benefit from small group instruction to build social skills but, at times, may need the opportunity to work independently. Breanna's lack of confidence in herself appears to prevent her from taking academic risks. Breanna's teachers will need to be aware of her academic abilities and learning style in order to present an appropriate amount of challenge without overwhelming her. A small school setting, matched to Breanna's needs, will allow her to build academic skills and accrue high school credits while, at the same time, develop self confidence, coping skills and problem solving ability.

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Susan Bradtke  
Special Education Teacher

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Date

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Debra M. Goyette  
Director of Educational Services

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Date