

08-1582-CD
Mandy Helsel vs Cen-Clear Child Serv.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

MANDY HELSEL as parent and natural
guardian of MICHAELA HELSEL, minor,

Plaintiff,

vs.

CEN-CLEAR CHILD SERVICES,

Defendant.

CIVIL DIVISION

Docket No. : 08-1582-CD

Code No.:

**PETITION TO SETTLE A MINOR'S
CLAIM AND TO APPROVE
DISTRIBUTION PURSUANT TO
PA.R.C.P. §2039 PETITION TO SETTLE
MINOR'S CLAIM**

Filed on behalf of Plaintiff:

MANDY HELSEL as parent and natural
guardian of MICHAELA HELSEL, minor

Counsel of Record for this Party:

Robert B. Woomer, Esquire

Pa I.D. # 59030

Woomer & Hall LLP

2945 Banksville Road, Suite 200

Pittsburgh, PA 15216-2749

(412)388-0848

JURY TRIAL DEMANDED

FILED

AUG 25 2008

William A. Shaw
Prothonotary/Clerk of Courts

NOCC
m/2:29/01
Atty pd \$95.00

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

MANDY HELSEL as parent and natural
guardian of MICHAELA HELSEL, minor,

ORPHANS COURT DIVISION

Docket No. :

Plaintiff,

vs.

CEN-CLEAR CHILD SERVICES,

Defendant.

**PETITION TO SETTLE A MINOR'S CLAIM AND TO APPROVE
DISTRIBUTION PURSUANT TO P.A.R.C.P. §2039**

Petitioner, MANDY HELSEL as parent and natural guardian of MICHAELA HELSEL, minor, files this petition to settle a minor's claim and to approve distribution and in support thereof avers the following:

1. This claim was brought to recover damages for personal injuries sustained by the minor plaintiff Michaela Helsel, a minor (DOB: 07/10/2002), on 05/11/2007, when she was attending the Headstart program a boy made her pull down her pants while he acted like he was putting medicine on her.
2. The injuries to the minor plaintiff consisted of perineal irritation and emotional distress including bedwetting and nightmares.
3. The minor plaintiff received medical treatment from Clearfield Center for Children's Care on 05/14/2007. A copy of these records are attached as Exhibit "A".
4. The minor plaintiff counseling from Clearfield Mental Health Center and Clearfield Jefferson CMHC & Children's Behavioral Health. Copies of these records are attached as Exhibit "B" and Exhibit "C".

5. The minor plaintiff continues to receive counseling at Clearfield Mental Health Center.

6. The medical expenses incurred as a result of treatment of the minor plaintiff was approximately \$1,600.00. The PA Department of Public Welfare has a lien in the amount \$1,450.00.

7. Plaintiffs' counsel has incurred \$135.46 in expenses in prosecuting this action.

8. The representative of the defendant has offered to settle this claim for a total of \$22,000.00 and petitioner wishes to accept this settlement offer, believing the same to be fair and reasonable. This settlement would release all persons against whom the plaintiffs have any claims arising out of this incident.

9. Plaintiffs have been represented in this matter by the law firm of Woomer & Hall LLP, who, by written power of attorney executed by the parties, is entitled to a 33 1/3% contingent fee of any settlement plus repayment of advanced costs and expenses.

10. Petitioner believes that this settlement is fair and reasonable and she requests that this court approve the settlement and the distribution of the settlement proceeds into an account to be held in trust for the minor child's benefit, with Mandy Helsel being custodian of said account until the child reaches the age of majority.

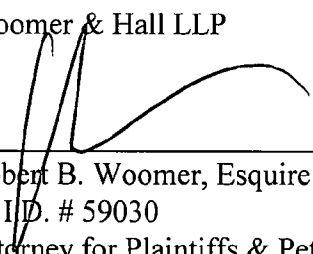
11. The law firm of Woomer & Hall LLP, believes that this settlement is fair and reasonable and has recommended its acceptance to petitioner.

WHEREFORE, petitioner requests this court approve the settlement and authorize the distribution of the settlement proceeds in the manner set forth in the proposed order of court.

Respectfully submitted,

Woomer & Hall LLP

BY:



Robert B. Woomer, Esquire


Pa I.D. # 59030

Attorney for Plaintiffs & Petitioner

Dated: August 13, 2008

VERIFICATION

I, Mandy Helsel, being duly sworn according to law, depose and say that the facts contained in the foregoing Petition to Settle a Minor's Claim and to Approve Distribution Pursuant to PA.R.C.P. §2039 are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.


Mandy Helsel

AFFIDAVIT

As a result of the accident that occurred on 05/11/2007, Michaela Helsel, a minor, a minor, sustained perineal irritation and emotional distress. The minor child's medical treatment consisted of a clinic visit and counseling.

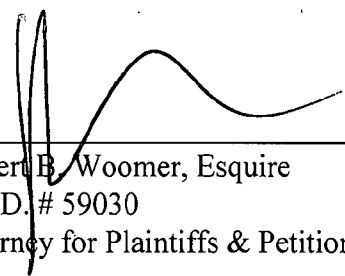
Based upon the above, I, Robert B. Woomer, counsel of record for the minor, Michaela Helsel, a minor, state that it is my professional opinion that the settlement in this matter in the amount of \$22,000.00 is in the best interest of the minor and that this settlement is desirable and reasonable under the circumstances of this case. More specifically, as you can see by the medical records, the accident did not cause any serious long term or extensive damage to the minor. Furthermore, my 33 1/3% contingency fee in this case is reasonable under the circumstances and that the services performed by our office involved the following:

1. Various correspondence and contact with plaintiffs and petitioners;
2. Various correspondence to the insurance carrier;
3. Collection and evaluation of the medical records and bills;
4. Collection and evaluation of investigative materials;
5. Extensive and time-consuming negotiations; and
6. Preparation of documents to seek Court approval.

I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Woomer & Hall LLP

BY:


Robert B. Woomer, Esquire
Pa I.D. # 59030
Attorney for Plaintiffs & Petitioner



Clearfield Hospital
Clearfield, PA 16830

Clearfield Center For Childrens Care

received
5/24/07



Name Michaela Helsel Date 5/24/07 Time 2:30 DOB 7/6/02 Age 4 1/2 yr.
Parent's Name Mandy Phone 768-7775

Chief Complaint: VAGINAL SORENESS, ABUSE
4 TO WO WHO TOLD MOM A LITTLE
BOY HAD HER PULL HER PANTS
DOWN TO PUT MEDICINE ON.
IT HURT SO SHE CRIED AND
TEACHER HELPED HER PULL HER
ROS: PANTS UP, PUT BOY IN TIME
OUT X 5 MINUTES AND TOLD
PMHx: MICHAELA TO KEEP IT TO
HERSELF. OCCURRED 11 MAY 07.
Family / Social Hx: ON 12 MAY @ BATHING
CRINGED WHEN MOM WENT TO

Medications: Ø Allergies: N/A

Immunizations Current? (Circle one)
Yes No Not Assessed

Temp 98.5 (Rectal VS. Temporal)
Heart Rate _____
Respirations _____
Pressure _____ / _____
Height _____
Weight 43
Head _____ Inches

wnl		abn
<input checked="" type="checkbox"/>	General	
<input checked="" type="checkbox"/>	Head / Font.	
<input checked="" type="checkbox"/>	Eyes	
<input checked="" type="checkbox"/>	Nose / Ears	
<input checked="" type="checkbox"/>	Mouth / Throat	
<input checked="" type="checkbox"/>	Neck / Thyroid	
<input checked="" type="checkbox"/>	Extremities	
<input checked="" type="checkbox"/>	Chest / Lungs	
<input checked="" type="checkbox"/>	C-V / Pulses	
<input checked="" type="checkbox"/>	Abdomen	
	Genital / Anus	
	Spine / Back	
	Neuro	
	Skin	

CLEAN HER.
DOWN N/A
MUM (B)
CLEAN
SHAW
CTA (B)
SOFT AND FINE
(?) HEALING EXCORIATION
MILDERMOTIN
HYPERGROSSLY W/ACI

Vision Screen: Normal Abnormal
Hearing Screen: Normal Abnormal

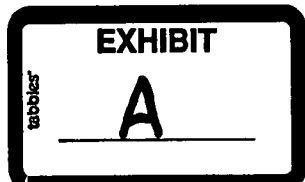
	Hgb	
	PPD	
	Lead	
	Strep (rapid)	
	U / A (dip)	

☐ Unit dose Neb. (Albuterol Atrovent)
☐ Pulse Ox (pre / post) = _____
☐ PEF (est. _____) = _____

Other Orders:

Diagnosis and Plan:

- A) PERINEAL IRRITATION (?) HEALING EXCORIATION
P) TRIPLE PASTE
RECOMMEND MOM CALL CYS



Calls	
RTC In:	
RTC At:	Of Age

CLEARFIELD/JEFFERSON CMHC

FORM 2 INITIAL ASSESSMENT-CHILD

"This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations."

Client's name: Michaela Helzel Date: 5/29/07
 Address: 145 Valley View Drive Apt. H9 Phone #: 708-7775/330-3745
Clearfield, PA 16830 SSN: 192-80-8164
 Marital Status: Single Race: Caucasian Sex (M/F): Female Age/D.O.B.: (4) 7/10/02
 Referral Source: Mother / Dr. Jortner-Thompson
 Referral Source Phone Number: (same)
 Parents' name: Mandy Helzel, mother

PART A. BIOPSYCHOSOCIAL ASSESSMENT

1. Presenting Problem (brief description of problem and symptoms)

Mother reports child was molested by a little boy at preschool, behavior problems, defiant, angry, aggressive, withdrawn from men, apparently mother has a law suit against (a Clearfield, PA) was wetting the bed, problems w/ being around "everybody," cries, fearful of "just about everything" wants to be w/ mother most of the time.

2. Signs and Symptoms (DSM based) Resulting in Impairment(s) (Include current examples for treatment planning, e.g., social, occupational, affective, cognitive, physical)

→ throws things.
 Social: ↑ withdrawal, "fights all the time."
 Occupational: N/A
 Affective: appears sad, angered
 Cognitive: ↓ concentration
 Physical: ↑ headaches, ↑ ~~bad~~ stomachaches.

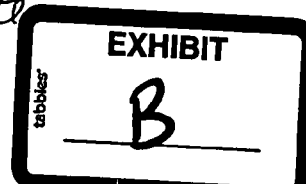
3. History of Presenting Problem

Events, precipitating factors, or incidents leading to the need for services

Mother reports that child was molested at head start by a little boy. Mother reports there was adults in the room and "the woman said let's keep this to ourselves."

Frequency/duration/severity/cycling of symptoms: Anger outbursts daily since 5/11/07. Severity is moderate

not eating as often.
 not sleeping well.
 reports nightmares 3-4x per week.
 "She hits herself."
 "I called 145 and they don't want to be involved."
 - Reports having a "mutter."
 - Mother reports that this little boy was going to make her if she couldn't leave her pants down.
 - Mother reports that the other parents to not know.



Clearfield Jefferson Community Mental Health Center
Initial Assessment-Child

Was there a clear time when symptoms worsened? When she was reported to be molested by another little boy.

Family mental health history (diagnoses, history of suicide attempts, outpatient or inpatient hospitalizations)

- Mother N/A
- Father N/A
- Brother/Sister N/A
- Other relatives N/A

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4. Current Family and Significant Relationships

Strengths/support Closest to mother.
Stressors/problems N/A.
Recent changes "Me and husband got a divorce and moved away."
Changes desired "To get her out of the Edgewood Apts."
Comment on family circumstances N/A.

5. Childhood/Adolescent History

(Developmental milestones, past behavioral concerns, environment abuse, school, social, mental health)

Developmental milestones: Reached early
Past behavior concerns: Same as present.
Environmental abuse: None.
School/Social: N/A
MH: N/A.

6. Social Relationships

Strengths/support "There's two kids that she does." → plays with.
Stressors/problems Not wanting to be around others
Recent changes ✓
Changes desired "To get her back out and playing and not be afraid of something happening."

Clearfield Jefferson Community Mental Health Center
Initial Assessment-Child

7. Cultural/Ethnic

Strengths/support N/A
Stressors/problems N/A
Beliefs/practices to incorporate into therapy N/A

8. Spiritual/Religious

Strengths/support N/A
Stressors/problems N/A
Beliefs/practices to incorporate into therapy N/A
Recent changes N/A
Changes desired N/A

9. Legal History (dates, charges, jail time etc...)

Current charges N/A

Previous charges N/A

Status/impact/stressors N/A

10. Education

School N/A Grade N/A
Strengths(goals) N/A
Weaknesses N/A
Are they in special educational classes, if so, which one? (learning support, emotional support, life skills, etc...) N/A

Grades N/A Attendance N/A
Any disciplinary problems? N/A

11. Employment/Vocational (if applicable)

Strengths/support N/A
Stressors/problems N/A

12. Leisure/Recreational

Strengths/support watch movies, play w/ animals, ride bikes, play outside, "go to Tina's house."
Recent changes N/A
Changes desired N/A

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Initial Assessment-Child

13. Physical Health (Any medical conditions)

PCP: Dr. Sotter-Thompson. Medical conditions: Tubes in ears, N/A head injuries/seizures.

Physical factors affecting mental condition N/A

ALLERGIES N/A

List of current medications (name and dosage) N/A

14. Chemical Use History (previous and current use of drugs, alcohol, caffeine, and nicotine-frequency, duration, etc...)

N/A drug/alcohol/nicotine.

Caffeine: "Not normally." Soda once in a while.

Patient's perception of problem N/A.

15. Counseling/Prior Treatment History (Outpatient Treatment-dates, location)

N/A.

Benefits of previous treatment N/A

Setbacks of previous treatment N/A.

16. History of Inpatient Hospitalizations (location, dates, diagnosis, reason for admission)

N/A.

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Initial Assessment-Child

17. Abuse History (sexual, verbal, physical, mental-when, with whom etc...)

Client reports that when she was at school a little boy pulled her pants down and touched her privates. She states "the teacher said what's going on over there." She did tell her mother about this. Client states that she was told not to tell her mother by one of the teachers at school. ~~Report~~ Mother reports that client has nightmares "about people trying to hurt her." She states that she is afraid of strangers. "Everyone is a stranger." Mother reports that she jumps when others touch her.

PART B. DIAGNOSTIC INTERVIEW

Mood

Common mood disorders listed below

(rule in and rule out signs and symptoms; validate with DSM)

Predominant mood during interview Appropriate

Current Concerns (give examples of impairments, severity [s], frequency [f], duration [d])

Adjustment Disorder

(within 3 mo of identified stressor, symptoms persist <6 mo after stressor, marked distress)

Depressed ☐ Anxiety ☐ Mixed anxiety and depression ☐ Conduct ☐

☒ Emotions and conduct ☐ Unspecified

Specify disturbance ☒ Acute (<6 mo) ☐ Chronic (>6 mo) Symptoms began after client was allegedly sexually molested by another child.

Impairment(s) ☒ Social ☐ Occupational/educational ☒ Affective ☒ Cognitive ☐ Other

Examples of impairment(s) Withdrawal, aggression towards others, appears sad to mother, ↓ concentration.

Major Depression (2 or more wks)

Usually depressed or ☐ Anhedonia (4+ of following) ☐ Weight +/- 5%/mo

Appetite +/- ☐ Sleep +/- ☐ Psychomotor +/- ☐ Fatigue

Worthlessness/guilt ☐ Concentration ☐ Death/suicidal ideation

Other ☐ Crying spells ☐ Withdrawal ☐ Additional symptoms

N/A
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Clearfield Jefferson Community Mental Health Center
Initial Assessment-Child

Impairment(s) ☐ Social ☐ Occupational/educational ☐ Affective ☐ Cognitive
☐ Other

Examples of impairment(s) _____

Mania (3+)

☐ Grandiosity ☐ Low sleep ☐ Talkativeness ☐ Flight of ideas ☐ Distractibility ☒ N/A
☐ Goals/agitation ☐ Excessive pleasure ☐ Other

Impairment(s) ☐ Social ☐ Occupational/educational ☐ Affective ☐ Cognitive ☐ Other

Example of impairment(s) _____

Attention Deficit Hyperactivity Disorder (at least present for six months)

Inattention (six or more) ☐ can't pay attention to details

☐ can't sustain attention in tasks or play activities

☐ can't follow instructions or fails to finish schoolwork, chores, etc.

☐ poor organizational skills ☐ reluctant to do tasks that require mental effort

☐ often loses things ☐ easily distracted ☐ often forgetful

Hyperactivity-Impulsivity (six or more) ☐ fidgety ☐ can't sit still and often leaves seat in classroom setting ☐ running or climbing about excessively in situations that are inappropriate ☐ difficulty playing in leisure activities quietly ☐ often "on the go" ☐ often talks excessively

Impulsivity

☐ often blurts out answers before questions have been completed ☐ difficulty awaiting turn

☐ often interrupts or intrudes on others (butts into conversations or games)

Impairment(s) ☐ Social ☐ Occupational/Educational ☐ Affective ☐ Cognitive ☐ Other

Examples of Impairment(s) _____

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Initial Assessment-Child

Oppositional Defiant Disorder (4/+ lasting at least six months)

N/A

☐ loses temper ☐ argues with adults ☐ deliberately annoys people
☐ blames others for his/her mistakes ☐ easily annoyed by others ☐ angry or resentful
☐ actively defies or refuses to comply with adults requests ☐ spiteful/vindictive
Impairment(s) ☐ Social ☐ Occupational/Educational ☐ Affective ☐ Cognitive ☐ Other
Examples of Impairment(s) _____

Eating Disorders

Anorexia Nervosa (307.1)

☐ refusal to maintain body weight at or above normal weight for age and height
☐ intense fear of gaining weight or becoming fat
☐ disturbance in the way in which one's body weight or shape is experienced
☐ amenorrhea (absence of at least three consecutive menstrual cycles)

N/A

Bulimia Nervosa (307.51)

☐ recurrent episodes of binge eating (eating in a discrete period of time, an amount of food that is larger than most people would eat during a similar period of time; sense of lack of control over eating during the episode)
☐ recurrent inappropriate compensatory behavior in order to prevent weight gain (self-induced vomiting, misuse of laxatives, diuretics, enemas, or other medications; fasting or excessive exercise.)
☐ self-evaluation is unduly influenced by body shape and weight.

N/A

Comments _____

Panic Attacks (4+, abrupt development of)

☐ Palpitations ☐ Sweating ☐ Trembling ☐ Shortness of breath ☐ Feeling of choking
☐ Chest Pain ☐ Nausea ☐ Dizziness ☐ Light-headedness ☐ Derealization
☐ Fear of losing control ☐ Fear of dying ☐ Numbness ☐ Chills/hot flashes

N/A

Impairment(s) ☐ Social ☐ Occupational/educational ☐ Affective ☐ Cognitive ☐ Other
Examples of impairment(s) _____

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Initial Assessment-Child

Anxiety (GAD 3+, most of time, 6 months)

___ Restlessness ___ Easily fatigued ___ Concentration ___ Irritability ___ Muscle tension *N/A.*
___ Sleep disturbance ___ Other

Impairment(s) ___ Social ___ Occupational/educational ___ Affective ___ Cognitive ___ Other

Example(s) of impairment(s) _____

Mental Status

(Check appropriate level of impairment: N/A or OK signifies no known impairment.
Comment on significant areas of impairment.)

Appearance	N/A or OK	Slight	Moderate	Severe
Unkempt, disheveled	(<input checked="" type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Clothing dirty, atypical	(<input checked="" type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Odd physical characteristics	(<input checked="" type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Body odor	(<input checked="" type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Appears unhealthy	(<input checked="" type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Comments	_____			

Posture	N/A or OK	Slight	Moderate	Severe
Slumped	(<input checked="" type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Rigid, tense	(<input checked="" type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Comments	_____			

Body Movements	N/A or OK	Slight	Moderate	Severe
Accelerated, quick	(<input checked="" type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Decreased, slowed	(<input checked="" type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Restlessness, fidgety	(<input checked="" type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Atypical, unusual	(<input checked="" type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Comments	_____			

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Initial Assessment-Child

Speech	N/A or OK	Slight	Moderate	Severe
Rapid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atypical (e.g., slurring)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				

Attitude	N/A or OK	Slight	Moderate	Severe
Domineering, controlling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submissive, dependent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hostile, challenging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guarded, suspicious	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Uncooperative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				

Affect	N/A or OK	Slight	Moderate	Severe
Inappropriate to thought	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased liability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blunted, dull, flat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Euphoria, elation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger, hostility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Depression, sadness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments				

Perception	N/A or OK	Slight	Moderate	Severe
Illusions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditory hallucinations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual hallucinations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other hallucinations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				

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Initial Assessment-Child

Cognitive	N/A or OK	Slight	Moderate	Severe
Alertness	(✓)	()	()	()
Attention span, distractibility	()	(✓)	()	()
Short-term memory	(✓)	()	()	()
Long-term memory	(✓)	()	()	()
Comments	_____			

Judgment	N/A or OK	Slight	Moderate	Severe
Decision making	(✓)	()	()	()
Impulsivity	()	()	(✓)	()
Comments	_____			

Thought Content	N/A or OK	Slight	Moderate	Severe
Obsessions/compulsions	(✓)	()	()	()
Phobic	(✓)	()	()	()
Depersonalization	(✓)	()	()	()
Suicidal ideation	(✓)	()	()	()
Homicidal ideation	(✓)	()	()	()
Delusions	(✓)	()	()	()
Comments	_____			

Registration (I am going to say three words, you say them back after I stop. Ready? Here they are... **APPLE** (pause) **PENNY**, (pause), **TABLE**. (pause) Now repeat those words back to me.)

APPLE _____

PENNY _____

TABLE _____

(Keep those words in mind, I am going to ask you to say them again in a few minutes.)

Recall

APPLE _____

PENNY _____

TABLE _____

Proverbs ("People in glass houses should not throw stones.")

Comments (abstract-don't judge others, concrete-the stone will break the house) _____

N/A _____

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Clearfield Jefferson Community Mental Health Center
Initial Assessment-Child

Serial 7's

"Now I'd like you to subtract 7 from 100. Then keep subtracting 7 from each answer until I tell you to stop."

What is 100 take away 7? (93) _____
(86) _____
(79) _____
(72) _____
(65) _____

If cannot do serial 7's, ask client to spell the word, **WORLD**, backwards...

DLROW N/A

Estimated level of intelligence average

Orientation: ☒ Time ☒ Place ☒ Person

Able to hold normal conversation? ☒ Yes ☐ No

Eye contact good

Level of insight

☐ Complete denial

☐ Slight awareness

☐ Blames others

☐ Blames self

☐ Intellectual insight, but few changes likely

☒ Emotional insight, understanding, change can occur

Client's view of actions needed to change "The whole being completely defiant."

Comments Mother is concerned that this may happen again. Mother indicated that she wants her daughter to know the ways to stop this from happening again.

This interviewer contacted the Child Line and reported this incident.

"This information has been disclosed to you from records where confidentiality is protected by Federal Law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations."

Clearfield Jefferson Community Mental Health Center
Initial Assessment-Child

PART C. PROVISIONAL DIAGNOSIS

	Diagnosis	Code
Axis I	1 <u>Adjustment D/O w/ Mixed Emotions/Conduct, acute</u>	<u>309.4</u>
	2 <u>R/O PTSD</u>	
	3 <u>R/O Sexual Abuse</u>	
	4	
Axis II	1 <u>No Diagnosis</u>	<u>V71.09</u>
	2	
Axis III	<u>Tubes in ears</u>	
Axis IV	<u>Alleged molestation</u>	
Axis V	Current GAF = <u>55</u>	Highest GAF past year = <u>55</u>

Prognosis ___ Poor ___ Marginal ___ Guarded ☒ Moderate ___ Good ___ Excellent

Qualifiers to prognosis ☒ Med compliance ☒ Treatment compliance ☒ Home environment
☒ Activity changes ☒ Behavioral changes ☒ Attitudinal changes ☒ Education/training
Other _____

Treatment Considerations

Is the patient appropriate for treatment? ☒ Yes ___ No

If no, explain and indicate referral made _____

Treatment modality ___ Individual ___ Conjoint ☒ Family ___ Collateral ___ Group

Frequency _____

If conjoint, family, or collateral, specify with whom Weekly Mother

Other modalities recommended ___ Partial Hospitalization ___ EPSDT ___ Family Based
___ Drug and Alcohol ___ Psychiatric Evaluation

Date of scheduled psychological/with whom _____

Adjunctive Services Needed

___ Physical exam ___ School records (specify) _____

___ Laboratory tests (specify) _____

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Clearfield Jefferson Community Mental Health Center
Initial Assessment-Child

____ Patient records (specify) _____

Therapist's Comments on Problem Areas that need to be addressed:

Michaela is a 4yr old female who is being referred for CBT services to address issues of behavioral problems.

Assignment This case will now be referred to Tessa Vickers.

(Note: Indicate whether or not a client has managed care (private insurance that needs authorization, and if they do, that they need to see a psychologist or master's level therapist.)

Therapist's signature/credentials

Laura Smith, B Date *5/29/07*

"This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations."

**Behavioral Health Rehabilitation Services
INDIVIDUAL TREATMENT PLAN**

CHILD: Michaela Helsel
CONSULTANT/THERAPIST: Roni Jo Burkett MS

DOB: 7/10/2002
DATE: 8/25/2007

Indicate Type of Plan

☒ Behavioral Specialist Consultant
☐ Mobile Therapist
☒ Other (Specify) TSS

Indicate Cycle of Plan

☒ Initial Treatment Plan
☐ Treatment Plan Review
☐ Review Number
☐ Addendum to Plan
☐ Dated _____
☐ Addendum Number _____

STRENGTHS:

FAMILY: The family is quite close with one another and are care for one another deeply. The family is supportive of services.

EDUCATIONAL: Michaela is in the kindergarten class where she is excited to be.

SOCIAL/RECREATIONAL: Michaela enjoys making friends and spending time with her peers. Michaela loves to draw, color and do crafts with others.

NEEDS:

FAMILY: The family is in need of guidance with learning how to help Michaela transition back into the community and educational setting without causing more trauma.

EDUCATIONAL: NA

SOCIAL/RECREATIONAL: Michaela would benefit from peer related activities in order to help her with her social skills.

CHILD'S NAME: Michael Helsel

**TREATMENT HISTORY—MENTAL HEALTH OR BEHAVIORAL HEALTH
REHABILITATION SERVICES PROVIDED TO THE INDIVIDUAL IN THE
PAST—IF MARKED (x), PLEASE PROVIDE A NARRATIVE EXPLAINING
HOW THE CHILD/ADOLESCENT RESPONDED TO THE TREATMENT.**

_____ Residential Treatment Facility	From _____ to _____
_____ Outpatient Counseling	From _____ to _____
_____ Psychiatric Hospitalization	From _____ to _____
_____ Partial Hospitalization	From _____ to _____
_____ CRR	From _____ to _____
_____ EPSDT Mental Health Services	From _____ to _____
_____ Medication Management	From _____ to _____

**OVERALL PROGRESS/LACK THEREOF SINCE PREVIOUS
TREATMENT PERIOD:**
(Applicable only in time of reviews)

NA

CHILD'S NAME: Michaela Helsel

GOALS:

(Please indicate long term and short term goal number in left margin.)

IDENTIFIED PROBLEM/NEED: Michaela has begun to show action in regards to disrespecting her mom when she is asked to do something that is being asked of her. Michaela continues to be either verbally and or physically aggressive to others in order to gain her own way as well.

1 Long Term Goal: Michaela will be able to decrease her defiance all environments that she is in.

1a Short Term Goal With Target Date: Michaela will no longer use aggression to gain her way by November 9, 2007.

Time Allocation of Prescribed Services: 6 hours per week of H/C TSS, 5 hours per month of BSC.

Setting in Which Prescribed Services Will be Rendered: Home/Community setting.

Intervention Technique:

BSC/TSS will:

1. Teach the parents behavior management techniques (time out, response cost, removal of privileges) to decrease Michaela's aggressive behaviors when she becomes upset.
2. Develop a reward system to improve Michaela's social skills and her anger control.
3. Teach Michaela to use a system to help relay that she is angry and/or frustrated so that others are aware so to help alleviate some of Michaela's frustrations.
4. Help the parents and Michaela find alternative activities to have Michaela engage in when it is noted that she is becoming angry/frustrated.
5. Work with the family to help determine underlying triggers to the acts of aggression and help in developing on strategies to help with Michaela's needs so that these aggressions episodes will decrease.
6. Verbally praise each and every positive thing that Michaela does and this includes when she is noted not to act of aggressively during a temper tantrum.
7. Offer an alternative activity that has been known to work in the past to help eliminate any temper tantrums.
8. Ignore Michaela when she is having a temper tantrum unless she is hurting herself or others.
9. Help determine with the family what a trigger is for Michaela that is known to upset her so that we can focus on these to help reduce her acts of aggression.

BSC will:

1. Discuss with the parents what has worked with Michaela in the past and what has not to help with finding a solution to eliminating Michaela's anger.
2. Work with the parents in finding a solution to helping Michaela
3. Consult with the TSS in regards to how Michaela is handling her self in the environments that she is in.
4. Conduct reviews on TSS daily shift reports.
5. Attend all evaluations.

Family will;

1. Be present for all sessions.
2. Work with the TSS/BSC in helping find Michaela's triggers to her aggression.]
3. Follow through with the skills that the TSS/BSC role model for Michaela.
4. Verbally praise and reinforce with Michaela when she displays a positive action that we want to see (no acts of aggression when upset).
5. Discuss with TSS/BSC the progress or difficulties that you have experienced since last session.

Expected Outcome: Michaela will decrease her acts of aggression when she becomes upset.

1b Short Term Goal With Target Date: Michaela will respond to house hold rules without acts of aggression by November 9, 2007.

Time Allocation of Prescribed Services: 6 hours per week of H/C TSS, 5 hours per month of BSC.

Setting in Which Prescribed Services Will be Rendered: Home/Community.

Intervention Technique:

TSS will:

1. Review with Michaela the household rules at the beginning of each session.
2. Monitor the family's follow through in administering the behavior-modification contract and/ or time-out when a household rule is broken.
3. Give verbal praise and reinforcement when a rule is being followed. This is also done by the following statements:
 - a. Kodak Moments. "Michaela I am glad to see that you have picked up your toys before going to the supper table."
 - b. Polaroid Moments. "Michaela I am happy that you were able to eat your supper without having it all over the table. Thank you and keep up the good work."

BSC will:

1. Aid the family in defining acceptable and behavioral expectations that they are wanting to see in their home.
2. Discuss possible behavioral implementations to be used when a rule is broken as well as when it is being honored.
3. Monitor the family's follow through in administering the behavior-modification contract that was implemented as well as the reward system that was put into place.
4. Provide verbal feedback for the accomplishments that the family is making.
5. Make a chart, if the family feels it will be needed to reinforce the family household rules.
6. Conduct weekly TSS shift reports.
7. Attend all psychological and inter agency meetings.

Family will:

1. Be in attendance of all sessions.
2. Verbally praise and reinforce each and every time that Michaela responds to a house hold rule.
3. Discuss with the TSS/BSC how Michaela is responding to the household rules when we are not present.
4. Be firm and consistent in reinforcing the house hold rules.

Expected Outcome: Michaela will realize the house hold rules also apply to her.

1c Short Term Goal With Target Date: Michaela will respond to a request without becoming aggressive in her response by November 9, 2007.

Time Allocation of Prescribed Services: 6 hours per week of H/C TSS, 5 hours per month of BSC.

Setting in Which Prescribed Services Will be Rendered: Home/Community.

Intervention Technique:

TSS will:

1. Review the rules of complying with a request at the beginning of each session.
2. Encourage Michaela to look at the individual that is making the request of her so that the one that is asking the request realizes that Michaela is listening.
3. Teach basic problem solving skills with the method of dealing with a request that is being made of her by following these steps:
 - a. Stop, Think, Act do I know what is being asked of me?
 - b. Do I understand what is being asked of me or do I need to ask for an explanation?

- c. Can I do what is being asked of me? If YES then do it. If not then ask for further explanations.
 - d. What is the consequence of not doing what is being asked of me? Do I want the consequence that will follow if I do not do what is being asked of me?
- 4. Verbally praise each time that Michaela is compliant with a request that is made of her.
- 5. Review at the beginning of each session how Michaela is handling requests that are being made of her.

BSC will:

- 1. Conduct a family session to teach the 1-2-3 magic rule of having Michaela respond to a request that is being made of her.
 - a. The request is being made of Michaela. Wait for a minute or two to see if she will respond.
 - b. Ask the request again but this time place a consequence to the requests.
 - c. If the request goes by without any compliance then simply enforce the consequence that is being given for failure to respond to the request that was asked of her.
 - d. Do not over verbalize what you are asking of her. Use short sentences. Give the consequence then move on to other items at hand.
- 2. Review with the family how Michaela is responding to requests that are being made of her.
- 3. Reinforce with the family of using various forms of verbal praise and reinforcement to help with Michaela being more responsive to requests that are made of her.
 - a. Use the Kodak Moments. "Michaela I heard how you responded to your mom's request as soon as she finished asking you to help her, that shows that you are really listening to what she had to say."
 - b. Use Polaroid Moments. "Michaela you have been responding to your mom's requests when she asked you not to fight with your sister, I appreciate that and thank you."
- 4. Attend all psychological and inter agency meetings.
- 5. Conduct weekly TSS chart review.

Family will:

- 1. Be in attendance of all sessions.
- 2. Verbally praise and reinforce for Michaela how she responds to a request that is made of her.
- 3. Role model for Michaela how one responds to a request that is made of you.

Expected Outcome: Michaela will realize that a request is being made of her and respond accordingly.

IDENTIFIED PROBLEM/NEED: Michaela does not feel very good in regards to her self and her actions that she feels this way are noted in her wanting to be by her mom's side constantly.

2 Long Term Goal: Michaela will be able to feel comfortable with her self.

2a Short Term Goal With Target Date: Michaela will be able to identify a positive trait about her self by November 9, 2007.

Time Allocation of Prescribed Services: 6 hours per week of H/C TSS, 5 hours per month of TSS.

Setting in Which Prescribed Services Will be Rendered: Home/Community.

Intervention Technique:

TSS will:

1. Discuss with Michaela to make one (1) positive statement about her self every day and to record it in a journal or a daily chart.
2. Review Michaela's positive statements that she made since last session.
3. Aid Michaela in developing self-talk as a way of boosting her confidence and positive self-image.
4. Talk with the family their interactions in a family session any patterns of interaction or methods of discipline that are negative or critical of Michaela, or ways that she could view as negative.
5. Use a therapeutic game to promote Michaela becoming more aware of herself and her feelings.
6. Use of a feelings chart, feelings board to help Michaela realize and identify specific feelings that she may have during a particular time/circumstance and discuss that it is okay to have these feelings.
7. Help Michaela become aware of how she expresses herself through role model/role play.
8. Gain Michaela's trust by giving her eye contact when she is speaking, ask questions in regards to what she is saying, reinforce all positive aspects of what Michaela is trying to say, take an active interest in her.
9. Verbally praise a lot to help build Michaela's self-esteem as well. Praise her for every positive thing that she does.

BSC will:

1. Discuss with the parents and the TSS how Michaela is responding to this skill of being more comfortable with her self.
2. Discuss possible environments that the parents and TSS can take Michaela into to help work on her self-esteem.

3. Review daily TSS shift reports.
4. Attend all evaluations.

Family will:

1. Be in attendance of all sessions.
2. Follow the TSS plan.
3. Verbally praise and reinforce with Michaela how she responds to her self in any positive manner.

Expected Outcome: Michaela will be able to feel good about her self.

2b Short Term Goal With Target Date: Michaela will be able to identify her feelings and express them with ease by November 9, 2007.

Time Allocation of Prescribed Services: 6 hours per week of H/C TSS, 5 hours per month of BSC.

Setting in Which Prescribed Services Will be Rendered: Home/Community.

Intervention Technique:

TSS will:

1. Actively build a level of trust with Michaela through consistent eye contact, active listening, unconditional positive regard and warm acceptance to help increase her thoughts and feelings in regards to her present circumstance.
2. Help Michaela explore the perception of what is going on around her and the feelings that she is having when she is in the different environments.
3. Help Michaela explore the various stimuli that triggers her anger and possibly any feelings that are being noted during these triggers of anger.
4. Help Michaela be able to express her self when she is aware of the triggers that are known to upset her.
5. With Michaela list some main triggers that are known to upset her and brain storm some possible scenarios that she can handle herself when these know triggers are abound.
6. Consult with the family on the progress that Michaela is making in regards of triggers that she relays that is brings on her anger so the family is aware of these triggers as well.

BSC will:

1. Consult with the family how Michaela is handling herself when she has a change in environment.
2. Consult with the family to help them encourage Michaela to discuss her triggers so that all are aware of what is upsetting to them so that a solution to her anger can be reached.
3. Attend all psychological evaluations.

4. Consult with all team members.
5. Review all TSS daily shift reports.

Family will:

1. Be in attendance of all sessions.
2. Follow the TSS treatment plan.
3. Verbally praise and reinforce with Michaela when she is able to express her self.
4. Role model for Michaela these skills that were are trying to teach her.

Expected Outcome: Michaela will feel more comfortable and be able to express her self.

CHILD'S NAME: Michaela Helsel

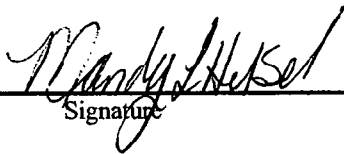

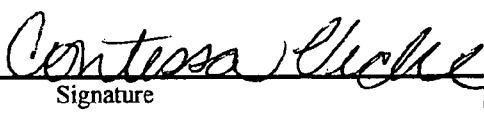
24 HOUR CRISIS PLAN

In case of an emotional/psychiatric emergency, the following steps should be taken:

- 1.) During weekday, daytime hours, call Clearfield/Jefferson County MH/MR Crisis Unit at (1-800-341-5040). Tell the person who answers the phone that you are having an emergency and wish to be connected with the crisis unit. When the crisis unit representative answers the phone, be able to discuss the details of the emergency and be willing to follow through on any recommendations made by the representative.
- 2.) During weekend or night time hours, call 911. Tell the person who answers the phone that you are experiencing a "mental health emergency" and need to speak with the mental health worker on call. When the mental health worker answers the phone, be able to discuss the details of the emergency and be willing to follow through on any recommendations made by the worker.
- 3.) If a child has run away, call the State Police in DuBois (814) 371-4652, Clearfield (814) 857-3800 or in Jefferson County at (814) 938-0510 and then call the Children and Youth Services Hotline in Clearfield County at (814) 765-1541 or in Jefferson County at (814) 849-3696.
- 4.) If there is physical abuse/violence happening, call 911 and then call the Children and Youth Services Hotline in Clearfield County at (814) 765-1541 or in Jefferson County at (814) 849-3696.
- 5.) If there is a medical emergency or you are in doubt as to who to call, or what to do, call 911 first.
- 6.) If the emergency ends up in a hospitalization for your child or adolescent, please call your Behavioral Specialist Consultant or Mobile Therapist the next day. Services will be suspended until your child or adolescent is out of the hospital. If you have questions about your son or daughter's services, please call your BHRS Case Manager 814-938-7214 Punxsutawney Office or 814-765-8830 Clearfield Office.

CHILD'S NAME: Michaela Helsel

**Behavioral Health Rehabilitation Services
INDIVIDUAL TREATMENT PLAN
SIGNATURE PAGE**

Child/Adolescent (14 yrs. or older)	Signature	Date
Parent/Guardian	Signature	Date
Mandy Helsel		
Parent/Guardian	Signature	Date
Roni Jo Burkett MS B.S.C.		08/25/2007
Specialty Consultant (B.S.C. /M.T.)	Signature	Date
Contessa Vickers		
EPSDT Case Manager	Signature	Date

OTHER TEAM MEMBERS

Name (Print)	Signature	Affiliation	Date
Name (Print)	Signature	Affiliation	Date
Name (Print)	Signature	Affiliation	Date

received
11/5/07

**Behavioral Health Rehabilitation Services
INDIVIDUAL TREATMENT PLAN**

CHILD: Michaela Helsel
CONSULTANT/THERAPIST: Roni Jo Burkett MS

DOB: 7/10/2002
DATE: 10/24/07

Indicate Type of Plan

☒ Behavioral Specialist Consultant
☐ Mobile Therapist
☒ Other (Specify) TSS

Indicate Cycle of Plan

☐ Initial Treatment Plan
☒ Treatment Plan Review
☐ 1 Review Number
☐ Addendum to Plan
☐ Dated _____
☐ Addendum Number _____

STRENGTHS:

FAMILY: The family is quite close with one another and are care for one another deeply. The family is supportive of services.

EDUCATIONAL: Michaela is in the kindergarten class where she is excited to be.

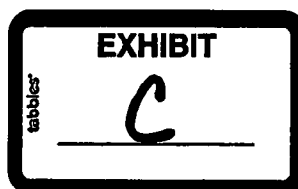
SOCIAL/RECREATIONAL: Michaela enjoys making friends and spending time with her peers. Michaela loves to draw, color and do crafts with others.

NEEDS:

FAMILY: The family would continue to benefit from guidance in helping with Michaela's increasing and demanding needs. Michaela has recently begun to display a lot of inappropriate behaviors towards others as well as animals and the family is in need of guidance to help with the recent turn of events.

EDUCATIONAL: NA

SOCIAL/RECREATIONAL: Michaela would benefit from peer related activities that are age appropriate as well as structured so that she would be able to use the learned skills that are being taught to her in her home environment.



CHILD'S NAME: Michaela Helsel

**TREATMENT HISTORY—MENTAL HEALTH OR BEHAVIORAL HEALTH
REHABILITATION SERVICES PROVIDED TO THE INDIVIDUAL IN THE
PAST—IF MARKED (x), PLEASE PROVIDE A NARRATIVE EXPLAINING
HOW THE CHILD/ADOLESCENT RESPONDED TO THE TREATMENT.**

_____ Residential Treatment Facility	From _____ to _____
_____ Outpatient Counseling	From _____ to _____
_____ Psychiatric Hospitalization	From _____ to _____
_____ Partial Hospitalization	From _____ to _____
_____ CRR	From _____ to _____
<u> X </u> EPSDT Mental Health Services	From 8/25/2007 to present
_____ Medication Management	From _____ to _____

**OVERALL PROGRESS/LACK THEREOF SINCE PREVIOUS
TREATMENT PERIOD:**

(Applicable only in time of reviews)

Michaela has adjusted quite well to having a TSS work with her in her home environment. Since services are quite new we are seeing a mired of events that have been emerging. Michaela has become abusive towards pets, peers and is seeking a lot of negative attention as well. Michaela quite loves and is eager to please when you work with her. Also, we are seeing some loss of self-esteem as late due to the current problems that have been emerging since services have been put into place: aggression, negative attention seeking behaviors, anger management difficulties.

CHILD'S NAME: Michaela Helsel

GOALS:

(Please indicate long term and short term goal number in left margin.)

IDENTIFIED PROBLEM/NEED: Michaela has begun to show action in regards to disrespecting her mom when she is asked to do something that is being asked of her. Michaela continues to be either verbally and or physically aggressive to others in order to gain her own way as well. Michaela is also being observed as attempting to harm the family pets, becoming physically aggressive with others by: biting, hitting, kicking, and screaming.

1 Long Term Goal: Michaela will be able to decrease her defiance all environments that she is in.

1a Short Term Goal with Target Date: Michaela will no longer use aggression to gain her way by March 15, 2008.

Time Allocation of Prescribed Services: 4 hours per week of H/C TSS, 10 hours per month of BSC.

Setting in Which Prescribed Services Will be Rendered: Home.

Intervention Technique:

BSC/TSS will:

1. Teach the parents behavior management techniques (time out, response cost, removal of privileges) to decrease Michaela's aggressive behaviors when she becomes upset.
2. Develop a reward system to improve Michaela's social skills and her anger control.
3. Teach Michaela to use a system to help relay that she is angry and/or frustrated so that others are aware so to help alleviate some of Michaela's frustrations.
4. Help the parents and Michaela find alternative activities to have Michaela engage in when it is noted that she is becoming angry/frustrated.
5. Work with the family to help determine underlying triggers to the acts of aggression and help in developing on strategies to help with Michaela's needs so that these aggressions episodes will decrease.
6. Verbally praise each and every positive thing that Michaela does and this includes when she is noted not to act of aggressively during a temper tantrum.
7. Offer an alternative activity that has been known to work in the past to help eliminate any temper tantrums.

8. Ignore Michaela when she is having a temper tantrum unless she is hurting herself or others.
9. Help determine with the family what a trigger is for Michaela that is known to upset her so that we can focus on these to help reduce her acts of aggression.

BSC will:

1. Discuss with the parents what has worked with Michaela in the past and what has not to help with finding a solution to eliminating Michaela's anger.
2. Work with the parents in finding a solution to helping Michaela
3. Consult with the TSS in regards to how Michaela is handling her self in the environments that she is in.
4. Conduct reviews on TSS daily shift reports.
5. Attend all evaluations.

Family will:

1. Be present for all sessions.
2. Work with the TSS/BSC in helping find Michaela's triggers to her aggression.]
3. Follow through with the skills that the TSS/BSC role model for Michaela.
4. Verbally praise and reinforce with Michaela when she displays a positive action that we want to see (no acts of aggression when upset).
5. Discuss with TSS/BSC the progress or difficulties that you have experienced since last session.

Expected Outcome: Michaela will decrease her acts of aggression when she becomes upset.

1b Short Term Goal With Target Date: Michaela will respond to house hold rules without acts of aggression by March 15, 2008.

Time Allocation of Prescribed Services: 4 hours per week of H/C TSS, 10 hours per month of BSC.

Setting in Which Prescribed Services Will be Rendered: Home.

Intervention Technique:

TSS will:

1. Review with Michaela the household rules at the beginning of each session.
2. Monitor the family's follow through in administering the behavior-modification contract and/ or time-out when a household rule is broken.
3. Give verbal praise and reinforcement when a rule is being followed. This is also done by the following statements:
 - a. Kodak Moments. "Michaela I am glad to see that you have picked up your toys before going to the supper table."

- b. Polaroid Moments. "Michaela I am happy that you were able to eat your supper without having it all over the table. Thank you and keep up the good work."

BSC will:

1. Aid the family in defining acceptable and behavioral expectations that they are wanting to see in their home.
2. Discuss possible behavioral implementations to be used when a rule is broken as well as when it is being honored.
3. Monitor the family's follow through in administering the behavior-modification contract that was implemented as well as the reward system that was put into place.
4. Provide verbal feedback for the accomplishments that the family is making.
5. Make a chart, if the family feels it will be needed to reinforce the family household rules.
6. Conduct weekly TSS shift reports.
7. Attend all psychological and inter agency meetings.

Family will:

1. Be in attendance of all sessions.
2. Verbally praise and reinforce each and every time that Michaela responds to a house hold rule.
3. Discuss with the TSS/BSC how Michaela is responding to the household rules when we are not present.
4. Be firm and consistent in reinforcing the house hold rules.

Expected Outcome: Michaela will realize the house hold rules also apply to her.

1c Short Term Goal With Target Date: Michaela will respond to a request without becoming aggressive in her response by March 15, 2008.

Time Allocation of Prescribed Services: 4 hours per week of H/C TSS, 10 hours per month of BSC.

Setting in Which Prescribed Services Will be Rendered: Home.

Intervention Technique:

TSS will:

1. Review the rules of complying with a request at the beginning of each session.
2. Encourage Michaela to look at the individual that is making the request of her so that the one that is asking the request realizes that Michaela is listening.

3. Teach basic problem solving skills with the method of dealing with a request that is being made of her by following these steps:
 - a. Stop, Think, Act do I know what is being asked of me?
 - b. Do I understand what is being asked of me or do I need to ask for an explanation?
 - c. Can I do what is being asked of me? If YES then do it. If not then ask for further explanations.
 - d. What is the consequence of not doing what is being asked of me? Do I want the consequence that will follow if I do not do what is being asked of me?
4. Verbally praise each time that Michaela is complaint with a request that is made of her.
5. Review at the beginning of each session how Michaela is handling requests that are being made of her.

BSC will:

1. Conduct a family session to teach the 1-2-3 magic rule of having Michaela respond to a request that is being made of her.
 - a. The request is being made of Michaela. Wait for a minute or two to see if she will respond.
 - b. Ask the request again but this time place a consequence to the requests.
 - c. If the request goes by without any compliance then simply enforce the consequence that is being given for failure to respond to the request that was asked of her.
 - d. Do not over verbalize what you are asking of her. Use short sentences. Give the consequence then move on to other items at hand.
2. Review with the family how Michaela is responding to requests that are being made of her.
3. Reinforce with the family of using various forms of verbal praise and reinforcement to help with Michaela being more responsive to requests that are made of her.
 - a. Use the Kodak Moments. "Michaela I heard how you responded to your mom's request as soon as she finished asking you to help her, that shows that you are really listening to what she had to say."
 - b. Use Polaroid Moments. "Michaela you have been responding to your mom's requests when she asked you not to fight with your sister, I appreciate that and thank you."
4. Attend all psychological and inter agency meetings.
5. Conduct weekly TSS chart review.

Family will:

1. Be in attendance of all sessions.
2. Verbally praise and reinforce for Michaela how she responds to a request that is made of her.
3. Role model for Michaela how one responds to a request that is made of you.

Expected Outcome: Michaela will realize that a request is being made

IDENTIFIED PROBLEM/NEED: Michaela does not feel very good in regards to her self and her actions that she feels this way are noted in her wanting to be by her mom's side constantly. Michaela will also tell others negative things about her self as an example (I am fat), and Michaela actually believes the statements that she will tell others.

2 Long Term Goal: Michaela will be able to feel comfortable with her self.

2a Short Term Goal With Target Date: Michaela will be able to identify a positive trait about her self by March 15, 2008.

Time Allocation of Prescribed Services: 4 hours per week of H/C TSS, 10 hours per month of BSC.

Setting in Which Prescribed Services Will be Rendered: Home.

Intervention Technique:

TSS will:

1. Discuss with Michaela to make one (1) positive statement about her self every day and to record it in a journal or a daily chart.
2. Review Michaela's positive statements that she made since last session.
3. Aid Michaela in developing self-talk as a way of boosting her confidence and positive self-image.
4. Talk with the family their interactions in a family session any patterns of interaction or methods of discipline that are negative or critical of Michaela, or ways that she could view as negative.
5. Use a therapeutic game to promote Michaela becoming more aware of herself and her feelings.
6. Use of a feelings chart, feelings board to help Michaela realize and identify specific feelings that she may have during a particular time/circumstance and discuss that it is okay to have these feelings.
7. Help Michaela become aware of how she expresses herself through role model/role play.
8. Gain Michaela's trust by giving her eye contact when she is speaking, ask questions in regards to what she is saying, reinforce all positive aspects of what Michaela is trying to say, take an active interest in her.
9. Verbally praise a lot to help build Michaela's self-esteem as well. Praise her for every positive thing that she does.

BSC will:

1. Discuss with the parents and the TSS how Michaela is responding to this skill of being more comfortable with her self.

2. Discuss possible environments that the parents and TSS can take Michaela into to help work on her self-esteem.
3. Review daily TSS shift reports.
4. Attend all evaluations.

Family will:

1. Be in attendance of all sessions.
2. Follow the TSS plan.
3. Verbally praise and reinforce with Michaela how she responds to her self in any positive manner.

Expected Outcome: Michaela will be able to feel good about her self.

2b Short Term Goal With Target Date: Michaela will be able to identify her feelings and express them with ease by March 15, 2008.

Time Allocation of Prescribed Services: 4 hours per week of H/C TSS, 10 hours per month of BSC.

Setting in Which Prescribed Services Will be Rendered: Home.

Intervention Technique:

TSS will:

1. Actively build a level of trust with Michaela through consistent eye contact, active listening, unconditional positive regard and warm acceptance to help increase her thoughts and feelings in regards to her present circumstance.
2. Help Michaela explore the perception of what is going on around her and the feelings that she is having when she is in the different environments.
3. Help Michaela explore the various stimuli that triggers her anger and possibly any feelings that are being noted during these triggers of anger.
4. Help Michaela be able to express her self when she is aware of the triggers that are known to upset her.
5. With Michaela list some main triggers that are known to upset her and brain storm some possible scenarios that she can handle herself when these know triggers are abound.
6. Consult with the family on the progress that Michaela is making in regards of triggers that she relays that is brings on her anger so the family is aware of these triggers as well.

BSC will:

1. Consult with the family how Michaela is handling herself when she has a change in environment.

2. Consult with the family to help them encourage Michaela to discuss her triggers so that all are aware of what is upsetting to them so that a solution to her anger can be reached.
3. Attend all psychological evaluations.
4. Consult with all team members.
5. Review all TSS daily shift reports.

Family will:

1. Be in attendance of all sessions.
2. Follow the TSS treatment plan.
3. Verbally praise and reinforce with Michaela when she is able to express her self.
4. Role model for Michaela these skills that were are trying to teach her.

Expected Outcome: Michaela will feel more comfortable and be able to express her self.

2c Short Term Goal With Target Date: Michaela will be able to identify negative self talk and replace with positive self talk by March 15, 2008.

Time Allocation Of Prescribed Services: 4 hours per week of H/C TSS, 10 hours per month of BSC.

Setting in Which Prescribed Services Will be Rendered: Home.

Intervention Technique:

TSS will:

1. Continue to build a level of confidence with Michaela through the use of eye contact, active listening, unconditional positive regard, and warm acceptance.
2. Discuss with Michaela any and all negative self talk that is associated with past trauma and her feelings of what is to come and why it is so in her mind.
3. Aide Michaela in replacing her distorted, negative, self- defeating thoughts with those that are positive, reality-based self talk.
4. Help Michaela make a list of all positive things that are in her immediate environment.
5. Write down this list with Michaela's help so that she is able to refer to it when it is needed.
6. Encourage Michaela to refer to her positive list when ever she feels that all is going awry.

BSC will:

1. Consult with all team members in regards to how Michaela is handling her trauma from the past.
2. Encourage the family not to be critical of the way/manner that Michaela is feelings.

3. Encourage the family to have Michaela talk about what is bothering her so that it can be worked through.
4. Review all TSS daily shift reports.
5. Attend all evaluations.

Family will:

1. Be in attendance of all sessions.
2. Follow through with the TSS plan.
3. Encourage Michaela to discuss what is bothering her.
4. DO NOT be critical of what Michaela is feeling.
5. Verbally praise Michaela for being able to talk with you.

Expected Outcome: Michaela will be able to replace her negative self talk with positive self talk.

IDENTIFIED PROBLEM/NEED: Michaela is seeking a lot of attention from others that simply is not acceptable for someone of 5 years of age. Michaela is showing lack of respect when interacting with others by being physically and verbally aggressive, using a loud voice level, not using good conversational skills as well.

3 Long Term Goal: Michaela will be able to be appropriate in her interactions with others.

3a Short Term Goal With Target Date: Michaela will increase her interactions with her mom and others in a positive and more acceptable manner by March 15, 2008.

Time Allocation of Prescribed Services: 4 hours per week of H/C TSS, 10 hours per month of BSC.

Setting in Which Prescribed Services Will be Rendered: Home.

Intervention Technique:

TSS will:

1. Help Michaela recognize situations that are known to cause her to respond with verbally inappropriate language or actions with/towards others.
2. Teach the STOP, THINK, ACT concept that has been introduced by the BSC to help Michaela realize that her actions are not always appropriate for the current circumstance that she is presently in and allow her to regroup and handle her self in a more appropriate manner. This will be done by the following:

- a. STOP will be said to Michaela when she is beginning to display inappropriate voice levels such as whining, yelling or any tone of voice that those that are in her presence are simply not comfortable with or her actions at the present time.
 - b. THINK will be said to Michaela to give her a chance to think of her current actions and if needed prompt her to change what is needed to be changed (language, tone of voice, actions/mannerisms, etc.)
 - c. ACT will be said to Michaela in a manner that any one who is upset with her actions/verbalizations will simply have to say: "Is that how I speak to you or how I act with you?" or something similar. If she is unresponsive then just walk away until she is ready to speak with you in a manner that you feel is more acceptable to the environment that you are currently in.
3. Verbally praise Michaela each and every time she is appropriate in her actions with others. These will consist of:
 - a. Kodak Moments. "I like how you are able to look me in the eye when I am talking to you. It shows to me that you are listening to what I am saying, thank you."
 - b. Polaroid Moments. "You were upset when your mom told you were not able to be on the computer at this time. I liked how you were able to make a compromise with your mom so you can have some computer time later. Thank you."
4. Encourage Michaela to give an "I message..." when she is upset so that she will be able to communicate her feelings and be able to work out the conflict with an acceptable compromise for all involved.
5. Continue to build a level of trust with Michaela through consistent eye contact, active listening, unconditional positive regard and warm acceptance to help increase Michaela's ability to express and identify her feelings.
6. Discuss with Michaela her perceptions of the relationships that she has with others and how she may feel if others treated her in the manner that she is treating them.
7. Discuss with Michaela some possible ways that she can change the way that she interacts with others that are more appropriate than the current manner that she is treating others.
8. Compile a list with Michaela how she can improve her relationship with her mom and others. Review this list each session and discuss with Michaela how she has used this list since last time you two met.
9. Consult with the family to have them observe and record three (3) to five (5) positive behaviors by Michaela in between sessions.
10. Discuss with the family to communicate with one another the positive interactions that was observed and reinforce looking for the positive in one another instead of all that is wrong.
11. Reinforce positive behaviors that are seen between Michaela and her family and encourage her to continue with these behaviors that we have witnessed.

BSC will:

1. Consult with the family to see how Michaela is handling herself when she is interacting with others.
2. Consult and discuss with the family of possible consequences/rewards that can be implemented when needed to help Michaela learn to interact with others in a manner that is acceptable for the environment that she is in.
3. Discuss with the family how their interactions with Michaela affects how she treats them and possible solutions to help Michaela and her anger outbursts when she becomes upset.
4. Attend all psychological evaluations.
5. Review all TSS daily shift reports.
6. Consult with all team members.

Family will:

1. Be in attendance of all sessions.
2. Follow the TSS plan.
3. Be a positive role model for Michaela to follow in regards of interacting with others in a positive and appropriate manner.
4. Verbally praise and reinforce each and every time that Michaela is able to interact with you or others in a manner that is acceptable for the environment that she is in.

Expected Outcome: Michaela will display more acceptable interactions with her mom and others across all environments.

3b Short Term Goal With Target Date: Michaela will use appropriate conversational skills with those that she is in contact with by March 15, 2008.

Time Allocation of Prescribed Services: 4 hours per week of H/C TSS, 10 hours per month of BSC.

Setting in Which Prescribed Services Will be Rendered: Home.

Intervention Technique:

TSS will:

1. Continue to build a level of trust with consistent eye contact, active listening, unconditional positive regard and warm acceptance to increase Michaela's ability to accept what TSS is teaching to her.
2. Point out to Michaela when she is responding to others in a negative or disrespectful manner/tone of voice. This will be done by:
 - a. Gain her eye contact.
 - b. When it is appropriate the TSS will place a finger up to their mouth to indicate to Michaela what she has said in negative, inappropriate or simply unacceptable.

- c. Will use no more than 5 words in prompting Michaela to change from an aggressive, disrespectful tone of voice or action to an assertive/positive tone of voice or action.
3. Will point out to Michaela in a very concrete manner how others react to those who make negative statements, yell/scream at them or simply acting in a manner that is immature for the current environment that they are in.
4. Will review Michaela's interactions at the end of each session to recap what was positive and what could have been handled differently.
5. Role model appropriate actions of conversational skills that are expected of her.
 - a. Appropriate voice level.
 - b. Appropriate use of language.
6. Role model appropriate actions of expected behaviors through out the session.
7. While out in the community observe various individuals that are doing actions that are simply not acceptable and discuss these and talk with Michaela how these could be doing things differently. Discuss with Michaela how their actions look to others.
8. While out in the community observe various individuals through out the session that are displaying acceptable actions for their current environment that they are in. Discuss what they are doing positive. Discuss with Michaela how their actions are perceived by others.
9. Compile with Michaela a list of acceptable behaviors that is expected of her in all environments that she is in. Review with Michaela this list at the beginning of each session as well as during the session to reinforce all positive actions to be seen.
10. Give verbal praise and reinforce each and every time Michaela acts or speaks appropriately in any environment that she is in to help reinforce all positive actions that we are striving to achieve.

BSC will:

1. Conduct family sessions to relay with the family what is acceptable and unacceptable skills that we are trying to work on.
2. Encourage the family to be a better role model for that Michaela will have better examples to follow.
3. Attend all psychological evaluations.
4. Review TSS daily shift reports.
5. Consult with all team members.

Family will:

1. Be in attendance of all sessions.
2. Follow the TSS treatment plan.
3. Be an active role model that Siren will be able to follow in regards to acceptable behavior in the environment that she is currently involved in.
4. Verbally praise and reinforce each and every time that Siren displays an action that is positive.

Expected Outcome: Michaela will be able to display appropriate actions across all environments.

CHILD'S NAME: Michaela Helsel

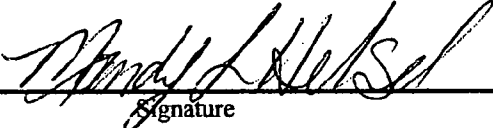

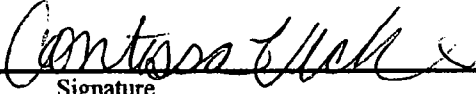
24 HOUR CRISIS PLAN

In case of an emotional/psychiatric emergency, the following steps should be taken:

- 1.) During weekday, daytime hours, call Clearfield/Jefferson County MH/MR Crisis Unit at (1-800-341-5040). Tell the person who answers the phone that you are having an emergency and wish to be connected with the crisis unit. When the crisis unit representative answers the phone, be able to discuss the details of the emergency and be willing to follow through on any recommendations made by the representative.
- 2.) During weekend or night time hours, call 911. Tell the person who answers the phone that you are experiencing a "mental health emergency" and need to speak with the mental health worker on call. When the mental health worker answers the phone, be able to discuss the details of the emergency and be willing to follow through on any recommendations made by the worker.
- 3.) If a child has run away, call the State Police in DuBois (814) 371-4652, Clearfield (814) 857-3800 or in Jefferson County at (814) 938-0510 and then call the Children and Youth Services Hotline in Clearfield County at (814) 765-1541 or in Jefferson County at (814) 849-3696.
- 4.) If there is physical abuse/violence happening, call 911 and then call the Children and Youth Services Hotline in Clearfield County at (814) 765-1541 or in Jefferson County at (814) 849-3696.
- 5.) If there is a medical emergency or you are in doubt as to who to call, or what to do, call 911 first.
- 6.) If the emergency ends up in a hospitalization for your child or adolescent, please call your Behavioral Specialist Consultant or Mobile Therapist the next day. Services will be suspended until your child or adolescent is out of the hospital. If you have questions about your son or daughter's services, please call your BHRS Case Manager 814-938-7214 Punxsutawney Office or 814-765-8830 Clearfield Office.

CHILD'S NAME: Michaela Helsel

**Behavioral Health Rehabilitation Services
INDIVIDUAL TREATMENT PLAN
SIGNATURE PAGE**

Child/Adolescent (14 yrs. or older)	Signature	Date
<hr/>		
Parent/Guardian	Signature	Date
Mandi Helsel		10-30-07
Parent/Guardian	Signature	Date
<hr/>		
Roni Jo Burkett MS B.S.C.		10/24/2007
Specialty Consultant (B.S.C. /M.T.)	Signature	Date
<hr/>		
Contessa Vickers		
EPSDT Case Manager	Signature	Date

OTHER TEAM MEMBERS

Name (Print)	Signature	Affiliation	Date
<hr/>			
Name (Print)	Signature	Affiliation	Date
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Name (Print)	Signature	Affiliation	Date
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FILED

AUG 25 2008

William A. Shaw
Prothonotary/Clerk of Courts,

JA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

MANDY HELSEL as parent and natural
guardian of MICHAELA HELSEL, minor,

COURT DIVISION

Plaintiffs,

No.: 2008-1582-CD

vs.

CEN-CLEAR CHILD SERVICES, INC.

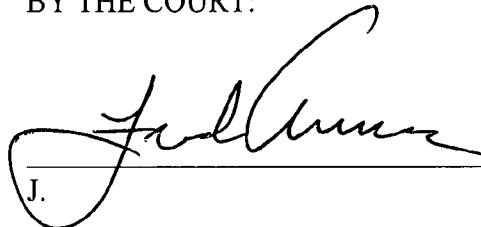
Defendant.

ORDER OF COURT

On this 11 day of Sept, 2008, it is hereby ordered that the petition to settle a minor's claim is approved and that the settlement proceeds in the amount of \$22,000.00 shall be distributed in the following manner:

1. Payment of counsel fees to the law firm of Woomer & Hall LLP, in the amount of \$5,500.00 (25%);
2. Payment of court costs and expenses to the law firm of Woomer & Hall LLP, in the amount of \$135.46;
3. Payment of the lien in the amount of \$967.22 to the PA Dept. of Public Welfare;
4. The balance of the settlement in the amount of \$15,397.32 made payable to Michaela Helsel, minor, is to be deposited by Robert B. Woomer, Esquire, into a federally insured interest bearing savings account or other federally insured investment in the minor's name, with certification of deposit, not to be withdrawn by Michaela Helsel, a minor or any other party until she has attained the age of eighteen (18) years, which is on 07/10/2020; and
5. Proof of deposit shall be filed of record within thirty (30) days of deposit by Robert B. Woomer, Esquire.

BY THE COURT:


J.

FILED 100
01:10:46 PM
SEP 11 2008
William A. Shaw
Prothonotary/Clerk of Courts
Arry Woomer
GW

FILED

SEP 11 2008

William A. Shaw
Prothonotary/Clerk of Courts

DATE: 9/11/08

☒ You are responsible for serving all appropriate parties.

☐ The Prothonotary's office has provided service to the following parties:

☐ Plaintiff(s) ☐ Plaintiff(s) Attorney ☐ Other

☐ Defendant(s) ☐ Defendant(s) Attorney

☐ Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

MANDY HELSEL as parent and natural
guardian of MICHAELA HELSEL, minor,

Plaintiff,

vs.

CEN-CLEAR CHILD SERVICES,

Defendant.

ORPHANS COURT DIVISION

Docket No. : 2008 – 1582 - CD

Code No.:

PROOF OF DEPOSIT

Filed on behalf of Plaintiff:

MANDY HELSEL as parent and natural
guardian of MICHAELA HELSEL, minor

Counsel of Record for this Party:

Robert B. Woomer, Esquire

Pa I.D. # 59030

Woomer & Hall LLP

2945 Banksville Road, Suite 200

Pittsburgh, PA 15216-2749

Tele # (412)388-0848

Fax # (412)388-0946

JURY TRIAL DEMANDED

Proof of Deposit

FILED ^{NO CC}
M10:59/04
DEC 18 2008 @

William A. Shaw
Prothonotary/Clerk of Courts



Certificate Of Deposit Receipt

Account No. 1986290535

Depositor #1

Michaela Helsel-no withdrawal without court order until

Depositor #2

7/10/2020 Michaela Helsel, a minor's 18th birthday

Certificate Type

☒ Retail

☐ Retirement

Rate Type

☒ Fixed Rate

☐ Variable Rate

Date: 12/11/2008

Amount: 13,563.99

Maturity Date: 12/11/2014

Interest Rate: 4.02 %

Term: 72 months

Annual Percentage Yield: 4.10 %

Interest Payment Method: reinvest

National City



Official Signature

Subject to terms and conditions set forth in Time Deposit Account Agreement and Pricing Schedule as in effect from time to time. A penalty will be imposed for early withdrawal.

NON-NEGOTIABLE AND NON-TRANSFERABLE TIME DEPOSIT

Member FDIC

