



## **Utilization Criteria Integration: Six Dimensional Assessment through the Continuum Case Study Assignment**

### **Tonya, a 16-year-old Caucasian Female**

#### **PRESENTING and LEGAL PROBLEM:**

Tonya was referred to treatment by her foster care case manager, as a result of her use of methamphetamines. It was reported by Cathy, Tonya's foster mother that Tonya has not been returning to the foster home after school and will be missing for 3-4 days at a time. Tonya admits to smoking methamphetamine with some older friends and will return home when she comes down. Despite several attempts by the foster parents to re-direct this behavior, they have been unsuccessful. Now Lisa, Tonya's case manager is concerned for her safety.

#### **SOCIAL HISTORY:**

Tonya first entered the foster care system at age 12 when she was removed from her aunt's house due to drug use in the home. Tonya's mother's parental rights were terminated when she was 7 years old, as a result of her mother's cocaine addiction.

Tonya has been in foster care since the age of 12 and has spent most of that time living with one family. Around age 14, Tonya first attempted suicide by taking too many sleeping pills. After the 2nd attempt, the foster parents felt that they were not equipped to handle Tonya so her case worker moved her to a new home with Cathy and Daniel.

During the first year of living with Cathy and Daniel, Tonya's mood was consistently down, but there were no major behavioral issues. After a 3rd suicide attempt about 8 months ago, Tonya began associating with a group of older friends (between the ages of 18-22). She began using meth and started disappearing for days at a time.

#### **PSYCHOLOGICAL HISTORY:**



Since the age of 13, Tonya has reported feeling a depressed mood on nearly a consistent basis. She used to be involved in school activities but has since stopped. She spends most of her days sleeping, when she's not out with her friends. When she does go to school, she does not associate with any of her classmates. When she returns home, she will go to her room and not talk to her foster parents or foster siblings. Tonya will usually go to sleep around 4pm. Most evenings, she will wake up for dinner and will eat, but will go back to bed by 7:30pm, and will sleep until it is time to get up for school.

In the past 15 months she has had significant weight loss. She reports having no energy during the day, and often makes statements about her feelings of worthlessness. Her grades have significantly declined due to her missing several days of school as well as her reports of not being able to focus.

#### **SUBSTANCE USE HISTORY:**

Tonya reports having first used marijuana and alcohol when she was 12 years old. She stated that from ages 13-15 she would smoke about once a week and drink about once a month. She states that she quit drinking at age 15 because she doesn't like the taste of alcohol. She reports smoking marijuana occasionally, but states that she does that mostly to fit in with others that use.

While in the psych hospital following her 3rd suicide attempt, she met a 17-year-old girl whom she stayed in touch with after being discharged. She started hanging out with her and her group of friends. It was at that time (approximately 8 months ago) when they introduced her to methamphetamine.

Tonya describes meth as "the love of my life." She is unapologetic about her use, and reports binge using meth on a weekly basis. She reports that she will typically use for 3-4 days and then crash for another 3-4 days.

Tonya states that when she started, she would take a few hits every day. She wasn't sure how much she was smoking. She states that her need for more meth grew quickly and she began to take more hits throughout the day. Within the past month, she started shooting meth to feel a more intense and pleasurable high.



Tonya says she has never tried to impose any limits on herself, as the only limits she has have to do with how much she can afford or how much she is able to use of her friends' stash. She states that when she runs out, she is very upset and has intense cravings. Tonya admits that it has been months since she's been awake and not using. She states that her pattern has become predictable; using for 3-4 days before sleeping for another 3-4 days, and then the cycle starts over again. She admits that her life has started to revolve around this pattern, making school difficult.

Tonya expresses remorse for how her use has affected her foster parents, as she believes they do really care about her. She also recognizes that her use is probably making her depression worse in the long term, and it has caused her to put herself in very dangerous situations in order to get money for meth.

Tonya states that she knows she cannot live like this forever but is not wanting to make any changes at this time. However, she does admit that if she were to quit, she doesn't feel she could do it on her own.

#### **MEDICAL HISTORY:**

Tonya was last seen by a doctor 10 months ago, as part of a regular check-up in foster care. The doctor expressed concerns about her substantial weight loss and malnutrition. Tonya is very selective about the food she eats and the doctor is concerned that she is not getting the vitamins that she needs. Aside from this, he reports that she is in good physical health.

#### **MENTAL STATUS EXAMINATION:**

Tonya was disheveled and unkept as a result of having not slept for 3 days. Her mood and affect were appropriate to the setting. Tonya appeared to be oriented x4 and willing to participate in the assessment. Tonya demonstrated some good insight in her understanding that her current way of living was not sustainable over the long term. However, she reported that she does not feel the need to make any changes right now.



Tonya denies any suicidal thoughts since her last attempt 8 months ago. She was cooperative during the assessment. Her mood appeared to be depressed, evidenced by lack of eye contact, slow speech, and expressed statements of hopelessness.