

Brianna's Story

by Mebane Rash

Brianna came to live with Linda McDonough when she was seven weeks old, gaining a family, including a big sister, and a home. Linda then adopted her at age two. McDonough adopted Brianna even though by then it was clear Brianna's mental health issues would shape the life the family would share. Brianna is 13 now.

In some ways, Brianna is lucky. Medicaid pays for Brianna's treatment, thanks to an adoption insurance package for families taking in high-risk children. And, she has a mother that loves her for the beautiful, challenging child that she is. "I love my daughter," says Brianna's mom. "But I can't cure her, nor can I fix her. I can only love her as she is and work to shape her



world so that she can be successful. Sometimes it works. Much of the time it doesn't."

Brianna was expelled from her first day care center. Her first interaction with the mental health system in North Carolina was through her local mental health management entity, which placed her in therapeutic day care. Brianna has been

mainstreamed—where students with special needs are educated in regular classes. And she has been pulled out of regular classes and educated in a self-contained educational environment. She has attended public and private schools. Her first psychiatric hospitalization was in third grade at UNC Hospital in Chapel Hill.

Brianna personally has experienced most of the options our mental health system has to offer children her age. She spent eight months at the Wright School, a state-operated facility offering residential treatment for children aged 6–12 with serious behavioral and emotional disorders (see p. 45). She spent five months in a therapeutic level II foster care facility with a caretaker she called Aunt Jackie. She spent six weeks

Brianna's mom sits with her in an emergency room, waiting for a bed to open up.



Karen Tam



at Central Regional Hospital in Butner. She has been in more than one psychiatric residential treatment facility (PRTF). She has spent time in multiple emergency rooms across the state. She knows that sheriffs in the criminal justice system take her from one place to another.

In March 2011, Brianna spent 6½ days in a hospital emergency room, 80 miles away from her hometown and her mom. Staff from a psychiatric residential treatment facility had dropped her off and left her in the ER. She was given medication, but she still needed to be restrained at times. She did not have access to books or school work or exercise — because these things just aren’t possible in an ER. She began to self-mutilate, and her hand had to be bandaged. Finally, it was Brianna herself that picked up the phone and called 911. She told the

operator she needed a ride to Butner.

Brianna’s primary diagnosis is Disruptive Behavior Disorder, a little worse than attention deficit hyperactivity disorder (ADHD), but not quite so bad as conduct disorder, according to her mom. She also has Anxiety Disorder, NOS (not otherwise specified), which means it doesn’t look like most people’s anxiety. And, complicating it all is a brand new diagnosis of severe receptive-expressive language disorder. “When people talk, Brianna drowns in an ocean of words,” says her mom. “Kids with this disorder have a very hard time in classrooms because teachers talk so dang much. You know how the adults in the Charlie Brown videos sound? That’s how she hears language.”

Brianna’s mom hopes to find a PRTF that is able to treat her daughter for an extended

period of time, maybe a year or two, and that Brianna then will be able to come home and live with her. “The truth is that I am proud of both my daughters. I have no desire to trade either one of them in. They are who they are, and I am honored to share their journeys. Even the one who tells me she likes Butner because their padded room is nicer.” ☒☒

