

Seneca Residential Treatment Center
TABLE OF LIFE EVENTS: **James Smith**

AGE	DATE	EVENTS
Pre	1950?	B Birth of Paul Johnson father of Angela's first five children, He later had a brain tumor and died. He was reportedly in 30's when mother was 13.
	?	B Birth of father , Eric Duggan Has abused drugs and was incarcerated as of 9/05 for assault. Abused alcohol.
	1968	B Birth of natural mother , Angela Crummy A Mother lost custody of James after she dropped him off at a friend's house and abandoned him. She was a teenager when she gave birth to James. Reportedly last seen 2002 traveling in fairs in CA
	?	B Birth of adoptive father , John Smith – now in Paso Robles No information.
	?	B Birth of adoptive mother , Leisa Smith – currently in Paso Robles (no information)
	3/1/92	B Birth of older brother , Michael Custody is apparently still with adoptive parents. Reportedly has ODD and depression
0	8/6/94	B Date of Birth, James (original last name not known) – mother age 26 A Born with positive toxicology for methamphetamine and alcohol. Mother was teenager
	1/11/96	B Birth of younger brother , Dylan Custody is apparently with adoptive parents. Diagnosed with ADHD
3-4	11/97	Placed in foster care due to abandonment A Mother left with a friend to go to Rehab appointment and never came back
3-6	1/98	Change in foster care He had three foster placements in a 2 year period (report of 3/2/04) ? We have no clear records of when these took place or who was involved.
4-0	8/99	Approximate time he was placed with Leisa and John Smith No records
4-3	11/99	Parental rights terminated No records
4-4	2/00	Adopted by Leisa and John Smith His two biological brothers were adopted at the same time.
8-11	3/27/03	Neuropsychology Consult – Thomas Wylie Ph.D. No records
9-1	9/03	Presumed time James began 4th grade at San Gabriel School No records
9-3	11/5/03	Initial Assessment – Stephanie Buchler LCSW e Diagnoses: 299.80 Asperger's Disorder, 314.9 ADHD, 313.81 Oppositional Defiant Disorder m Current medications: Adderall 10 to 30 mg QD, Strattera 40 mg, Concerta 18 mg BID, Ritalin 5 mg TID, Concerta 54 mg – it is not clear if all these stimulants were given simultaneously. For a time he was medicated by his pediatrician who finally stated the problems were beyond his expertise. P He is not aggressive towards others but is extremely destructive of his possessions and room. He has demanded that all furniture be removed from his room, including his bed, and he has ripped up the carpet. He sleeps on cement floor with a blanket – a situation he tolerates. He is overly perfectionistic and easily frustrated. P Adoptive parents report he cannot make friends, can't tolerate crowded classes. He also can't tolerate the lunchroom or playground and must be with adults at these times. P Interactions with his siblings tend towards normal but they know how to provoke him until he loses control.

Key:	Important relationship/attachment issues	R	Birth:	B	Change in Residence	
Evidence of Neglect/Abuse:	A	Strengths:	S	Evaluations:		e
Medical & Medications:	m	Problems:	P			

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9-4	12/5/03	Psychiatric Assessment – Enn Mannard MD No records
9-5	1/30/04	IEP P Target behaviors are non compliance and not following adult directions.
9-6	2/20/04	Placed in Respite Care No records
9-7	3/2/04	AB3632 Assessment – Behavioral Health Services, Greg Vickery LMFT, Enn Mannard MD P More recently has had escalated behavior in school, tantrums, refusal to do work – despite placement in a Special Day Class to minimize stimulation and disruption. His thinking style is described as rigid and perfectionist P He was home schooled by parents for part of 2 nd grade because of an episode of aggression directed at a teacher and concerns he was in the right school setting. m Current medications – Concerta 54 mg AM, Risperdal 1.5 mg BID S He is bright, verbal and articulate. It was decided that he met the criteria for AB3632 services
9-8	4/26/04	Placed at San Diego Center for Children (RCL 14) The former adoptive parents placed him. The cost was \$6,371 per month. Because they had no guarantee that funds through Adoption Assistance Program would continue they parents petitioned to have the adoption set aside.
9-10	6/1/04	CPS report A Adoptive mother acknowledged that she slapped James the previous September when he broke his glasses Report was evaluated out
9-11	7/04 to	Group home undergoes personnel changes including layoffs.
-10-3	11/04	R It appears that some of James’s outbursts were in reaction to these staff changes
10-1	9/04	James is in 5th grade at a non public school at San Diego Center for Children He has an IEP
10-2	10/18/04	CPS report A James disclosed that while in foster care (not adoptive parents) he was made to put his underwear on his head if he wet his bed or pants.
10-5	1/6/05	IEP S He continues to show strengths in reading, spelling, art and music. He is also strong in PE. He struggles dealing with strong feelings in a safe and appropriate way. He continues to need a high level of care – ie level 14, 24 hour care.
10-6	2/9/05	James’s brother 5150’d (he was also adopted by the Smiths) R Apparently during the process the adoptive parents made negative comments about him saying “he won’t amount to anything” or “he’ll explode at any moment.” They object to this brother participating in extracurricular activities. SAFE meeting was held – mother was not happy with the process. She felt she was being told she didn’t know how to parent.
10-7	3/1/05	Adoption set aside This took place because of James’s serious emotional disturbances – these problems were apparently not evident when he was first adopted.
	3/18/05	CWS assumes responsibility for James No records
	3/23/05	Detention Report – Superior Court, County of San Luis Obispo e Currently James is diagnosed as Reactive Attachment Disorder, Oppositional Defiant Disorder and ADD m He is on Depakote, Risperdal, Concerta, Wellbutrin and Seroquel. R Adoptive parents want to keep contact but not have the legal and financial responsibilities of parents. They speak to him on the phone regularly and visit him about once a month.

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10-8	4/2/05	<p>Health and Education Passport</p> <p>m Current medications: Concerta 54 mg QD, Risperdal 1.5 mg QHS, Wellbutrin SR 150 mg q AM, Depakote 750 mg HS</p>
	4/18/05	<p>Conference Call with program staff at San Diego Center for Children</p> <p>S Staff reported James was making progress, listening to directions better and participating more with peers. He had not had a major incident at his cottage for a couple of weeks (previously they were occurring a couple times a day)</p> <p>m Staff Doctor announced her intention to replace Risperdal with Abilify.</p> <p>e At this point James generally works at grade level. He is a particularly strong reader but does struggle a little with math.</p> <p>R Adoptive parents visit James about once a month. They report that James is not always eager to visit with them. Sometimes he seems more interested in doing other things. (see report of 7/05)</p>
	4/26/05	<p>Service Plan Update</p> <p>See 4/18/05 – this report confirms positive changes in James’s behavior</p>
10-9	5/18/05	<p>Jurisdiction/Disposition Report – Superior Court – San Luis Obispo, Lance Hillsinger CWW</p> <p>e At this time he is diagnosed with Asperger’s Disorder, Attention Deficit Disorder, and Oppositional Defiant Disorder.</p> <p>P He engages in unprovoked acts of aggression – particularly against his own personal property.</p> <p>R The adoptive parents have not yet told James that his adoption was terminated. There was general agreement that this would not be helpful.</p> <p>m Seroquel has been increased to 100 mg TID</p> <p>P He had one major disruptive incident – he failed to pass a swimming test and this seemed to instigate a physical restraint.</p> <p>R One of James’s brothers is receiving WRAP services in the adoptive home. Another is living with relatives of the adoptive family.</p> <p>m Mention is made of a need to periodically check James’s thyroid level.</p> <p>Recommendation Report</p> <p>Recommended that James remain as a dependent of the court. Previous adoptive parents were granted DeFacto Parent status.</p> <p>Adoptive parents were appointed to represent James in the development of IEPs.</p>
10-10	6/20/05	<p>Treatment Plan Review – San Diego Center for Children</p> <p>e Diagnoses: Bipolar Affective Disorder, ADHD, ODD, Reactive Attachment Disorder</p> <p>m Medications: Abilify 5 mg QAM to be increased to 20 mg PM, Depakote 750 mg HS, Risperdal 1 mg AM 2 mg HS, Concerta 54 mg QD, Colace 100 mg QD, Seroquel to be increased to 100 mg TID</p> <p>S Staff report James is making excellent progress. He is “checking and connecting” with staff more when upset and has increasingly enjoyed participating in groups and his creative nature is really blossoming. He relishes his time in arts and crafts and has been very proud of the art, masks, and dances which he has created. He is also starting to make friends with children on the unit.</p> <p>P Staff have concerns about how easily James is distracted. He also is hypersensitive to “fairness” in games and can easily feel he is being ganged up on. He has a hard time in class and has trouble when peers are having a difficult time. He can become hyper and silly which leads to not following directions well. He had three serious incidents – one in May and 2 in June - two were staff assaults, one was danger of assault.</p> <p>R His individual sessions focus on improving his social skills. He reports in sessions that he really likes it at the Center.</p> <p>R The previous adoptive parents have said they would like to stay in James’s life and if he were able to return to a home setting would like him to return to them (though they would only be foster parents at that point). This treatment plan states, however, that return to this family is not possible for legal reasons. These are contradictory statements in the plan.</p>

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10-10	6/20/05	<p>Treatment Team Sheet/teacher report – Teresa Ondie – grade 5</p> <p>e Current academic levels spelling 5.4, reading 5.1, writing 4.4, math 4.0</p> <p>P James has a difficult time staying focused on the classroom. He often sets up peers as a way of avoiding doing work. He completes most of his school work but often requires working in a quiet isolated area.</p> <p>P In the past month he has needed longer de-escalation times. Movement breaks make him more hyper. He responds better to wall sits and quiet, calm locations.</p>
10-11	7/27/05	<p>Master Service Plan update</p> <p>P James remains at San Diego Center for Children but his assaultive behaviors and destruction are escalating again.</p> <p>R The Adoptive parents have not visited James in several months. Given their decline in involvement the team is reconsidering when it will be best to tell client about the change regarding adoption.</p>
11-2	10/6/05	<p>Placed at Seneca Center, Sage house – referred by Pete L’Esperance CWW San Diego</p> <p>Kathy McGregor is the Mental Health Worker in San Luis Obispo</p> <p>m Admission medications: Risperdal .5 mg AM & Noon, Risperdal 2 mg HS, Depakote 250 mg AM 500 mg PM, Concerta 54 mg AM, Colase, Folic Acid</p> <p>e Last diagnosis: 296.80 Bipolar Disorder NOS, 313.81 Oppositional Defiant Disorder, 314.01 ADHD, 313.90 Reactive Attachment Disorder</p> <p>P Presenting problems: becomes defiant, easily frustrated, aggressive, gets into periods of frenetic activity where he is silly, disrupts peers, and runs around. He engages in serious property destruction.</p> <p>S Strengths: James is good at reading, spelling, art and music. He enjoys using the computer and likes science.</p>

T. Stanton M.D.
 Created: 10/5/05
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Note on the findings in this Table of Life Events

The information presented in this table was gathered solely for the purposes of describing important events in this child’s life as well as highlighting actual and potential strengths within the child and his family. It was drawn in large part from documents that were supplied by other agencies or through unrecorded interviews. The fact that something is reported here does not necessarily mean that it is true, but simply that it was reported in these documents and interviews. A great deal of information may also be missing because we do not have access to it.

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