

The background of the page is a close-up, slightly blurred image of the American flag, showing the stars and stripes. The stars are on the left side, and the stripes are on the right side.

My sole purpose for sharing my psychiatric medical records is because I want people to see what foster children go through. I also think it is very important for everyone to get a real feel for our mental health system. While every experience is different, this was my experience. I may have had it worse than some, but for many, I had it easy. It is also important to keep in mind that I was a child in these reports. I was essentially institutionalized for 10 years of my childhood and my family was ripped away from me. I had no contact with them, and I was bounced around placements. Whenever I would make friends, I was ripped away from them and had to learn how to adapt and assimilate with new families. Looking at the big picture and what I had been through at the time, it shouldn't surprise anyone that a child would act this way if they were put through these things.

What you are about to read is not pretty and is not reflective of who I am today in any way, shape, or form. It is what built me and why I think the way I do. I have worked hard to get where I'm at and I had absolutely no help getting here. Everything I have done was done on my own accord. I am nearly incapable of forming close bonds with people and I have learned to always watch my back. In fact, if anyone tries to get too close, I do what is necessary to keep them at a distance. This is what the world taught me at a young age. Many may never believe I am the boy in these records as it doesn't match who I am today. I fought through many obstacles and I did everything I could to stay afloat on my own. Because I made it through and I am here today, I am running to protect children and prevent them from facing similar obstacles in life. Someone needs to do it and I am one of the few who can truly fix this problem. Because of my disorders, I know this will put my entire well-being to the test. Whatever happens, at least I tried instead of standing by and watching others go through the same things.

Some things to note:

- I was sent to West Hills Hospital six times throughout my childhood. Most times, I should have never been hospitalized. But you know, money talks and if there is even the slightest reason to put a kid in there, they may as well. Especially when Medicaid is paying for it.
- I was unable to obtain records from my initial stay in 1993 at the age of 5. I do know that it was due to, "disruptive behaviors."
- In 1998, at the age of 9, I was only able to obtain the discharge papers for this visit.
- The following pages express my version of what actually happened, and/or anything I want to explain about some of the things noted in my file.

#### **Visit of 1998 – (9 years old)**

I only have discharge papers for this visit. There really isn't much to say about it. I was forced out of a home that I was in for four years and I lost the only mom I had at the time. My biological mother had her rights involuntarily terminated and I was not allowed to see her. At this point in my life, I had lost 2 moms and 2 families in the span of 9 years. I didn't even get to say good-bye. To say I was angry would be an understatement. Why not lock a kid up though because incompetent adults intentionally created a monster that they couldn't control? All for \$\$\$

PATIENT NAME: AFZAL, JOSEPH  
MEDICAL RECORD #: 010219  
ADMITTED: 02/20/98  
DISCHARGED: 03/03/98

**ADMITTING DIAGNOSIS:**

AXIS I: DEPRESSION, NOT OTHERWISE SPECIFIED.  
RULE OUT IMPULSE CONTROL DISORDER.  
AXIS II: DEFERRED.  
AXIS III: NONE.  
AXIS IV: PSYCHOSOCIAL STRESSORS: SEVERE.  
AXIS V: HIGHEST GAF PAST YEAR:  
GAF ON ADMISSION: 40

**DISCHARGE DIAGNOSIS:**

AXIS I: DEPRESSION, NOT OTHERWISE SPECIFIED.  
IMPULSE CONTROL DISORDER, RULE OUT.  
AXIS II: DEFERRED.  
AXIS III: NONE.  
AXIS IV: PSYCHOSOCIAL STRESSORS: SEVERE.  
AXIS V: HIGHEST GAF PAST YEAR:  
GAF ON DISCHARGE: 55

**REASON FOR ADMISSION:** The patient is a 9-year-old Caucasian male who has been apparently living in a foster home for approximately four years. The foster family apparently has been unable to take care of him any longer as both parents have become debilitated secondary to multiple illness. Apparently Joseph was informed of this in the recent past and apparently has been exhibiting poor impulse control, increasing angry outbursts. Apparently on day of admission, he had locked himself in the closet refusing to come out. He apparently damaged some property in the foster home and as a result, he was brought to West Hills Hospital.

**SIGNIFICANT LABORATORY AND X-RAY FINDINGS:** Urine drug screen was apparently unremarkable. Chem-panel slightly elevated. Phosphorous at 4.7, cholesterol 229, CBC, red blood cells slightly elevated at 5.31. Hematocrit slightly elevated at 43.3, differential was essentially unremarkable. Thyroid profile was within normal limits.

Consultations done were psychological evaluation with the following tests: ~~Washburn~~ Intelligence Scale for Children showed that his score suggested average verbal comprehension abilities. His perceptual organization varied from below

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average to above average in nonverbal abstract reasoning. His attention/concentration abilities appear to be similar to his verbal and perceptual abilities. His Rorschach responses suggested that patient does have a significant underlying depression and anxiety.

The patient's educational testing showed various ranges in some ranges being higher than his average age score, namely reading, decoding, spelling, where his math application and reading comprehension were below his average grade score. His math computation was somewhat above his average grade score.

HOSPITAL COURSE: The patient is a nine-year-old Caucasian male apparently with a long history of poor anger control and impulsivity which he exhibits when in stressful situations as stated in HPI. The patient apparently has had increasing difficulty dealing with the fact that he will soon have to be leaving from his foster family's care where he had been living apparently for three years. He became verbally abusive, destroyed property, apparently locked himself in a closet while at the home. As a result, he was brought to West Hills Hospital. He was admitted to the Pediatric Unit for evaluation and stabilization. Apparently throughout his stay, patient did appear to have depressed mood and somewhat blunted affect, has verbalized minimally with staff, although was pleasant and cooperative with peers, although he did at times exhibit signs and symptoms consistent with a passive-aggressive tendencies.

The patient participated in all activities and in group and he had no apparent anger impulse outbursts while here. As stated earlier, psychologic testing did confirm possible underlying depression in patient. The patient does have difficulty apparently dealing with expressing his emotions and forming bonds with other people as he has a lot of abandonment issues relating to his mother and states that he has in the past lived in multiple foster homes but all in all, he appears to be a sensitive, fairly intelligent young man who has apparently been trying to handle his past feelings of sorrow and depression by anger when he is overwhelmed by them secondary to increasing stressors.

During his stay, it was not felt necessary to start patient on any antidepressants. The patient was discharged to care

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of a new foster family. We attempted to transition him slowly by having him go out on pass with the foster family, as stated, his old foster family was unable to take care of him secondary to their poor physical health. The patient did agree to go with this foster family, he appeared to feel comfortable with them and plan was to discharge to Ardis family, apparently Ardis Foster Group Home. The patient will follow up with therapist of at the Ardis Group Home, apparently who is Stephanie [REDACTED], who has been his therapist in the past and she has agreed to continue to follow with him. The patient does have a good bond with Stephanie.

FURTHER TREATMENT PLANS:

1. Diet and activity as tolerated.
2. No medications will be given at this time.

AK:ep5

D\d&t: 03/05/98 3:56 PM

T\d&t: 03/06/98 7:21 AM

Job #: 66469

  
AGNES [REDACTED], M.D.

  
L. [REDACTED], M.D.