

1 A. No, sir.

2 MR. BEVANS: Can we mark that as Exhibit 2 to
3 the deposition as well then.

4 (Exhibit 2 was marked for identification.)

5 Q. Let's get to actually talk about why we
6 are here. You woke up on May 29th, and there
7 was a fire at your apartment building; is that
8 right?

9 A. Yes, sir.

10 Q. Tell me about that.

11 A. From start to finish?

12 Q. Yeah. Just like, I mean, I'll kind of
13 give you the floor. I can ask really picky
14 questions about it all, but I want to kind of
15 give you the floor. Tell me what happened.

16 A. Well, I was sleeping. I ended up waking
17 up to a very awful smell and sore throat, nasty
18 taste. Wasn't really sure what was going on. I
19 walked out of my bedroom. I turned on my hallway
20 light. I seen a bunch of smoke in my apartment,
21 wasn't really sure what was really going on.

22 Started looking around, seeing if it was
23 coming from my apartment. Then I had opened up
24 my front door. I had a bunch of smoke roll into
25 my apartment. I really couldn't see anything. I

1 had looked kind of around. It was really hard to
2 see. I seen some of the fire trucks out there,
3 and I had assumed that we were on fire.

4 I shut my front door. I immediately went
5 to Kayden's bedroom. I snatched the curtains and
6 the blinds off of the window. I opened up his
7 window, and I stuck my head out. Everybody that
8 was across the street stayed away from the
9 apartments. They had seen me and started rushing
10 over, saying that, you know, somebody is inside;
11 somebody is inside.

12 Kayden was sleeping in his bedroom at the
13 time. I had reached over to his bed, put him out
14 of the window. As they come running, they told
15 me to drop him. I got him as low as possible,
16 and I dropped him to the people below. And then
17 they told me to jump, so I jumped right behind
18 him.

19 And they tried to catch me, but the ground
20 broke my fall.

21 Q. Let's back up, obviously. What had you
22 been doing that night before you went to bed?

23 A. I watched TV.

24 Q. It was a weekday?

25 A. Yes.

STATE OF SOUTH CAROLINA)

IN THE COURT OF COMMON PLEAS

COUNTY OF BERKELEY)

FOR THE NINTH JUDICIAL CIRCUIT

Shelby Trehus)

Case No. 2019-CP-08-02808

Plaintiff,)

v.)

Santee Run Apartments, a South Carolina,
Corporation, and Shelby Jean Colley,)**AMENDED SUMMONS**

(Jury Trial Demanded)

Defendants.)

TO: THE ABOVE-NAMED DEFENDANTS:

YOU ARE HEREBY SUMMONED and required to answer the Complaint herein, a copy of which is served upon you, and to serve a copy of your written response to the said Complaint upon the law offices of Hellman Yates & Tisdale, PA, 105 Broad Street, Third Floor, Charleston, South Carolina, 29401, within thirty (30) days after the date of service hereof, exclusive of the day of service; and if you fail to answer the Complaint within the time aforesaid, the Plaintiff in this action will apply to the Court for the relief demanded in the Complaint.

December 6, 2019

Respectfully submitted,

/s/ Thomas S. Tisdale

Thomas S. Tisdale, 5584
HELLMAN YATES & TISDALE, PA
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Counsel for Plaintiff

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	
COUNTY OF BERKELEY	)	FOR THE NINTH JUDICIAL CIRCUIT
	)	
Shelby Trehus	)	
	)	Case No. 2019-CP-08-02808
Plaintiff,	)	
	)	
v.	)	
	)	
Santee Run Apartments, a South Carolina,	)	COMPLAINT
Corporation, and Shelby Jean Colley,	)	
	)	
Defendants.	)	
_____	)	

The Plaintiff, Shelby Trehus, complaining of the Defendant alleges:

THE PARTIES:

1. Shelby Trehus, the Plaintiff herein, is a resident of Berkeley County; and this Complaint concerns an accident in which she sustained personal injuries that occurred in Berkeley County.
2. The Defendant, Santee Run Apartments, Inc., is according to the records of the South Carolina Secretary of State, a corporation that was formed on September 26, 1997 of which the registered agent is listed in the official records as Robert G. Colley whose address is 314 Rembert C. Dennis Blvd., Moncks Corner, SC 29461; and, on information and belief, is an owner of Santee Run Apartments.
3. The Defendant, Shelby Jean Colley is, on information and belief, a resident of Berkeley County and an owner of Santee Run Apartments.

JURISDICTION AND VENUE:

4. Both the Plaintiff and the Defendant Shelby Jean Colley are residents of Berkeley County; and the Defendant Santee Run Apartments Inc., is principally located in Berkeley County at 219 Bonnoitt St, Moncks Corner, SC 29461.

5. The claim made is based upon acts and delicts that occurred in Berkeley County.
6. Berkeley County is, according to the foregoing jurisdictional allegations, a proper venue for the matters alleged herein, and this Court has jurisdiction of the matters alleged herein.

FACTUAL BACKGROUND:

7. Plaintiff, Shelby Trehus, entered into a lease agreement with Santee Run Apartments on February 14, 2018 for the rental of apartment 40, for which she paid \$600.00 per month in addition to other fees including a \$600.00 security deposit, \$25.00 for a background check, and application fee of \$35.00. Although, the landlord is listed as the Santee Run Apartments, Defendant Shelby Jean Colley informed the Plaintiff that she was the owner of the apartments.
8. Plaintiff occupied the leased second-floor apartment with her son, Kayden, who was 3 years old at the time of the incident that occurred on May 29, 2019.
9. On May 29, 2019 at about midnight the apartment building became engulfed in flames from a fire that erupted in one of the nearby apartments in the same building as Plaintiff's apartment.
10. Plaintiff awoke a little after midnight to discover her apartment was engulfed in smoke from the nearby fire. The smoke was so intense that she could barely see from one side of the room she was in to the other side of the room. There was no alarm of any kind to warn her of the fire or the smoke. The one smoke alarm in her apartment never sounded which demonstrated that it was completely defective as it never gave any warning of the extreme danger facing Plaintiff and her child.
11. Upon being awakened by intense smoke surrounding her, the Plaintiff jumped out of her bed, looked around the apartment to find the source of the smoke and then realized that the building was on fire.

12. She quickly discovered that the nearest stairwell to the apartment was inaccessible for escape because of the flames and smoke from the fire. Unable to use the stairs or any other safe exit from the building, she ran into the room where her child was sleeping, grabbed him, and went to the nearest window to try to escape the fire and smoke which surrounded and engulfed them.

13. Below the child's bedroom window there were other tenants who had escaped and were standing on the ground and calling for her to drop the child to them. Plaintiff, in desperation and terrified, raised the window while screaming to the people below. She dropped Kayden, her three-year-old son, from the second-floor window of the apartment as it was the only way that she could save his life.

14. Immediately after dropping Kayden to the arms of the people assembled below, she jumped from the same window to the ground below to save her own life.

15. The Plaintiff was injured in the jump from the window as she hit the ground, injuring her left leg and breaking her ankle and foot.

16. Plaintiff was immediately taken to a hospital and put under medical care for her injuries.

17. Among the expenses she incurred for the treatment for her injuries, and for incidental expenses she would not have incurred except for the injuries she sustained are the following:

- (a) Medical and Physician costs;
- (b) Protective devices, crutches and braces;
- (c) Hospital costs;
- (d) X-rays, inpatient and outpatient;
- (e) MRI costs;
- (f) Moving expenses and higher rental costs;

(g) Other necessary and incidental expenses.

18. Plaintiff is still suffering from the injuries she sustained and believes that some of the injuries she sustained are likely permanent.

19. It was determined after the fire in the apartment building was extinguished that the smoke alarm in Plaintiff's apartment was installed in 2006 and had not been replaced since then despite safety rules and regulations that required replacement of such devices no later than ten (10) years after the installation. It was further determined that smoke alarms in apartments/living spaces, such as the one occupied by the Plaintiff, were required to be inspected monthly to insure proper operation in case of a fire in the building. It was further determined that the one smoke alarm in Plaintiff's apartment was never inspected.

20. The applicable rules and regulations for smoke alarms in the living spaces in apartment buildings such as the one occupied by the Plaintiff required the installation of a smoke alarm in each room of each apartment. Plaintiff's apartment had one alarm installed for the entire apartment.

21. The intensity of the smoke and the blazing fire made it impossible for the Plaintiff and her son to use the normal exit stairwells to escape from the burning building necessitating plunging from the window of the apartment from the second floor of the building to the ground, all of which would not have been necessary except for the absence of sufficient and functional smoke alarms in Plaintiff's apartment.

FOR A FIRST CAUSE OF ACTION:
(Negligence)

22. Plaintiff realleges all the allegations in the Complaint comprising paragraphs one through twenty-one as if set forth here verbatim.

23. The conduct of the Defendants as described hereinabove is negligent and negligent as a matter of law and fact in the following particulars.

- (a) By failing to provide the Plaintiff, their tenant, with a safe place to live as required by law;
- (b) By failing to use due care to provide a safe place to live in the apartment rented to Plaintiff as required by law;
- (c) By failing to install smoke alarms, as required by law, to warn the Plaintiff of fire and smoke in her apartment to allow her to safely escape such a hazard without injury or death;
- (d) By failing to install the required smoke alarms in the bedrooms of Plaintiff's apartment as required by law and which is evidence of lack of due care;
- (e) By failing to replace a smoke alarm in Plaintiff's apartment within the 10 years of its installation as required by law and the use of due care;
- (f) By failing to provide for the monthly inspection of the smoke alarm in Plaintiff's apartment as required by law and the failure to do so is a lack of due care;
- (g) By failing to provide adequate fire extinguishing equipment in the apartment building to control fires and the resulting dangerous smoke from fires in the building;
- (h) By failing to provide both necessary equipment and safe passages to escape from fires and dangerous smoke exposure in the building.

24. The acts of negligence alleged based upon the facts described are the direct and proximate cause of the physical injuries and the other damages sustained by the Plaintiff.

FOR A SECOND CAUSE OF ACTION:
(Gross Negligence)

25. Plaintiff realleges all of the preceding allegations of this Complaint as if set forth here verbatim.

26. The acts and delicts and the willful and wanton conduct of the Defendants described herein are, in large part, violations of statutory laws of South Carolina; and are, in themselves acts beyond simple negligence all of which constitutes gross negligence entitling the Plaintiff to both actual and punitive damages.

27. The violations of the statutory laws of South Carolina are, by law, acts of negligence per se and evidence of gross negligence.

FOR A THIRD CAUSE OF ACTION:
(Breach of Contract)

28. The Plaintiff realleges all of the foregoing allegations of the Complaint as if set forth here verbatim.

29. As alleged and described herein, Plaintiff and the Defendants entered into a lease agreement which was a contractual by law agreement, based on consideration by which the Defendants assured the Plaintiff that the apartment rented to her, for her and her child, was by law, a safe place to live, when in fact it was not safe and it was dangerous for them as demonstrated by the facts of the occurrence described above.

30. The Defendants' conduct and failure to provide a safe place to live for the Plaintiff was a breach of contract for which the Plaintiff is entitled to recover damages resulting therefrom.

DAMAGES:

31. As a result of the acts, omissions, and delicts of the Defendants, the Plaintiff, Shelby Trehus, is entitled to recover actual and consequential damages for her physical injuries which

are likely to be permanent, which include medical; doctor; and hospital expenses; crutches; an orthopedic boot; MRI costs; outpatient fees; and disruption in her employment responsibilities, and all other incidental damages, such as moving expenses and the necessity of paying for a more expensive rental, she sustained as a direct and proximate result of the negligence, gross negligence and acts of breach of contract by the Defendants.

32. For reasons of fact and law described in this Complaint, the Plaintiff is entitled to punitive damages because the Defendants' conduct was willful, wanton, grossly negligent, and violated the laws of South Carolina.

WHEREFORE, the Plaintiff prays that she be awarded a judgment by this Court to compensate her for her damages, direct and consequential, and for punitive damages, and for any other relief that is just and equitable.

December 6, 2019

Respectfully submitted,

/s/ Thomas S. Tisdale
Thomas S. Tisdale, 5584
HELLMAN YATES & TISDALE, PA
105 Broad Street, Third Floor
Charleston, South Carolina 29401
Telephone: (843) 266-9099
Facsimile: (843) 266-9188
tst@hellmanyates.com

Counsel for Plaintiff

STATE OF SOUTH CAROLINA	)	
	)	IN THE COURT OF COMMON PLEAS
COUNTY OF BERKELEY	)	
	)	
SHELBY TREHUS,	)	Civil Action No. 2019CP0802808
	)	
Plaintiff,	)	
	)	DEFENDANTS SANTEE RUN
vs.	)	APARTMENTS, INC. AND SHELBY
	)	JEAN COLLEY'S ANSWER
SANTEE RUN APARTMENTS, A	)	TO PLAINTIFF'S
SOUTH CAROLINA CORPORATION,	)	AMENDED COMPLAINT
AND SHELBY JEAN COLLEY,	)	(Jury Trial Demanded)
	)	
Defendants.	)	

Santee Run Apartments, Inc. and Shelby Jean Colley, (hereinafter "Defendants"), answer the Amended Complaint of Plaintiff and respectfully assert the following:

FOR A FIRST DEFENSE

1. Defendants are without information or knowledge sufficient to admit or deny the allegations contained in Paragraph 1 of Plaintiff's Amended Complaint.

2. Defendants admit the allegations in Paragraph 2 of Plaintiff's Amended Complaint to the extent Robert G. Colley is an owner of Santee Run Apartments, Inc., who owns Santee Run Apartments.

3. Defendants admit the allegations in Paragraph 3 of Plaintiff's Amended Complaint to the extent Shelby Jean Colley is an owner of Santee Run Apartments, Inc., who owns Santee Run Apartments.

4. In response to Paragraph 4 of Plaintiff's Amended Complaint, Defendant Shelby Jean Colley admits she is a resident of Berkeley County and that Santee Run Apartments are principally located in Berkeley County at 219 Bonnoitt Street, Moncks Corner, South Carolina

29461. Defendants are without information or knowledge to admit or deny the remainder of the allegations contained in said Paragraph.

5. Defendants admit the allegations in Paragraph 5 of Plaintiff's Amended Complaint to the extent Plaintiff has alleged acts or derelicts occurring in Berkeley County.

6. Upon information and belief, Defendants admit the allegations in Paragraph 6 of Plaintiff's Amended Complaint.

7. In response to Paragraph 7 of Plaintiff's Amended Complaint, Defendants admit Plaintiff entered into a Rental Agreement with Santee Run Apartments. Defendants crave reference to the terms of this Rental Agreement and admit only the allegations in accordance with these documents. All remaining allegations are denied.

8. Defendants are without information or knowledge sufficient to admit or deny the allegations contained in Paragraph 8 of Plaintiff's Amended Complaint.

9. Defendants admit the allegations set forth in Paragraph 9 of Plaintiff's Amended Complaint to the extent it is alleged a fire broke out in an apartment in the same building as Plaintiff's apartment at or about midnight on May 29, 2019.

10. Defendants are without information or knowledge sufficient to admit or deny the allegations contained in Paragraphs 10 through 16 of Plaintiff's Amended Complaint.

11. Defendants are without information or knowledge sufficient to admit or deny the allegations contained in Paragraph 17, including subparagraphs (a) through (g), of Plaintiff's Amended Complaint.

12. Defendants are without information or knowledge sufficient to admit or deny the allegations contained in Paragraph 18 of Plaintiff's Amended Complaint.

13. Defendants deny the allegations set forth in Paragraph 19 of Plaintiff's Amended Complaint.

14. Answering Paragraph 20 of Plaintiff's Amended Complaint, Defendants crave reference to the applicable building code rules and regulations and admit only those allegations consisting therewith. Defendants deny the remaining allegations.

15. Defendants deny the allegations set forth in Paragraph 21 of Plaintiff's Amended Complaint.

16. Defendants hereby re-allege and incorporate Paragraphs 1 through 15 of this Answer as if set forth herein verbatim in response to Paragraph 22 of Plaintiff's Amended Complaint.

17. Defendants deny the allegations set forth in Paragraph 23, including subparagraphs (a) through (h), of Plaintiff's Amended Complaint.

18. Defendants deny the allegations set forth in Paragraph 24 of Plaintiff's Amended Complaint.

19. Defendants hereby re-allege and incorporate Paragraphs 1 through 18 of this Answer as if set forth herein verbatim in response to Paragraph 25 of Plaintiff's Amended Complaint.

20. Defendants deny the allegations set forth in Paragraph 26 of Plaintiff's Amended Complaint.

21. Paragraph 27 of Plaintiff's Amended Complaint contain statements and/or conclusions of law to which Defendants are not required to admit or deny. To the extent said Paragraph attempts to allege or does allege any cause of action, claim, act, error, or omission as to Defendants, those allegations are denied, and strict proof thereof is demanded.

22. Defendants hereby re-allege and incorporate Paragraphs 1 through 21 of this Answer as if set forth herein verbatim in response to Paragraph 28 of Plaintiff's Amended Complaint.

23. In response to Paragraph 29 of Plaintiff's Amended Complaint, Defendants crave reference to the terms of the subject Rental Agreement and admit only the allegations in accordance with this document. All remaining allegations are denied.

24. Defendants deny the allegations set forth in Paragraphs 30 through 32 of Plaintiff's Amended Complaint.

25. Defendants deny each and every allegation of Plaintiff's Amended Complaint not specifically admitted, denied, qualified or explained herein.

FOR A SECOND DEFENSE
(Failure to State a Claim)

26. Plaintiff's Amended Complaint fails to state a claim upon which relief can be granted as to any cause of actions, and therefore, Plaintiff's Amended Complaint should therefore be dismissed pursuant to Rule 12(b)(6), SCRCP.

FOR A THIRD DEFENSE
(Sole Negligence of Third Party)

27. FURTHER ANSWERING SAID AMENDED COMPLAINT, Defendants allege, upon information and belief, that any injury and damage sustained by Plaintiff were due to and caused by the sole and negligent acts or omissions of some other person or persons other than Defendants over whom Defendants neither had nor exercised any authority or control, and, therefore, Defendants is not liable to Plaintiff for any sum whatsoever.

FOR A FOURTH DEFENSE

(Intervening and Superseding Negligence)

28. Defendants would allege and show that any injuries and damages sustained by Plaintiff as alleged in the Amended Complaint, which are denied, were caused and occasioned by the intervening and superseding negligence, carelessness, recklessness, heedlessness, willfulness and wantonness of some other party or parties over whom Defendants had no supervision or control, and Defendants do plead such intervening and superseding negligence, carelessness, recklessness, heedlessness, willfulness and wantonness as the direct and proximate cause of the injuries and damages sustained by Plaintiff as alleged in the Amended Complaint.

FOR A FIFTH DEFENSE

(Sole Intentional Criminal Act of Third Party)

29. Defendants allege, upon information and belief, that any injury and damage sustained by Plaintiff was due to and caused by the sole intentional criminal acts of some other person or persons other than Defendants over whom Defendants neither had nor exercised any authority or control, and, therefore, Defendants are not liable to Plaintiff for any sum whatsoever.

FOR A SIXTH DEFENSE

(Sole Negligence of Plaintiff)

30. Defendants allege any injury and damage sustained by Plaintiff, if any, were due to and caused by the sole negligence and/or willfulness of Plaintiff and, therefore, Defendants are not liable to Plaintiff for any sum whatsoever.

FOR A SEVENTH DEFENSE

(Comparative Negligence)

31. Defendants plead the law and doctrine of comparative negligence and alleges the negligence and recklessness of Plaintiff were greater than the negligence, if any, which might be established against Defendants and, therefore, Plaintiff is barred from any recovery in this action. Defendants further allege any injury and damage sustained by Plaintiff was due to and caused by

the negligence and/or willfulness of Plaintiff combining, concurring, and contributing with the negligence and/or willfulness, if any, on the part of Defendants and, therefore, any amount of recovery awarded to Plaintiff for the injuries and damages alleged in the Amended Complaint shall be reduced by the Court by the percentage of negligence and/or willfulness attributed to Plaintiff.

FOR AN EIGHTH DEFENSE

(Mitigation of Damages)

32. Plaintiff has failed to mitigate her damages and has incurred damages that were unnecessary or unreasonable in amount. Plaintiff is, therefore, barred in whole or part from recovery in this case.

FOR A NINTH DEFENSE

(Punitive Damages Unconstitutional)

33. Defendants would show the claim of Plaintiff for punitive damages cannot be had because any award of punitive damages under South Carolina law would violate Defendants' equal protection and due process rights as guaranteed by the United States Constitution and the South Carolina Constitution and would also violate the laws of the State of South Carolina.

FOR A TENTH DEFENSE

(Bifurcation Requested)

34. Pursuant to S.C. Code Ann§ 15-32-520, the Defendants hereby request trial bifurcation on the issues of actual damages and punitive damages.

FOR AN ELEVENTH DEFENSE

(Reliance on Additional Defenses)

35. The Defendants hereby give notice that they intend to rely upon such other affirmative defenses as may become available or apparent during the course of discovery, and thus reserve the right to amend its Answer to assert any such defenses.

WHEREFORE, having fully answered, Defendants pray that the Amended Complaint be dismissed, for the costs of defending this action, and for such other relief as the Court and jury deem just and proper.

MCANGUS GOUDELOCK & COURIE, L.L.C.

s/ Shawn M. Bevens

SHAWN M. BEVANS (SC Bar No. 100542)

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Post Office Box 650007

735 Johnnie Dodds Blvd., Suite 200 (29464)

Mt. Pleasant, South Carolina 29465

Telephone: (843) 576-2900

Facsimile: (843) 534-0605

ATTORNEY FOR DEFENDANTS

SANTEE RUN APARTMENTS, INC. and

SHELBY JEAN COLLEY

December 11, 2019

STATE OF SOUTH CAROLINA)

COUNTY OF BERKELEY)

Kayden Montagna, a minor, by his guardian)
ad Litem Shelby Trehus,)

Plaintiff,)

v.)

Santee Run Apartments, a South Carolina,)
Corporation, and Shelby Jean Colley,)Defendants.)
_____)

IN THE COURT OF COMMON PLEAS

FOR THE NINTH JUDICIAL CIRCUIT

Case No. 2020-CP-08-_____

SUMMONS

(Jury Trial Demanded)

TO: THE ABOVE-NAMED DEFENDANTS:

YOU ARE HEREBY SUMMONED and required to answer the Complaint herein, a copy of which is served upon you, and to serve a copy of your written response to the said Complaint upon the law offices of Hellman Yates & Tisdale, PA, 105 Broad Street, Third Floor, Charleston, South Carolina, 29401, within thirty (30) days after the date of service hereof, exclusive of the day of service; and if you fail to answer the Complaint within the time aforesaid, the Plaintiff in this action will apply to the Court for the relief demanded in the Complaint.

April 29, 2020

Respectfully submitted,

/s/ Thomas S. Tisdale
 Thomas S. Tisdale, 5584
 HELLMAN YATES & TISDALE, PA
 105 Broad Street, Third Floor
 Charleston, South Carolina 29401
 Telephone: (843) 266-9099
 Facsimile: (843) 266-9188
tst@hellmanyates.com

Counsel for Plaintiff

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	
COUNTY OF BERKELEY	)	FOR THE NINTH JUDICIAL CIRCUIT
	)	
Kayden Montagna, a minor, by his Guardian	)	
Ad Litem Shelby Trehus,	)	
	)	Case No. 2020-CP-08-_____
Plaintiff,	)	
	)	
v.	)	
	)	
Santee Run Apartments, a South Carolina,	)	COMPLAINT
Corporation, and Shelby Jean Colley,	)	
	)	
Defendants.	)	
_____	)	

The Plaintiff, Kayden Montagna, a minor, by his Guardian Ad Litem Shelby Trehus complaining of the Defendant alleges:

THE PARTIES:

1. The Plaintiff, Shelby Trehus brings this action by and on behalf of her son, Kayden Montagna, a minor for whom she has been appointed by this Court to act and serve as his Guardian Ad Litem and is, with her son, the Plaintiff herein are residents of Berkeley County.
2. The Defendant, Santee Run Apartments, Inc., is according to the records of the South Carolina Secretary of State, a corporation that was formed on September 26, 1997 of which the registered agent is listed in the official records as Robert G. Colley whose address is 314 Rembert C. Dennis Blvd., Moncks Corner, SC 29461; and, on information and belief, is an owner of Santee Run Apartments.
3. The Defendant, Shelly Jean Colley is, on information and belief, a resident of Berkeley County and an owner of Santee Run Apartments.

JURISDICTION AND VENUE:

4. Both the Plaintiff and the Defendant Shelly Jean Colley are residents of Berkeley County; and the Defendant Santee Run Apartments Inc., is principally located in Berkeley County at 219 Bonnoitt St, Moncks Corner, SC 29461.
5. The claims made are based upon acts and delicts that occurred in Berkeley County.
6. Berkeley County is, according to the foregoing jurisdictional allegations, a proper venue for the matters alleged herein, and this Court has jurisdiction of the matters alleged herein.
7. The Plaintiff, Kayden Montagna, is a minor having been born on August 24, 2015, and is the son of Shelby Trehus, his mother, who has been appointed by this Court to serve and act as his Guardian Ad Litem (“guardian”) for all matters concerning the claims made herein.
8. The minor Plaintiff was at all times pertinent to the matters alleged herein residing with his mother, Shelby Trehus, at the Santee Run Apartments in Apartment 4D at 219 Bonnoitt Street in Moncks Corner, South Carolina.
9. All of the matters alleged herein are based upon acts and delicts all of which occurred in Berkeley County; and Berkeley County is accordingly a lawful and proper jurisdiction for these claims to be adjudicated.

FACTUAL BACKGROUND

10. The apartment 40 at Santee Run Apartments in which the minor Plaintiff resided with his mother and Guardian was on the second floor or level of the apartment building where they had lived since February 14, 2018.
11. On May 29, 2019 at about midnight, the apartment in which Kayden and his mother resided and at the time were both sleeping became engulfed in flames and smoke from the fire that had erupted in a nearby apartment.

12. The minor Plaintiff's mother, Shelby Trehus, awoke a little after midnight to discover her apartment was engulfed in smoke from the nearby fire. The smoke was so intense that she could barely see from one side of the room she was in the other side of the room. There was no alarm of any kind to warn her of the fire or the smoke. The one smoke alarm in her apartment never sounded which demonstrated that it was completely defective as it never gave any warning of the extreme danger facing Plaintiff and her child.

13. Upon being awakened by intense smoke surrounding her, the minor Plaintiff's mother, jumped out of her bed, looked around the apartment to find the source of the smoke and then realized that the building was on fire.

14. She quickly discovered that the nearest stairwell to the apartment was inaccessible for escape because of the flames and smoke from the fire. Unable to use the stairs or any other safe exit from the building, she ran into the room where her child was sleeping, grabbed him, and went to the nearest window to try to escape the fire and smoke which surrounded and engulfed them.

15. Below the child's bedroom window there were other tenants who had escaped and were standing on the ground and calling for her to drop the child to them. Plaintiff, in desperation and terrified, raised the window while screaming to the people below. She dropped Kayden, her three-year-old son, from the second-floor window of the apartment as it was the only way that she could save his life.

16. Immediately after dropping Kayden to the arms of the people assembled below, she jumped from the same window to the ground below to save her own life.

17. Shelby Trehus, the minor Plaintiff's mother and Guardian, was injured in the jump from the window as she hit the ground, injuring her left leg and breaking her ankle and foot.

18. Over the course of several months following the night of the apartment fire, it became immediately became apparent that Kayden had encountered and experienced severe and instant emotional and psychological distress which has been ongoing and intensifying since the incident occurred.

19. The effects of the traumatic experience of having to be saved from death caused by the apartment fire and having to be physically dropped by his mother from the second floor into the arms of someone on the ground below have been ongoing ever since the event.

20. In an effort to do everything possible to achieve as much healing and resolution to what became apparent to the ongoing emotional and psychological problems, his guardian and mother arranged for Kayden to be examined, evaluated and treated by competent and trained personnel for such matters at the National Crime Victims Research and Trauma Center, Department of Psychiatry and Behavioral Sciences of the Medical University of South Carolina where he is currently undergoing treatment following a reported diagnosis of suffering from a Post-Traumatic Stress Disorder.

21. It was determined after the fire in the apartment building was extinguished that the smoke alarm in Plaintiff's apartment was installed in 2006 and had not been replaced since then despite safety rules and regulations that required replacement of such devices no later than ten (10) years after the installation. It was further determined that smoke alarms in apartments/living spaces, such as the one occupied by the Plaintiff, were required to be inspected monthly to insure proper operation in case of a fire in the building. It was further determined that the one smoke alarm in Plaintiff's apartment was never inspected.

22. The applicable rules and regulations for smoke alarms in the living spaces in apartment buildings such as the one occupied by the Plaintiff required the installation of a smoke alarm in each room of each apartment. Plaintiff's apartment had one alarm installed for the entire apartment.

23. The intensity of the smoke and the blazing fire made it impossible for the Plaintiff and her son to use the normal exit stairwells to escape from the burning building necessitating plunging from the window of the apartment from the second floor of the building to the ground, all of which would not have been necessary except for the absence of sufficient and functional smoke alarms in Plaintiff's apartment, and other functional warning devices that should have been installed, kept in good working condition, and regularly inspected. Such safety equipment was especially necessary as there was a history of fires occurring in the apartment buildings over several years which was obviously known to the owners and managers of the buildings and should have alerted the Defendants to the need for fire protection devices throughout the building which needed regular and proper inspections to insure that they performed their intended purpose to protect the inhabitants of the buildings upon they were collecting compensation from rental payments.

24. Plaintiff realleges all the allegations in the Complaint comprising paragraphs one through twenty-one as if set forth here verbatim.

**FOR A FIRST CAUSE OF ACTION
(Negligence to include Gross Negligence)**

25. The conduct of the Defendants as described hereinabove is negligent and grossly negligent as a matter of law and fact in the following particulars.

- (a) By failing to provide the Plaintiff, their tenant, with a safe place to live as required by law; and by rental or lease contract between the parties;
- (b) By failing to use due care to provide a safe place to live in the apartment rented to Plaintiff as required by law;

(c) By failing to install smoke alarms, as required by law, to warn the Plaintiff of fire and smoke in her apartment to allow her to safely escape such a hazard without injury or death;

(d) By failing to install the required smoke alarms in the bedrooms of Plaintiff's apartment as required by law and which is evidence of lack of due care;

(e) By failing to replace a smoke alarm in Plaintiff's apartment within the 10 years of its installation as required by law and the use of due care;

(f) By failing to provide for the monthly inspection or any inspection at all of the smoke alarm in Plaintiff's apartment as required by law and the failure to do so is a lack of due care;

(g) By failing to provide adequate or any fire extinguishing equipment, including any smoke operable smoke warning devices in the apartment building to control fires and the resulting dangerous smoke from fires in the building;

(h) By failing to provide both necessary equipment and safe passages to escape from fires and dangerous smoke exposure in the building.

**FOR A SECOND CAUSE OF ACTION
(Gross Negligence)**

26. The acts of negligence alleged based upon the facts described are the direct and proximate cause of the physical injuries and the other damages sustained by the Plaintiff.

27. Plaintiff realleges all of the preceding allegations of this Complaint as if set forth here verbatim.

28. The acts and delicts and the willful and wanton conduct of the Defendants described herein are, in large part, violations of statutory laws of South Carolina; and are, in themselves acts beyond

simple negligence all of which constitutes gross negligence entitling the Plaintiff to both actual and punitive damages; any by any reasonable standard provided by law were reckless, willful, and wanton and thereby grossly negligent.

29. The violations of the statutory laws of South Carolina are, by law, acts of negligence per se and evidence of gross negligence.

**FOR A THIRD CAUSE OF ACTION
(Breach of Contract)**

30. The Plaintiff realleges all of the foregoing allegations of the Complaint as if set forth here verbatim.

31. As alleged and described herein, Plaintiff and the Defendants entered into a lease agreement which was a contractual agreement by law based upon valuable consideration inasmuch the Defendants, in writing and by law, agreed to provide the Plaintiff(s) a safe place to reside in exchange for a monthly payment of an agreed amount of money which was duly paid; and based on the further consideration that the Defendants assured the Plaintiff that the apartment rented to her, for her and her child, was by law, a safe place to live, when in fact it was not safe and it was dangerous for them as demonstrated by the facts of the occurrence described above.

32. The Defendants' conduct and failure to provide a safe place to live for the Plaintiff was a breach of contract and in violation of law for which the Plaintiff is entitled to recover damages resulting therefrom.

33. For reasons of fact and law described in this Complaint, the Plaintiff is entitled to punitive damages because the Defendants' conduct was willful, wanton, grossly negligent, and violated the laws of South Carolina.

DAMAGES:

34. The minor Plaintiff's guardian and mother has and is continuing to incur yet undetermined medical and related expenses for the care and treatment of her son, for which he and she will be entitled to be compensated.

35. The minor Plaintiff, Kayden Montagna, is entitled to compensation for the full extent of his traumatic and permanent emotional and psychological damages which he may endure in the term of his entire life as he has been diagnosed to have incurred a serious and permanent Post Traumatic Stress Disorder for which he is entitled by his guardian to be compensated before and after he reaches adulthood.

WHEREFORE, the Plaintiff Guardian Ad Litem, for and on behalf of the minor Plaintiff, Kayden Montagna prays that a permanent guardian be appointed for him until he reaches adulthood, and that he be awarded judgement by this Court to compensate him for his damages both actual, direct, consequential and punitive up to now and in the future, and for any other damages that are just and equitable.

April 29, 2020

Respectfully submitted,

/s/ Thomas S. Tisdale
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 HELLMAN YATES & TISDALE, PA
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 Charleston, South Carolina 29401
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 Facsimile: (843) 266-9188
tst@hellmanyates.com

Counsel for Plaintiff

STATE OF SOUTH CAROLINA	)	
	)	IN THE COURT OF COMMON PLEAS
COUNTY OF BERKELEY	)	
	)	
KAYDEN MONTAGNA, A MINOR, BY	)	Civil Action No. 2020CP0800965
HIS GUARDIAN AD LITEM SHELBY	)	
TREHUS,	)	
	)	
Plaintiff,	)	DEFENDANTS SANTEE RUN
	)	APARTMENTS, INC. AND SHELBY
vs.	)	JEAN COLLEY'S ANSWER
	)	TO PLAINTIFF'S COMPLAINT
SANTEE RUN APARTMENTS, A	)	(Jury Trial Demanded)
SOUTH CAROLINA CORPORATION,	)	
AND SHELBY JEAN COLLEY,	)	
	)	
Defendants.	)	

Santee Run Apartments, Inc. and Shelby Jean Colley, (hereinafter "Defendants"), answer the Complaint of Plaintiff and respectfully assert the following:

FOR A FIRST DEFENSE

1. Defendants, upon information and belief, admit the allegations contained in Paragraph 1.
2. Defendants admit the allegations contained in Paragraph 2.
3. Defendants admit the allegations contained in Paragraph 3 to the extent Shelby Jean Colley is an owner of Santee Run Apartments, Inc., who owns Santee Run Apartments.
4. Defendants admit the allegations contained in Paragraph 4.
5. Responding to Paragraph 5, Defendants admit Plaintiff has alleged claims relating to an accident that occurred in Berkeley County. To the extent said paragraph attempts to allege or does allege any acts or omissions on behalf of Defendants, those are denied.

6. Paragraph 6 contains conclusions of law to which Defendants are not required to respond. To the extent a response is required, Defendants are not contesting jurisdiction or venue at this time.

7. Defendants, upon information and belief, admit the allegations contained in Paragraph 7.

8. Defendants are without information or knowledge sufficient to admit or deny the allegations contained in Paragraph 8.

9. Paragraph 9 contains conclusions of law to which Defendants are not required to respond. However, Defendants are not contesting jurisdiction or venue at this time. Further, to the extent said paragraph attempts to allege or does allege any acts or omissions on behalf of Defendants, those are denied.

10. Responding to Paragraph 10, Defendants admit Shelby Trehus entered into a lease agreement for Apartment 40, which is located on the second floor of the building. Defendants are without information or knowledge sufficient to admit or deny the remaining allegations of said paragraph.

11. Defendants are without information or knowledge sufficient to admit or deny the allegations contained in Paragraphs 11 through 20.

12. Defendants deny the allegations set forth in Paragraphs 21 through 23.

13. Defendants hereby re-allege and incorporate Paragraphs 1 through 12 of this Answer as if set forth herein verbatim in response to Paragraph 24.

14. Defendants deny the allegations set forth in Paragraph 25, including subparts (a) through (h), and 26.

15. Defendants hereby re-allege and incorporate Paragraphs 1 through 14 of this Answer as if set forth herein verbatim in response to Paragraph 27.

16. Defendants deny the allegations set forth in Paragraph 28.

17. Defendants deny the allegations set forth in Paragraph 29 to the extent said paragraph attempts to allege any violation of the statutory laws of South Carolina on behalf of Defendants.

18. Defendants hereby re-allege and incorporate Paragraphs 1 through 17 of this Answer as if set forth herein verbatim in response to Paragraph 30.

19. In response to Paragraph 31 of Plaintiff's Complaint, Defendants admit a lease agreement was entered with Shelby Trehus. Further responding, Defendants craves reference to the terms of that agreement and deny any allegations inconsistent therewith. Defendants further deny any breach of any condition of said lease agreement.

20. Defendants deny the allegations set forth in Paragraphs 32 through 35.

FOR A SECOND DEFENSE
(Failure to State a Claim)

21. Plaintiff's Complaint fails to state a claim upon which relief can be granted as to any cause of actions, and therefore, Plaintiff's Complaint should therefore be dismissed pursuant to Rule 12(b)(6), SCRCP.

FOR A THIRD DEFENSE
(Sole Negligence of Third Party)

22. Defendants allege that any injury and damage sustained by Plaintiff were due to and caused by the sole and negligent acts or omissions of some other person or persons other than Defendants over whom Defendants neither had nor exercised any authority or control, and, therefore, Defendants are not liable to Plaintiff for any sum whatsoever.

FOR A FOURTH DEFENSE

(Intervening and Superseding Negligence)

23. Defendants would allege and show that any injuries and damages sustained by Plaintiff as alleged in the Complaint, which are denied, were caused and occasioned by the intervening and superseding negligence, carelessness, recklessness, heedlessness, willfulness and wantonness of some other party or parties over whom Defendants had no supervision or control, and Defendants do plead such intervening and superseding negligence, carelessness, recklessness, heedlessness, willfulness and wantonness as the direct and proximate cause of the injuries and damages sustained by Plaintiff as alleged in the Complaint.

FOR A FIFTH DEFENSE

(Sole Intentional Criminal Act of Third Party)

24. Defendants allege, upon information and belief, that any injury and damage sustained by Plaintiff was due to and caused by the sole intentional criminal acts of some other person or persons other than Defendants over whom Defendants neither had nor exercised any authority or control, and, therefore, Defendants are not liable to Plaintiff for any sum whatsoever.

FOR A SIXTH DEFENSE

(Sole Negligence of Plaintiff)

25. Defendants allege any injury and damage sustained by Plaintiff, if any, were due to and caused by the sole negligence and/or willfulness of Plaintiff and, therefore, Defendants are not liable to Plaintiff for any sum whatsoever.

FOR A SEVENTH DEFENSE

(Comparative Negligence)

26. Defendants plead the law and doctrine of comparative negligence and allege the negligence and recklessness of Plaintiff were greater than the negligence, if any, which might be established against Defendants and, therefore, Plaintiff is barred from any recovery in this action.

Defendants further allege any injury and damage sustained by Plaintiff was due to and caused by the negligence and/or willfulness of Plaintiff combining, concurring, and contributing with the negligence and/or willfulness, if any, on the part of Defendants and, therefore, any amount of recovery awarded to Plaintiff for the injuries and damages alleged in the Complaint shall be reduced by the Court by the percentage of negligence and/or willfulness attributed to Plaintiff.

FOR AN EIGHTH DEFENSE

(Mitigation of Damages)

27. Plaintiff has failed to mitigate her damages and has incurred damages that were unnecessary or unreasonable in amount. Plaintiff is, therefore, barred in whole or part from recovery in this case.

FOR A NINTH DEFENSE

(Punitive Damages Unconstitutional)

28. Defendants would show the claim of Plaintiff for punitive damages cannot be had because any award of punitive damages under South Carolina law would violate Defendants' equal protection and due process rights as guaranteed by the United States Constitution and the South Carolina Constitution and would also violate the laws of the State of South Carolina.

FOR A TENTH DEFENSE

(Bifurcation Requested)

29. Pursuant to S.C. Code Ann§ 15-32-520, the Defendants hereby request trial bifurcation on the issues of actual damages and punitive damages.

FOR AN ELEVENTH DEFENSE

(Limitation on Punitive Damages)

30. Defendants would show that any award of punitive damages is subject to the limitations set forth in South Carolina Code §15-32-530.

FOR A TWELFTH DEFENSE
(Reliance on Additional Defenses)

31. Defendants hereby give notice that they intend to rely upon such other affirmative defenses as may become available or apparent during the course of discovery, and thus reserve the right to amend its Answer to assert any such defenses.

WHEREFORE, having fully answered, Defendants pray that the Complaint be dismissed, for the costs of defending this action, and for such other relief as the Court and jury deem just and proper.

MCANGUS GOUDELOCK & COURIE, L.L.C.

s/ Shawn M. Bevens

SHAWN M. BEVANS (SC Bar No. 100542)

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ATTORNEY FOR DEFENDANTS

SANTEE RUN APARTMENTS, A SOUTH
CAROLINA CORPORATION and SHELBY
JEAN COLLEY

May 15, 2020

1 IN THE COURT OF COMMON PLEAS
2 FOR THE STATE OF SOUTH CAROLINA
3 BERKELEY COUNTY

4 VIDEO DEPOSITION OF
5 TIMOTHY BREWERTON, MD
6 FEBRUARY 18, 2022

7 SHELBY TREHUS,

8 Plaintiff,

9 vs.

CASE NO. 2019-CP-08-02808

10 SANTEE RUN APARTMENTS, a South Carolina
11 Corporation, AND SHELBY JEAN COLLEY,

12 Defendants.
13 _____
14

15 KAYDEN MONTAGNA, a minor, by his guardian ad
16 litem, Shelby Trehus,

17 Plaintiff,

18 vs.

CASE NO. 2020-CP-08-00965

19 SANTEE RUN APARTMENTS, a South Carolina
20 Corporation, AND SHELBY JEAN COLLEY,
21

22 Defendants.
23 _____
24
25

1 TIME: 12:03 PM

2
3 LOCATION: LAW OFFICE OF THOMAS TISDALE
4 CHARLESTON, SOUTH CAROLINA

5

6

7

8

REPORTED BY: MACKENZIE ALLEN
CLARK BOLEN
CHARLESTON, SC 29405
843-762-6294
WWW.CLARKBOLEN.COM

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A P P E A R A N C E S

ON BEHALF OF PLAINTIFF:

LAW OFFICES OF THOMAS TISDALE
BY: THOMAS TISDALE
4 North Atlantic Wharf
Suite 100
Charleston, SC 29401

ON BEHALF OF DEFENDANTS:

MCANGUS GOUDELOCK & COURIE
BY: SHAWN BEVANS
735 Johnnie Dodds Boulevard
Suite 200
Mount Pleasant, SC 29464

VIDEOGRAPHER: Arthur Daugomah

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I N D E X

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EXHIBITS

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1 THE VIDEOGRAPHER: We are on the
2 record in the video deposition of Timothy
3 Brewerton, MD, in the matter of Shelby Trehus, et
4 al., versus Santee Run Apartments and Shelby --
5 Shelby Jean Colley. Today's date is February 18,
6 2022. We are located at the law offices of
7 Thomas S. Tisdale, LLC, in Charleston, South
8 Carolina. The court reporter is MacKenzie Allen.
9 My name is Arthur Daugomah, videographer with
10 Clark Bolen. The time is now 12:03.

11 Would counsel please identify themselves
12 for the record.

13 MR. TISDALE: I am Thomas Tisdale
14 for the plaintiff.

15 MR. BEVANS: Shawn Bevans for the
16 defendants, Santee Run Apartments and Shelby Jean
17 Colley.

18 THE VIDEOGRAPHER: MacKenzie, would
19 you please swear in the witness.

20 TIMOTHY BREWERTON, MD,
21 having been first duly sworn, was examined and
22 testified as follows:

23 EXAMINATION

24 BY MR. TISDALE:

25 Q. Dr. Brewerton, as you have heard the

1 introductions, I am Tom Tisdale, and I represent
2 Shelby Jean -- Shelby Trehus and her son, Kayden
3 Montagna.

4 A. Yes, sir.

5 Q. So I have scheduled this deposition
6 today to ask you questions about, number one,
7 your professional background, and number two,
8 your course of evaluation for these two people,
9 Ms. -- Ms. Trehus and her -- her son. And I also
10 want to ask you fairly early in the deposition --
11 after I establish your credentials for the Court
12 and the jury, I would like to ask you about your
13 knowledge of the facts that you gained concerning
14 the problem that they have encountered and your
15 evaluation of any damages they've sustained as a
16 result of -- of what you will describe. Is that
17 okay?

18 A. Yes, sir.

19 (Exhibit No. 1 was marked for
20 identification.)

21 Q. First of all, we have listed your CV,
22 professional background, I will call it, as an
23 exhibit to this deposition so that the Court and
24 the jury will have an opportunity to consider
25 your expertise in the area that you will be

1 testifying as we go forward.

2 So I would like to ask you, how did you
3 come to become involved on behalf of the
4 evaluation of the damages sustained by Ms. Trehus
5 and her son, Kayden?

6 A. Well, you gave me a phone call on
7 October 1, 2020, and asked me if I might be
8 interested in this case and described some of the
9 background to it. You had informed me that you
10 had been referred to me by Dr. James Ballenger,
11 who I used to work with. He was former chairman
12 of the Department of Psychiatry at -- at the
13 Medical University of South Carolina where I
14 worked for 15 years.

15 Q. How -- how many years?

16 A. 15.

17 Q. 15?

18 A. I worked full-time. I'm still on
19 faculty there, but I worked full-time there for
20 15 years.

21 Q. All right. And did you -- as the result
22 of my request, did you consider making an
23 evaluation of the situation before us today? Did
24 you undertake that?

25 A. Yes, sir. I sent you my retainer

1 agreement and -- and you ended up hiring me. And
2 then I proceeded to review the records and
3 eventually do an independent medical evaluation
4 of both Kayden and his mother.

5 Q. Okay. Now, would you, for the benefit
6 of all of us, tell us about your background
7 leading to your evaluation?

8 A. Sure. Where do you like me to start?

9 Q. Where -- where -- where did you go to
10 school --

11 A. Well --

12 Q. -- where were you born --

13 A. Yeah.

14 Q. -- and what was your academic training?

15 A. Okay. I am from Baton Rouge, Louisiana.
16 Born and raised there. I went to Louisiana State
17 University, LSU, undergraduate, and graduated
18 with a bachelor's of science in zoology, minor in
19 psychology, in 1974. And then I went to Tulane
20 Medical School in New Orleans and graduated from
21 Tulane in 1978. From there, I went to the
22 University of California at San Francisco where I
23 did my psychiatric internship and residency
24 training.

25 From there, I went and worked at the

1 Hawaii State Hospital, which was a payback for
2 the Public Health Service. I had had a Public
3 Health Service scholarship. At that time, I was
4 an assistant professor at the University of
5 Hawaii and did some teaching there of residents,
6 which I've always enjoyed doing.

7 From there, the research bug had bit me
8 in residency. And from Hawaii, I went to
9 Bethesda, Maryland, where I did a research
10 fellowship at the National Institute of Mental
11 Health in the laboratory of clinical science
12 where I studied the role of serotonin in eating
13 disorders and -- and did other kinds of research
14 projects there.

15 From there, I came to Charleston. Was
16 hired by Dr. -- Dr. Ballenger to be the first
17 director of the eating disorder program at the
18 Institute of Psychiatry. I came to Charleston in
19 1987, and -- as an assistant professor and began
20 building a program there. And during the course
21 of my work there, I got interested in the issue
22 with child abuse.

23 I began to see a lot of patients who,
24 after careful evaluation, ended up having
25 histories of -- of child abuse and maltreatment.

1 And I got interested in PTSD and other
2 trauma-related disorders. As an associate
3 professor, I went back and did my child and
4 adolescent psychiatry training while at MUSC. I
5 did a fellowship. I became board certified in
6 child-adolescent psychiatry. I had already
7 become board certified in general psychiatry
8 after my residency in 1982.

9 I also then got interested in forensic
10 psychiatry because of my interest in abuse. I
11 started working with the National Crime Victims
12 Research and Treatment Center while I was at
13 MUSC -- a professor at MUSC.

14 Q. What does forensic mean, for our
15 benefit --

16 A. A forensic psychiatrist basically does
17 what I'm doing today, which is evaluate a
18 situation, you know, in light of medical training
19 but also, you know, the interface it has with the
20 law. And so a forensic psychiatrist can be
21 involved in either criminal cases or like this
22 case, civil cases, and consult with and inform
23 the attorneys on -- on either side.

24 So from -- I got interested in forensic
25 psychiatry after working with the National Crime

1 Victims Research and Treatment Center. Started
2 doing some research with them on the overlap of
3 eating disorders and trauma. Became board
4 certified in forensic psychiatry in 1998.
5 Unfortunately, I had some medical problems
6 develop and ended up retiring from MUSC in 2001,
7 and then shortly thereafter went into private
8 practice where I continue to work in this -- in
9 this area.

10 Q. Where is your office, Doctor?

11 A. My office is on Scott Street in Mount
12 Pleasant, South Carolina, in Charleston County.
13 And I've had that private practice ever since.
14 I've since gotten board certified also in
15 addiction medicine in 2015. I've done a lot of
16 writing in the -- in many areas of psychiatry, in
17 particular, the overlap between eating disorders
18 and trauma and trauma-related disorders like
19 post-traumatic stress disorder.

20 Q. Now, I would like to ask you to tell us,
21 if you can explain, what part of your training
22 makes you an expert to evaluate the problems
23 sustained by Ms. Trehus and her son, Kayden?

24 A. Right. Well, the training -- the part
25 of my training that makes me an expert is having

1 been trained in child and adolescent psychiatry,
2 having become board certified in child and
3 adolescent psychiatry. Kayden is obviously a
4 child. But I've also had extensive experience
5 working with adults. I've had extensive
6 experience working with all ages, really, who --
7 people who have been traumatized and have
8 developed various adverse consequences as a
9 result, whether it's anxiety, depression,
10 substance abuse, post-traumatic stress disorder,
11 dissociative disorders, and also the fact that
12 I've had, you know, experience in forensic
13 psychiatry for -- for over 20 years.

14 Q. All right, Doctor. Now, can you tell
15 us, if you will, what sort of issues you learned
16 about concerning trauma sustained by
17 Ms. Trehus -- Shelby Trehus and her son, Kayden,
18 and how your expertise fits into the experience
19 they encountered on May the 29th --

20 A. Yes.

21 Q. -- night of May the 29th, 2019?

22 A. So at issue is what were the adverse
23 psychiatric effects of having experienced this
24 frightening fire that occurred, as you said, on
25 May 29, 2019.

1 Q. What did you learn about the fire?

2 A. Well, in -- in my interview with both
3 Shelby and her son, Kayden, which was on
4 December 3, 2020, I spent three hours with them
5 virtually. I learned that on that night they
6 were both sleeping. And when --

7 Q. Were -- were they in an apartment --

8 A. They --

9 Q. -- in which they lived?

10 A. That's right. They -- they were living
11 in their apartment. Sleeping. And then she woke
12 up to the smell and taste --

13 Q. Was it in the middle of the night or --

14 A. Yes. It was after they had gone to bed
15 and sleeping. I don't remember exactly what
16 time.

17 Q. Okay.

18 A. But it was certainly in the -- in the
19 night.

20 Q. And did you understand that to be the
21 location called the Santee Run Apartments?

22 A. Yes, sir, I do.

23 So they were both sleeping in the Santee
24 Apartments. And she woke up to the smell and
25 taste of very thick smoke which had filled their

1 apartment. She opened the front door and
2 realized that the building was on fire, although
3 the fire alarms, allegedly, per her report, had
4 not sounded due to dysfunction and neglect.

5 Q. Did she say anything about the smoke
6 alarm in her apartment?

7 A. She said they weren't working. She said
8 that they had been -- that they were
9 dysfunctional and that they had been neglected
10 specifically and that otherwise they would have
11 been a -- awakened if the alarm had gone off.
12 She said that she shut the door and immediately
13 went to Kayden's room to get him, and he was
14 still sleeping. And given that there was no
15 other escape from the apartment because of
16 impending flames, the people on the ground were
17 urging her to drop Kayden down, which was about
18 20 feet, from their second-floor apartment.

19 Q. Through a window?

20 A. I'm not sure. I think it was through a
21 window, yes, or it could have been over the
22 balcony.

23 Q. Okay.

24 A. I don't re -- I don't recall.

25 Q. Two or three people who were neighbors

1 in the apartment complex were -- who were urging
2 her to throw him over and to catch -- they would
3 catch him. And she did that. She noted that
4 when she was about to do that, he woke up. While
5 he was being dropped, realized what was going on
6 and then appeared to be visibly shaking with
7 fright. While terrified, his mother then jumped
8 but seriously injured her foot as a result of the
9 fall, and she was carried to a chair to talk to
10 the Red Cross who were on the scene and then
11 to -- and to the emergency room via a friend for
12 evaluation.

13 She reported eventually that she had a
14 cuboid fracture. And I've seen those records,
15 and that was documented. And she eventually --

16 Q. Is that of the --

17 A. Of the -- that's a -- a cuboid bone is
18 in the foot. And so she had a fracture in her
19 foot, you know, as a result of jumping. And she
20 eventually received 7 percent permanent
21 disability for her injury.

22 Q. Okay.

23 A. And that has caused her to have trouble
24 walking. She now -- at the time of the eval, her
25 report is she has chronic pain, cannot run

1 anymore, which she used to do regularly as a form
2 of exercise. And Kayden then developed
3 post-traumatic symptoms almost immediately after
4 the fire. And by that, I mean marked anxiety,
5 preoccupation with whether his mother was all
6 right. And then he developed a sleep disturbance
7 characterized by frequent recurrent nightmares,
8 during which he would scream and cry with fright
9 and grief. And he refused to sleep alone until
10 very recently at the time of the -- of the
11 evaluation. And he was sleeping alone prior to
12 that.

13 Q. Yes, sir.

14 A. His language disorder, which had been
15 noted previously, worsened. And he eventually
16 developed symptoms of attention deficit
17 hyperactivity disorder, commonly known as ADHD.
18 About five weeks after the fire, he was seen as
19 an outpatient at the Medical University of South
20 Carolina Department of Developmental Behavioral
21 Pediatrics where he was diagnosed with speech
22 delay and adjustment disorder with anxiety, which
23 is a kind of trauma-based disorder in the DSM.

24 Approximately five months after the
25 fire, he developed symptoms of aggressiveness

1 with other children. And in January of 2020, he
2 was diagnosed with -- he was formally diagnosed
3 in January 2020 with ADHD and then referred to
4 the MUSC National Crime Victims Treatment Center
5 for treatment of his PTSD or post-traumatic
6 stress disorder.

7 Q. Did -- did that -- did that arise from
8 his --

9 A. Yes, sir.

10 Q. -- experiences in the fire?

11 A. Yes, sir. That was -- the fire was the
12 life-threatening event which triggered the PTSD
13 symptoms.

14 Q. Let me go back and ask you one question.
15 And then I don't want you to -- I want you to
16 continue --

17 A. Yeah.

18 Q. -- what you're telling us. But I wanted
19 to go back a minute and ask you about the
20 environment when they were trying to get out of
21 the -- out of the apartment.

22 A. Yes.

23 Q. Did you say there was smoke?

24 A. Yes. She -- she reported that she
25 awakened to a smoke-filled apartment.

1 Q. Smoke-filled apartment?

2 A. Yes.

3 Q. Now, can you tell us based upon your
4 knowledge and --

5 A. She was smelling and tasting thick
6 smoke.

7 Q. She was?

8 A. And then she saw it when she woke up.

9 Q. All right. What I wanted to ask you is,
10 what effect would those conditions have on a
11 human being, adult or child --

12 A. Yeah.

13 Q. -- if prolonged --

14 A. Yeah.

15 Q. -- for any period of time?

16 A. Smoke inhalation is basically deadly.

17 Q. Deadly?

18 A. Deadly, yes. It -- that is one of the
19 major reasons or ways in which people die in
20 fires. It's not necessarily because they're
21 burned up. It's more often than not due to the
22 smoke inhalation, which is highly toxic to the
23 lungs. And then that causes hypoxia or a -- a
24 lack of oxygen to the brain. And then that leads
25 to cardiac arrest.

1 Q. If -- if Shelby Trehus had not dropped
2 her son out of the window -- or out of the
3 opening to the outside and had she not jump --
4 jumped out herself to the ground, what, in your
5 opinion, could have been the outcome?

6 A. Well, they --

7 MR. BEVANS: Object to the form of
8 the question.

9 Q. Go ahead.

10 A. I -- I think that it was -- it is likely
11 that either they would have died or they would
12 have been much more seriously injured.

13 Q. All right. Now, if you will please
14 continue with the --

15 A. Yes.

16 Q. -- with the testimony you were giving
17 before --

18 A. Yes, sir.

19 Q. -- I interrupted with the question about
20 the smoke --

21 A. Yeah.

22 Q. -- and -- and whether -- and tell us
23 what you did to determine their physical and
24 mental conditions as the result of this fire and
25 smoke.

1 A. Well, I -- I did what -- I did what is
2 called a complete independent medical evaluation
3 from a psychiatric point of view by taking a
4 history, getting past history, reviewing records,
5 asking about family history, social history,
6 developmental history, doing a mental status exam
7 on Kayden. And then --

8 Q. Now, how old is Kayden, by the way, if
9 you know, when this occurred?

10 A. When he -- when this occurred, I think
11 he was 3 or 4.

12 Q. Okay.

13 A. At the time that I interviewed him, he's
14 -- he was five years and three months old.

15 Q. Okay.

16 A. Yeah. So in -- in addition to
17 performing a mental status exam and -- and all of
18 the other things I mentioned, which are pretty
19 standard part of an exam, I administered a number
20 of psychological assessment instruments. A, you
21 know, basically for his mother, given -- given
22 his age and inability to read and write and --
23 and -- and do them himself, any self-report
24 instruments. And it's commonly asked that
25 mothers or parents fill them out for the child.

1 They -- based on their own observations and --
2 and reports of symptoms.

3 And -- and so I -- I asked his mother to
4 complete a number of instruments that are --
5 what -- what we call reliable and validated in
6 the -- in the literature. They're -- they've --
7 they're tried and true. They're accepted in the
8 scientific literature as evidence of these things
9 that they're measuring. And the first one is
10 called the UCLA PTSD Reaction Index for the
11 Diagnostic and Statistical Manual Version 5 for
12 children age 6 and younger.

13 And this UCLA PTSD Reaction Index, it
14 provides a structure for interviewing parents and
15 caregivers about their child's trauma history,
16 the full range of potential post-traumatic stress
17 symptoms according to the diagnostic manual, and
18 whether symptoms are related to significant
19 levels of stress and to problems in relationships
20 with parents and other caregivers, siblings,
21 peers, behaviors at school, and development.

22 So I administered the instrument to --
23 to Shelby first as a self-report and then as a
24 structured interview for both current symptoms,
25 which are in the past month, as well as lifetime

1 symptoms, in particular those occurring since the
2 fire. Ms. Trehus endorsed lifetime symptoms in
3 all of the required DSM-5 symptom clusters, which
4 the -- they're clusters or groups of symptoms
5 that are defined in the DSM-5 for PTSD diagnosis.
6 Things like intrusive imagery, hyperarousal or
7 anxiety, avoidance behavior, alterations in mood
8 and in thinking.

9 Q. Doctor --

10 A. Yes.

11 Q. -- may -- may I interrupt for just a
12 minute. Do you have an opinion as to whether or
13 not the conditions you found in the life of
14 Kayden Montagna and his mother, Shelby Trehus,
15 resulted as the result of the fire that they
16 encountered on May the 29th, nine -- 2019?

17 A. I absolutely -- they absolutely were a
18 direct result of the fire. There's no question
19 about it. He did not have these symptoms prior
20 to. I will talk about some of the symp -- some
21 symptoms that he did have but got worse.

22 Q. Uh-huh.

23 A. But in terms of these -- a specific
24 post-traumatic stress disorder symptom, these are
25 symptoms that develop in the face of a

1 life-threatening event.

2 Q. Would the same --

3 A. And he had -- he had no other
4 life-threatening events --

5 Q. Right.

6 A. -- by history or report.

7 Q. Would the same apply to his mother's
8 situation?

9 A. Yes, yes.

10 Q. Excuse me for the interruption. Please
11 proceed.

12 A. So she -- his mother, Shelby, did
13 endorse lifetime symptoms in all required DSM-5
14 clusters, which was compatible with a lifetime
15 diagnosis of PTSD for Kayden.

16 Q. And PS -- please explain for me and
17 the --

18 A. Yeah.

19 Q. -- jury and -- and Mr. Bevans what is
20 PTSD.

21 A. Post-traumatic stress disorder is a
22 psychiatric disorder that has been in the
23 psychiatric nomenclature, the Diagnostic and
24 Statistical Manual, ever since 1980. So it -- it
25 refers to a cluster of symptoms that occur after

1 severe life -- usually life-threatening trauma or
2 sexual trauma or some other kind of event that
3 induces fear. And it has different symptom
4 clusters, as I mentioned earlier. Intrusive
5 symptoms like nightmares, flashbacks, getting
6 images and memories and -- coming into your head
7 when you don't want them to. Avoidance symptoms,
8 you know, going out of your way to -- to avoid
9 reminders of these events.

10 Sometimes people will use drugs or
11 alcohol or food as a way to help them avoid these
12 kinds of symptoms or reminders of them. And then
13 hyperarousal symptoms, being on edge, not being
14 able to relax, having an increased startle
15 response, there are a number of those that are
16 related to anxiety. But -- and then finally,
17 negative alterations in how one is thinking and
18 your mood.

19 And so PTSD, post-traumatic stress
20 disorder can -- you know, includes all of these
21 symptom clusters. And it also in -- you know,
22 causes great distress. And that's true for all
23 psychiatric disorders. They cause a certain
24 amount of distress and impairment in one's
25 functioning. And that's part of the -- the

1 criteria that he also met.

2 Q. What did you do, if I may ask, to
3 evaluate and analyze the effect --

4 A. Yeah.

5 Q. -- that being caught in this fire with
6 no warning has caused --

7 A. Yeah.

8 Q. -- what have you done to determine how
9 it has affected the lives of Shelby Trehus and
10 her son?

11 A. Certainly. That is part -- that is --
12 that -- those -- that line of questioning,
13 those -- those factors are built into the
14 evaluation of the UCLA PTSD Reaction Index.
15 Those questions are kind of part of it. And so
16 one explores how behavior has changed, how
17 thinking and feeling and emotions have changed
18 since the trauma, particularly -- and -- and how
19 it's affected relationships, whether it's with
20 family or peers or -- or other adults, how it's
21 affected his school, how it's affected his
22 ability to take care of himself, activities of
23 daily living, those kinds of things are -- are
24 built-in questions.

25 And he -- Shelby documented a number

1 of -- of areas where his functioning changed,
2 his -- his -- he -- you know, he already has a
3 developmental speech delay and a language
4 disorder, and that got worse. And there were a
5 number of other things that got worse in terms of
6 his behavior, some of which I've alluded to.

7 Q. Would you tell us, please, what is your
8 opinion regarding how their lives will be
9 affected from now on into the future on account
10 of the experience -- the traumatic experience
11 they had in the fire of their -- that occurred in
12 their apartment building?

13 A. Well, this is -- this kind of picture
14 I'm painting for Kayden and his mother has been
15 well-described in the literature. You know,
16 everybody knows that, you know, child abuse is
17 bad for you. And there is an extraordinarily
18 rich psychiatric literature that has evolved over
19 my lifetime that demonstrates profound changes.

20 Q. Was this experience they had that you've
21 described on the night of May the 19th -- May
22 the 29th, 2019, was it an experience that can
23 lead or has led to a -- a permanent injury --

24 A. Yeah, I --

25 Q. -- in the case of --

1 A. I would --

2 Q. -- Shelby and her son?

3 A. Yes, sir. I'm getting there.

4 Q. Okay. I'll try not to interrupt.

5 A. At some -- at -- everybody knows about
6 child abuse. At some level, this is a form of
7 neglect because of the absent fire alarms.
8 Somebody's responsibility, you know, went by the
9 wayside in terms of keeping up with having a fire
10 alarm and having a smoke alarm in a place where
11 -- that you are paying rent to. So somebody
12 neglected this family that resulted in harm. In
13 addition to that, fire like this -- this is --
14 this life-threatening event which they -- where
15 they could have died is well-described in the
16 literature as being a potential cause of
17 post-traumatic stress disorder.

18 Most people think of PTSD as a thing
19 that combat veterans get or people with childhood
20 sexual abuse, maybe physical abuse, get. But you
21 can also get it from these kinds of disasters and
22 accidents, quote, unquote. And so it's -- it's
23 well-established that a life-threatening fire
24 like this disaster can produce simic --
25 significant and sustained adverse psychological

1 consequences in individuals who are so exposed.
2 And -- and there's a -- a rich literature about
3 that.

4 And so the adverse consequences include
5 PTSD symptoms that I've outlined, depression,
6 anxiety, physical and emotional role limitations;
7 in some cases, substance abuse later on; in some
8 cases, higher risk of suicide. And although some
9 of these symptoms decreased over the course of
10 the 18 months since I had seen him, they remained
11 significantly high compared, you know, to
12 somebody who did not have these experiences. And
13 the -- the literature shows that -- in one study
14 a 20-year long-term follow-up after a natural
15 fire disaster indicated that long-term adverse
16 effects are significantly higher in fire
17 survivors.

18 One of the things I like to do when I do
19 a report and I'm thinking about this is really
20 look carefully at the scientific literature
21 and -- and to -- and to -- and to base my
22 opinions as much as possible on the clinical
23 research available.

24 Q. Have you done that in this case?

25 A. Yes, sir, I have.

1 Q. And does your training and professional
2 experience give -- give you the ability and
3 expertise to render such as opinions in this
4 case?

5 A. I -- yes, sir. And in -- in addition, I
6 do research. I am an author of over 120
7 peer-reviewed ar -- articles.

8 Q. Is that part of your CV --

9 A. That's part of my CV.

10 Q. -- that you've given us?

11 A. Over 50 book chapters. Two -- edited
12 two books. So -- so yes, I know the research
13 literature. I'm well-acquainted with it and can
14 apply it clinically.

15 Q. Well, could you -- based upon your
16 experience and knowledge, could you tell us what
17 your prognosis is for Kayden Montagna and his
18 mother, Shelby, as a result of what they
19 sustained in this fire and escape?

20 A. Yes. So one of the points I -- I really
21 want to make about this kind of very early
22 adversity that leads to PTSD in particular is
23 that it becomes what has come to be termed
24 biologically embedded. These kinds of horrific
25 experiences that cause these level of -- of

1 fright and -- to where your -- your life is being
2 threatened, it changes the body in such a way
3 that the -- this -- the stress response, this
4 fight or -- and flight response, becomes
5 biologically embedded. And these changes cannot
6 be undone. You cannot un -- unring the bell once
7 the bell has been rung.

8 And so it puts that individual at
9 significantly higher risk for downstream effects,
10 adverse effects and outcomes, including suicide,
11 substance use disorders, other psychiatric
12 disorders.

13 There -- there are a number of factors
14 that I think have influenced the trauma-related
15 symptoms that Kayden exhibited: the fact that he
16 had already exhibited childhood problems, which
17 is the developmental language disorder, as well
18 as prenatal exposure to nicotine, lower
19 socioeconomic status, parental separation -- his
20 parent never married --

21 Q. In fact, his father had died --

22 (Overlapping dialogue.)

23 A. His father had died. Not at -- not
24 at -- not at the time of the accident. After, I
25 think.

1 Q. Okay.

2 A. But he was estranged from his father.

3 He saw him once every six months or so. He did
4 not have a close relationship with him. And
5 there's some family psychiatric history. All of
6 those factors actually put him at higher risk for
7 developing PTSD and also for having problems as a
8 result of this fire later in his life. So that
9 -- the close physical and emotional proximity to
10 the disaster is also a recognized factor in
11 developing PTSD: age, the fact that he's so
12 young. The younger the age is -- is related to
13 the level of distress. The younger the age, the
14 higher the distress. It's harder for -- for
15 people who weren't developed to -- to process
16 what's going on and to understand it.

17 He also -- what I think is really
18 important in this case is -- is witnessing and
19 becoming -- and learning about the injury to a
20 close relative, particularly his mother, is
21 another important consideration in Kayden's case
22 that has been reported to being a significant
23 factor in developing PTSD. He knew that his
24 mother was injured. He was not able to be with
25 his mother immediately after the fire, after he's

1 thrown from the second-story window. He knew
2 that she was hurt. He knew that she had to go to
3 the emergency room. He knew that she had to wear
4 a cast and a boot for some time. And he became
5 preoccupied about not only having other fire and
6 his cat coming on fire but whether his mother was
7 okay. And I think that's an -- that's an
8 important consideration.

9 So given his -- in summary, given his
10 young age, the direct experience of a potentially
11 life-threatening event, his history of
12 developmental delay, intrauterine nicotine
13 exposure, lower socioeconomic status, having a
14 single parent, his loss of home, and all of his
15 possessions were gone, his witnessing and
16 learning about a traumatic injury with subsequent
17 disability in his mother, the development of PTSD
18 in his mother, her -- herself, his positive
19 history of mental illness, all of those were
20 predisposing factors.

21 And then perpetuating factors include
22 his -- things that keep it going -- include his
23 language disorder and his developmental -- as
24 well as his development delay and the
25 undertreatment of his ADHD, which then developed

1 after his PTSD. And it's known that ADHD is a
2 risk factor for the development of PTSD.

3 Q. Doctor, what do you expect -- based upon
4 your expertise and knowledge of this matter, what
5 do you expect to -- will happen to him in terms
6 of what you have described in the future, from
7 now on?

8 A. Well, I think he's going to -- he's
9 likely to have problems. No -- nobody has a
10 crystal ball. Nobody can know for sure. But
11 when you look at other kids who have had early
12 adversity who have PTSD, particularly with these
13 other associated problems and risk factors, there
14 is a high likely -- there's a high likelihood of
15 continued issues.

16 Q. Would you say it's probable or not?

17 A. I would say that it's probable, yes.

18 Q. Now, in the case of Shelby Trehus, his
19 mother --

20 A. Yes.

21 Q. -- is there anything about what she had
22 sustained in this fire environment and smoke that
23 will affect her in the future, in your opinion?

24 A. Yes. The -- the -- the comments I made
25 earlier about traumas becoming -- and the effects

1 of traumas and becoming biologically embedded in
2 the -- in the individual is true for her as well.
3 And we know that the -- the effects of trauma
4 over time are -- are cumulative. And by that, I
5 mean the more traumas one has in one's life, the
6 higher their -- the number of symptoms. There's
7 a direct correlation between what's called the --
8 the trauma load or the trauma dose.

9 So having had this one major event
10 predisposes both of them to the adverse effects
11 of any subsequent traumas or major stressors in
12 their life. So, you know, Shelby has already had
13 adversity in her life. And this just is a major
14 add -- you know, add-on.

15 Q. Add-on.

16 A. And so I think she has -- is coping the
17 best way she knows how to do under the
18 circumstances, but she's at high risk. And
19 Kayden is at high risk.

20 Q. Yeah. For -- for how long?

21 A. For their lives, you know.

22 Q. For their lives?

23 A. And one of -- one of the things that
24 people are amazed by is that we have learned --
25 we learned -- actually, almost 25 years ago the

1 first paper was published about the adverse
2 childhood experiences and the effects that they
3 have on all of the leading causes of death in the
4 United States. And people tend to think of the
5 mind and body as separate, but they're not.
6 They're -- they're just different aspects of one
7 being, one self, one organism.

8 And we have learned from really good
9 research that comes out of the -- the Center for
10 Drug -- Center of Disease Control and Kaiser
11 Permanente back in the '90s that people with high
12 degrees of child adversity, they're correlated
13 with the development of all of the leading causes
14 of death, whether it be cardiovascular, higher
15 rates of cancer, autoimmune disease, substance
16 abuse, as well as psychiatric disorders and
17 suicide, obesity. It's -- it's pretty mind
18 boggling.

19 It was -- it -- you know -- and -- and
20 the realization -- the data and the research has
21 only accumulated since then. This was first
22 published in the American Journal of Public
23 Health in 1998. And I remember that article
24 coming out and -- and knowing about that
25 research. And it -- and it's just been built

1 upon ever since. And so, you know, there --
2 there is a major adverse outcome. And it can be
3 in any number of areas. It doesn't necessarily
4 have to be even in psychiatric areas.

5 Q. And would this, in your opinion, apply
6 to a probable risk for Kayden and his mother,
7 Shelby?

8 A. Yes, sir.

9 Q. And do I understand you to be saying and
10 telling the Court and the jury that what happened
11 in the fire and smoke on the night that we've
12 talked about will be with them for the rest of
13 their lives in some fashion?

14 A. Yes, it will. You can't erase this
15 experience and the impact that it's had on them.
16 Even -- even though they -- they may achieve some
17 level of -- of recovery or improvement, it's not
18 likely to be the way it was prior to -- to the
19 fire.

20 Q. And would any of this that you've just
21 described have affected them had it not been for
22 the events in the fire and smoke that -- that you
23 have described?

24 A. With -- without a reasonable doubt,
25 this -- this picture would not be had not the

1 various points that I'm making.

2 Q. And --

3 A. And these are all -- these are mostly
4 peer-reviewed published articles.

5 Q. What does that mean, for the benefit of
6 those that --

7 A. Well, in -- in science -- when people do
8 science and they -- and a scientist wants to
9 write up the results of their experiments, they
10 send it to established journals, to the editor
11 and the editorial board, and they send it to --
12 to other people, so-called peers, who review
13 the -- the quality and --

14 Q. P-E-E-R-S?

15 A. P-E-E-R, yes. Peer -- peer-reviewed.

16 Q. Yes.

17 A. And so other -- other people like me who
18 do research, other doctors, other PhDs who -- who
19 are -- have some interest and expertise in that
20 area review the paper. And they send the editor
21 back comments, and then the editor will -- they
22 will make recommendations on acceptance or not.
23 And then most -- most articles are not accepted.
24 Most articles are rejected. Some are asked to be
25 revised and reviewed. And then finally, there's

1 publication. So people really don't know the
2 kind of -- the process that, you know, it -- that
3 it takes to go through to get a piece of science
4 published.

5 Q. Are the references to -- to studies that
6 resulted in your economic loss prognosis
7 contained in these references that you --

8 A. Yes, sir.

9 Q. -- have referred to?

10 A. They certainly are, yes. And they're --
11 and they tend to be -- for that matter, they're
12 in very highly, you know, regarded journals. And
13 journals -- different journals have various im --
14 so-called impact factors in terms of their
15 reputation. And many of these articles are from
16 very high-impact factor journals.

17 Q. Based upon your study of these
18 references, your experience, and your knowledge,
19 what is your belief about the reliability of the
20 cost estimates you have suggested will be
21 encountered by Kayden in the future, for the rest
22 of his life?

23 A. I -- I think given the -- given the
24 scientific literature, it's the best available
25 evidence. And it's -- and it's as reliable as we

1 can get based on what's out there in the
2 literature.

3 Q. And do you believe that they are
4 trustworthy?

5 A. Yes, sir.

6 MR. TISDALE: Can we take five
7 minutes?

8 MR. BEVANS: Sure.

9 MR. TISDALE: And let me see if I'm
10 about close to the end.

11 THE VIDEOGRAPHER: The time is now
12 12:52, and we're off the record.

13 (A recess was taken.)

14 THE VIDEOGRAPHER: The time is now
15 12:57, and we're back on the record.

16 MR. TISDALE: Dr. Brewerton, those
17 are all the questions I have now for you. And I
18 would like you to answer any questions
19 Mr. Bevans -- Bevans might have.

20 THE WITNESS: I'd be happy to.

21 EXAMINATION

22 BY MR. BEVANS:

23 Q. Thanks, Dr. Brewerton. It's good to see
24 you again.

25 A. Hi.

1 Q. As you'll remember, I'm Shawn Bevans,
2 and I represent Santee Run Apartments and
3 Ms. Shelby Jean Colley in this case.

4 A. Yes, sir.

5 Q. First off, I want to address a few
6 things that you had spoken with Mr. Tisdale
7 about. You were first contacted on October 1,
8 2020; is that right?

9 A. That's right.

10 Q. And you were contacted by Mr. Tisdale
11 directly or by Ms. Trehus?

12 A. By Mr. Tisdale.

13 Q. And had you ever met Ms. Trehus before
14 that time?

15 A. No.

16 Q. Had you ever spoken with her before that
17 day?

18 A. No.

19 Q. Did you have any knowledge about the
20 Santee Run Apartments before speaking with
21 Mr. Tisdale on October 1, 2021?

22 A. No.

23 Q. Any knowledge about Shelby Jean Colley
24 prior to that time?

25 A. No.

1 Q. Your undergraduate degree is in zoology?

2 A. Yes.

3 Q. And you're a 1978 graduate of medical
4 school?

5 A. Yes, sir.

6 Q. And you said you've been in private
7 practice since 2001?

8 A. Yes.

9 Q. I haven't flipped through all of the
10 articles in your CV that you produced. But would
11 you agree you're specialized -- your specialty is
12 for eating disorders?

13 A. That's one of my specialties.

14 Q. Okay. What are the other ones?

15 A. Trauma, PTSD.

16 Q. Okay. How many articles have you
17 authored on trauma and PTSD?

18 A. Many.

19 Q. Do you have an idea?

20 A. I can look.

21 Q. Okay.

22 A. Yeah.

23 Q. And for that same question, I would ask
24 how many articles you've authored in eating
25 disorders.

1 A. Okay. So I would estimate something on
2 the order of 25 articles --

3 Q. On trauma?

4 A. -- that have -- 25 to 30 that have
5 involved either child abuse trauma, PTSD,
6 trauma-related disorders.

7 Q. Any of those 25 or 30 involving trauma,
8 child abuse, or PTSD-related disorders following
9 a fire?

10 A. Well, one of the papers -- one of --
11 I've had several papers that analyze results from
12 the National Women's Study, which was a national
13 survey. And it -- the women reported various
14 traumas that induced their PTSD. And so
15 certainly one of the -- the traumas that is
16 included in that is -- is -- is a fire.

17 Q. Okay. And that was --

18 A. There are a variety of -- of traumas
19 that can induce PTSD, including fires and
20 disasters.

21 Q. Right. And in this case, we're talking
22 about the trauma being a fire, right?

23 A. That's right.

24 Q. And so outside of that one article, have
25 you ever addressed any --

1 A. There's several articles that I've
2 written about the National Women's Study.

3 Q. Okay.

4 A. Yeah.

5 Q. And none of those --

6 A. None of them were specifically about a
7 fire.

8 Q. Okay. So none of them were specifically
9 about a trauma following a fire?

10 A. Correct.

11 Q. Okay. And how many articles have you
12 written now on eating disorders? Did you look at
13 that as well?

14 A. You know, I've written a lot of
15 articles. I -- I would say 80 percent of my --
16 my work has been related to one form of eating
17 disorders. But -- but to com -- compartmentalize
18 it just to eating disorders isn't really fair
19 because they're linked to mood disorders, anxiety
20 disorders, and all kinds of other -- other
21 things --

22 Q. Okay.

23 A. -- that I've written about.

24 Q. And so that's -- that's 80 percent of
25 your work though?

1 A. Yes.

2 Q. Okay. How much have you been paid by
3 the plaintiff so far?

4 A. Approximately \$10,000.

5 Q. And would that include being paid for
6 your testimony today or is that --

7 A. No.

8 Q. -- a subsequent invoice?

9 A. That's subsequent.

10 Q. How much are you charging plaintiff for
11 your testimony today?

12 A. \$450 an hour, my standard fee.

13 Q. And has all of your work been paid on a
14 \$450-an-hour rate?

15 A. No. Depositions and testimony is 450.
16 Review of records, IME -- in -- independent
17 medical exam is \$400 an hour.

18 Q. And that's an hour you said?

19 A. Yes.

20 Q. Your current board certifications, what
21 are they?

22 A. General psychiatry, child and adolescent
23 psychiatry, and addiction medicine.

24 Q. And you were certified in general --
25 board certified in general psychiatry in 1982; is

1 that right?

2 A. Right.

3 Q. And you haven't had to recertify that?

4 A. Correct. I've had to continue -- do
5 continuing medical education.

6 Q. Okay. You're currently not certified in
7 forensic psychiatry; is that right?

8 A. That's right.

9 Q. And so you were not certified in
10 forensic psychiatry at any time you've been
11 involved in this case addressing Ms. Trehus and
12 her son; is that right?

13 A. It ex -- I think my certification
14 expired at the end of 2020. So at the beginning,
15 I was.

16 Q. Okay. Do you know what day the
17 certification expired in 2020?

18 A. December 31st.

19 Q. Okay. So the latter of the year then?

20 A. Yeah.

21 Q. So as you're sitting here today
22 providing opinions, you're not certified to
23 provide opinions in terms of forensic psychiatry
24 today?

25 A. I'm board eligible for forensic

1 psychiatry, and I plan on taking the exam next
2 month --

3 Q. Okay.

4 A. -- again.

5 Q. But if you'll answer my question though.
6 My question would be that you're not currently
7 certified in forensic psychiatry which is what
8 you're offering opinions in that field today?

9 A. Correct.

10 Q. Do you know if the completion of a
11 fellowship is required for a certification in
12 forensic psychiatry today?

13 A. It is.

14 Q. Did you ever complete a fellowship?

15 A. No. It wasn't required then.

16 Q. When you met with the plaintiffs, that
17 was about two months after you spoke with
18 Mr. Tisdale the first time?

19 A. That's right.

20 Q. Did you speak with either Ms. Trehus or
21 her son prior to your virtual meeting with them?

22 A. No.

23 Q. Your virtual meeting with the plaintiffs
24 lasted about three hours you said?

25 A. Yes.

1 MR. TISDALE: Well, see, I'm going
2 to object to the form of the question. But can
3 we just agree to -- can we agree to reserve
4 objections?

5 MR. BEVANS: Sure. Let's go off
6 record real quick.

7 THE VIDEOGRAPHER: The time is now
8 1:06, and we're off the record.

9 (A recess was taken.)

10 THE VIDEOGRAPHER: The time is now
11 1:06, and we're back on the record.

12 (BY MR. BEVANS)

13 Q. Your meeting with the plaintiffs on
14 December 3, 2020, how long did it last?

15 A. Three hours.

16 Q. And how did you conduct that meeting?
17 Was it -- did you use a -- a video software?

18 A. Over -- over Zoom, yeah, like it says in
19 my report.

20 Q. Okay. And you had never spoken with --
21 or had you ever spoken with either of the
22 plaintiffs prior to that Zoom call?

23 A. I had not spoken to them. There may
24 have been some very brief e-mail communication
25 about just the nature of the -- filling out the

1 -- that was all through Mr. Tisdale's office.

2 Q. Did you -- had you acquired any facts of
3 the accident or the plaintiffs' subsequent
4 damages from either of the plaintiffs prior to
5 the Zoom call you had with them?

6 A. I'm not sure I understand your question.
7 I -- I did have the material -- I listed the
8 materials reviewed, which included medical
9 records, which imply damages. So I'm not sure
10 exactly what you're asking.

11 Q. Yeah. My question is, did you get it
12 from the plaintiffs -- all of that information --

13 A. I got everything --

14 Q. -- was provided by --

15 A. -- directly from Mr. Tisdale's office.

16 Q. That's what I was asking. Thank you.

17 A. Nothing directly from Ms. Trehus.

18 Q. Right. So nothing --

19 A. Yeah.

20 Q. -- you had learned prior to the Zoom
21 call on December 3, 2020, came from directly
22 Ms. Trehus or her son?

23 A. Other filling out the self-report forms
24 that I had asked them to complete prior to my
25 examination, that --

1 Q. Okay.

2 A. That was it.

3 Q. And following that three-hour Zoom call,
4 you prepared your report that's dated February 1,
5 2021?

6 A. That's right.

7 Q. And this is the only report you've
8 prepared in this case?

9 A. Yes.

10 Q. Have you made any amendments or
11 supplementations to it since --

12 A. No.

13 Q. -- the date that you issued it?

14 A. No.

15 Q. In your report, you conclude that
16 neither Kayden nor Shelby have active PTSD,
17 correct?

18 A. Not exactly.

19 Q. Okay. Explain that for me then.

20 A. Do you see that written somewhere?

21 Q. I'm asking you, because your conclusion
22 was that Kayden was in partial remission and
23 Shelby was in remission.

24 A. Uh-huh.

25 Q. So you have a diagnosis of lifetime

1 PTSD, but they don't have active, current PTSD?

2 A. They have active PTSD symptoms --

3 Q. Okay.

4 A. -- that fall -- fall short of the full
5 criteria at the time, yes.

6 Q. Okay. Right. So you're --

7 A. Yeah.

8 Q. The answer to the question was yes then?

9 They have active PTSD symptoms, but they don't
10 have an active PTSD diagnosis because their
11 symptoms don't meet the criteria?

12 A. They would meet criteria for an
13 unspecified trauma and stressor-related disorder
14 or -- or what in the literature is called partial
15 PTSD.

16 Q. Okay. So partial?

17 A. Yeah.

18 Q. Okay. And it's in remission for Kayden
19 and Shelby? Partial remission for Kayden and
20 remission for Shelby?

21 A. Partial remission, because they all
22 maintained that they still have symptoms.

23 Q. If you'll look at page 8 of your report,
24 Doctor, if you look under the subheading A,
25 Kayden Montagna, you've got number one --

1 A. Yeah.

2 Q. -- post-traumatic stress disorder,
3 lifetime and partial remission, correct?

4 A. Okay.

5 Q. And then if you look down for
6 Ms. Shelby Trehus, you've got post-traumatic
7 stress disorder, lifetime, in remission, correct?

8 A. Yes, I do.

9 Q. Okay. And so Kayden did not meet the
10 full criteria for PTSD at the time?

11 A. He did not meet the current -- for
12 current PTSD. He met the criteria for lifetime
13 PTSD.

14 Q. And you listed --

15 A. He just -- he fell short by just one --
16 one area.

17 Q. And you listed all of the records you
18 reviewed prior to meeting with Ms. Trehus on
19 page 2 of your report?

20 A. That's right.

21 Q. That's the 13 items?

22 A. Yes.

23 Q. Have you reviewed anything since that
24 you've added to the list of materials you
25 reviewed?

1 A. I have reviewed the report by Dr. Wiita.

2 Q. Okay. Anything else?

3 A. No. Maybe his deposition.

4 Q. Dr. Wiita's deposition?

5 A. Yes.

6 Q. What records did you review from
7 Shelby's prior medical history? Was it just
8 Lowcountry Orthopaedics?

9 A. That's all that was available, yes.

10 Q. Are you aware if that's where Shelby
11 received treatment, from Lowcountry Orthopaedics?

12 A. Yes.

13 Q. Okay. That -- that's who actually
14 treated her for her foot injury?

15 A. I'm not -- I don't recall.

16 Q. Okay. During your Zoom call with the
17 plaintiffs, you first went through a forensic
18 informed consent; is that right?

19 A. That's right.

20 Q. What's the purpose of that -- of that
21 exercise?

22 A. The purpose of that is to make sure that
23 they understand that I'm -- this does not
24 establish a doctor-patient relationship and that
25 what gets said in my report and my opinions gets

1 shared with the attorneys and the Court and
2 eventually opposing counsel. And so it doesn't
3 have the same kinds of privacy stipulations that
4 a normal doctor-patient relationship involves.
5 And it also means that I am not going to be
6 treating them ever.

7 Q. So in twofold, part of that informed
8 consent is just to advise Shelby you're a witness
9 in this case?

10 A. An expert.

11 Q. An expert witness in this case?

12 A. Yes, that's right.

13 Q. But you're not providing any treatment
14 to her at all?

15 A. Correct.

16 Q. And you're absolutely not establishing
17 any kind of doctor-patient relationship with her?

18 A. Correct.

19 Q. How long did that take you to go through
20 with Ms. Trehus?

21 A. I don't know. Just a few minutes. Not
22 long.

23 Q. Okay. Do you recall having your
24 deposition taken?

25 A. I do.

1 Q. I believe you testified in your
2 deposition it took about 20 minutes to go
3 through.

4 A. Okay.

5 Q. Does that sound more accurate now that
6 you're saying a few minutes versus 20?

7 A. I don't really know. We could go back
8 and look at the tape and you could -- you could
9 time if it's that important.

10 Q. Well, what I'm trying to figure out
11 is -- so you -- you did an evaluation of both
12 Shelby and Kayden, correct?

13 A. Correct.

14 Q. And part of that evaluation included
15 going through your forensic informed consent,
16 right?

17 A. Yes, it did.

18 Q. And you had only a three-hour Zoom call
19 with them, correct?

20 A. Correct.

21 Q. And so how much time did you devote to
22 addressing Shelby's problems during that
23 three-hour Zoom call?

24 A. I don't know. I didn't -- I didn't
25 divide it, you know, by the person. And they

1 were intertwined.

2 Q. Okay.

3 A. I think the interview kind of, you know,
4 was -- was intertwined.

5 Q. And so similarly, you don't know how
6 much time you devoted to Kayden's -- addressing
7 Kayden's --

8 A. The bulk of it was about Kayden.

9 Q. Okay.

10 A. Yeah. But I'm -- but I'm talking and
11 evaluating Kayden, you know, and his language
12 disorder and age. I'm mainly speaking to
13 Shelby and -- and, you know, Shelby's perception
14 of Kayden's symptoms and -- which are intertwined
15 with her own history.

16 Q. So you're getting Shelby to report
17 Kayden's symptoms or what she believes Kayden's
18 symptoms are to you?

19 A. And I'm asking Kayden as well. But
20 because of his language disorder, there was the
21 ness -- ness -- necessity of Shelby kind of
22 translating, if you would --

23 Q. Okay.

24 A. -- much of what Kayden was saying. He
25 was -- he was talkative. But a lot of times, I

1 couldn't understand what he was saying and she
2 could and would have to tell me.

3 Q. Okay. You also -- you sent Shelby some
4 questionnaires before the -- your IME of her and
5 Kayden?

6 A. I sent them to Mr. Tisdale's office who
7 sent them to her. Yes.

8 Q. Which questionnaires did you deliver for
9 her to complete ahead of time?

10 A. They're listed in my report.

11 Q. If you could read those for the jury,
12 please --

13 A. Okay.

14 Q. -- and tell us what they are.

15 A. All right. The UCLA PTSD Reaction Index
16 for DSM-5 Children Age 6 and Younger; the
17 Vanderbilt ADHD Diagnostic Parent Rating Scale;
18 the Child Depression Inventory 2, Parent Version;
19 the Child Dissociative Checklist. And then --

20 Q. Is that it?

21 A. And that's it for -- for Kayden.

22 Q. Okay. What about for Shelby?

23 A. And for Shelby, I asked her to also
24 complete the PTSD symptom checklist for DSM-5.

25 Q. Different from the questionnaire that

1 she completed for Kayden?

2 A. Correct. It's in reference to her own
3 symptoms.

4 Q. Okay. And so there's a different
5 questionnaire based on the age of the -- the
6 patient?

7 A. Yes.

8 Q. For the DSM-5 at least?

9 A. Yes.

10 Q. And you also went over these -- or at
11 least several of those questionnaires with Shelby
12 during the phone call?

13 A. I went over all of them with her, yes.

14 Q. Okay. When you went through and -- did
15 you have her change any of the answers?

16 A. I didn't have her change any answers.
17 She changed some of her answers when she --
18 because she didn't really understand some of the
19 questions and -- and what they meant.

20 Q. And did you notate those questions in
21 your report?

22 A. Specifically which ones that were
23 changed? I don't think so.

24 Q. Yes, sir.

25 A. No.

1 Q. Did you go over the questions -- why was
2 it you went over the questions with Shelby?

3 A. To make sure she understood.

4 Q. And that was because you had an
5 indication that she didn't understand?

6 A. Yes.

7 Q. Were the questions written in -- say, in
8 common English?

9 A. Shelby's education is limited. She
10 didn't graduate from high school. So not
11 everybody understands psychological terminology
12 or psychiatric terminology and need it -- needs
13 it to be explained. And it's -- it's a common
14 practice to go over a patient's responses to
15 questionnaires to make sure that they -- they got
16 it right and they understood, you know, what it
17 means to them.

18 Q. And you went over those questionnaires
19 with her in your role as an expert witness hired
20 by her to testify in her lawsuit?

21 A. Yes.

22 Q. I don't think you went over the Child
23 Dissociative Checklist with her, did you?

24 A. I -- I did. I -- and -- and that's --
25 you know, there -- some of the questionnaires are

1 -- overlap with each other. So one of the things
2 that's notable is that you can ask questions
3 different -- different instruments ask similar
4 questions so that you can get some kind of
5 convergent validity. And so in the UCLA PTSD
6 Index, for example, it asked about dissociative
7 symptoms. And the Child Dissociative Checklist
8 asks about dissociative symptoms. And there was
9 agreement between those.

10 Q. Okay. Did you review the Child
11 Depression Index (sic) with Shelby question by
12 question?

13 A. Yes.

14 Q. Okay. And you reviewed the Vanderbilt
15 ADHD Diagnostic Parent Rating Scale question by
16 question with Shelby?

17 A. I did.

18 Q. Okay. Doctor, I'm confused here,
19 because, again, during your deposition that we
20 took earlier in this case, you testified that you
21 did not go through every single question with
22 Shelby. And I'll quote from the deposition. It
23 says, Every single one, no, but the ones that had
24 to do with PTSD and ADHD, which are the areas I
25 thought were most clinically significant.

1 A. Okay.

2 Q. Okay. So --

3 A. Maybe I'm mistaken.

4 Q. Okay. And that's what I'm asking. So
5 sitting here today --

6 A. No. Maybe I didn't go over every single
7 question.

8 Q. Okay. You only --

9 A. But I -- I reviewed all of them with
10 her.

11 Q. I understand.

12 A. And a common -- common refrain would be,
13 did you understand all of the questions? And she
14 did not understand a lot of the questions for the
15 UCLA PTSD Index. And she -- whereas she -- she
16 may have for many of the others. So --

17 Q. Okay.

18 A. -- I stand corrected.

19 Q. Okay. So you agree that you went
20 through the PTSD checklist with Shelby because
21 you didn't think she understood it because of her
22 education?

23 A. Because she said she didn't understand
24 some of the questions. She wasn't sure about
25 what some of the questions meant.

1 Q. Okay. And then after you spoke with her
2 about those questions, some of the answers were
3 changed?

4 A. Yes. I also --

5 Q. And were any of those answers changed in
6 a way --

7 (Overlapping dialogue.)

8 A. Can I finish?

9 Q. -- to her lawsuit?

10 A. Can I finish?

11 Q. Sure.

12 A. I also used it as an interview to go
13 over a life -- lifetime history of PTSD.

14 Q. Okay.

15 A. Not just current symptoms in the past
16 month, because that is relevant to the case.

17 Q. And that was, again, because they don't
18 have -- they have current symptoms but not a
19 current diagnosis of PTSD?

20 A. Say -- I'm sorry. Repeat the question,
21 please.

22 Q. Sure. That's because they only have
23 current symptoms of PTSD, not a complete
24 diagnosis of PTSD?

25 A. I decide the diagnosis based on the

1 responses.

2 Q. Okay.

3 A. You know, I'm the -- I'm the evaluator.
4 This is just an instrument that leads me to
5 conclude.

6 Q. Okay. And those conclusions are set
7 forth in your report?

8 A. Yes.

9 Q. One of the conclusions you reach in your
10 report discusses Kayden having symptoms of ODD.
11 What is ODD?

12 A. Oppositional defiant disorder.

13 Q. And that's an incorrect statement.
14 Kayden does not have ODD; is that right?

15 A. Repeat the question, please. I did not
16 diagnose him with ODD, no.

17 Q. You did not diagnose Kayden with ODD; is
18 that right?

19 A. I did not.

20 Q. But that's written in --

21 A. No.

22 Q. -- your report though?

23 A. Can you --

24 Q. Sure. Page 8 under the data and
25 reasoning basic to opinions. You write --

1 A. So --

2 Q. -- I find Kayden to be exhibiting
3 symptoms --

4 A. So having -- having symptoms of a
5 disorder is not the same thing as saying you have
6 the disorder.

7 Q. Okay.

8 A. You can have symptoms of depression and
9 fall short of having the disorder major
10 depression, for example. You can have symptoms
11 of oppositional defiant disorder, which he did,
12 but fell short of the full diagnostic criteria.
13 And that's why I didn't list it as one of my
14 diagnoses that he --

15 Q. Okay. So Ms. Trehus's responses on
16 behalf of Kayden do not indicate a diagnosis of
17 oppositional defiant disorder?

18 A. Correct, but they do indicate some
19 symptoms that could be interpreted as
20 oppositional defiant. And that has a lot of
21 overlap with ADHD, by the way.

22 Q. Sure. But to the extent your report --

23 A. No.

24 Q. -- insinuates that Kayden has a
25 diagnosis of ODD, that's incorrect?

1 A. That's not what it says. It says he
2 exhibits symptoms --

3 Q. Okay.

4 A. -- of PTSD, ADHD, and ODD. And --

5 Q. And Kayden is not depressed?

6 A. He's not depressed.

7 Q. The PTSD checklist you administered to
8 Shelby, tell me about it.

9 A. The post -- the PTSD symptom checklist
10 for DSM-5 basically is a 20-question self-report
11 form that's been found to be reliable and valid
12 in the literature. And it basically represents
13 the symptomatology that -- the diagnostic
14 criteria in the DSM-5 for PTSD. And so it is --
15 it is used as a -- a measure of PTSD symptoms
16 and -- and the basis for an interview.

17 Q. It's a 20-question list? 20 questions?

18 A. Yes, it's 20 questions.

19 Q. And what kind of history did you get
20 from Shelby in terms of her personal self, not
21 Kayden?

22 A. That she used to smoke a lot of pot in
23 high school and was expelled for it; that she was
24 not married to Kayden's father. Let me -- let me
25 consult my report here.

1 Q. Sure.

2 A. And even though she was -- you know,
3 used to use drugs, she does not any -- anymore.

4 Q. Do you know if she used them while she
5 was pregnant with Kayden?

6 A. I -- I don't know for sure.

7 Q. Okay.

8 A. But she definitely smoked nicotine
9 during pregnancy and was, you know, very open
10 about that. So there was a significant family
11 history in that she has a brother who was
12 diagnosed and treated for ADHD as a child. And
13 other than that, she wasn't aware of any other
14 psychiatric history, although she -- a lot of
15 times, people are not aware of what problems
16 their family members have. And a lot of
17 diagnoses and ill -- illnesses go untreated.

18 Q. Does Ms. Trehus have any other children?

19 A. I believe she has another child, older
20 half child -- half-sibling.

21 Q. Do you know of any issues with the other
22 child of Ms. Trehus?

23 A. I forgot.

24 Q. Do you know if Ms. Trehus --

25 A. I don't remember.

1 Q. -- told you whether he had a speech
2 delay?

3 A. I don't think so, but I don't remember.

4 Q. Did Ms. Trehus tell you anything about
5 him having ADHD?

6 A. I don't remember.

7 Q. Did Ms. Trehus tell you --

8 A. No.

9 Q. -- anything about her --

10 A. I --

11 Q. -- other son having ODD?

12 A. If she would have told me, I would have
13 written it down.

14 Q. Okay. So you just don't know?

15 A. I don't remember --

16 Q. Okay.

17 A. -- that -- that she told me that.

18 Q. Okay. Where is Ms. Trehus's other son
19 living?

20 A. I don't know.

21 Q. Do you know who the father of her other
22 son is?

23 A. No.

24 Q. Do you know the details behind Kayden's
25 father's passing away?

1 A. He was killed in a motorcycle accident.

2 Q. Do you know when that accident was?

3 A. January 2020.

4 Q. Was that before Kayden sought any
5 treatment for PTSD through the National Crime
6 Victims Center?

7 A. Yes, I think it was.

8 Q. Did you review any records from Kayden's
9 primary care physician, Dr. DeBerry?

10 A. I don't believe I have those.

11 Q. Are you aware --

12 A. I don't know. Where was Dr. DeBerry?

13 Q. It's Kayden's primary care physician.

14 A. In private practice or at MUSC? They
15 may have -- if they were -- if he was at MUSC, I
16 -- or Roper, I -- I did review them. If not, I
17 don't think so. But I don't recall the name.

18 Q. He's at Roper.

19 A. Yeah.

20 Q. Or she's at Roper.

21 A. Okay.

22 Q. So did you review the records from
23 Dr. DeBerry?

24 A. Yes.

25 Q. All of them?

1 A. I don't know.

2 Q. Just what was provided to you by
3 Mr. Tisdale?

4 A. That's right.

5 Q. Do you know if Kayden exhibited any
6 symptoms of ADHD prior to the fire?

7 A. He may have had some symptoms but did
8 not meet full criteria.

9 Q. How do you know that?

10 A. Because I asked about it in my
11 evaluation.

12 Q. Historically, you --

13 A. And he --

14 Q. -- asked about it?

15 A. And I didn't find anywhere that he was
16 diagnosed with ADHD prior to the fire.

17 Q. Are you aware whether Kayden had a
18 referral --

19 A. I think he did have a --

20 (Overlapping dialogue.)

21 Q. -- for an evaluation prior to --

22 A. I think he had a referral --

23 Q. If I'm going to let you finish your --

24 A. I'm sorry.

25 Q. -- question (sic), please let me --

1 A. I apologize.

2 MR. TISDALE: That wasn't a
3 question.

4 MR. BEVANS: I was talking though,
5 and he was cutting me off. And I'm trying to
6 give him the same courtesy.

7 THE WITNESS: Sorry.

8 Q. Were you aware if Kayden had an
9 evaluation for an ADHD referral prior to the fire
10 on May 29 -- or May 19, 2019?

11 A. I am aware that he had an appointment to
12 see developmental pediatrics.

13 Q. What was the purpose of that appointment
14 he had?

15 A. To -- to evaluate him.

16 Q. For ADHD?

17 A. Among other things.

18 Q. Okay. And that was before the fire?

19 A. Yes.

20 Q. Okay. But despite that, you believe
21 that Kayden's ADHD is due to the fire; is that
22 correct?

23 A. He was not formally diagnosed with ADHD
24 until after the fire. And in addition to that --
25 that's very relevant to your line of

1 questioning -- I -- I note in my report that even
2 if he did have ADHD before -- the beginnings of
3 ADHD before, that is a risk factor in the
4 literature for the development of PTSD.

5 Q. Okay. My question was, do you
6 believe --

7 A. And his -- and -- and his -- and his
8 behavior got worse. It got significantly worse
9 than it was, any symptoms prior to that.

10 Q. Okay. My question though was, do you
11 believe Kayden has ADHD due to this fire?

12 A. Exclusively due to the fire, no. In
13 part due to the fire, possibly.

14 Q. Possibly?

15 A. Well, he's had -- he has a -- you know,
16 ADHD is a highly inheritable condition, and there
17 is a family history. And it can be triggered and
18 aggravated by environmental circumstances and by
19 the presence of PTSD.

20 Q. What age do children typically get
21 diagnosed with ADHD?

22 A. It varies, but typically symptoms do
23 begin to show before the age of 7, sometimes a
24 little later. So the -- the criteria have --
25 have shifted somewhat over the years.

1 Q. You talk about in your report that
2 Kayden suffers from nightmares.

3 A. Yes.

4 Q. Are those nightmares related to the
5 fire?

6 A. Some are, and some aren't. They don't
7 have to be --

8 Q. Explain that to me.

9 A. -- in a -- in a child.

10 Q. Why do they not have to be related to
11 the fire?

12 A. Based on the DSM criteria, they don't
13 have to be related directly to the fire. A lot
14 of times, a nightmare -- the content of
15 nightmares is -- is about scary stuff and events
16 that may not be consciously related to a
17 particular event. And -- but yet, in hindsight,
18 they may be. We can look at the DSM criteria
19 specifically. So in the criteria in DSM -- the
20 DSM-5 on page 293, B2 there is a note that says
21 specifically quote, unquote, It may not be
22 possible to ascertain that the frightening
23 content is related to the traumatic event.

24 And this is a criteria specifically for
25 children 6 years and younger.

1 Q. So it may not be possible, but it could
2 be possible?

3 A. Yes.

4 Q. And if Kayden is able to specifically
5 describe a nightmare that relates to, for
6 example, a video game, would that be related to
7 the fire?

8 A. It might be. It depends on what the
9 video game is. And -- but if you have a child
10 that is not having nightmares before event A and
11 then suddenly begins to have nightmares after
12 event A, no matter what the content is, that's
13 significant. That -- that, in my book, meets the
14 criterion for the PTSD diagnosis, particularly in
15 a young child.

16 Q. How old before people start experiencing
17 nightmares? Is there an age? Is a 2-year-old
18 going to have nightmares?

19 A. They can.

20 Q. And the nightmares can be from any --
21 any number of sources?

22 A. They may not be able to tell you what
23 the nightmare is about --

24 Q. Sure. And these nightmares --

25 A. -- at 2. But yeah.

1 Q. The nightmares can be from any number of
2 sources?

3 A. They can.

4 Q. Do you agree there are things on the
5 Internet that can be disturbing to children?

6 A. Sure.

7 Q. And that could lead to nightmares?

8 A. That's possible.

9 Q. And are you aware that Kayden described
10 nightmares relating to a video game named --
11 where a granny jumps out and kills him?

12 A. I read that, yes.

13 Q. Would that be related to the fire, in
14 your opinion?

15 A. It could be.

16 Q. How so?

17 A. I haven't seen the video.

18 Q. Okay. But have you read how Kayden
19 described the nightmare about granny?

20 A. I don't remember what he said.

21 Q. Okay. How does Kayden feel currently in
22 his new home?

23 A. I haven't spoken to Kayden since
24 December 3, 2020.

25 Q. Where were they living on December 3,

1 2020?

2 A. In a new home.

3 Q. Okay. So how -- how does Kayden feel
4 about his new home then?

5 A. Yeah, I don't know if they're still
6 living in the same place. But presumably, if
7 they are, he -- he liked it, yeah.

8 Q. Okay. And did Kayden have new
9 belongings?

10 A. Yes.

11 Q. And new toys?

12 A. Yes.

13 Q. And was that part of what he was upset
14 about was losing his toys and belongings in the
15 fire?

16 A. Yes.

17 Q. So those have been replaced?

18 A. Some have been replaced. I don't know
19 about -- you know, some things are irreplaceable.

20 Q. Okay. Did Kayden or Shelby describe
21 anything to you specifically that was
22 irreplaceable in terms of Kayden's belongings?

23 A. I don't recall.

24 Q. Are you -- do you recall if Shelby was
25 able to re-enter her apartment and get out some

1 of their belongings after the fire, salvage them?

2 A. Not to my knowledge.

3 Q. Okay. Would that change your opinion if
4 she was able to go and get some of Kayden's
5 belongings out of the apartment?

6 A. Probably not.

7 Q. Why?

8 A. Well, what kind of -- I don't know what
9 kind of condition they were in and what kind of
10 belongings we're talking about, whether they're
11 hers or his and how smoke-contaminated they are
12 and so on.

13 Q. That's all -- that would all be relevant
14 though, correct?

15 A. Perhaps.

16 Q. Do you know --

17 A. But I don't -- I think -- the point is
18 that this was a huge loss. Regardless of how
19 many items have been replaced or not, this is the
20 huge trauma and loss for Kayden and his mother.

21 Q. Losing their apartment, their home?

22 A. Yes. And what happened to them, the
23 whole experience.

24 Q. Do you believe that Kayden and/or Shelby
25 would still be exhibiting symptoms of PTSD had

1 they walked down the staircase and still lost all
2 -- everything that they had in the fire?

3 A. I think likely it would be a lot less.
4 There would be much less of an impact. It's
5 certainly possible, but we -- we will never know
6 that. But my understanding was that they could
7 not have walked down because the -- the blaze was
8 blocking their -- their departure.

9 Q. And you were told there was flames
10 blocking their departure, the blaze, you say?

11 A. That's what -- what Shelby told me, that
12 there was no other escape.

13 Q. Okay. And you --

14 A. No other escape. That means that it was
15 blocked.

16 Q. Okay.

17 A. That -- the only way down was -- was to
18 jump.

19 Q. And that was what Shelby thought at the
20 time?

21 A. Yes.

22 Q. And so you would defer to Shelby,
23 because you weren't there during the fire?

24 A. Correct.

25 Q. Did Kayden ever talk about going out the

1 window to you?

2 A. Yes.

3 Q. He did?

4 A. Yes.

5 Q. What'd he say?

6 A. I don't recall exactly what he said. I
7 mean, it's been --

8 Q. Did you note it in your report?

9 A. Let me look.

10 Q. And again, Doctor, while you're looking,
11 I'll --

12 A. Yeah.

13 Q. -- again, refer to your prior deposition
14 where you provided testimony under oath where you
15 swore to tell the truth. And in that deposition,
16 I'll quote -- I -- I asked you the question, Does
17 Kayden talk about one more than the other,
18 meaning the fire or going out the window? And
19 your response -- and I'll quote -- He didn't
20 mention out -- going out the window, per se.

21 So do you want to change that testimony
22 now and say that Kayden did talk about going out
23 the fire -- out the window to you, because
24 earlier you said he didn't?

25 A. So specifically going out the window,

1 no. But -- but being thrown down, yes.

2 Q. And he was lowered down, correct?

3 A. I don't know. I wasn't there.

4 Q. Okay. Exactly. And let's see, I think
5 Shelby actually spoke about that to you in her
6 interview, about going out the window, whether he
7 was lowered down or thrown down.

8 A. Uh-huh.

9 Q. You -- you video recorded your entire
10 interview, correct?

11 A. I did.

12 Q. And you sent that to my office in
13 response to the subpoena?

14 A. I did.

15 Q. I'm going to try to flip this around.
16 Maybe you can see the video. Does this look like
17 -- are you able to see it from where you're
18 sitting?

19 A. Yes.

20 Q. Is this the video you recorded of
21 Shelby --

22 A. It looks like it, yes.

23 Q. -- during your IME?

24 A. Uh-huh.

25 Q. Bear with me one moment. I'm trying to

1 get my volume up so you can hear it.

2 (Video played.)

3 Q. Is that you, Doctor?

4 A. That's right.

5 (Video played.)

6 DR. BREWERTON: And then is it true
7 you threw him out the window?

8 MS. TREHUS: No, I didn't throw
9 him. I dropped him.

10 KAYDEN: And -- and a new house.

11 MS. TREHUS: And then you got a new
12 house.

13 KAYDEN: Yeah.

14 DR. BREWERTON: Oh, cool. I'm
15 glad.

16 KAYDEN: Yeah. I've got toys --
17 new toys and a TV and a -- (inaudible) -- and a
18 -- and a -- and some -- (inaudible) -- right.

19 DR. BREWERTON: Well, I'm so glad
20 you guys are okay.

21 (BY MR. BEVANS)

22 Q. Dr. Brewerton, is that a clip from your
23 interview with Kayden and Shelby?

24 A. Uh-huh, yes.

25 Q. Okay. And Shelby kind of laughs about

1 no, she didn't throw him out the window?

2 A. Right.

3 Q. Okay. Is it possible that Kayden is
4 remembering -- you know, what Kayden actually
5 remembers from the fire is blending with what
6 he's been told by other people about the fire?

7 A. Yes.

8 Q. Have you ever -- and that would include
9 his mom. So he -- his mind could be contaminated
10 by what Ms. Trehus is telling him about the fire
11 versus what he remembers himself?

12 A. Well, I think it's important to note
13 that the nature of memory is subject to
14 reconstruction. And none of us -- you know, we
15 don't -- we're not -- we're not exact reproducing
16 photographic machines. We -- our memories are
17 all reconstructed aspects of our experience and
18 are subject to influence.

19 Q. Did you ever speak with -- so we've
20 established that Shelby lowered Kayden out the
21 window to a group of people below, correct?

22 A. Yes.

23 Q. Did you ever speak with the individual
24 that -- or individuals that grabbed Kayden from
25 Shelby?

1 A. No.

2 Q. So you have -- do we have any idea what
3 those people were saying about how Kayden was
4 acting immediately after the fire?

5 A. No.

6 Q. All we have is Shelby saying it while
7 she was jumping out, correct (sic)?

8 A. That's right.

9 Q. So we don't even conclusively know for
10 sure if Kayden was awake for the entire event?

11 A. We don't.

12 Q. Are you able to parse out damages
13 associated with going out the window from those
14 associated with the apartment fire?

15 A. So in reference to your -- to your
16 former question, if I might --

17 Q. Sure.

18 A. -- even though, you know, I wasn't there
19 and I don't know and I didn't talk to them, the
20 fact that Shelby said that he was visibly shaking
21 suggests that he was aware of what was going on
22 and aware of the danger. That -- that strongly
23 suggests that. She did say that very clearly.

24 Q. And she said that after she had jumped
25 out the window, got on the ground herself, and

1 then went over to another individual and gotten
2 Kayden from that person?

3 A. She said that to me during the
4 interview. So I'm not sure about your question.
5 But --

6 Q. And I'll rephrase the question. So
7 Shelby reported that to you in the interview?

8 A. Yes.

9 Q. When Shelby -- at the time of the fire,
10 when Shelby got Kayden back -- right -- are you
11 following me?

12 A. No.

13 Q. Okay. So Shelby lowers Kayden out of
14 her window to bystanders below, correct?

15 A. Right.

16 Q. At that point, Shelby is not with Kayden
17 anymore?

18 A. Correct.

19 Q. He's in the arms of another person?

20 A. Yes. And at that -- in the process of
21 lowering him, she noticed that he was terribly
22 shaking. So that suggests that he was awake.

23 Q. Is that correct, or that she noticed he
24 was terribly shaking once she got on the ground
25 and got Kayden back from the third party who was

1 holding him?

2 A. Kayden -- I wrote in my report, Kayden
3 apparently woke up while being dropped, realized
4 what was going on, and then appeared to be
5 visibly shaking with fright.

6 Q. Okay.

7 A. So that, by my memory, is in the process
8 of -- of lowering him down. But it -- it really
9 doesn't matter at what exact point he's terribly
10 shaking. He's terribly shaking as a result of
11 the -- the perceived danger.

12 Q. Okay. Well -- and I guess it will be up
13 to the jury what matters. But in terms of what
14 happened, you weren't there, so you're --

15 A. It doesn't matter in my opinion as to
16 whether -- you know, as to him having PTSD.

17 Q. Okay. But again --

18 A. Yeah.

19 Q. -- you're -- you weren't present at the
20 time?

21 A. No.

22 Q. So you're relying on what Shelby is
23 telling you?

24 A. Yes.

25 Q. And it's possible that your memory might

1 not be correct because you're not infallible,
2 right?

3 A. No.

4 Q. And so something in your report could be
5 wrong, correct?

6 A. Correct.

7 Q. And so we would defer to Shelby's
8 recollection, the person that actually
9 experienced it, what actually happened in terms
10 of the narrative, not your report, right?

11 A. Like you said earlier, memory is
12 fallible for all of us.

13 Q. Right.

14 A. Yes.

15 Q. And so if Shelby testifies that Kayden
16 -- she didn't see Kayden shaking until after she
17 was on the ground and got him back from somebody,
18 would you agree with her recollection?

19 A. I would defer to her -- her experience,
20 yes --

21 Q. Okay.

22 A. -- and her perception, sure.

23 Q. In terms of parsing out the damages
24 associated with going out the window from those
25 associated with the apartment fire, is there any

1 way for you to do that?

2 A. I'm not sure I understand the question.

3 Q. Sure. Would you agree that the fire --
4 do you know how --

5 A. The damages --

6 Q. -- the fire started?

7 A. The damages are not due to just going
8 out a window versus a fire. They're -- they're
9 due to the development of PTSD.

10 Q. Okay.

11 A. And all the things that go along with
12 that experience for him.

13 Q. And PTSD could develop just as a result
14 of a fire?

15 A. Sure.

16 Q. Okay. And Kayden never -- we've already
17 established that Kayden never mentioned to you
18 about going out the window?

19 A. Correct.

20 Q. Do you believe that Kayden has any
21 symptoms of PTSD related to the sudden death of
22 his father?

23 A. I don't think so.

24 Q. Did you review any of the notes from the
25 National Crime Victims Treatment Center?

1 A. I did.

2 Q. Did you see where they reference
3 treatment for Kayden specifically due to his
4 father?

5 A. I do see that they mention that that was
6 an issue, yes --

7 Q. And --

8 A. -- that they were addressing and asking
9 about and evaluating him for.

10 Q. And did you see a note where Ms. Trehus
11 actually got treatment herself from the National
12 Crime Victims Center, at least during a phone
13 call about the passing of Kayden's father?

14 A. Yes.

15 Q. Are you able to separate any PTSD
16 symptoms that Kayden has or that you're
17 attributing to the fire as attributable to the
18 death of Kayden's father or Shelby's former loved
19 one?

20 A. In my opinion, the trauma of losing his
21 father was far less than trauma of the fire. And
22 as I said --

23 Q. And that opinion is based on the
24 three-hour Zoom call?

25 A. Yes, and -- and a review of the records.

1 considered a trauma that meets criterion A for
2 PTSD.

3 Q. So does the trauma to meet criterion A
4 for PTSD, does it have to be a severe injury, a
5 death?

6 A. It has to be life-threatening.

7 Q. Okay. And Kayden could learn about it,
8 correct? He doesn't have to just witness it
9 firsthand? He could learn about the
10 life-threatening --

11 A. Yes.

12 Q. -- trauma?

13 A. That's right.

14 Q. Okay.

15 A. You either witness it or you learn about
16 it.

17 Q. You learn about it, right?

18 A. Yeah.

19 Q. Okay. And so in this case, Kayden
20 learned that his dad died suddenly in a horrific
21 motorcycle accident, correct?

22 A. Yes.

23 Q. So you could learn about that?

24 A. Uh-huh.

25 Q. Yes?

1 A. Yes.

2 Q. That's a sudden -- that's a severe
3 injury, correct, his death? Correct?

4 A. That's right.

5 Q. To a loved one, correct? His dad.

6 A. That's right.

7 Q. Okay. And his father passed away in
8 January of 2021?

9 A. I thought it was 2020, not '21.

10 Q. You may be correct. Was it before
11 Kayden started treatment with the NCVC?

12 A. Yes.

13 Q. And you looked at those records, right?

14 A. I did.

15 Q. And if the NCVC clinicians spoke with
16 Kayden about his father's passing away, those
17 would be in those records that you read?

18 A. But the thing -- here is the thing. His
19 PTSD symptoms started long before his father
20 died, period.

21 Q. Okay.

22 A. It may have had a modulating effect in
23 terms of its course afterwards, but it's very
24 clear that -- by the dates and the progression of
25 symptoms and the event, the fire in twenty-nine

1 -- May of 2019, that his symptoms began way
2 before his father died.

3 Q. Sure. And could they have -- did the --
4 do you know if the symptoms changed or got worse
5 after his father died?

6 A. I -- I don't know.

7 Q. Have you read through -- Kayden's in
8 special needs classes; is that right?

9 A. That's right.

10 Q. Did you look at any records from
11 Kayden's school?

12 A. Yes, I do believe I did.

13 Q. And you saw the --

14 A. Yes.

15 Q. -- Kayden's individualized education
16 plans?

17 A. I did.

18 Q. And so you only saw two of them, right?

19 A. Yes.

20 Q. Did --

21 A. August 6, 2018, and May 12, 2020.

22 Q. Did -- why did you not look at the 2019
23 one?

24 A. Probably because I wasn't given it.

25 Q. Okay. And again, so your opinions are

1 A. I don't.

2 Q. Is it possible that Shelby's neglect led
3 to the smoke alarms being dysfunctional?

4 A. I think that would depend on what the
5 contract -- her rental contract is and what
6 expectations the -- the renter has versus the --
7 the landlord.

8 Q. Do you have any knowledge about that?

9 A. No.

10 Q. Do you have any knowledge about state
11 laws governing smoke alarms or smoke detectors?

12 A. No.

13 Q. Are you an expert --

14 A. Other than they should be there --

15 Q. -- in fire science?

16 A. -- that they have to be there.

17 Q. Do you know that's the law?

18 A. I think so.

19 Q. You think so?

20 A. I don't know --

21 Q. Do you know --

22 A. -- for sure. I couldn't --

23 Q. Okay.

24 A. I'm not a lawyer.

25 Q. Right. Are you a fire expert?

1 A. No.

2 Q. Do you know how fast this fire spread?

3 A. No.

4 Q. Do you know what amount of -- do you
5 know if the amount of smoke inside Shelby's
6 apartment was sufficient to trigger the smoke
7 alarms?

8 A. I don't know for sure. But based on my
9 own experience with smoke -- smoke alarms, it
10 doesn't take much.

11 Q. Did you have -- do you have your own
12 experience with the particular smoke alarm that
13 was in Shelby's unit?

14 A. I don't know.

15 Q. You don't know if you had an experience
16 with the particular smoke alarm in Shelby's unit?

17 A. Oh, I thought you like the -- like
18 one --

19 Q. No.

20 A. -- in her unit.

21 Q. The one. The smoke alarm.

22 A. No, of course not.

23 Q. Do you know how many were in her
24 apartment?

25 A. No.

1 Q. Do you know where they were?

2 A. No.

3 Q. Do you know how much smoke was in
4 Kayden's room when Shelby went in there the night
5 of the fire?

6 A. No, but a considerable amount by her
7 report.

8 Q. In Kayden's bedroom?

9 A. In Kayden's bedroom, I'm not sure.

10 Q. Okay. Is it possible there was no smoke
11 in Kayden's bedroom at the time when Shelby first
12 went in the room?

13 A. It's possible.

14 Q. And you would agree with Shelby if she
15 said that?

16 A. Yes.

17 Q. Do you think people can get better and
18 improve with treatment?

19 A. Yes.

20 Q. So it's possible that both Kayden and
21 Shelby could improve --

22 A. They have improved.

23 Q. Okay. And they can get better?

24 A. Yes.

25 Q. And that would affect any potential

1 future damages amount, correct, if they get
2 better and improve?

3 A. It may or may not.

4 Q. But it could?

5 A. It could.

6 Q. Did you prescribe or recommend that
7 Shelby or Kayden take any medications?

8 A. I had commented on his current dose of
9 guanfacine that I didn't think that that was -- I
10 commented on the fact that he had ADHD and -- and
11 that he had PTS -- I told them what I had thought
12 at the time.

13 Q. What are your comments about guanfacine?

14 A. That you might want to continue to go
15 back and -- and get reevaluated for that, that he
16 might need a higher dose, because 0.5 is a very,
17 very low dose. And he was clearly hyperactive
18 during the interview.

19 Q. Do you treat patients with ADHD in your
20 practice, Doctor?

21 A. Yes.

22 Q. Do you prescribe medications?

23 A. Yes.

24 Q. In this case, did you -- you did not
25 prescribe medications to Shelby or Kayden though?

1 A. I did not.

2 Q. And you didn't provide any kind of
3 future cost for what prescription medications
4 Shelby or Kayden may need --

5 A. I did not, no.

6 Q. The DSM-5 criteria, my understanding is
7 that a house fire would automatically qualify as
8 a life-threatening event due to Kayden's age?

9 A. Yes.

10 Q. So that would be regardless of what
11 Kayden actually -- actually experienced himself?

12 A. Technically, it says exposure to actual
13 or threatened death, serious injury, or sexual
14 violence. So yes.

15 Q. Okay. Criteria B would be the intrusion
16 symptoms; is that right, Doctor?

17 A. Yes.

18 Q. And what flashbacks or nightmares -- are
19 we talking about nightmares and flashbacks when
20 we talk about intrusion?

21 A. Yes.

22 Q. Is Kayden experiencing any other type of
23 intrusion symptoms outside of flashbacks or
24 nightmares?

25 A. Well, it's -- it's recurrent,

1 involuntary, intrusive, distressing memories --

2 Q. Okay.

3 A. -- sometimes known as flashbacks.

4 Recurrent distressing dreams, along with marked
5 physiological reactions to reminders of the
6 traumatic event. So getting really hyped up,
7 having a physiological reaction.

8 Q. Is that how Kayden expresses the
9 physiological reaction, just getting hyped up?

10 A. Yes.

11 Q. Does he cry about the fire?

12 A. Sometimes.

13 Q. When's the last time you've -- you're
14 aware that Kayden has cried because of the fire?

15 A. I don't know --

16 Q. At least --

17 A. -- the last time.

18 Q. -- prior to December 3, 2020?

19 A. Well, I can check and see -- in my notes
20 and see if you want to pinpoint individual
21 symptoms.

22 Q. No. My point was, you don't -- you
23 haven't spoken with them since December 3, 2020,
24 so you don't know if Kayden is still crying
25 because of the fire?

1 A. I do not.

2 Q. And as far as the content of Kayden's
3 dreams, we're aware of some of the content,
4 correct?

5 A. The DSM says that any distressing dream
6 or whether or not you can, you know, identify the
7 content is a -- is a criterion B.

8 Q. That's without recognizable content or
9 regardless of what the content --

10 A. Regardless.

11 Q. Okay. The avoidance, Kayden does -- did
12 not meet the avoidance criteria; is that right?

13 A. For current symptoms.

14 Q. Okay.

15 A. But in the child criteria, it's -- it's
16 either avoidance or negative alterations and
17 cognitions.

18 Q. Okay. Which of those symptoms is Kayden
19 expressing lifetime if he's not expressing or
20 meeting them currently?

21 A. Substantially increased frequency of
22 negative emotional states.

23 Q. Like what?

24 A. Fear, guilt, sadness, shame, confusion.

25 Q. Kayden is experience -- those are

1 avoidant symptoms?

2 A. Those -- those -- he had experienced,
3 that he didn't at the time.

4 Q. Okay.

5 A. Recurrent.

6 Q. So the avoidance isn't like avoiding
7 Santee Run in like the common sense, is it?

8 A. It can be.

9 Q. Okay.

10 A. Yeah.

11 Q. Was -- so what --

12 A. That was hard to -- to determine because
13 Shelby was avoiding Santee Run. She was avoiding
14 taking him near the apartment or -- or the -- the
15 scene of the fire.

16 Q. That's reported from Shelby?

17 A. Yes.

18 Q. The night after the fire, do you know
19 where Shelby and Kayden stayed?

20 A. No. I don't remember. I think with a
21 friend.

22 Q. At Santee Run?

23 A. I don't know.

24 Q. Do you know if Santee Run is on Shelby's
25 normal path of her daily business?

1 A. I don't know.

2 Q. Do you know --

3 A. I think --

4 Q. Have you ever been to Santee Run?

5 A. No. My understanding is that she
6 avoided going past there for some time.

7 Q. Correct. And -- and I guess my question
8 would be, do you know if Shelby would have passed
9 Santee Run on her normal day-to-day trekking?

10 A. I don't know.

11 Q. Okay. Or if she would have had to go
12 out of the way to get to Santee Run?

13 A. I'm not sure.

14 Q. Okay. Criteria D that Kayden has, these
15 are problems with arousal; is that correct?

16 A. That's right, and reactivity.

17 Q. And you've got -- my understanding of
18 Kayden's symptoms or criteria that he meets -- or
19 the symptoms that meet this criteria would be the
20 sleep disturbance that Kayden exhibits is one of
21 them?

22 A. Yes.

23 Q. And then his aggression towards others?

24 A. Yes.

25 Q. Are you aware of what kind of

1 restrictions Ms. Trehus puts on Kayden's like TV
2 or Internet usage?

3 A. At the time, there weren't many. I
4 don't know what there are now.

5 Q. Are you aware if Kayden's sleep
6 disturbance has got better when Ms. Trehus
7 removed the TV from his bedroom?

8 A. I read that, yeah.

9 Q. And they did get better?

10 A. Yes.

11 Q. And did they get worse again when she
12 put the TV back in his bedroom?

13 A. I'm not sure.

14 Q. The aggression towards others, which
15 symptoms -- I mean, are you speaking with --
16 towards Shelby, towards classmates, towards what?

17 A. Towards -- towards classmates and
18 towards Shelby.

19 Q. How is Kayden aggressive with Shelby?
20 Is it violent?

21 A. Just -- just getting irritable and --
22 and outburst of anger.

23 Q. And is part of that due to Kayden's
24 speech delay and not being able to understand
25 people and people being able to understand him

1 (sic)?

2 A. I don't know. But we're talking really
3 about a -- a relevant change in his behavior
4 which was evident after the fire.

5 Q. And the aggression, that was in the
6 classroom; is that right?

7 A. Yes, or at school.

8 Q. At school?

9 A. Yeah.

10 Q. Do you know how long after the fire
11 Kayden returned to school?

12 A. Well, it was May 19th, so I'm not sure.
13 He might have returned -- I don't know.

14 Q. Do you know when the aggressive symptoms
15 first developed, first manifested?

16 A. No.

17 Q. Does that have any effect on your
18 opinions as to timing when the symptoms of
19 aggression developed?

20 A. It may.

21 Q. Would you expect the symptoms to --

22 A. It often is a matter of degree and
23 frequency.

24 Q. Would you expect the symptoms of
25 aggression to manifest within a week of the fire?

1 A. They could.

2 Q. Would you expect them to manifest within
3 six months?

4 A. Yes, they could. But, you know, for the
5 -- the PTSD criteria really have to do with
6 symptoms that are there for a month. And that --
7 they can occur at any point after the trauma.
8 Sometimes symptoms are immediate, and sometimes
9 symptoms are delayed. So it's -- it's highly
10 variable. But they have to last at least a
11 month.

12 Q. Do you know if Kayden's aggression
13 lasted at least a month?

14 A. As far as I know, yes.

15 Q. In terms of what?

16 A. Based on -- based on Shelby's report.

17 Q. And Shelby's report of aggression in the
18 classroom, was that with another special needs
19 student?

20 A. Probably.

21 Q. Do you know how many times that
22 happened?

23 A. No.

24 Q. Do you know if it was more than once?

25 A. I think it was.

1 Q. Would you defer to Shelby?

2 A. Yes.

3 Q. Criteria E is simple, right, just the
4 symptoms have to last for 30 days?

5 A. That's right.

6 Q. And is that all symptoms, or is it --
7 can it -- they have to be parsed out? Like could
8 one symptom improve while others remain for 30
9 days?

10 A. You have to have all of the -- enough of
11 the criteria for a month, consistent.

12 Q. So it's -- and maybe it's my
13 misunderstanding of the terminology. Criteria E,
14 when it says symptoms last 30 days, is that
15 meaning that the other criteria are met for
16 30 days?

17 A. Yes.

18 Q. Okay. Criteria F -- well, so let me
19 back up to criteria E. Is that where Kayden is
20 lacking now in terms of the PTSD diagnosis?

21 A. I -- I'm not sure where he's lacking
22 now. And when -- when I interviewed him, he was
23 lacking in terms of the category D symptoms.
24 He -- he met all of the other criteria for
25 current PTSD except for category D.

1 Q. Okay. So when you met with Kayden
2 then -- following your IME of Kayden, he did not
3 have problems with sleep disturbance and
4 aggression towards others?

5 A. Actually, the -- the D criteria -- let
6 me see. It may be different in the -- in the
7 UCLA PTSD symptom checklist -- or PTSD Reaction
8 Index.

9 Q. Yeah, so while you're looking at that --

10 A. Yeah.

11 Q. -- these are different criteria you're
12 evaluating Shelby on? Like the criteria you're
13 evaluating Kayden for PTSD is different from the
14 criteria you're evaluating Shelby?

15 A. The criter -- yes, slightly. They're --
16 they're modified for children 6 and younger --

17 Q. Right.

18 A. -- compared to --

19 Q. So the DSM-5 --

20 A. Yes.

21 Q. -- for 6 and under for Kayden?

22 A. That's right.

23 Q. But then just standard DSM-5 for Shelby?

24 A. That's right.

25 Q. And there's slight variations between

1 the two?

2 A. Yes.

3 Q. Okay.

4 A. That's right.

5 Q. So as I'm going --

6 A. Yeah.

7 Q. -- through, as we've just discussed
8 these criteria, are we in agreement that we're
9 talking about the -- the UCLA for children under
10 6 at this moment?

11 A. Yes.

12 Q. Okay. I think you were looking up the
13 criteria D, so I'll let you finish --

14 A. Yeah.

15 Q. -- what you were looking at.

16 A. Yeah, so -- so she did not enforce all
17 of the symptoms for category D, which are the
18 alterations and arousal and reactivity.

19 Q. Okay.

20 A. And you -- you needed two of those, and
21 he only had one.

22 Q. Okay. And so at the time of your
23 meeting with Kayden on December 3rd of 2020, he
24 checked criteria A off the UCLA DSM-5 for
25 children under 6 just by virtue of the house

1 fire, right? That's an automatic --

2 A. That's right.

3 (Overlapping dialogue.)

4 Q. -- for the criteria A?

5 A. That's right, yes.

6 Q. And in the criteria B, we're talking
7 about just nightmares in general, regardless of
8 the content? It satisfies that criteria?

9 A. It -- that -- that would, yes.

10 Q. Okay.

11 A. Along with intrusive distressing
12 memories.

13 Q. And again, that would be regardless of
14 the content?

15 A. No. It has to be related somehow. But
16 in children, you have -- you know, it's -- there
17 can -- there can be some leeway.

18 Q. Okay.

19 A. You know, you can relate -- it may not
20 be directly, but it's indirectly related.

21 Q. Okay. And then criteria C, the
22 avoidance --

23 A. Yes.

24 Q. -- correct me if I'm wrong here --

25 A. It's a C for kids. It's a -- it's a

1 combination of persistent avoidance criter --
2 stimuli -- I'm sorry -- persistent avoidance of
3 stimuli and negative alterations in cognitions.
4 So it's -- it's one or more symptoms from both of
5 those. They're combined for the -- for kids.

6 Q. And you have Kayden as meeting criteria
7 C for lifetime?

8 A. Yes, and --

9 Q. You have --

10 A. -- and current.

11 Q. Okay. Criteria D, we've established you
12 have for lifetime but not current for Kayden,
13 correct?

14 A. Correct.

15 Q. And criteria E is the symptoms last at
16 least 30 days, correct?

17 A. Yes.

18 Q. And do you have that for Kayden lifetime
19 or current?

20 A. Well, he meets lifetime but not current.

21 Q. Okay.

22 A. And not because of the duration, but
23 because of -- he didn't -- he -- he fell short in
24 the D cluster.

25 Q. So once the symptoms last for 30 days

1 once, does that satisfy criteria E for a
2 lifetime?

3 A. Yes.

4 Q. And current?

5 A. Yes.

6 Q. Okay. So it's not --

7 A. Well, he has current symptoms. He
8 has -- he has current symptoms for a month in the
9 A, B -- I'm sorry -- the A. He has A. In the B,
10 C, and E clusters, he has symptoms that have
11 lasted a month currently, but not the D.

12 Q. Okay. And then currently would, of
13 course, have been at the time of your IME in
14 December of 2020?

15 A. Correct, yes.

16 Q. So we don't know how Kayden is currently
17 today?

18 A. I don't.

19 Q. Criteria F is the disturbance causing
20 significant distress or impairment in relations;
21 is that right?

22 A. That's right.

23 Q. What does Kayden have? Is it current or
24 lifetime there?

25 A. Both.

1 Q. How is Kayden currently having
2 significant distress and impairment in his
3 relations?

4 A. So in my interview with -- with Shelby,
5 part of the UCLA PTSD Reaction Index is several
6 questions that have to do with relationships with
7 parents and caregivers. And there are -- there
8 are a number of questions that you have access
9 to. For example, refusing to sleep alone,
10 trouble trusting what people say, that a
11 situation or a place is safe. One of the things
12 that Kayden did was continually ask is this house
13 going to du -- burn down? Is -- you know,
14 currently in the new home. Is his cat going to
15 burn and so -- so forth? Being more aggressive
16 or angry toward a parent or caregiver. And then
17 there's a number of relationships with siblings,
18 which don't apply.

19 Q. Why not?

20 A. Well, what I mean to say is he's not
21 living -- I don't think he's living with his
22 half-brother.

23 Q. Do you know if they have -- what their
24 relationship is, if at all?

25 A. I'm not sure.

1 Q. Okay.

2 A. But that was not a problem, according
3 to -- to Shelby. But relationship with peers
4 definitely was and continued to be a problem.
5 Getting along with other kids his age, being
6 aggressive toward other children, conflicts over
7 toys, quickly getting out of hand, getting more
8 easily upset, those kinds of things.

9 Q. Has Kayden improved in those factors?

10 A. I -- I think he has. But again,
11 improvement does not mean that everything is
12 hunky-dory or is exactly the way it was before.
13 It's not. And PTSD tends to be a chronic
14 disorder with a third to 40 percent of people
15 still having full criteria at -- at 10 and
16 20 years. And many more -- most people have --
17 still have residual symptoms in partial forms of
18 the disorder that continue to be disabling.

19 And one of the things that the
20 literature says is that people can be just as
21 disabled with partial symptomatology as they can
22 with full syndromal symptomatology. But he --
23 also, there -- you know, to finish answering the
24 question about impairment, you know,
25 relationships with family members and teachers,

1 not wanting to be taken care of by anyone else
2 except his mother, so being more clingy, having a
3 harder time listening to teachers. I mentioned
4 the fights and -- and arguments at school,
5 trouble taking turns, trouble waiting. Some of
6 these can overlap with ADHD but are also part of
7 the PTSD picture.

8 Q. And all -- all of that information you
9 learned about Kayden came from Shelby?

10 A. Yes, that's right. And then finally,
11 problems in developmental progression. He seemed
12 to regress and act younger than his -- his age,
13 you know, after -- for some time after the fire.

14 Q. Did Shelby report that to you?

15 A. Yes. It's a -- one of the specific
16 questions in the -- the UCLA PTSD Reaction Index.
17 Being more afraid of everyday situations. Yeah.

18 Q. Did you ever speak with Kayden's
19 teachers?

20 A. I did not, but I did look at the
21 available reports.

22 Q. The two I -- the two IEPs?

23 A. Yes. And I think I had some other --
24 other information available as well. The --

25 Q. The school district --

1 A. -- the school district --

2 Q. -- evaluation report?

3 A. Yes, that's right.

4 Q. And that would have been from prior to
5 the fire?

6 A. Prior and after. The Berkeley
7 Elementary School progress reports were -- were
8 after. And the report card after.

9 Q. Okay. So looking at the Berkeley County
10 School District evaluation report, that was dated
11 August 6, 2018?

12 A. That's right.

13 Q. And did you ever look at a subsequent
14 report after that date specific to the school
15 district evaluation report?

16 A. I -- I'm -- I'm not sure what you're --
17 what you mean.

18 Q. Well, so I'll --

19 A. I'm looking at several documents from
20 Berkeley County School District. One is an
21 evaluation report of August 2018 and then their
22 individualized IED -- individualized education
23 reports that date before and after. And then
24 a -- a progress report dated June 3, 2020. And
25 then a report card for the 2021 academic year.

1 Q. Okay. And you've got those all labeled
2 as different documents, correct?

3 A. I do.

4 Q. And for number 10 at least, for the
5 Berkeley County School District IE -- you have
6 indivi -- individualized education report. It's
7 hard for both of us to say.

8 A. Yeah.

9 Q. And you have two of those, right, two
10 dates?

11 A. That's right.

12 Q. One prior to the fire and one after the
13 fire?

14 A. Yes.

15 Q. You do not have two dates prior and
16 before for the district evaluation report,
17 correct?

18 A. Correct.

19 Q. You don't have two dates for the
20 Berkeley County school progress report, correct?

21 A. Correct, correct.

22 Q. You only have the June 3, 2020?

23 A. That's right.

24 Q. And then for the Berkeley County School
25 District report card, you only have one quarter

1 of an academic year, correct?

2 A. That's right.

3 Q. Are you -- how are you able to compare
4 then if you only have one of these reports?
5 You're not able to compare the 2020 report card
6 to a 2019 report card, are you?

7 A. I'm not sure that he was in school then.

8 Q. Okay.

9 A. But, I mean, he's a -- he's a very young
10 child. I'm not sure exactly when he -- he
11 started school, whether --

12 Q. Do you know if he was in school prior to
13 the fire?

14 A. -- whether he was in school. I'm not
15 sure. I don't know. I don't remember.

16 Q. Okay. Well, you have an -- an IEP from
17 August 6th of 2018. Would he get an IEP --

18 A. Well, that's true.

19 Q. -- if he wasn't in school?

20 A. You're -- you're right. No, he wouldn't
21 have.

22 Q. Okay. Okay. Do you know if Kayden's
23 language delay has improved as he's gotten speech
24 therapy?

25 A. I think, as I recall, it has, that he's

1 responded to treatment, yeah. And that -- that's
2 something you would expect as he got older.

3 Q. So as you sit here today, is it your
4 belief that Kayden is going to struggle with
5 addiction as he gets older because of the fire?

6 A. It's my belief that he has a higher risk
7 of addiction.

8 Q. Okay. And just because you're -- you
9 have risk factors for a condition doesn't
10 necessarily mean you're going to develop the
11 condition, correct?

12 A. Correct.

13 Q. And do you believe that Kayden -- I
14 mean, do you picture a world where Kayden could
15 ever be a successful adult?

16 A. That's possible, yeah.

17 Q. Okay. And --

18 A. It's not an all-or-nothing thing though.

19 Q. Could Kayden be a successful student?

20 A. He can.

21 Q. And could Kayden improve?

22 A. He can, but his chances are against him
23 -- the odds are against him.

24 Q. For a number of factors, right?

25 A. That's right.

1 Q. Just bear with me one second, Doctor.
2 Do you know if Kayden is currently seeking any
3 treatment for PTSD?

4 A. I don't.

5 Q. Do you know if Kayden is currently
6 seeking treatment for speech therapy?

7 A. I don't know for sure.

8 Q. Do you know if Kayden --

9 A. My assumption is that he's continued on
10 with that, but I don't know.

11 Q. Okay. So you're assuming he's continued
12 on with speech therapy but not PTSD therapy?

13 A. I don't know about the PTSD.

14 Q. Okay. What makes you confident enough
15 to be able to assume he's ongoing speech therapy
16 but you're not able to assume he's continuing
17 PTSD therapy?

18 A. Well, usually speech therapy is
19 something that is ongoing and progresses on for
20 some -- some time, some years. I can tell you
21 having worked at the National Crime Victims
22 Research and Treatment Center that I know that
23 their treatments are very time-limited. People
24 don't stay in treatment even if they are chronic
25 with their PTSD. They're very time limited. And

1 that's in part because the therapists are
2 primarily trainees. They're psychology post-ops,
3 and they are rotating through the National Crime
4 Victims Center usually for six months, maybe a
5 year. And so they pick up cases, and they have a
6 very short-term treatment model.

7 They get a specific kind of therapy that
8 has a -- a limited number of sessions, and then
9 you're done. And -- and you can get follow-up
10 elsewhere. But they don't -- they don't follow
11 anybody chronically long-term.

12 Q. Some doctors do, correct?

13 A. I'm talking about the Crime Victims
14 Center.

15 Q. Yeah, yeah.

16 A. Yeah.

17 Q. I'm with you.

18 A. But some doctors do, yes, of course.

19 Q. So there's treatment available to both
20 Shelby and Kayden. They're not limited to only
21 getting treatment from the National Crime Victims
22 Center. There's other doctors in private
23 practice that would treat their issues?

24 A. Yes.

25 Q. And do you -- Shelby --

1 A. But they're the experts.

2 Q. What's that?

3 A. They're -- they're the most expertise
4 typically.

5 Q. These post-op students?

6 A. Well, they're getting supervised at the
7 time. I'm not trying to diss them. They're
8 getting good supervision, and they're usually
9 using manualized treatments which are found to be
10 effective. I'm just saying that they don't see
11 people long-term and they're time-limited.

12 Q. Okay. But still, any diagnosis or
13 treatment --

14 A. Yeah.

15 Q. -- that was made by the NCVC, you would
16 say -- you would hold them out as being experts
17 in the field?

18 A. Yes.

19 Q. Okay. So if they had released Shelby or
20 Kayden from treatment and said he did not need
21 any more PTSD -- or felt that it had resolved,
22 you wouldn't take issue with that statement
23 because they're the experts?

24 A. What -- what I'm saying is that they
25 release people, period, after a certain amount of

1 time.

2 Q. Okay.

3 A. Yeah. Symp -- and very rarely, if ever,
4 does -- do people have zero symptoms when they
5 finish treatment.

6 Q. When the NCVS releases somebody -- as
7 a -- as a standard practice when they release
8 somebody, do they always release somebody with a
9 diagnosis or with a resolution of symptoms, or is
10 it possible they release somebody and recommend
11 that they continue treatment but just -- they
12 can't do it through the NCVS because they've hit
13 their limit there?

14 A. It could go either way. But -- but part
15 of that has to do with the, you know, in a case
16 of a young child, what the mother thinks and what
17 the wishes of the mother are. And so if the
18 mother thinks that things are okay for right now,
19 then they're less likely to say, well, you really
20 need to go get treatment. If the mother is
21 saying, no, I really want more treatment, then
22 they're more likely to make a referral. So, you
23 know, you have that -- you have other factors
24 that go into the -- the nature of the disposition
25 or the -- whether they make a -- a referral out

1 -- outside or not.

2 Q. Can people treat with the NCVC for two
3 sessions, like two segmented treatments, or is it
4 like a one-time only --

5 A. Can they -- can they return and get
6 another therapist you mean and -- and have
7 another course?

8 Q. Yes, sir. That's a better phrase.
9 That's exactly right.

10 A. Ush -- yes, but usually there is another
11 trauma that comes up that causes an exacerbation
12 or a relapse before they do that.

13 Q. Do you know if Kayden went back to the
14 NCVC --

15 A. And --

16 Q. -- for a second round of treatment?

17 A. I'm not sure if it was a second round or
18 if it was a continuation of the previous
19 treatment, because it was during COVID and that
20 there was -- there was only limited to -- to
21 virtual sessions. So I'm not sure about that.

22 Q. Okay. Would you defer to the records
23 from NCVC?

24 A. Sure, yes.

25 Q. So if NCVC released Kayden from care as

1 not needing any more PTSD treatment and Shelby
2 agreed with that --

3 A. Yeah, at the time.

4 Q. At the time.

5 A. At the time, yes.

6 Q. So if they returned two years later, you
7 would requate (sic) that as a continuation of the
8 treatment, not a new session or a new segment of
9 treatment?

10 A. Oh, it's a new course of treatment,
11 yeah.

12 Q. Okay.

13 A. Yeah.

14 Q. Are you aware if Shelby brought Kayden
15 back for a new course of treatment --

16 A. I don't -- I don't know.

17 Q. -- to the NCVC?

18 A. I don't know.

19 Q. Okay. You haven't seen those records,
20 have you?

21 A. No.

22 Q. Okay. But you hold NCVC as being the --
23 the experts in the field in terms of PTSD
24 treatment?

25 A. Well, they are -- I mean, they're --

1 they're some of the experts. They're not --

2 Q. Sure. But they're the -- the kind of
3 standard, right? Is that what I'm understanding
4 you're saying?

5 A. I trust their treatment. You know, I've
6 worked there. I know the -- I know the faculty
7 there. You know, I -- they do good work.

8 Q. When's the last time you worked there?

9 A. 2000, 2001. But I've -- I've done
10 research with people in that group since.

11 Q. Have you done research specifically for
12 NCVC since 2000, 2001?

13 A. Yes.

14 Q. Okay. Are those in your report?

15 A. Yes, yeah. Any -- any of the -- I've
16 published several studies using the dataset from
17 the National Women's Study that have persisted --
18 that have -- through the 2000s.

19 Q. How many child patients do you currently
20 see?

21 A. Currently, three or four.

22 Q. How many adult patients do you currently
23 see?

24 A. Right now, I'm winding down my clinical
25 practice. So just two or three.

1 Q. How many hours a week are you roughly
2 working now as a clinician versus doing --

3 A. Well, I do a lot of consulting.
4 Doing -- doing direct patient care, probably five
5 to 10.

6 Q. Hours a week?

7 A. Yes.

8 Q. And then the remainder of it would be
9 consulting work?

10 A. Consulting, research.

11 Q. How many --

12 A. Forensic work.

13 Q. What's that?

14 A. Forensic work.

15 Q. How many classes are you teaching
16 currently?

17 A. I don't -- it doesn't really work that
18 way in psychiatry. You don't teach classes.

19 Q. Okay. I -- you testified you're on the
20 faculty at MUSC?

21 A. Yes. I supervise residents and help
22 them with their cases.

23 Q. In what --

24 A. And I will teach certain series of -- of
25 classes or -- or -- or seminars. I've been asked

1 to -- to teach the --

2 Q. What current seminars are you leading?

3 A. I'm not currently doing anything right
4 now. But last year, I've -- I taught a series of
5 seminars on dissociative disorders this year and
6 the year before that and -- and just various
7 topics in child psychiatry that have to do with
8 child trauma and PTSD and various comorbidities
9 that are associated with it.

10 Q. When's the last time you taught a class
11 on PTSD or a seminar?

12 A. Last month.

13 Q. Last month?

14 A. Yeah.

15 Q. This year?

16 A. Uh-huh.

17 Q. Okay. I thought you said you weren't
18 currently doing any?

19 A. I don't teach classes, per se, like a
20 course in a university. But I've been -- I've
21 been invited to do seminars and talks.

22 Q. Who are these through? Through MUSC or
23 through --

24 A. The Medical University of South Carolina
25 Department of Psychiatry and -- and -- and

1 Behavioral Sciences. The last group was to the
2 PG4s, the fourth-year residents.

3 Q. Okay. And are your classes, are they
4 only through MUSC, or do you go through like
5 outside organizations as well?

6 A. I don't -- don't teach classes.

7 Q. Courses. Excuse me. Any seminars you
8 lead.

9 A. I have a course online that I have
10 available now that is about childhood trauma and
11 dissociative disorders.

12 Q. Is that available on your website?

13 A. I teach -- I teach at var -- I present
14 different workshops and -- and conferences that I
15 send off to and -- and -- you know, and get
16 accepted. I'm going to be teaching -- you know,
17 I am doing one at the International Association
18 of Eating Disorder Professionals on child abuse
19 and eating disorders --

20 Q. Okay.

21 A. -- this month. Next month, I'm teaching
22 a day-long workshop at the International Society
23 for the Study of Trauma and Dissociation.

24 Q. And that's my question. You're
25 answering my question. I wasn't trying to trick

1 you with -- with the question.

2 A. Yeah. Yeah, I'm --

3 Q. That's what I was asking.

4 A. I'm -- I act -- I do active teaching. I
5 did a webinar last month about food addiction and
6 trauma.

7 Q. Okay.

8 A. I've done webinars last year about
9 psychopharmacology in eating disorders. I -- I'm
10 very active in -- in teaching and in publishing.
11 I've published five or six papers just in the
12 last year.

13 Q. And these --

14 A. All --

15 Q. -- are organizations outside of MUSC and
16 also through MUSC?

17 A. Both.

18 Q. Okay.

19 A. Yes.

20 Q. How much litigation --

21 A. Yeah, I'm director of research and
22 clinical outcomes for Monte Nido and Affiliates.
23 So I have very --

24 Q. What's that?

25 A. That's a -- a large group of eating

1 disorder treatment facilities across the country.
2 There are over -- there are over 30 sites in 13
3 states.

4 Q. For eating disorders?

5 A. Yes.

6 Q. Does Kayden have any risk of eating
7 disorder?

8 A. Having had PTSD increases his risk for
9 an eating disorder.

10 Q. Let me ask a better question.

11 A. Having a history of ADHD increases his
12 risk of eating disorder.

13 Q. Have there been any symptoms relayed to
14 you of an eating disorder --

15 A. No.

16 Q. -- that Kayden is exhibiting?

17 A. No.

18 Q. How about Shelby?

19 A. No. But what I do in my consultations
20 is do -- is deal largely with people that have
21 co-occurring disorders and in particular, helping
22 organizations develop an integrative trauma
23 treatment for people with eating disorders and
24 how -- how do they integrate the treatment of
25 PTSD and trauma-related disorders into their

1 treatment --

2 Q. Okay.

3 A. -- of eating disorders.

4 Q. But no concerns for Shelby or Kayden
5 having --

6 A. No.

7 Q. -- PTSD symptoms at this time? Sorry.
8 Eating disorders symptoms at this time.

9 A. No eating disorder symptoms came up.

10 Q. And the PTSD, they have partial symptoms
11 of active PTSD at this time, not --

12 A. Correct.

13 Q. -- full-fledged --

14 A. That's right.

15 Q. -- to meet the criteria?

16 A. That's right.

17 Q. So there's no diagnosis of current PTSD
18 for either Shelby or Kayden?

19 A. There would be -- we would call it
20 unspecified trauma and -- and stressor-related
21 disorder.

22 Q. And then Shelby's would be in complete
23 remission, and Kayden's would be in partial
24 remission?

25 A. Yes.

1 Q. And you're not an orthopedist, are you?

2 A. No.

3 Q. So you don't -- I mean, you haven't
4 looked at any x-rays of Shelby's foot or any of
5 her --

6 A. I looked at x-rays. I think I looked at
7 the x-rays. But I -- I'm not an orthopedist.

8 Q. Are you able to interpret those like an
9 orthopedist can?

10 A. No.

11 Q. Are you going to --

12 A. But I looked at the -- the radiologist's
13 report.

14 Q. Okay. You reference an impairment
15 rating by -- that Shelby had. Did that just get
16 relayed to you, or did you --

17 A. It got --

18 Q. -- have any calculations in coming up
19 with that impairment rating?

20 A. It relayed -- got relayed to me.

21 Q. And if -- if Shelby were to testify that
22 Kayden is a normal, fun, happy boy currently, do
23 you have any disputes with that statement if
24 Shelby made those -- that statement?

25 A. Repeat the question, please.

1 Q. Yeah. If Shelby were to -- to testify
2 that Kayden was a normal, happy, healthy boy,
3 would you dispute that --

4 A. Yes, I would.

5 Q. -- characterization by the mother?

6 A. Yes.

7 Q. And your dispute would come from the
8 three hours of the Zoom call you had met with
9 them and the records you've reviewed that outline
10 in your report?

11 A. And my experience and knowledge of
12 psychiatry.

13 Q. Generally, right, not specific --

14 A. Gen -- generally.

15 Q. -- to Kayden and Shelby?

16 A. But also -- but again, in addition to
17 all the things you just said, my -- the record
18 review and my examination.

19 Q. So you would disagree with the mother
20 talking about the symptoms --

21 A. Yeah, I might --

22 Q. -- her son is exhibiting?

23 A. I might very well. A lot of times,
24 parents don't understand psychiatric disorders,
25 and they -- they minimize symptoms and don't see

1 things that other people can see that's directly
2 under them.

3 Q. And you would be disagreeing with Shelby
4 in your role as an expert witness testifying in
5 her litigation?

6 A. Based on the statement you said that
7 he's a normal kid, yeah.

8 Q. Okay. And it's not my statement, for
9 the record. It was something that -- if Shelby
10 said that. I didn't say that.

11 A. Yeah.

12 Q. Okay.

13 A. Yeah, I -- I can see how Shelby would
14 minimize, if anything, not maximize his symptoms.

15 Q. Okay.

16 (Off-the-record discussion.)

17 Q. When -- Kayden has a little bit of an
18 attachment to Shelby, correct? Is that something
19 we had referenced?

20 A. Sure.

21 Q. I'm asking you. I mean, do you -- is
22 that something Shelby told you?

23 A. Of course he has an attachment to his
24 mother. I mean -- I don't understand.

25 Q. And it got worse after the fire where he

1 wouldn't want to leave the room without her?

2 A. I see. Yes.

3 Q. Do you know how that behavior --

4 A. He got more -- he got clingy.

5 Q. Yeah, clingy.

6 A. Yeah.

7 Q. Okay. The attachment?

8 A. Yeah. More separation anxiety.

9 Q. Do you know if that happened before or
10 after his father's death?

11 A. I don't.

12 Q. Do you know how his separation anxiety
13 is now?

14 A. I don't.

15 Q. Is Kaylie -- Kayden able to sleep in his
16 own bed now?

17 A. I don't know. I haven't -- I haven't
18 talked to them in, you know, 13 months.

19 Q. At the time of your interview with
20 Shelby, was Kayden able to sleep in his own bed?

21 A. I don't remember.

22 Q. Okay. That was one of the symptoms we
23 had talked about earlier?

24 A. Yes. Well, sleep disturbance is a -- is
25 a symptom, whether -- whatever bed he -- he's in.

1 Sleep disturbance.

2 Q. Do you know if Kayden is able to be left
3 alone with other people now?

4 A. I don't. I don't know anything about
5 his current situation now.

6 Q. At the time of your interview with --
7 with Kayden, was Shelby able to leave him with
8 babysitters?

9 A. Certain babysitters that he knew.

10 Q. Who?

11 A. Her -- her roommate --

12 Q. Okay.

13 A. -- in particular comes to mind. And
14 maybe her mother, if I recall correctly. I'm not
15 sure beyond that.

16 Q. And do you know if Kayden fought his mom
17 when it came to dropping him off at school?

18 A. I don't.

19 MR. BEVANS: We can go off the
20 record for a second. I just want to scan my
21 report and I can wrap up.

22 THE VIDEOGRAPHER: The time is now
23 2:45, and we're off the record.

24 (A recess was taken.)

25 THE VIDEOGRAPHER: The time is now

1 2:47, and we're back on the record.

2 (BY MR. BEVANS)

3 Q. Dr. Brewerton, criteria G of the PTSD
4 for -- scale for Kayden is -- involves that
5 the -- I guess the symptoms aren't due to a
6 substance or other medical conditions; is that
7 right?

8 A. Right.

9 Q. In this case, is Kayden -- any of the
10 symptoms that Kayden is exhibiting, are they due
11 to or possibly due to other conditions that
12 Kayden has?

13 A. No.

14 Q. Okay. So like his speech delay,
15 nothing --

16 A. It's not -- you don't -- a speech delay
17 doesn't cause PTSD symptoms, even though it may
18 be a risk factor for the development of PTSD.
19 That -- that -- that's different --

20 Q. Okay.

21 A. -- concept. But no, none of -- none of
22 his conditions cause his symptoms -- his PTSD
23 symptoms, even though they can be risk factors.

24 Q. And that would be -- the ADHD would fall
25 into that category as well?

1 DEPONENT CORRECTION SHEET

2 I, the undersigned, TIMOTHY BREWERTON, MD,
3 do hereby certify that I have read the foregoing
4 clarifications and/or corrections, if any.

5 PAGE LINE CHANGE REASON

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TIMOTHY BREWERTON MD

Date

MA

1 CERTIFICATE OF REPORTER
2 STATE OF SOUTH CAROLINA
3 COUNTY OF CHARLESTON

4 I, MacKenzie Allen, Court Reporter
5 and Notary Public for the State of South Carolina
6 at Large, do hereby certify that the witness in
7 the foregoing deposition was by me duly sworn to
8 testify to the truth, the whole truth and nothing
9 but the truth in the within-entitled cause; that
10 said deposition was taken at the time and
11 location therein stated; that the testimony of
12 the witness and all objections made at the time
13 of the examination were recorded stenographically
14 by me and were thereafter transcribed by
15 computer-aided transcription; that the foregoing
16 is a full, complete and true record of the
17 testimony of the witness and of all objections
18 made at the time of the examination; and that the
19 witness was given an opportunity to read and
20 correct said deposition and to subscribe the
21 same.

22 Should the signature of the witness
23 not be affixed to the deposition, the witness
24 shall not have availed himself/herself of the
25 opportunity to sign or the signature has been
waived.

I further certify that I am neither
related to nor counsel for any party to the cause
pending or interested in the events thereof.

Witness my hand, I have hereunto
affixed my official seal on February 21, 2022, at
Charleston, Charleston County, South Carolina.

MACKENZIE ALLEN

My commission expires
August 30, 2029

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P-E-E-R-S (1)	potential (3)	provides (1)	Reaction (9)
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PLEAS (1)	produced (1)	questions (25)	reevaluated (1)
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