

October 22, 2014

Name: Lori Bryant
SSN: 555-55-5555
DOB: 55/55/5555

Mr. Nick Johnson
Disability Determination Services
1234 That St. Anytown, ST 55555

Dear Mr. Johnson,

Ms. Lori Bryant is a 40 year-old, single, white woman who has been chronically homeless for the last three and a half years. She is of normal height and weight (5 feet 5 inches, 130 pounds) and presents somewhat disheveled. She has long, reddish-brown hair, which is unkempt, wearing clothing that fits appropriately. She is currently diagnosed with bipolar disorder.

Ms. Bryant has been working with a case management program through the University Department of Psychiatry for severely mentally ill adults facing a critical transition. The Critical Time Intervention (CTI) program has provided case management for Ms. Bryant since January of 2013 with limited success. Throughout the duration of that period, Ms. Bryant has had substantial difficulty scheduling and maintaining appointments with case management providers. Fortunately, CTI is a model, which is designed to be flexible regardless of a client's ability to consistently engage.

Her SSI claim was initially denied and she has applied for reconsideration with assistance from CTI program staff. With her participation, Ms. Bryant has engaged with the writer, a SOAR case manager, who is a Licensed Clinical Social Worker Associate.

Personal History

Ms. Bryant was born in 1974 and raised in Florida by her mother and other family members. From a young age, Ms. Bryant frequently witnessed domestic violence at the hands of her mother's boyfriends. Due to intermittent exposure to violence, Ms. Bryant's mother transferred caregiving duties to the client's uncle. Ultimately, this arrangement was unsuccessful due to periods of neglect.

Despite maltreatment and multiple caregiver transitions, Ms. Bryant's early developmental history is unremarkable. She describes some difficulty in school and prior diagnoses of ADHD, however, test results for such a diagnosis are unavailable.

In her late childhood and early teenage years, Ms. Bryant continued to cycle between her mother's home, a foster home for children, and her uncle's home. This instability ultimately culminated in a suicide attempt at the age of 12 immediately followed by an inpatient hospitalization in Florida. Ms. Bryant is unsure of the name of the hospital nor does she believe it is still operational.

Caregiver instability continued as Ms. Bryant moved to Greece to live with her father for roughly one year. Upon returning to the United States, she found herself unwilling or unable to effectively engage in high school. She dropped out at the age of 15 due to perceived social isolation from peers.

Though ending her formal education, Ms. Bryant was able to successfully obtain a GED several years later. She was able to start an Associate's degree as well. Unfortunately, she was unable to finish. Ms. Bryant describes herself as "no good" at school due to her inability to consistently maintain focus.

At the age of 17, Ms. Bryant first began to engage in illegal drug use. She abused both marijuana and cocaine while simultaneously working as a stripper to support herself. Though technically too young to do this work, she successfully obtained a fake ID indicating she was of legal age. Ms. Bryant continued stripping sporadically for roughly 10 years until the age of 26. According to Ms. Bryant, her income within this line of work remained uneven with frequent periods of financial hardship.

In her early 30s, Ms. Bryant began a romantic relationship with a man dependent on heroin. She describes the relationship as abusive, ultimately contributing to her own substance dependence problems. She became dependent on heroin for several years. She became clean in 2010 at the age of 37. She credits her abstinence to leaving the relationship as well as participation in forced detoxification through a period of incarceration.

Despite continued sobriety, Ms. Bryant continues to experience chronic homelessness. Her symptoms of bipolar disorder have continued. Since that time roughly three and a half years ago, she lost housing when she was unable to pay rent due to a lack of consistent employment. Despite the fact that she has continued to abstain from substances, her disabling condition (and resulting unemployment) has persisted.

Employment History

Throughout her life, Ms. Bryant has been unable to maintain consistent employment. She first worked at a donut shop at the age of 15, lasting only two to three months. When asked why this job did not work out, she replied, "I didn't have a reason why [I quit]." After stripping on and off for several years, she attempted to find employment at a restaurant. She lasted for a summer and was told she was unfit to work due to her inability to focus and stay on task. With financial assistance from her mother, Ms. Bryant pursued a dog grooming business, employing several other people.

Ms. Bryant reports that she could not consistently manage her employees and decided to shut down the business after six weeks in operation. Her last period of formal employment was with a chicken plant, roughly three years ago. Again, she was only able to work for six weeks before termination due to her inability to stay on task. She told the interviewer a story during which her natural curiosity to explore the chicken rendering process led her to abandon her post, ultimately ending with chicken blood being sprayed on her clothing after entering a restricted area. Her employment was terminated shortly thereafter.

Legal History

In addition to workforce difficulty, Ms. Bryant has faced multiple incarcerations due to impulsive behavior and substance abuse history. Since 2010, charges have continued despite abstinence from heroin. Earlier this year, for example, Ms. Bryant faced a petty theft charge after stealing a bag of candy from a store. Unfortunately, this charge resulted in a failure to appear misdemeanor when she missed the scheduled hearing. Her case manager, Barbara Smith, writes, "She knew about Court date, and planned to go, and then impulsively left town to go to another part of the state" (Smith, 2013)

History of Trauma

As mentioned previously, caregiver instability was a consistent theme throughout Ms. Bryant's upbringing. Unfortunately, several traumatic events compounded this instability. As a young child, she witnessed several instances of domestic violence, contributing to her mother's decision to move in with her uncle. In an assessment with her case manager, she described a history of direct physical abuse, however, declined to provide details (Smith, 2013). Most recently, she reports multiple physical assaults while homeless.

Family Involvement and Current Relationships

At the moment, Ms. Bryant is extremely socially isolated. She is currently romantically involved with another homeless individual who suffers from alcohol dependency and a possible cognitive impairment. Though not actively abusive, Ms. Bryant recognizes that the relationship is probably not mutually beneficial. Despite this realization, she has continued her involvement. She maintains some contact with her mother, however, has been unable to effectively maintain a relationship due to disorganization. For example, she has been unable to meet with the DMV to manage an old traffic ticket (thus preventing her from driving to see her mother) and has lost three cell phones this year alone (thus making phone contact sporadic).

Physical Health History

Though not the primary source of disability, Ms. Bryant suffers from several medical ailments. As a result of an inability to maintain focus and persistence, many of these conditions remain poorly treated.

Following a period of heroin dependence, Ms. Bryant has suffered from Hepatitis C. She is not currently engaged in actively treating this condition. Despite the fact that treatment is available, she typically misses scheduled appointments, and at the moment, has no primary care provider.

The aforementioned assessment from Ms. Smith indicates Ms. Bryant suffers from Thyrotoxicosis, uterine fibroids, and chronic pain following a car accident in 2011. Due to the accident, she has a history of knee surgery as well as a metal plate in her left wrist. Ms. Bryant also indicates a history of spontaneous abortion in 2010.

Notably, Ms. Bryant described a recent bicycle accident in which she fell off her bike when she saw a bear chasing her. It is unclear to both Ms. Bryant and the interviewer whether the bear was real or whether it was a product of a visual hallucination. She does indicate that she has seen fewer bears after beginning treatment with Risperdal, an anti-psychotic medication. Fortunately, injuries during the aforementioned accident were superficial.

Ms. Bryant also reports multiple dental abscesses, which have received very limited treatment. Efforts by Ms. Bryant's case manager, Barbara Smith, to coordinate appropriate dental care have all failed due to multiple missed appointments. Ms. Bryant misses these appointments despite the chronic pain these abscesses cause.

During interviews, there is nothing immediately noticeable indicating any other chronic or acute physical health problems.

Substance Abuse History

As mentioned in the personal history, Ms. Bryant engaged in abuse of marijuana and cocaine as a teenager after returning to the United States following a stay with her father in Greece. This use does not persist currently.

Around the year 2003, Ms. Bryant began to actively abuse heroin in the context of an abusive romantic relationship. Ms. Bryant sought treatment through The Recovery Center in Local City multiple times, as indicated by the number of assessments on file (The Recovery Center, 2006-2013). She engaged in their Substance Abuse Intensive Outpatient Program (SAIOP) in 2008 and utilized psychiatric services. Diagnostically, her presentation was not clear due to ongoing substance use (Sanchez, 2009).

In addition to outpatient services, Ms. Bryant utilized detox facilities through The Recovery Center in June of 2012 and January of 2013 (The Recovery Center, 2013). Both admissions followed periods of "rambling thoughts, pressured speech, and some anxiety." She also reported a history of detox while incarcerated.

Ms. Bryant has successfully abstained from heroin abuse since 2010. She attributes her success to the ending of the previous romantic relationship as well as maintaining sobriety following detox during periods of incarceration.

Despite her abstinence, Ms. Bryant's psychiatric symptoms persist, contributing to an inability to find and maintain employment longer than a period of six weeks. As a result, she has remained homeless and unemployable despite her success maintaining abstinence from heroin.

Psychiatric History

Mental status exam

Appearance: Disheveled, unkempt

Behavior: Unable to sit still

Speech: Rapid pace, normal rhythm

Mood: Manic, anxious

Affect: Mood congruent

Thought process: Distracted, tangential

Thought content: Passive suicidal ideation

Perceptual disturbances: Denies current visual/auditory hallucinations

Cognition (attention, concentration, memory): Impaired attention and concentration, memory inconsistent

Insight: Limited

Judgment: Poor

Diagnosis

Multiple records from Ms. Bryant's history of sporadic mental health treatment indicate a possible attention deficit hyperactivity disorder (ADHD) diagnosis (The Recovery Center, 2006-2013). However, due to a lack of insurance, formal testing is unavailable to Ms. Bryant.

Furthermore, her symptom presentation at the moment suggests that rather than ADHD, Ms. Bryant experiences a form of bipolar disorder including both manic and depressive episodes. This conclusion is confirmed by all of Ms. Bryant's most recent clinical assessments (Smith, 2013; Klark, 2013; Wilson, 2012).

At the moment, Ms. Bryant appears to be experiencing a manic episode. She describes a decreased need for sleep (getting roughly 2 hours each night) even when she has access to shelter. Additionally, she is very easily distracted, indicating she cannot maintain focus on a task for longer than three minutes. This is confirmed by the interviewer as Ms. Bryant has difficulty staying on topic when asked simple questions. She also describes having trouble controlling her thoughts which frequently surround unrealistic business ventures (for example, she planned to staff a hot dog stand by putting up fliers in the community advertising the business despite the fact that she lacked any of the proper equipment to make and sell the hot dogs). These business plans are consistently thwarted not only by unrealistic expectations, but also by an inability to maintain focus; she is easily distracted and typically abandons ideas before they come to fruition.

Ms. Bryant frequently has manic compulsions to steal regardless of the consequences. Additionally, when suffering from a manic episode, she has a compulsion to travel to another town despite a lack of transportation or reasonable plan for returning to this town. This has resulted in her being stranded multiple times. During these episodes, she appears to experience intermittent auditory and visual hallucinations. During the interview, she described seeing aliens playing whiffle ball communicating verbally. They often speak with the client; however, it is rarely clear to her what they are saying. Though she acknowledges that these sightings are bizarre, she is unsure whether they are real. Fortunately, these sightings have decreased as she continues to take Risperdal, an anti-psychotic medication.

In addition to periods of mania, Ms. Bryant experiences intermittent periods of depression. When depressed, Ms. Bryant sleeps excessively (greater than 12 hours each night). She describes some passive suicidal ideation ("it's not worth getting old") without a plan. Inability to concentrate persists within depressive episodes despite the temporary resolution of manic symptoms. Finally, Ms. Bryant's energy decreases markedly when depressed. These symptoms are exemplified in a note by Dr. Klark from 5/31/13 (Klark, 2013).

During an intake with Western State Community Health Services in April of 2012 in Another Town her symptoms were consistent with impressions obtained from her current psychiatrist, Dr. Klark, and social worker, Barbara Smith. These assessments all provide more current clinical impressions of Ms. Bryant's diagnosis and were obtained in the absence of addictive substances (Smith, 2013; Klark, 2013; Wilson, 2012).

Treatment History

Ms. Bryant has had a sporadic history of treatment engagement. Multiple, isolated The Recovery Center assessments indicate that follow-up treatment was rarely obtained after the initial assessment.

She was evaluated by Western State Community Health Services on 4/12/12 during an impromptu trip to Another Town, ST when she came for treatment voluntarily for what she deemed a "behavior check." After the intake, she was diagnosed with bipolar disorder and treated with Abilify (an anti-psychotic) and valproic acid (a mood stabilizer used for treating bipolar disorder).

Though she has engaged with the CTI team, she attends appointments roughly half of the time due to poor planning. She has attended multiple appointments with her case manager, Barbara Smith, including a comprehensive clinical assessment on 7/15/13. She has attended four appointments with Dr. Klark on 1/7, 1/31, 4/5, and 5/31 of 2013. Her sporadic attendance is despite the fact that the program is designed for outreach, treatment engagement, and increased flexibility with difficult clients.

The client recalls two inpatient hospitalizations in her life; one in 1996 with UST Psychiatry and another hospital outside of the state at the age of 12 following a suicide attempt.

She is unable to name the hospital she attended as a child. Several records refer to a hospitalization with Community Hospital in the 1990s, however, when asked about this admission she is unaware of the details.

Currently, she is treated with Risperdal, which demonstrates some reduction in auditory and visual hallucinations.

Observations

Throughout the interview process Ms. Bryant presents as restless and anxious. She often gives brief answers in order to move quickly to the next question. She indicates impatience with the interview process, however, acknowledges that it is important for her future stability to participate actively. The interview took place over two meetings, taking place several weeks apart as Ms. Bryant missed three previously scheduled appointments.

When asked a question, Ms. Bryant often needs to be re-directed as she will begin discussing other issues. For example, during the most recent interview, she began to discuss her fear of wild animal attacks when asked about daily living skills.

Functional Information

Ms. Bryant's schedule varies from day-to-day depending on her mood. She wakes up at irregular hours and rarely sleeps. At the moment, she estimates she is averaging two hours of sleep each night. She frequently misses meals due to disorganization. She has had difficulty maintaining food stamps when she receives letters which require further action. She complains of day-to-day boredom and heightened anxiety due to ongoing manic symptoms. As a result, she often spends her time aimlessly riding her bike around the area. Unfortunately, this resulted in a bike accident

in the recent past.

Social

Ms. Bryant suffers from substantial social impairments due to symptoms of mental illness. She typically responds to interpersonal conflict by crying and becomes very anxious when meeting new people. She fears for her safety when alone and notably describes increased auditory and visual hallucinations when isolated. She describes a history of conflict with everyone in her life stating bluntly, "yeah, people think I'm crazy."

Attention and concentration

Ms. Bryant's inability to maintain attention is significant. She describes an inability to maintain focus for "three minutes." Her loss of employment with the chicken plant and the dry dock are consistent with this assessment. During the interview she is often unable to concentrate. She failed to complete a basic serial 7s task (subtracting 7 from 100 until arriving at 78) without multiple verbal prompts. When asked about reading and writing ability she indicated she is unable to focus long enough to complete a job application or read a book.

As cited by Ms. Smith's assessment, Ms. Bryant was kicked out of a women's shelter due to her inability to participate in a meeting (she could not tolerate sitting still during that period). Though she had a desire to maintain her shelter stay, she was unable to tolerate the required structure.

Activities of daily living (ADLs) and money management

Ms. Bryant is substantially impaired when it comes to activities of daily living (ADLs) due to her illness. When discussing grocery shopping, she indicates she would probably impulsively steal food even if she had the available financial resources. When she last had housing, she was unable to see the floor due to the mess. She continues to be impaired in her ability to maintain basic hygiene; despite access to a free community shower (and multiple reminders how to utilize the service), she estimates she has not showered in five days. Ms. Smith also cites money management concerns stating, "she does not prioritize needs over wants, and will sometimes be left without essential food or hygiene items." (Smith, 2013) No further assessment of budgeting ability can be completed due to the client's complete lack of consistent income for several years.

Time management

As described previously, Ms. Bryant has marked difficulty managing time. She fails to attend appointments regularly (typically arrives for half of scheduled appointments) despite a desire to attend. She misses stops when using public transit due to distractibility. This results in delays with her mental health treatment, disability claims, and sometimes missing meals through the local homeless shelter.

Summary

Ms. Bryant suffers from bipolar disorder, most frequently experiencing manic symptoms, which has impaired her ability to find and maintain employment. As a result, she has been homeless for over three years. She describes herself as unable to maintain employment, fearful of others, and

unable to focus on any subject for longer than three minutes. She stated multiple times that other people view her as "crazy" due to frequent episodes of mania.

She has been unable to manage small amounts of money she receives from friends, hygiene, medical care, or her appointments. She cannot tolerate spending time with other people due to both fears for her safety as well as an inability to interact on a professional and focused level. In addition to impairments in social and ADL functioning, Ms. Bryant is markedly impaired with regards to concentration, persistence, and pace in either an employment or social setting. This impairment is perhaps best illustrated by Ms. Bryant's inability to engage regularly with a flexible team of psychiatrists and social workers through the CTI program.

If there are other questions, please contact myself (Nathan Langston, LCSWA) at 555.525-4555 or via email at nathanlangston@email.com or Ms. Bryant's psychiatrist, Dr. Klark, at 555.955.7555.

Thank you for your time and consideration,

Nathan Langston, LCSWA

Dr. Jennifer Klark