## SOAR Works logo

Medical Summary Report- Child SSI Applications

Interview Guide and Template

The ***Medical Summary Report (MSR) Interview Guide***provides sample questions and guidance for gathering information necessary to the SSI disability determination process for children and youth under the age of 18. For the purposes of these materials we will refer to all children and youth under age 18 as “child.” We do not expect you to ask all of the questions in each section. The questions are intended to help you gather all of the information you will need to write a Medical Summary Report. For example, if the child is not in foster care, there is no need to ask questions about the child welfare system. Likewise, if the child does not have any physical impairments, you do not need to ask a lot of questions about the child’s physical well-being.

Using this guidance, SOAR-trained providers are able to gather a thorough history in a respectful manner, which in turn helps the Disability Determination Services (DDS) understand the duration of a child’s/youth’s impairment and the effect of his/her illness(es) on functioning. The ***MSR Template***may be used to compile information in the form of a narrative letter to SSA/DDS as part of the SOAR process. The template has seven main sections, covering the types of information that DDS needs to make a decision. Use the headings provided in the template to organize your MSR.

# Overarching Questions

In general, you are asking questions to determine how the child’s functional abilities compare to the functional abilities of a child of the same age who does not have the physical and/or mental impairments. For adults, SSA considers whether the individual can work. For children, SSA looks to how the child is functioning in comparison to a child of the same age without the impairment(s).

* The more detail and examples you can garner the better.
* You will need to assess whether the child needs extra help and support (more help than a child of that age would typically need).
* Focus on whether there are factors present which mask the functional limitations or which cause or exacerbate the functional limitations.
* Consider the standard of comparison. For example, when a special education teacher states that a child is doing well, is that in response to what one would expect of this child or is the teacher comparing the child to other children? And if the teacher is comparing the child to other children, are the other children in the special education class (who also have limitations in functioning) or is the teacher comparing the child to children who do not have impairments?

# Determining who to Interview

When assisting children in applying for SSI, it likely will be necessary to interview several persons in order to obtain all of the important and relevant information. Indeed, part of your first inquiry is determining who you need to interview. Through this collaborative approach to interviewing, you should be able to obtain all of the important and necessary information to be able to write your narrative.

Clearly, it will be important to meet the child and ask the child some questions. However, depending on the age of the child and the child’s impairments, the child may not be very aware of the nature and extent of his/her limitations. Thus, it may be critical to speak with the child’s parent, guardian, or caregiver, as well as other important people in the child’s life, such as teachers and other school professionals; day care providers or babysitters; relatives; and case managers (for children involved in the child welfare and/or juvenile justice systems).

Typically, it is best to begin by interviewing the parent or caregiver, as they will likely provide you with the most extensive information, and can also provide you with important information about who else to interview and how to approach the child. The latter is very important as some children are not very comfortable discussing their disabilities, and many also do not yet have a solid understanding of their limitations.



**SOAR Tip:** Please also remember that it can be difficult for parents to discuss their child’s disabilities, as many are still in the process of recognizing, understanding, and learning about their child’s needs. Starting with a conversation on the child’s strengths and talents can help set a positive tone for the meeting.

# Trauma-Informed Interviewing

How questions are asked can be critical to obtaining the appropriate information. It is important to be sensitive to influences that affect a person’s ability and willingness to provide information (cultural factors, past experiences with multiple service systems, etc.). The interviewing process can also uncover sensitive topics like past and current trauma that need to be approached with care. When asking about trauma, it is critical to not overwhelm the applicant or family members. It is equally important that the individual(s) be safe and secure after leaving the interview. Gathering such personal information requires a sensitive and skilled interviewer.

|  |  |
| --- | --- |
| cid:D96B81BA-62EF-42D0-B274-21AFCFBE5759 | **SOAR Tip:** Interviewers who feel uncomfortable or ill-equipped to explore certain topics should not do so. Instead, they should seek assistance from someone who is more clinically skilled and more able to assess responses, to ensure that the individual(s)is/are safe from self-harm and/or emotional distress when the interview ends. |

Medical Summary Report (MSR) Interview Guide

# **Section I: Introduction**

This section should provide a description that creates a mental picture to help a DDS examiner “see” the child, since it is unlikely that the DDS examiner will ever meet the applicant.

## ****Physical Description****

* Height and weight
* Clothing, hygiene, grooming, glasses, assistive devices

## Observations that illustrate the applicant’s symptoms or functioning

* Speech problems or pace; ability to maintain eye contact; age appropriate behavior
* Movements: Unusual movements of mouth/face; tremors in hands/legs; pace (fast/slow)
* Fine and Gross Motor: Does child appear to be developmentally on target in terms of his/her gross and fine motor skills?
* Demeanor: Agitation? Attitude? Alert? Focused or needing re-direction in conversation?

The introduction to the MSR will also include all of the applicant’s physical and mental health diagnoses, as well as an overview of the case manager and agency’s involvement with the applicant.

# Section II. Personal History and Family Background

## Current and Past Living Situations; Homelessness History

It is important to know where the child is living for a number of reasons, including documenting homelessness or risk of homelessness. It also is important to determine with whom the child is living and who is/are the primary caregivers. Information about how the child interacts with siblings, caregivers, and parents is critical.

Sample questions:

* Where does the child live?
* With whom does the child live? (Document all members of household)
* How long has the child lived in this home?
* Where did the child live prior to now?
* Were there times when family was experiencing homelessness
* What was the impact of homelessness on the child?

## Family Background

This section should illustrate who the important persons are in the child’s life, and how the child gets along with these persons. Information gathered should focus on how the child’s relationships with other family members relates to his or her symptoms and functioning. Note: Avoid listing personal names of family members who have not given permission for providing collateral information.

Sample topics/questions:

* How does child get along with each of the family members?
* Does the child get verbally or physically aggressive, anxious, or moody with certain family members?
* If developmental issues are present: How does the child’s functioning compare to one or more siblings?

## Trauma/Victimization

Adverse Childhood Experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also household dysfunction such as witnessing domestic violence or experiencing homelessness. Research has demonstrated a strong relationship between ACEs, substance use disorders, and behavioral problems. When children are exposed to chronic stressful events, their neurodevelopment can be disrupted. As a result, the child’s cognitive functioning or ability to cope with negative or disruptive emotions may be impaired. Over time, and often during adolescence, the child may adopt negative coping mechanisms, such as substance use or self-harm. Eventually, these unhealthy coping mechanisms can contribute to disease, disability, and social problems, as well as premature mortality. There also are high rates of bullying among children with disabilities.

Sample questions:

* Was there ever a time in the past or recently when something really bad or very upsetting happened to the child?
* Does the child feel safe or generally afraid? Of anyone or anything in particular?
* Did someone ever do anything to hurt the child?
* Did someone ever touch the child in a way that felt inappropriate or private?

## Connections with Other Systems (child welfare, juvenile justice, child behavioral health)

Contact with the child welfare system (i.e., the child was or is in foster care or the family is receiving services from child protective services (CPS)) likely means that the child was abused and/or neglected. This trauma and the fact that the child may have lived in one or more foster homes or foster care placements may impact the child’s functioning. Try to determine if the child and family is involved with the child welfare agency. If so, it is important to determine what happened, how long the child and family has been involved with CPS, and whether the child is or was in foster care.

Contact with the criminal or juvenile justice system can reveal information about how mental health symptoms may impair day-to-day functioning. If there have been arrests or juvenile dispositions, find out what happened and the result for each incident, including any information linked to the applicant’s symptoms.

Sample questions:

* Has the child or family ever been involved with the child welfare agency (e.g., CPS)? When? For how long? What happened?
* Is or was the child in foster care? What type of placement (foster home, congregate care facility, residential treatment center)? How many different placements?
* What is the current court status for child welfare or juvenile justice concerns?
* Is the child involved with the local or state child behavioral health services? What prompted this involvement? Since when?
* What services is the child receiving?
* Has the child ever been arrested or gotten into trouble with the law? Can you tell me what happened?
* Does the child you have any charges pending/waiting? What are they? Any court dates scheduled?
* Are there any outstanding warrants?
* Is the child on parole or probation now?

# Section III: Educational History

Information about how the child is functioning in school is critical. It is important to obtain information about the child’s current school placement as well as a history of school placements, especially failed placements. DDS will want to know if the child is functioning on grade level, and if not, how behind he or she is. Is the child passing and what are his/her grades? Does the child regularly go to school, and if not, why not. DDS also will want to know if the child is in special education, for how long the child has been receiving special education services, and what the child’s special education placement and services look like.

## Current School Placement

* Where does the child currently attend school?
* What grade is the child in?
* Does the child need help getting ready for school?
* How does the child get to school?
* Names of the child’s teacher(s); favorite teacher, least favorite teacher
* Are there particular teachers with whom the child does not get along? Why?
* Does the child like school? Why or why not?
* Favorite and least favorite subjects
* Are there any subjects the child does not like?
* Is there any particular reason that child dislikes that subject?

## Current Functioning at School

* *How is the child doing in school?*
* *How are his/her grades recently?*
* *What types of grades does the child receive on his/her report cards?*
* *Is the child functioning at grade level in reading, writing and math? If not, how far behind is the child?*
* *Does the child attend school regularly, why or why not?*
* *Does the child have friends at school?*
* *How does the child relate to peers?*
* *How does the child interact with teachers?*
* *Does the child participate in extracurricular activities? Why or why not?*

## Special Education

* Does the child struggle in school?
* Does the child have difficulty focusing and paying attention?
* Does the child have difficulty keeping up with school work?
* Does the child have difficulty understanding school concepts and school work?
* Is the child in special education?
* Since when?
* Why is the child in special education? What is the child’s classification (in other words how and why was the child found eligible for special education)?
* What type of class is the child in?
* How many children are in the class?
* How many teachers/aides are in the class? Does the child have a one-on-one aide?
* Is it a general education classroom or a special education classroom?
* Does the child receive any related services (such as speech and language therapy, physical therapy, occupational therapy, counseling, etc.)? How often?
* Does the parent/caregiver have any concerns with the current school program?
* Does parent/caregiver think the program is benefiting the child?
* Have teachers contacted the parent/caregiver with concerns about the child? What have they said?

## School Discipline

* *Are there things at school that frustrate the child?*
* *Is the child getting in trouble at school?*
* *Has the child ever been suspended? How often? For what?*
* *Is the child getting into fights at school? With whom?*
* *Is the child able to follow directions at school?*
* *Is the child able to stay focused at school?*
* *Is the child able to stay in his/her seat at school?*
* *Does the child have a behavior intervention plan?*

## Homework

* *Does the child get homework?*
* *Is the child able to do his/her homework on his/her own? Does child need help?*
* *Who helps the child do homework?*
* *Is homework a frustrating activity for the child? Why?*

## Employment History

The majority of children will not have worked. However, if it is an older child, it is important to ask if the child has worked, where, how many hours per week (most children only work part-time), and for how long. Also try to determine if it is a sheltered work setting or a type of internship or educational enterprise. Review work related questions contained in the adult curriculum as a [reference](https://soarworks.prainc.com/article/webinar-work-history).

# Section IV: Substance Use

Hopefully, most children are not abusing alcohol or drugs. However, for some older children this could be an issue. If you think substance use might be occurring, then you will need to ask some questions in this area. These questions are probably best asked of the child directly, but others who know the child well may also have some important information.

The purpose of asking these questions is to help you (and DDS) determine if the substance use is “material” to disability. To do so, you must understand the meaning of the person’s substance use and its relevance to other diagnoses. You will need to be able to show that the person’s illness and resulting functional impairment would still be present even in the absence of substance use. The person does not have to be sober at the time of the application to make this determination.

Sample questions:

* Do you drink alcohol? About how much? What other drugs do you use and about how much and how often? (Obtain clarification if the child says something like “a lot” or “not much”)
* Do you recall how old you were when you first started drinking (or using other drugs)?
* Have you ever tried to limit your substance use? If yes, what happened?
* Have you ever experienced blackouts (when you didn’t remember what happened), shaking, or seizures when you were using alcohol or other drugs? How often? Were you treated for anything when this happened?
* Have you ever been in treatment for your substance use? If yes, what kind of treatment? What was that like for you? Was it helpful? In what way?
* Do you feel your substance use is a problem? Can you tell me why?
* If you tried to stop drinking or using drugs now, what do you think would happen? How do you think you would do? How would you feel?

# Section V: Physical Health

It is important to find out about any illnesses or injuries that could result in ongoing impairment. Applicants may be found eligible based on a combination of illnesses, so it is important to be comprehensive.

Sample questions:

* Is the child currently being treated for any physical health problems? What are they?
* Has the child ever been hospitalized for any physical health problems? Where? When? For how long? What happened?
* Has the child ever fallen, been hit, been in a fight, or been in an accident where the child was injured? What happened? Did you go to a doctor or hospital?
* Does the child have any seizures, dizziness, headaches, difficulty paying attention, confusion? Have the child had treatment for any of these? How often do these things occur?
* Has the child ever had any surgery? What was the result?
* Have you noticed anything about the child’s health that concerns you?
* Does the child have any problems with walking/standing/sitting/running/jumping/going up or down stairs? Does the child have any difficulty holding a utensil or pen/pencil?
* How does the child sleep? Does the child have difficulty falling asleep or staying asleep?
* Does the child eat regularly and have a healthy appetite? Are there any weight issues? Overweight or under weight?
* Does the child have difficulty breathing or doing exertional activities?
* Does the child take medication? What medication? For what? How often?
* Do the medications cause any side effects?
* Does the child have a treating pediatrician? Who?
* Does the child see any specialists for treatment?

# Section VI: Mental Health

Inquiries about past or current psychological or psychiatric symptoms and treatment must be done with sensitivity. Avoid using jargon. Elicit as much detail as possible about what happened and what the child experiences. Determine (as best as possible) the chronological occurrence of symptoms and treatment.

## Symptoms

DDS uses information about how the person experiences symptoms of their mental illness as part of the medical criteria for disability. Obtaining information about symptoms in the applicant or caregiver’s own words can be powerful information for DDS.

Sample questions:

* Describe how the child is day-to-day. Are some days better or worse than others? (It can be helpful to ask a parent/caregiver to walk you through a day in the life of the child from the moment the child wakes up until they go to sleep and then to also ask how they sleep)
* Does the child experience depression, anxiety, panic attacks? If interviewing the child ask the child to tell you how that feels.
* When did these difficulties begin?
* Does anything make the child feel better or worse?

### Mood/Anxiety

* What does the child report they feel most of the time? Does the child’s mood change frequently or unpredictably?
* Rate the child’s mood: On a scale from 1 to 10 where 1 is very sad and 10 is very happy.
* Does the child ever engage in self-injurious behavior or have thoughts of hurting himself/herself? When? How often?
* Does the child ever feel very nervous with shaking hands, racing heart, sweaty palms, and a general unsettled feeling? When does this happen?
* Give some examples of things or activities that the child finds stressful.
* Does the child ever feel anxious for no apparent reason?

### Obsessions/Compulsions

* Does the child exhibit any obsessive or compulsive behaviors? Are there certain things the child must do the exact same way each time he/she does them? For example, organizing belongings or washing hands?
* Does the child worry about the same thing(s) over and over?
* Does the child have things he/she is afraid of? Does the child think about those things happening a lot?

### Manic/Bipolar Symptoms

* Does the child seem to have extreme highs and lows?
* Does the child seem to have difficulty thinking clearly or organizing his/her thoughts?
* Does the child ever stay up for long periods of time with no sleep and feel very energetic and productive?

### Psychotic Symptoms/Paranoia

* Does the child ever hear voices or noises that other people say they don’t hear?
* Does the child ever see visions that are not there??
* Does the child ever appear paranoid as if people are talking behind his/her back?
* Does the child ever express that someone is watching him/her?

### Other Symptoms/Information

* Does the child feel as if people are out to hurt him/her?
* Does the child seem to get very angry over nothing?
* What happens when the child gets angry?

## Psychiatric Treatment History

Explore all treatment sources and gather as much specific information as possible. Gather information about:

* Emergency room visits
* Past psychiatric hospitalizations
* Outpatient services: current counselor, therapist or psychiatrist
* Supportive services: case management
* Medications: past and present, side effects

# Section VII: Functional Information

How a child functions is relevant in two different ways:

* 1. It is important to the paragraph B criteria of the childhood mental health listings (the 112 series), and
  2. Because a child, unlike an adult, can functionally equal the listings. To functionally equal the listings a child must exhibit at least marked limitations in two domains of functioning or extreme limitations in one domain of functioning. It is not necessary to actually functionally equal a particular listing, but rather to do an analysis of the domains of functioning. Some of the domains of functioning are very similar to the categories in the paragraph B criteria of the 112 listing series.

When writing your narrative, it is important that you cover *both* paragraph B of any mental health listings and that you also explain how a child might functionally equal the listings by describing how the child has marked or extreme limitations in a given domain. For purposes of your interview, your questions can overlap. **In other words, your questions can cover both paragraph B and the domains of functioning.** It is essential to clearly and specifically describe how the person functions in all six areas and to provide examples and as much detail as possible.

Below are some sample questions that you may want to use when gathering this information. Always try to get detailed information and examples.

## Functional Domain I: Acquiring and Using Information and SSA listing paragraph B category: Understand, Remember, or Apply Information

#### Remember Information

* Does the child have trouble or difficulty with:
  + Short term memory? Can you give me a specific example?
  + Long term memory?
  + Remembering instructions?
  + Remembering material learned at school?
  + Recalling previously learned material?
* *If the child does a task like going to the corner store to buy four items, what would happen?*
* When someone gives the child directions or instructions, can he/she remember them?
* How often does the child have difficulty remembering something, such as a person’s name, a concept at school, or to do a chore?

#### Understanding and Applying or Using Information

* Does the child have difficulty learning a new task or new material at school?
* How is the child’s ability to learn in comparison to same age children without impairment(s)?
* Can the child:
  + Understand verbal instructions?
  + Follow verbal instructions?
  + Understand written instructions?
  + Follow written instructions?
  + Demonstrate problem solving skills?
  + Use appropriate vocabulary for his/her age in discussions?
  + Recognize colors, shapes etc.?
  + Read and understand what he/she is reading?
  + Do age appropriate math concepts?
  + Tell time on an analog clock?
  + Make change?
  + Spell and write at an age appropriate level?
  + Recognize and use concepts?
  + Use imagination in play?
  + Engage in creative activities?

## Functional Domain II: Attending to and Completing Tasks and/or SSA listing paragraph B category: Concentrate, Persist, or Maintain Pace

* Does the child have trouble concentrating or focusing? Can you give me an example?
* Is the child easily distracted? And conversely, does the child disturb others and disrupt the classroom?
* Does the child have trouble keeping pace with others?
* Does the child complete tasks on time? Does the child need more time and take longer than others his/her age?
* Can the child stay on tasks without being reminded?
* Can the child carry out simple instructions? Does the child have trouble following through on instructions? Does the child require instructions to be repeated several times?
* Can the child keep track of his/her possessions? Is the child prone to disorganization?
* Can the child work independently?
* Does the child get easily frustrated?
* What types of things make the child feel frustrated? How often does this occur?

## Functional Domain III: Interacting and Relating with Others and/or SSA listing paragraph B category: Interact with Others

* How does the child get along with:
  + Other children?
  + Family members?
  + Authority figures?
* Does the child:
  + Have friends?
  + Have a best friend?
  + Respect authority figures?
  + Have periods of unprovoked hostility or anger?
  + Get verbally aggressive? How often? Ask for example
  + Get physically aggressive? How often? Ask for example
  + Speak with increased or decreased rate of talking
  + Talk constantly (unable to stop)?
  + Prefer to be alone and seclude himself/herself?
  + Avoid being with others?
* How does the child interact with adults?
* Can the child share and take turns?
* Can the child initiate interactions?
* Is the child frequently disruptive or does the child frequently speak out of turn?
* How does the child behave when in groups?
* How much of the child’s speech:
  + Do you understand?
  + Would unfamiliar listeners understand?
  + Can you understand after repetition or rephrasing?
* How does the child’s ability to relate to others in appropriate ways compare with same age child without impairment(s)?

## Functional Domain IV: Moving About and Manipulating Objects (no corresponding paragraph B category)

* Does the child have trouble with:
  + Fine motor skills (writing, cutting, coloring, buttoning)?
  + Gross motor skills (walking, running, climbing, jumping)?
  + Coordination (balance, ball playing, sports)?
  + Eye-hand coordination?
  + Physical education (PE) class?
* Does the child use any adaptive devices?

## Functional Domain V: Caring for Yourself and/or SSA listing paragraph B category: Adapt or Manage Oneself

* Can the child:
  + Dress himself/herself?
  + Maintain proper hygiene and personal care?
  + Feed himself? Does the child have a proper appetite?
  + Organize himself or herself and his/her belongings for class activities?
  + Take public transportation (if age appropriate)?
  + Maintain his/her own space and property?
  + Follow safety rules and avoid dangers?
* Has the child engaged in any self-injurious behaviors?
* Does the child have thoughts of hurting himself/herself?
* Does the child have unprovoked fears of anxiety?
* Does the child cry for no apparent reason?
* Is the child unable to enjoy or fully participate in group activities?
* Is the child able to go to sleep? And sleep through the night?
* Can the child cope with change (if not, can you please give me an example?)

## Functional Domain VI: Health and Physical Well-Being (no corresponding paragraph B category)

* Does the child have an episodic health problem (e.g. asthma or seizures)?
  + How often do the episodes occur?
  + How long do the episodes last?
  + Does the child use an inhaler?
  + Does the child use a nebulizer?
  + Are treatments provided at school?
* Does the child have to miss out on typical activities to engage in treatment?
* Does the child take any medication?
* Are there side effects to the treatment or medication (e.g., focus, dizziness, fatigue, nervousness, appetite loss or increase, pain)? Does the medication affect the child’s functioning?
* Does the child use any adaptive devices? What devices?
* Is the child easily tired or in need of naps?
* Does the child have trouble going to sleep or staying asleep? How often?
* Is the child in pain on a daily or frequent basis?
* Does the child drink liquids more frequently than other children?
* Is the child over or under eating?

Medical Summary Report Template

Use your own agency letterhead and delete the guidance underneath

each heading when submitting to DDS

[Insert DDS Address/Examiner if known]

**NAME:**

**SSN:**

**DOB:**

Dear \_\_\_\_\_\_\_\_\_:

## INTRODUCTION

(The child’s physical description, including their behavior, mannerisms, and dress; all of the child’s physical and mental health diagnoses; information/observations that illustrate the child’s symptoms and functioning)

## PERSONAL HISTORY

(Including abuse/trauma history, family structure, and whether child is involved in child welfare and/or juvenile justice system)

## EDUCATIONAL HISTORY

(Education history; include child’s current functioning, whether the child is in special education, what type of special education program and services the child is receiving, whether the child has had any disciplinary incidents, and if the child has difficulty in completing homework.)

SUBSTANCE USE\* (If applicable)

(Substance use history and treatment, including reasons for use, impact of use, treatment history, and any periods of sobriety; describe the child’s symptoms while sober)

## PHYSICAL HEALTH HISTORY

(Brief summary of the child’s symptoms and treatment for physical health conditions at all providers including context for treatment, diagnoses, medications and side effects)

## PSYCHIATRIC/PSYCHOLOGICAL HISTORY

(Brief summary of the child’s symptoms and treatment for mental health conditions at all providers including context for treatment, diagnoses, and medications and side effects)

## FUNCTIONAL INFORMATION

(Address all six domains of functioning using detailed examples and quotes to describe how the child’s symptoms impact his/her ability to function. Remember this may be relevant to both paragraph B of a Mental Health Listing and to an analysis of how the child’s limitations due to his/her impairment(s) functionally equals the listings.)

Functional Domain I: Acquiring and Using Information and/or SSA listing paragraph B category: Understand, Remember, or Apply Information.

Functional Domain II: Attending to and Completing Tasks and/or SSA listing paragraph B category: Concentrate, Persist, or Maintain Pace

Functional Domain III: Interacting and Relating with Others and/or SSA listing paragraph B category: Interact with Others

Functional Domain IV: Moving About and Manipulating Objects

Functional Domain V: Caring for Yourself and/or SSA listing paragraph B category: Adapt or Manage Oneself

Functional Domain VI: Health and Physical Well-Being

## SUMMARY

(Brief summary of the evidence provided, restating diagnoses provided in the introduction)

If you have any questions, please call \_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_, or Dr. \_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_.

Sincerely,

[Insert signatures]