

January 17, 2017

**Ms. M.
Disability Claims Adjudicator**

**Re: Anne Williams
SSN xxx-xx-xxxx
SOAR**

Dear Ms. M.:

I am submitting this letter in support of Ms. Anne Williams's pending claim for SSI/SSDI disability benefits. Ms. Williams was referred to the SOAR Project by a counselor at the Recovery Center. Ms. Williams was taken to the Center by her brother. According to the referral form, "client is also really nervous and may not be able to speak." She attended the appointment with her brother and nephew were identified as alternate sources of information. At the time of her appointment she showed up looking disheveled and was extremely malodorous. They both attended Ms. Williams's intake appointment with me.

Ms. Williams has a history of severe childhood trauma, limited mental health treatment, has a limited and interrupted education, and has no relevant work experience. She is currently 55 years old and lives with her brother and nephew. When we met, Ms. Williams was hesitant to speak at first, relying on her brother and nephew to provide even basic information such as her Social Security number, which she did not know. Ms. Williams eventually opened up and became somewhat talkative, albeit, repetitive. Ms. Williams's nephew, accompanied her to a subsequent meeting at my office and our phone conversations were conducted on speaker phone with either her brother or nephew participating. Regarding the need to help her with the interviews, her nephew stated "...she does not do anything by herself, she needs people to help her with everything, even the most simple things."

Ms. Williams has current diagnoses of major depressive disorder. In addition, she is diagnosed with post-traumatic stress disorder, chronic, along with specific learning disorder with impairment in reading, written expression, and mathematics.

Personal History

Ms. Williams, the third of eight children, grew up in a poor household that frequently lacked hot water, electricity and sufficient food. Since her mother worked a number of jobs, Ms. Williams was required to take over many household tasks as a very young child and worried quite a bit about her mother. When she was sexually molested by a friend's father Ms. Williams never told her mother because she believed that her mother already had so much worry. Ms. Williams did poorly in parochial elementary school. She said she had trouble learning and repeated two grades. The nuns frequently required her to wear a dunce cap in the classroom and she was picked on by the other children. When I asked why they picked on her, Ms. Williams said that they thought "I was ugly. They just didn't like my face and thought I was stupid." Her brother interjected that their older sisters were particularly cruel to Ms. Williams as well.

In April of 5th grade, a few months before her 13th birthday, Ms. Williams decided to run away from home with 35 cents and a plan to find the "Partridge Family," a fictional family on a weekly television show. After taking a short bus ride, Ms. Williams accepted a ride from a man and saw another man in

the car after she got inside. Ms. Williams explained that she was held by these men for 3 days. They tied her to the bed and raped her repeatedly. She eventually was able to loosen her hands from the ties and got away when they were gone. She was picked up, half dressed, by a cab driver who called the police. Ms. Williams said that the police made her feel horrible as they were focused on the fact that she was a runaway and no longer a virgin. They made her feel "disgusting, like trash." On the other hand, she told me she was very grateful for the cab driver as he did not charge her any fare for the ride. This experience left her unable to make any real connections with friends or loved ones, she states "I really don't trust people" so I never want to get too close."

Not only did Ms. Williams's mother fail to get her any mental health treatment after this abuse, but she did not even tell Ms. Williams's father, who was incarcerated at the time for bank robbery. Ms. Williams did not receive mental health treatment after this abuse; instead, Ms. Williams was kept home from school for the remainder of the school year and only left the house when accompanied by her mother. The only relief Ms. Williams experienced was through self-cutting but this stopped when she was 15 years old, which is when her mother discovered this method of self-harm.

The September after her kidnaping and rape, when Ms. Williams was 13, she began public elementary school for 6th grade. Immediately after the winter break, however, she was transferred to the 7th grade in a public junior high school. Ms. Williams recalls being told at the time that she was too old for elementary school. Ms. Williams attended the junior high only 3 days and said the other students were "torturing" her. She said she "couldn't take it no more," cut her wrists and was admitted to County Hospital. Upon her hospital discharge, she stayed home with her mother for the remainder of the school year. She said "they didn't know what to do with me."

The following September she was placed in a school she called "The Academy" since there was a gold plaque with that written on it attached to the building. She found it upsetting that there was a sign outside the school that said "Mental Health and Mental Retardation." Ms. Williams said the school was for "bad, violent kids." She also stated "...having to go to that school really solidified that I was not smart, I was worthless and just plain stupid." Ms. Williams also explained that the school was not like other schools. It appears that she met with a counselor or therapist every week at the school, the students were taken to the movies regularly, and the only academic subjects were reading and math. She also recalls learning how to sew there.

At 17, Ms. Williams left The Academy without graduating. She then began what sounds like a vocational program run by the county. She learned how to do "manual things." Ms. Williams never completed that program either but left at 18 so that she could earn money to help her mother since the family was still very poor and struggling.

History of Medical Treatment

Ms. Williams's medical treatment history is incredibly sparse in light of the family's lack of resources and, difficulties in navigating the medical assistance program to secure Ms. Williams free medical insurance. Aside from a hospitalization at General Hospital after Ms. Williams's early suicide attempt in her young adolescence and some possible therapy/counseling sessions while attending "The Academy," she had no other mental health treatment in her youth.

Ms. Williams and her brother recall that in around 2005, in her mid-40s, she went to a clinic in her neighborhood and was evaluated by Dr. Smith. He indicated on a form that she had "MR." Ms. Williams

told me that the woman in Dr. Smith's reception area did not treat her nicely and believed this was because she thought Ms. Williams was stupid. Ms. Williams, therefore, never returned to that office. As Ms. Williams relayed this event to me, she was shaking and crying, almost as if this had just taken place rather than having occurred almost a decade ago. During the course of our first meeting, she kept returning to this story over and over, requiring me to redirect her to the topic at hand. She raised it again during our subsequent telephone conversation and, again, when we had a second meeting in my office.

In 2010, Ms. Williams briefly began treatment with Jane Thomas., Ph.D., a psychologist in private practice. On May 5, 2010, Dr. Thomas diagnosed Ms. Williams as suffering from major depressive disorder, chronic, and avoidant personality disorder. Neither Ms. Williams nor her family could continue to afford treatment with Dr. Thomas and they had difficulty applying for medical assistance. She, therefore, only had a few sessions with this psychologist.

On September 9, 2014, Ms. Williams underwent a psychological evaluation by Marie Foster, Ph.D. Her nephew escorted her to the appointment although he did not participate in Dr. Foster's evaluation. Dr. Foster, like Dr. Thomas, diagnosed Ms. Williams with major depressive disorder. In addition, she diagnosed her with avoidant personality disorder, post-traumatic stress disorder, chronic, along with specific learning disorder with impairment in reading, written expression, and mathematics. Her prognosis was guarded.

Occupational History

After Ms. Williams left the vocational program at the county at 18 years of age, as mentioned above, she worked for a couple of years as a nanny for a woman with two daughters. She slept at their house during the week and returned home on the weekends. At around 19, her services were no longer needed as the girls were old enough to be on their own. Ms. Williams moved home full time. She said she spent much of her time inside the house helping her mother and crying. Over the next few years, Ms. Williams would occasionally work at a job cleaning fish. Her brother, got her the job and the owner was incredibly patient with her. She would experience frequent and severe panic attacks and crying spells and would run out of work, not returning for days or weeks at a time. The owner, however, was always willing to take her back even though this happened time and time again.

When Ms. Williams was 22 years old, her older brother had a son, who was born premature with cerebral palsy. Neither his mother nor his father- both on drugs- had the wherewithal to care for him, so Ms. Williams became his primary care giver and spent most of her time with him. When he was a baby, she would take him to Easter Seals daily and, while he was receiving treatment, she would rock the babies. This situation ended because Ms. Williams was unable to follow the instructions for the medications the baby was supposed to take - therefore making her unable to care for him alone. This situation came to light once when a nurse asked her the names of the medications and dosage - she was completely unable to explain the details related to the medications to the nurse.

At some point in her 30's, when the child was no longer dependent upon her, Ms. Williams "worked up the nerve" to apply for a job at a neighborhood candy store. She got a job as a cashier but did not even last more than a few days at this job. First, she needed to be reprimanded for coming to work with dirty clothes and nails and she was always suspicious of her supervisors - always thought they were talking about her or plotting to do something mean to her behind her back. One day she gave one of her first

customers incorrect change and the customer "was not nice" and made Ms. Williams "feel stupid." Ms. Williams simply walked off the job and never returned.

Ms. Williams' last work attempt was, she thinks, in either 2001 or 2002, when she was approximately 43 years of age. She worked on an assembly line applying labels to boxes at a party supply company not far from her house. This job was hard for her because she could not remember the instructions she was supposed to follow in order to put the labels on the boxes correctly. Ms. Williams lasted only around 2 months at the job. She found it stressful, she "cried a lot and people were mean." She never returned.

When I asked Ms. Williams why she cannot work, she replied, "I don't know anything. I'm afraid of being called stupid." She said she feels "mentally beaten up." If someone asked her what she does, she would say, "nothing- I don't do nothing."

Functional Information

Understand, Remember, or Apply Information

As evidenced by some of the struggles Ms. Williams has encountered in her past works attempts, she has a very difficult time understanding instructions and following one or two step instructions (job putting labels on boxes). Additionally, the reason she does not use public transportation alone is because in the past she has gotten lost taking the bus - even if she was told where she was supposed to get off. At times she is able to handle very simple tasks that she has practiced and been reminded about repeatedly. She is able to do routine housework but when something happens out of the ordinary she is unable to handle the situation appropriately. A good example of this is how she is able to do laundry - but if there are special care instructions or stains - she cannot handle the task and becomes overly frustrated and cries.

Interact with Others

Ms. Williams avoids social situations entirely. She is socially isolated with the exception of her brother, nephew and a few other family members. She has no friends. She does not spend time with neighbors. She lives with her brother and nephew, and one or both of them accompany her almost every time she leaves the house. She finds even going to the supermarket alone incredibly stressful but will occasionally "work up the nerve to go food shopping" by herself.

In school she was not able to work on group assignments with others and always thought that the people in her group thought she was stupid. In work settings, she often cries when she is told that she did not do things correctly, like the time she walked off of the job because she was reprimanded for giving someone the wrong change.

As stated above, she has no friends. The last time she tried to have a friend - it was with a woman she met at her job putting labels on boxes. After spending time together only once, they got into a huge argument that left Ms. Williams crying. She states they were arguing because her friend wanted to go out to the movies with her but Ms. Williams was afraid of going out in public and couldn't decide on what movie they should watch anyway.

Concentrate, Persist, or Maintain Pace

Ms. Williams' depression and anxiety significantly interfere with her ability to concentrate. She has difficulty sleeping due to flashbacks and nightmares, resulting in fatigue and poor energy. She cries easily and constantly, as reported by her brother and observed by this writer during meetings. Ms.

Williams is also constantly worried about being criticized or shamed. All of these symptoms interfere with Ms. Williams's ability to attend to the task at hand whenever she is outside her home and/or around other people.

Dr. Foster reported that Ms. Williams has attention difficulty, concentration difficulty and memory difficulty. She further documented that she was markedly limited in the ability to understand and remember even short instructions, maintain attention/concentration, work near others without being distracted, deal with work stress, or adhere to a normal work schedule or production requirements. While completing the application paperwork for Ms. Williams' SSI/SSDI claim, this writer observed poor recall and inability to focus. Ms. Williams was unable to provide basic information and relied on her brother and nephew to provide her Social Security number and dates of employment.

Adapt or Manage Oneself

Ms. Williams' hygiene is often lacking - most often her clothes are dirty. As stated above, she is unable to act reasonably in situations where she has been criticized (i.e. walking out of work). If she is in a very tight routine, she can almost manage - but if the routine changes slightly, she is unable and has what her brother calls "meltdowns." While she has been able to work very briefly, she constantly needed extra supervision. According to her manager at the candy shop "If I turned my back one minute, she was always messing something up one way or another." Once when she was at her job putting labels on boxes, she cut herself on a box cutter. This would not have happened if she was wearing the protective gloves that were required.

Conclusion

Ms. Williams has displayed significant impairments in her functioning as a result of her symptoms of major depressive disorder, avoidant personality disorder, PTSD, and specific learning disorder with impairment in reading, written expression, and mathematics. She has been unable to maintain employment since 2002 and is unable to live independently. Should you require any additional information, please feel free to contact me directly.

Sincerely,

SOAR Practitioner