

January 17, 2017

Ms. Andrea Walker
Disability Determination Services
Fax: 555-555-2635

Re: Ava Carter
SSN: 555-54-5555
DOB: 11/07/1960

To Whom It May Concern:

Ms. Ava Carter is a 47-year-old, single, African American female who has a history of bipolar disorder with major depression and cocaine dependence to treat her symptoms. Ms. Carter is an average sized (5'8") woman of medium build. Ms. Carter has brown eyes and short black hair with a streak of gray.

We first met Ms. Carter where she was sleeping under a bridge. She complained of the awful smell of urine and the fact that a "drug addict" had stolen her psychiatric medications the night before. She wanted to come in off the street. Ms. Carter was very depressed and did not have the energy to change her clothes or go through her normal grooming routine.

Personal History

Ms. Carter was born and raised in Buffalo, NY. Her mother and stepfather raised her until they divorced when she was 11 or 12 years old. Ms. Carter is the oldest of two half-sisters each 5-years apart. Ms. Carter has had a very tenuous relationship with her mom since she was very young. Her mother was physically and emotionally abusive. Ms. Carter referred to scars on her arms as she recounted a particular episode of abuse from when she was 5 years old. She explained that her mother would take her anger out on her because she looked like her biological father, whom her mother harbored much contempt for. Ms. Carter would often run-away from home to get away from the abusive environment. When Ms. Carter was 14 years old her mother sent her to Ohio to live with her biological father. Her mother cited behavior problems as her reasons for sending her away. Ms. Carter's father was a compulsive gambler and physically abused Ms. Carter. When she was 14, her father asked her for sex and so she ran away for the final time.

Ms. Carter reports that her mom was very depressed. She explained that this was probably the reason for the anger she took out on her. She reported that her mother was in and out of the hospital with a "nervous condition." She reflected that it was likely a "nervous breakdown" that her mother had when she hurt her so badly when she was 5 years old.

Ms. Carter had her first and only child when she was 17 years old. She described having her son "out-of wedlock" while she was living "pillar-to-post." She does not know who his father is. She lived with a girlfriend for five years while her son was young. She smiled when she talked about this time and recounted it as one of the best times in her life. She then sighed and explained that she messed it up and left to try out a heterosexual relationship, to build some

stability for her son. When she was 22 years old she married John Carter. Mr. Carter was an alcoholic and very abusive and so after 5 months, she moved out of the house into an apartment with her son. It was in that apartment that Ms. Carter was brutally raped. A man came into her apartment where she was sitting with her son and held a butcher knife to her neck as he raped her in front of her son. The experience was very traumatic to Ms. Carter and was a turning point in her life. She was afraid for her son's safety and so she placed him in the foster care system and was never able to recover her custody.

Mr. John Carter died 12 years after they married. The couple had never officially divorced. About 5 years ago, Ms. Carter had one other serious relationship with a woman for approximately one year. On the ending of that relationship, she said, "I messed it up."

Ms. Carter first experienced homelessness while she was living in New Jersey. She stayed in a shelter in New York for a short time because her apartment was no longer livable. Ms. Carter moved to Alabama in 2005 to live closer to her sister who was living in Birmingham. Ms. Carter was living in a Section 8 subsidized apartment until April 2006 when she missed her recertification appointment and lost her voucher. Ms. Carter has been homeless ever since. She has stayed in numerous shelters in the metro-Birmingham area including My Sister's House, Main St. Shelter, Christian Refuge, and the Homeless Center. Ms. Carter lived on the street when her time at the Homeless Center ran out and she was unable to find shelter. Ms. Carter remains homeless.

Educational History

Ms. Carter left school in the 9th grade when she ran away from her father's house. When in school, she attended special education classes and would get tutoring in some of her subjects. She struggled a lot with math and didn't like that subject in school. She did enjoy focusing on English and Grammar. Ms. Carter reported a lot of behavior problems in school and pointed out that the first time she was suspended from school was when she was in Kindergarten. Ms. Carter received her GED in 1991 while serving time in the Bells Hanford Correctional Facility in New Jersey.

Employment History

Ms. Carter has never been able to keep steady full-time employment. Throughout her life she has held a number of different odd jobs. She began working when she was 17 years old, performing CNA (Certified Nursing Assistant) work. She reports a number of fast-food jobs, such as McDonalds. She would cook the fries or clean the dining room. She would occasionally be asked to run the register, but would quickly be removed from those duties, as she would make too many errors. She reports that they would often take money from her check for those errors. Ms. Carter would often lose her jobs because of her depression. She would not be able to get out of bed and go in to work and she would be fired for no-call, no-show. She would isolate herself from people and not go in to work.

According to case notes from The Real Recovery Network in July of 2002, Ava worked for St. Eliza's hospital but quit after only a week due to "personal situations."

Ms. Carter has not been able to maintain full-time work because she is unable to learn and remember the new tasks of the job. The last position she held was at Mary's Restaurant in Mobile in January of 2003. She was fired after a couple of weeks because she was unable to perform her duties. She could not remember the abbreviations that were required for the job.

Physical Health

Ms. Carter has been hospitalized a few times for physical health reasons. Ms. Carter was hit by a car when she was 5 years old and again when she was 10 years old. She remembers that her pelvis was broken and that they performed CAT scans on her head. She does not remember much else about the accidents or treatment.

Ms. Carter has been experiencing problems with her left knee ever since it was injured in June 2001. She received treatment from the Honest Hospital Emergency Room and Community Health and Behavioral Services in Newark, NJ. She was diagnosed with Osgood-Schlatter Disease on July 10, 2001. She was experiencing swelling anterior to the patella. She was prescribed Celebrex and a knee brace to treat the injury in August 2001. According to her last case note in her record from June 2002, Ms. Carter was still experiencing pain and swelling in her left knee.

On May 17, 2007, Ms. Carter went to the County Health System Emergency Care Center with the complaint of knee pain. James Gray, the nurse, stated that her "knee was swelling with possible fluid accumulation and denies any medical help but has difficulty walking." Ms. Carter continues to experience problems with her knee. Her most recent diagnosis of knee effusion was on May 25, 2007 at the Birmingham Community Service Board.

Substance Use History

Ms. Carter stated that she has been using alcohol and marijuana since she was 17 years old. She first started using alcohol and marijuana in a social environment because she was curious. She recalls that the first effects of the drugs gave her a calming and balancing feeling that she was not used to due to her depression. She drank and used marijuana moderately for many years. Around the age of 28 she tried crack cocaine for the first time. The drug gave her a momentary break from her racing thoughts and manic moods. Ms. Carter used crack cocaine as often as she could for the next 10-15 years. She entered her first addiction treatment program in New Jersey called the Center for Recovery in her early 40's and remained sober for 90 days. Ms. Carter continued to use when she was feeling down. She has been through a number of treatment programs and has struggled with her substance use and depression for almost 10 years.

Ms. Carter entered the New Recovery Center in February of 2002 and was treated there for two months. According to the initial assessment from the Center's records, Ms. Carter has a history of multiple relapses from alcohol, cocaine and cannabis and a history of depression with suicidal ideations.

In March of 2001, Ms. Carter completed a 30-day treatment program at Central Recovery Park for alcohol and cocaine dependence. She was discharged to a halfway house with anti-depressant medication.

In April of 2002, Ms. Carter returned to Central Recovery Park for alcohol and cocaine dependence. She only stayed for four days and was discharged with anti-depressant medication.

Ms. Carter went back for treatment at Central Recovery Park for the third time in January of 2004 with an admitting diagnosis of alcohol, continuous cocaine dependence as well as cannabis abuse. She completed the program and was discharged with a diagnosis of bipolar disorder in February 2004.

In July of 2004, Ms. Carter was admitted into the Central Behavioral Health's Treatment Center with an admitting diagnosis of alcohol, cocaine, and cannabis dependence without physiological dependence. Unfortunately, Ms. Carter "stated that she was miserable and wanted to see her family," and left the program after five days in treatment.

In the spring of 2007 she was asked to leave her sister's home, where she was staying for a number of months, due to her mental health and substance use. After living on the streets for a number of days she entered a detoxification program at the Birmingham Crisis Center. Ms. Carter relapsed soon after her discharge from the Crisis Center because her mental health medication had been stolen and she needed to quell her mood swings. On June 15, 2007, Ms. Carter entered a 5-day detoxification program at the New Integrated Behavioral Healthcare, Inc. She is working with Recovery Group and St. John's Recovery Center to work on remaining in recovery. She is currently attending Cocaine Anonymous (CA) meetings. Ms. Carter has been sober since entering the detox program and continues to experience symptoms of mental illness including depression, social isolation, and anxiety.

Psychiatric Information

Ms. Carter reports racing thoughts, serious depression and mood swings. She says that the racing thoughts are hard to describe, she said, "things just 'pop up.'" She explains that she tries to control her thoughts, but she can't. On a scale of (1-very sad) to (10-very happy) she rates herself feeling (1-very sad). When Ms. Carter is feeling anxious, she does not eat.

When Ms. Carter was young she reports that she used to see things on her wall. She would tell her mother about them, but her mother didn't see what she saw. Ms. Carter says "it was real to me." Ms. Carter reports that she used to hear things some times, but no longer. She reports that she was not using drugs when this happened.

Ms. Carter reports that she has been prescribed numerous medications to treat her depression and racing thoughts. She has taken Wellbutrin, Prozac, Zoloft, Lithium, Seroquel and Haldol.

Ms. Carter received treatment at Central Park in New Jersey from March 2001 to April 2001. According to her medical discharge summary, Ms. Carter "appeared depressed and irritable with labile affect.... [She] struggles to share feelings from shame surrounding use. Patient's shame surrounding her current lifestyle and behaviors as well as failed relationship with her son. Patient struggles with depressive feelings of anger, resentment, jealousy that forms when she is involved in relationships which prevents her from being able to stay clean." Her Axis I discharge diagnoses included: alcohol dependence, severe cocaine dependence, cannabis abuse, and dysthymic disorder. She was treated with Zoloft and Neurontin.

Ms. Carter received treatment from Community Health and Behavioral Services in New Jersey from February 2001 to August 2002. A case note from April 05, 2001 describes the self medication that Ms. Carter uses to treat her mental health symptoms, “[Ms. Carter] also states she is feeling very irritable and antsy, as she describes it, she can’t seem to relax and states when she feels this way this is when she often returns to her illegal drug use.” Ms. Carter was taking Nuerontin 400 mg TID and Zoloft 100mg at her April 27, 2001 visit. Ms. Carter felt that the medication was not working well and that she was feeling very anxious and was having trouble controlling her anger.

In April of 2002, Ms. Carter spent another month at the Central Park Treatment Center. The medical discharge summary states, “Patient seen by psychiatry staff on 4/6. MSE was notable for her being irritable. Her speech was pressured and loud. She appeared irritable with a constricted influenced affect. She was restarted on Depakote 250 mg TID and Prozac 20mg QD.” Her Axis I discharge diagnoses were alcohol dependence, cocaine dependence, R/O bipolar disorder, mixed vs major depression.

In July of 2002, Ms. Carter was placed by the Real Recovery Network into transitional housing. Upon this placement Ms. Carter agreed to attend substance abuse treatment, receive psychiatric services, take meds for her mood swings, and develop a structured daily routine. According to the case notes, Ms. Carter had a difficult time complying with this agreement due to her depression and her self-medication with alcohol and drugs.

The Real Recovery Network reported that Ms. Carter would fail to take her depression medication and would resort to drug use when a problem arose that made her feel severely depressed. The September 2002 Real Recovery Network progress notes stated, “Ava had complaints of severe depression today. She again questioned if she should take her prescribed medications. This writer informed Ava of the possible symptomology she may experience without the psychotropics. Ava states she used crack on 9/10/02. She stated that the impetus for her use was an argument between her and her sister.”

According to The Real Recovery Network’s progress notes from October 2002, Ms. Carter was asked to leave the program due to non-compliance with regulations. She refused to move forward into a treatment program because she did not “get along with the staff.” It was noted that at that time “Ava’s demeanor was despondent and hopeless. Asked if she was taking her psychotropic meds for her depression and bipolar disorder symptoms, she stated, ‘Oh I don’t know, sometimes’.”

Ms. Carter was receiving treatment at the Center for Recovery in New Jersey from September 2002 to August 2004. On September 3, 2002, she was diagnosed with bipolar disorder, major depression in addition to cocaine, cannabis, and alcohol dependence. Ms. Carter’s discharge summary from October 2, 2002 recommends that she be placed in a Congregate Care Level II facility (highly structured environment with 24/7 staff supervision), which indicates her inability to care for herself independently. Ms. Carter returned for the final time in August of 2004 and her case note explains “Client has moderate deficits in all core areas...client is in need of higher level of care such as an inpatient program followed by congregate level II facility in conjunction with intensive outpatient and mental health counseling.”

On January 29, 2004, Ms. Carter participated in a treatment program at Central Park. The Clinical Discharge Summary taken by Ben Barry, a registered physician's assistant, stated that Ms. Carter "reported having suicidal thoughts when depressed and thinks she wishes she was dead. Patient stated she had thoughts of suicide one week prior to admission...Patient reported having been physically and sexually abused. Patient uses to manage stress and feelings. Patient struggles to manage conflicts in healthy ways. Patient has anger issues, lacks knowledge of relapse dynamics, and lacks coping skills to deal with every day life....Patient has significant psychiatric issues that complicate treatment and recovery as evidenced by psychiatric diagnosis." During this treatment, Ms. Carter was prescribed Lithobid 300mg BID, but complained about the side effects and was started on Zoloft as well as Seroquel 100mg QHS.

Ms. Carter was diagnosed with polysubstance dependence and bipolar disorder NOS by Dr. Greg Henry, according to the Central Park Psychiatric Department notes from January 30, 2004.

Ms. Carter reports that she was diagnosed with bipolar disorder in 2004 at Community Behavioral Services in Newark, New Jersey. She reports that she spent 1 week in General Hospital because she was feeling depressed and suicidal. According to the July 6, 2004 Psychiatry progress notes from Central Behavioral Healthcare, Ms. Carter stated that she has felt, "depressed all my life because of the way I grew up." The notes stated that she did not seek psychiatric help until 2000. It states that she tried Paxil, Depokate, and Prozac, but these did not help her mood. These notes also stated that her substance abuse made her thoughts more difficult to concentrate, but the drugs would help her mood when she felt down. On the Mental Status section of the Psychiatry notes it states that her appearance is clean, but her hair is disheveled. And that she was restless and hypersensitive to noises. It also states that her thoughts are jumbled, and that she has trouble concentrating and keeping attention. The diagnosis from her July 6, 2004 evaluation was poly substance dependence, alcoholism, atypical psychosis R/O schizoaffective disorder, R/O low IQ, and PMS. She was prescribed Haldol to control her thoughts, and an antidepressant to help her mood.

Within this past year Ms. Carter was feeling suicidal and was put on an involuntary psychiatric hold at County Hospital. From there, she was sent to Alabama State Hospital to be evaluated. She told the doctors there that she was feeling better and so she was released the same day. On April 7, 2007, records from County Hospital reported, "[Client has] history of mental illness, bipolar disorder, Patient has not been on medication in at least two months. Patient acknowledges that her mental illness and living situation contribute to her abusing drugs."

According to her County Hospital records, Ms. Carter had a psychological evaluation by Dr. Amber Westgate on April, 29, 2007. She was diagnosed with alcohol and cocaine dependence as well as bipolar disorder by history per patient (with a note to rule-out substance-induced mood disorder). She was prescribed Seroquel for her depression. Dr. Westgate documented, "She reported depressive symptoms meeting criteria for a mild MDE. She denied previous suicide attempt. Reported last use of drug and alcohol was one month ago. She reported being diagnosed with bipolar disorder at the age of 40 but became irritable when asked about her manic symptoms."

On May 12, 2007, Ms. Carter ran out of her bipolar medication and went to the Psychiatric Emergency service at County Health System to request more medication. According to the records, Ms. Carter had been off her medication for two days. This is an example of Ms. Carter attempting to remain compliant with her treatment for depression. It is often difficult for Ms. Carter to follow up on her appointments, especially during her substance use treatments. The area around County Hospital is considered her “trigger spot” for drug and alcohol abuse. Dr. Westgate made an appointment for Ms. Carter on May 29, 2007 for psychiatric services at the outpatient clinic, but Ms. Carter did not show up to the appointment due to the fear of relapse.

Ms. Carter received treatment from the Birmingham Community Service Board (BCSB) from May 13, 2007 to May 25, 2007. She was diagnosed with polysubstance dependence and depressive disorder NOS and prescribed Seroquel 100mg, QHS.

Ms. Farley, the LCSW who conducted her assessment at BCSB on May 13, 2007 described Ms. Carter in this way, “[She] is unable to work, and is prostituting herself for drugs. Is depressed, 10 on 1-10 scale, and has thoughts of smoking herself to death. Says, ‘it has never been this bad before.’ Is not sleeping, eating. Is being thrown out of shelters due to her inability to keep any curfew.”

Ms. Carter is currently taking Seroquel, prescribed by a physician in the County Hospital Psychiatric Emergency Department on June 24, 2007.

Functional Information

Understand, Remember, or Apply Information

Ms. Carter requires daily assistance from a nurse practitioner to understand how to take her medications properly. Ms. Carter wants to comply with treatment protocol, but due to the severity of her mental illness is unable to understand, remember or apply information. Ms. Carter’s thoughts are sometimes scattered because she often does not understand how to follow simple and routine instructions. She often repeats questions that she has just asked. She loses focus and does not seem to accept or remember answers to questions. When she was making notes of her treatment history, she wrote all over the sheet of paper in no particular order or spatial reasoning. Ms. Carter first lost her Section 8 housing because she did not attend her recertification appointment because she did not follow basic procedures written down for her which has led to her homelessness. She has been asked to leave homeless shelters because she is unable to follow curfews due to her confusion over the concept of time.

Interact with Others

Ms. Carter reacts unexpectedly and inappropriately when interacting with others in stressful or new situations. Upon building rapport with Ms. Carter she can become very personable and friendly. However, we observed Ms. Carter interacting abrasively with staff at a county health clinic. She has been asked to leave our office nearly each appointment she attends. Ms. Carter will act out verbally which creates a tense environment, always resulting in security escorting her out of the office.

Concentrate, Persist, or Maintain Pace

Ms. Carter struggles significantly with concentration and persistence. She describes a short attention span. She has trouble focusing and is easily distracted. On more than one occasion she described her inability to focus clearly, or she “gets unfocused.” Ms. Carter says that her sisters used to get very irritated by this and would tell her that she had ADHD. Ms. Carter needs encouragement to wait for an appointment and has a history of missing appointments with clinics and with this writer. Her tendency to run has been evident since she was a young child when she would run away from abusive situations at home. When Ms. Carter would get stressed out at work, she would just leave. Other times, she would “act out verbally.” Also, she states, “Sometimes I don’t have the energy to get up, so I’ll just sleep through those meal times and hope food comes from somewhere else.”

Adapt or Manage Oneself

Ms. Carter reacts unexpectedly and inappropriately in stressful or new situations. Ms. Carter has been unable to maintain housing due to the symptoms of her bipolar disorder. Ms. Carter continuously tries to get treatment for her mental health symptoms but often finds her depression and anxiety unbearable and so she treats those symptoms with substances. Her ability to function in the community has been worsening over the last 2 years. Ms. Carter first lost her Section 8 housing because she did not attend her recertification appointment and then not that long after she was asked to leave her sister’s home for causing too many problems. She has been homeless ever since.

Additionally, staff at the local day center reported that Ms. Carter had a temporary 30-day ban from the premises after getting into an altercation with day center staff. Ms. Carter does not want to be told what to do and may not take instruction from employers well. Ms. Carter tends to run away from stressful situations. She has a strong flight response and cannot tolerate challenging or difficult situations.

When Ms. Carter is depressed she does not attend to her grooming. She does not change her clothes or keep her hair like she says she used to. During meetings with this writer Ms. Carter appears disheveled, with wrinkled and unclean clothing and matted hair. When asked how often she is able to bathe she replies, “They’ve got showers at the day center, but there’s no point. Not going to be around those people. Too tired to deal with their mess.” She reports that she showers “every couple of weeks,” but couldn’t remember exactly how frequently. Ms. Carter says that she likes to cook and clean but has not had a place of her own in order to perform these functions for over 20 years and has been unable to provide for her daily needs without the support of her sister or social service organizations. She states that the local charity gives out food boxes, or “sometimes” she’ll go to the local soup kitchen for a meal.

Ms. Carter does not feel comfortable budgeting her money. She says that she prefers for her rent to be paid up front so that she can, as she put it, “keep a roof over my head.”

Summary

Ms. Carter is a 46-year-old woman who has bipolar disorder and cocaine dependence. Symptoms of her illness include severe depression, anxiety, racing thoughts, and social isolation. Ms. Carter has been homeless for the last year and has been unable to maintain steady relationships or housing situations since she was 22 years old. Ms. Carter has been unable to work at a substantial gainful level since 2003 due to her functional impairments.

If you have any questions, please call Ms. Johnson at 555-555-2134 or Dr. Amber Westgate at 555-555-2135.

Sincerely,

Kaitlyn Johnson, MSW
SOAR Benefits Specialist

Dr. Amber Westgate
County Hospital