



Reducing Implicit Bias in the Medical Summary Report (MSR)

It is important to reduce the influence of implicit bias by the writer and those that review MSRs for SOAR-assisted SSI/SSDI applications. Included are helpful tips that help emphasize the experience of the applicant while reducing the stereotypes and biased language that foster discrimination against applicants based on race, gender, sexual orientation, substance use disorders, and past or current involvement in the legal system.

The overarching question to ask yourself: **Does including this information help provide insight into the applicant's current functioning?**

Categories	Relevant Evidence for Inclusion	Information to Consider
Demographics Race Gender Sexual orientation	 Did the applicant experience trauma that can be connected to discrimination, denial of access to medical/educational/or legal services due to discrimination or prejudice? Does the impact of historical trauma influence the applicant's current ability to function? 	 Historical Trauma (Consider the era and the location of where the applicant was raised) Is there a history of poverty? Response to and interaction with others that are of a different race/ethnicity/orientation
Legal History	 Were there any connections between their symptoms and contacts with police? What evidence, including evaluations or treatment information, is included to support that the applicant's legal involvement is linked to the behavior that is a consequence of the symptoms of the applicant's conditions? Are there examples of interactions with police that are linked to behaviors as result of the applicant's symptoms? Is there information provided by collateral sources (e.g., friends, family members, spouse, co-workers) about why the applicant has recurrent contact with police that can be linked to the symptoms that the applicant experiences? 	 Only list the charges that can be linked to arrests and contact with police due to behaviors that were associated with the applicant's diagnoses. For instance, if an applicant has several arrests for aggressive and disruptive behavior that can be linked to the symptoms of the paranoia that they experience (as a result of their mental health diagnosis of Paranoid Schizophrenia), discussing that incident of arrest can be helpful to illustrate the severity of the applicant's symptoms and functioning. Prisons and jails have a unique culture that may result in functional limitations being documented in "disciplinary" reports or other documentation outside of formal medical records. Institutional living arrangements are a community on the "inside." The same way that the applicant struggles to function in the outside community, they will struggle in the community "inside" their current living arrangement – the struggle just "looks" different because of where they are at the time. Be sure to take a deeper look.





		■ For example, an applicant receives several disciplinary reports for not showering for several days. There is no documentation that the applicant's hygiene was an issue in the past. A case worker may assume that the applicant chooses not to shower. However, upon further inquiry, it is discovered that the applicant's bunkmate that reminded the applicant to shower was recently released and they no longer had that support.
Substance Use	 To strengthen the evidence that their use is not material to their disability, are there clear examples of how the applicant experiences symptoms while sober? Are there citations from medical records that document periods of sobriety? Are there quotes from collateral sources that support the applicant's struggle to function while sober? Is information from the applicant that describes their substance use and their reasons behind it, using their own words, included in the MSR? 	 Is the applicant's substance use included in the introduction? If so, consider the following: Before including information about the applicant's substance use, be sure to state the applicant's physical and mental health diagnoses.