

January 17, 2017

Disability Determination Services
170 Any Rd.
Any Town, ST 55555

RE: Sandy Parker
DOB: 11/11/1111
SSN: 111-11-1111

To Whom it May Concern:

Sandy is a 20 year old woman diagnosed with bipolar disorder. She presents with nonchalant speech regarding traumatic events in which she has been involved. She presents with flat affect when discussing her verbal or physical abuse of others, showing little to no emotion or concern. Sandy has difficulty with her memory. She forgets names, appointments, dates and reasons why she made a phone call. Sandy's thoughts are negative and often violent. She has had several failed employment attempts due to her inability to interact appropriately with others. Sandy experiences ongoing symptoms of depression and anxiety. She has had numerous suicide attempts and trouble engaging in care. During interactions, Sandy appears quiet and looks down. She dresses inappropriately for the weather or situation, in very provocative clothing. During other instances, her hair is not done and it appears she has not showered for days.

Sandy had difficulty in school and has limited education. She has been in and out of psychiatric care for many years, but has not had consistent treatment. This report is a compilation of client self-reports and provider report from her case worker who has worked with her for many years. It is difficult to gather information from Sandy as she often gives one or two word responses. She lacks insight into the severity of her condition, feeling others are to blame for the trouble in her life.

Personal History

Sandy was born in Any Town, State. She has three siblings, including two older brothers and a younger sister. She has a very tumultuous relationship with her parents. She was raised by her godmother from the age of 6 months until she turned 12 years old. Her mother gave her to her godmother because she felt she could not handle the responsibility of caring for a child. She was raised for much of her teenage years in the foster care system. Sandy reports that she endured sexual abuse as a child at the hands of a family member. When she told her mother about this, her mother told her to "just get over it." Sandy reports this made her feel that the abuse was her fault and she should not dwell on it. She reports that she was disciplined by spanking, but did not feel that this was abusive.

Sandy reported difficulty in school. The last grade she completed was the 9th grade. She repeated 9th grade, but then dropped out. She had trouble learning and interacting with others, often getting into arguments or altercations with peers. Sandy has trouble reading and can only read at a third grade level. She has not gone back to school and has no desire to earn her GED. At the age of 15, Sandy became homeless for the first time. She experienced homelessness off and on for two years, until she entered foster care at the age of 17. During this time, she stole food in order to eat and would eat out of trash cans when she had no money at all. At other times she sold drugs and was forced to prostitute

herself in order to survive. She jumped from house, to street, to house during these two years. During this time, Sandy endured substantial abuse and hardship that she does not wish to further discuss.

Sandy has a history of troubled relationships. She was involved in an abusive relationship when she was 17 and is currently dating a man who recently was released from jail. She reports that he also has a severe mental illness and can be verbally abusive towards her.

Employment History

Sandy has a history of failed work attempts. She has worked in the past with her family, which often ended in altercations. She worked at Cookie's Cake company, but that ended after she got into an altercation with a co-worker. Most recently, she worked at the football stadium. She notes, "It was ok," but she became agitated and uncomfortable around all of the people. "I don't do too good with a group of people." She reports that she would often get angry at her co-workers, start to twitch, and at times she would get mad out of the blue. She would get into arguments with co-workers and supervisors. The last argument got her fired. She recalls that she got irritated because someone was talking to her so she "cussed her out and slapped her." She related the story in a calm and non-caring demeanor. Her affect did not change nor did she recognize that her behavior was inappropriate. When asked how it was dealing with customers she stared straight not breaking eye contact, but not responding. After a while, a follow-up question of "Did you ever have a negative interaction with a customer?" elicited the response "Yes." She did not elaborate further. However, when talking with her boss, he noted, "Sandy would never talk to customers, just give change and move to the next one. We had several complaints that she was rude and made people quite uncomfortable."

Substance Use

Sandy does not report any substance use and there are no records that substantiate an issue.

Psychiatric History

Sandy has a history of mental health symptoms going back to a very young age. She reports seeing a psychiatrist at Community Resource Center (2008), Community Mental Health Center (2009), and Local Hospital (2012). Most recently, she was seeing a psychiatrist at The Health Center in 2013; however, stopped going because when she admitted she was suicidal, they hospitalized her. She became upset at her provider for this and refused to go back. Currently, she is diagnosed with bipolar disorder and prescribed Abilify.

Sandy experiences ongoing symptoms of depression. She reports a loss of interest in activities that she used to enjoy. For example, she used to enjoy watching television, being outside and doing hair for herself or others. Now she reports, "I don't want to do nothing. I go in my room, try and separate myself, stay in the dark, bang the wall in, and go to sleep." When asked why she likes doing hair, she shrugged and noted, "Right now, I can't think of enjoying anything."

Sandy reports that her appetite decreases when she feels depressed, which has resulted in weight loss. Records show she swings up and down by 20 pounds in a few month period. She reports that she has no desire to eat and on many occasions will go to sleep without having eaten anything all day long. She

doesn't ever eat breakfast; the earliest she eats is 12 p.m. On days when she is depressed, she forgoes meals that require effort. However, when she is manic, her appetite increases and she can eat "a whole plate of pasta."

Sandy reports difficulty sleeping due to racing thoughts about people out to get her and cause her harm. She often doesn't fall asleep until 5 a.m., and then gets up around 9 a.m. She also has hallucinations that make it difficult for her to sleep. She states, "I don't know, I just can't sleep. Sleeping meds just don't work with my thoughts moving around. My head is not normal, I hear voices, and I can't sleep when I hear voices."

Sandy reports drastic swings in energy levels. However, on days when she feels tired and down, she isolates in her home, not answering the phone, watching TV, or allowing people to enter her home. She stays in her room and just stares at the wall or ceiling. She says the idea of being around others is "exhausting" and she cannot manage to even get out of bed.

Sandy has experienced suicidal ideation and has a history of suicide attempts. There is evidence of over 30 suicide attempts in her young life beginning in 2007. She reports that she attempts suicide when she is feeling very lonely and unloved. Her mind wanders and becomes very negative. Her attempts have included trying to shoot herself, hang herself, suffocate herself, overdose on medication, stab herself, and she has attempted to jump out of a window on two separate occasions. She also expresses homicidal ideation, feeling that she wants to blow people up when they upset her. Medical records attached to this report detail the attempts and resulting hospitalizations in more depth. For half of the attempts, she talked herself out of going to the hospital. Scars on her body indicate self-mutilation has occurred. For some overdoses – including ones in 2011 and 2013 – she reported waking up on the bathroom floor in another failed attempt. She acknowledges feeling disappointed and says, "I guess it's just one more thing I can't get right."

Sandy experiences severe psychotic symptoms including hallucinations and paranoia. Sandy says that she sees green people when no one is around and hears voices. When she first started hearing voices, she heard 6-7 voices at different times. For a while, many of them disappeared and it was only one voice, named Tom. She now reports hearing 5 different voices. The voices say mean and hurtful things, never anything nice. The voices tell her to harm herself and others. When she hears the voices and acts upon them, she feels better. When the voices are at their worst, they tell her how to harm herself or others. On one occasion she punched a woman on the bus because the voices told her she was going to steal Sandy's bag.

Sandy feels that people are trying to hurt her so she has to "get them first." She feels that others, both family and the general public, want her to fail or want something from her. Sandy states that when voices talk, that's when she does "dumb stuff." Her paranoia makes it difficult to be around others. She reports that she always feels on edge or on guard. She constantly worries that someone wants to harm her and prepares herself for the worst.

Sandy also experiences severe symptoms of mania. She engages in dangerous behaviors without thinking of the consequences. For example, she initiates physical fights without thought of consequences or care of the outcome of her actions. Sandy experiences racing thoughts all the time

and believes they are “normal.” She also has extreme energy bursts that allow her to complete things she cannot accomplish when depressed, such as cooking a meal or going out with friends.

Functional Information

Understand, Remember, or Apply Information

Sandy has substantial memory deficits. She reports that she has always had a “bad memory.” She forgets appointments and days of the week. Sandy has missed several appointments with her providers. She calls for assistance then forgets why she is calling while she is on the phone. Her poor memory makes it difficult for her to follow a routine. She depends on others to remind her of things she should be doing. When asked how she handles sudden changes in routine, Sandy notes, “I hate it, I know I can’t remember nothing, but when someone changes something, I’m sure they are trying to hurt me...throw me off to get me.”

She may accept direction from others, depending on how it’s delivered to her. If she feels threatened or disrespected, she will often lash out. She also forgets the instructions that are given. She often becomes frustrated with people telling her what to do.

Interact with Others

Sandy has extreme deficits interacting with others. Sandy has very strained relationships with her family, which often results in disagreements or altercations. She says she doesn’t trust anyone and feels more comfortable alone. She feels very anxious when forced to interact with anyone she does not know. Sandy does not want to be around peers and refuses to participate in groups. She struggled during a recent event and had to leave early.

Sandy reports that she has lost friendships that she used to have. She does not care that these relationships have dissolved because would often get into fights with her friends. She feels being alone is safer and she does not always have to be on guard. Her only current relationship is with her boyfriend, although they too are frequently fighting. She reports experiencing “black outs” when they fight. When she blacks out, she doesn’t remember the fight or anything that happened. This is frightening to her, and contributes to her wanting to isolate. On other occasions, she believes people “have what’s coming to them” and doesn’t mind hurting someone if they bother her.

Sandy believes that people are out to get her. She feels, “People don’t want me on earth, so I have to get them before they get me.” She feels targeted by others, which often causes her to lash out and attack someone. Sandy has a history of poor interactions with co-workers and supervisors. She has been fired for arguments and fights. Sandy does not participate in any groups. She can’t handle any more than five people in a room at once. Any more than that and she starts to get angry and uncomfortable.

Concentrate, Persist, or Maintain Pace

Sandy has difficulty focusing on and completing tasks. She is easily distracted, which makes it difficult to stay on task. She has trouble starting and following through on tasks due to her poor concentration. She starts many tasks but doesn’t have the desire and motivation to finish. She needs constant

reminders to complete tasks. It took several weeks to schedule a follow-up phone conversation because she could not complete the paperwork or recall when we were supposed to talk.

Adapt or Manage Oneself

She has impaired functioning with adapting and managing due to her mental illness. As stated earlier, Sandy does not handle stress well. Too much stress leads to verbal or physical altercations. She often does not get out of bed until after noon due to trouble falling asleep. She has low energy and when she wakes up she may or may not eat depending on her appetite and mood. She often will forgo meals or prepare something quick like a microwave meal or a sandwich.

When she is able to go to the store, she often feels anxious and uncomfortable and will leave to try again later when it's less crowded. She reports leaving the store all of the time if it is too crowded. She has verbally attacked someone for staring at her in the store. Similarly, Sandy has trouble on public transportation. She believes that people on the bus want to harm her and lashes out at them. She gets off the bus if it becomes too crowded and waits for a less crowded bus, which often makes her late for appointments. When the voices are at their worst, she avoids situations that put her in close proximity to others.

Sandy reports that when she is manic, she will clean her home excessively. She reports showering five times and still not feeling clean. Her hygiene is adequate, however, when she is depressed, her lack of grooming is obvious.

Summary

Sandy is a 20-year-old woman diagnosed with bipolar disorder. She has a history of multiple, violent suicide attempts. She experiences command auditory hallucinations that tell her to harm herself or others. She has trouble getting along with people, is easily angered, and has a history of verbal and physical altercations. Sandy has attempted employment, but is often fired due to arguments with others. She has trouble focusing on tasks and often forgets appointments and days of the week.

If you have any questions, please contact Jane Smith, LCSW or Dr. Mary Marshall at 444-555-6666.

Sincerely,

Jane Smith, LCSW

Dr. Mary Marshall