

January 17, 2017

Ms. M.
Disability Claims Adjudicator
Disability Determination Services

Re: Brian Brown SOAR
SSN: xxx-xx-xxxx
DOB: x/x/1994

Dear DDS Claims Adjudicator:

This letter is in reference to Brian Brown's application for SSI disability benefits. Mr. Brown is a 20 year-old male with a history of severe trauma, physical abuse and neglect, resulting in his involvement in the mental health and child welfare systems for most of his life. Mr. Brown was previously referred to the SOAR Project on May 20, 2013 and was found to be disabled on June 24, 2013. At the time of his prior claim, plans were being made for his discharge from care, however the discharge was postponed and Mr. Brown remained in his foster placement and never went into pay status. Because he will be 21 years old in May 2015, discharge is now imminent. Mr. Brown was referred again for SOAR services and a new application was filed on January 30, 2015.

This report supplements the previously filed Medical Summary Report, which contains additional summaries of his past medical treatment.

Since the previous disability decision, Mr. Brown has been diagnosed with Post Traumatic Stress Disorder (PTSD), Intermittent Explosive Disorder, Attention Deficit Hyperactivity Disorder and Depressive Disorder. He receives outpatient psychiatric follow up at Treatment and Recovery, Inc., where he is prescribed Abilify and Celexa. Also, in an effort to obtain supplemental medical documentation and to further expedite the claim, Mr. Brown was seen by Dr. Jane Smith for a Consultative Exam on February 16, 2015. In her report, Dr. Smith indicated a diagnostic finding of Bipolar Disorder, in addition to the long-standing diagnosis of PTSD. She noted an ongoing need for psychiatric and therapeutic services and considered Mr. Brown's prognosis to be guarded. Those medical records are attached to this report.

As mentioned above, Mr. Brown has a history of severe physical abuse and neglect by his biological mother during infancy and as a toddler. Furthermore, the biological mother was known to have chronic substance abuse issues and Mr. Brown was exposed to cocaine, alcohol and nicotine in utero. Mr. Brown was born with syphilis and herpes and there was also reference of consideration of a possible diagnosis of Fetal Alcohol Syndrome in the records.

Mr. Brown has been in DHS custody since his removal from the home at age two years, eight months, after he was thrown against a wall by his biological mother, He sustained serious medical injuries that required hospitalization and the biological mother was criminally charged and incarcerated for approximately three years. Further assessment revealed that severe physical and psychological abuse had likely been ongoing prior to the incident that led to his removal from home. One examining physician later questioned whether Mr. Brown had ever been placed in an oven, as the scars on the back of his legs suggested marks from a hot oven rack. Mr. Brown has no conscious memory of early traumatic events, however, the records include an observation by his first

foster mother that he was initially "terrified of the kitchen."

To ensure his timely arrival, Mr. Brown was accompanied to the SOAR intake by his foster mother and his DHS worker, who also scheduled the appointment. He was cooperative and engaged and appeared to want to make a good impression. Mr. Brown was neatly dressed, but somewhat malodorous. He spoke rapidly and at times, fidgeted in his chair. As mentioned above, Mr. Brown was known to this writer. He was very eager that I see he had made improvements during the past year and it appeared that he had indeed made progress. However, he continues to struggle with mood regulation, impulsivity and limited adaptive living skills. Due to significant mental health impairments and functional limitations, Mr. Brown still requires a high level of support and supervision at home and in the community.

Functional Descriptions

Understand, Remember, or Apply Information

Mr. Brown has serious limitations in understanding, remembering and applying information. He continues to require and benefit from a high level of support and supervision in the home as a result of these limitations. He receives verbal prompts and reminders throughout the day in order to complete personal hygiene and household tasks, take his medications and when he has appointments, he is usually accompanied by his foster mother or DHS case worker, or both, to ensure his attendance.

Mr. Brown is able to complete personal hygiene tasks independently, however he seldom will do so without verbal prompts. According to his foster mother, he frequently will not think to bathe, brush his teeth or change his clothes without reminders. Furthermore, he tends to rush through these tasks and does not always do a thorough job, as evidenced by his body odor. Mr. Brown is compliant with his prescribed psychotropic medications, but he needs to be reminded when and how much to take. He has severe allergies, and despite painful, uncomfortable symptoms (red, scratchy eyes, congestion, headache), he typically does not ask for or take his PRN medications independently, either.

Interact with Others

Mr. Brown has significant limitations interacting with others. As discussed above, he has a history of severe physical abuse and neglect by his biological mother and as a result, has no contact or relationship with her. He never knew his biological father (now deceased) and although he has several biological siblings, they were separated at an early age and he has no current contact with them (many of the siblings were reportedly adopted). Mr. Brown has formed an obvious attachment to his current foster mother, as well as his long-time DHS case worker, but otherwise, he appeared to have no other viable adult supports.

When asked about friends, Mr. Brown replied "I stay to myself most of the time." He frequently feels down and will "be quiet" and avoid being around other people much of the time. He is slow to trust others and summed up his feelings by saying he was "better by myself" because it was "less struggle, less stress." He is socially immature and appeared to have no real friends. This was in keeping with his prior SOAR intake in 2013, when Mr. Brown identified his DHS case worker as his best friend. Instead of spending time with similar-aged peers, it sounded as if he often

played with younger foster-cousins and children in the neighborhood.

Concentrate, Persist, or Maintain Pace

As a result of his condition, Mr. Brown lacks the ability to maintain the concentration, persistence or pace needed to function adequately in the workplace. This is evidenced by his poor performance in his current vocational training program. Since September 2013, Mr. Brown has been enrolled through X's Employment Services Internship/Job Readiness Training program. The X program, funded through Vocational Rehabilitation, has three phases and is meant to be completed in one year. Participants begin with Phase 1- Diagnostic, which typically takes 20 days to complete and then move on to Phase 2, which consists of a 90-day internship, focusing on job skills. In the Final Phase- Placement/Job Search, participants devote the remainder of the year to finding employment.

According to Mr. Anderson, Employment Plus Coordinator, Mr. Brown has made minimal progress in the program. First of all, although he has been enrolled for over a year, Mr. Brown has not yet completed the internship phase. While most participants attend 10 to 15 days per month on average, Mr. Brown has excessive absences and has attended only 3 to 6 days each month. When he does attend class, Mr. Anderson reported that Mr. Brown's performance is inconsistent. He is frequently quiet and withdrawn, keeping his head down and refusing to participate in the program. There are also days when Mr. Brown "is up and walking around constantly and has to be redirected to sit down and focus." In Mr. Anderson's opinion, Mr. Brown currently lacks the focus and discipline needed to secure and maintain employment. Mr. Anderson reported that when he makes it to class and participates, Mr. Brown can do well. He added, however, that he had "yet to see him put out a consistent effort for more than a couple weeks at a time."

Adapt or Manage Oneself

Mr. Brown exhibits extreme limitations in the area of self-care. He is highly impulsive and has a long history of mood instability. He frequently fails to consider the consequences of his actions, placing himself at risk. According to his foster mother, Mr. Brown is constantly on the move. "He is constantly running, even in the house" and he falls all the time. The foster mother stated that Mr. Brown "falls on the floor, falls going down the stairs, falls going *up* the stairs."

Of even greater concern, Mr. Brown races around outside the home, demonstrating very little regard for his personal safety. For example, a few days prior to the intake, he stated that he ran out onto a street near his home, "crossed on the red" (against the traffic light) and was hit by a car. Fortunately, he wasn't hurt, but when he shared this story during the intake, Mr. Brown was strikingly blasé and downplayed the seriousness of the situation. Instead, he seemed to think it was kind of amusing and shrugged off the concerns expressed by all of us in the room.

Mr. Brown identified anger and depression as areas of ongoing concern. When asked what happened when he got angry, he responded "huff and puff." He also throws things, particularly his cell phone. During the intake, he reported having at least seven phones during the past few months. The phones have been destroyed when he throws them up into the air or against the wall. He also reported knocking over chairs and other objects when angry. Incidents of physical aggression appeared to have decreased since the prior SOAR intake, however, mood liability continues to be a primary issue.

Mr. Brown has been in DHS care since he was two years old and his exposure to cooking, cleaning, and other household activities varied widely depending upon the particular placement. In his current foster home, he is asked to help with things like kitchen clean-up and taking out the trash. He rarely shows initiative, but requires repeated prompting and reminders about what needs to be done. His foster mother would like him to keep his room tidy, however, she stated that he is extremely disorganized and "there is stuff all over, all over the floor." When he is asked to try to pick things up, he is easily distracted and leaves things half-done.

Mr. Brown received special education services throughout his academic career due to emotional and behavioral issues. At times, he was assigned a full-time Therapeutic Support Staff (TSS) to help maintain him in the classroom. According to the last available school records, he was reading at a 4th to 5th grade level when he was in the 11th grade. He graduated from City Academy in June 2013, and was permitted to participate in the graduation ceremony. However, he had not attended the school since October 2012, when he was asked to leave because of his disruptive and aggressive behavior. Mr. Brown had previously expressed an interest in culinary training, but was not accepted into any programs because of his history of physical aggression. He has never been employed.

Finally, although Mr. Brown said he felt he was better at handling his depression, he continued to endorse feelings of hopelessness and sadness, and issues relating to past trauma and abuse remain unresolved.

In conclusion, due to significant psychiatric impairments, Mr. Brown will continue to require a high level of support and supervision as he enters adulthood. Furthermore, these impairments have resulted in marked functional impairments that currently preclude him from substantial gainful activity.

Thank you for considering Mr. Brown's claim for disability benefits. Should you require any additional information, feel free to contact me directly.

Sincerely,

Staff Attorney