

January 17, 2017

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

RE: Ann Thompkins
SSN: 987-65-4321
DOB: 5-14-63

To Whom It May Concern:

Ann is a 52-year-old white female with an extensive history of psychiatric concerns including major depressive disorder and post-traumatic stress disorder (PTSD). She has short blonde hair and is average height (5'5) and weight. Most times she is well-groomed, although when she is symptomatic, she appears disheveled. Ann's behavior varies quite a bit in her therapy visits to Community Health Center. At times she is calm, easy to engage, and able to tolerate a 45 minute meeting. More often than not, she is visibly anxious and agitated, fidgeting in her seat and asking, "Are we done yet?" She tends to change topics abruptly, particularly when discussing something emotionally painful.

Personal History

Ann was born in Any Town, State, and recalls her childhood as difficult. Ann recalls abuse during her childhood, mainly at the hands of her father. Ann states that there was "no predicting" how her father would behave, especially when he drank alcohol. He was, by her report, emotionally, verbally, and physically abusive. She becomes visibly agitated and often tearful when asked about this, and will share only a little information. She says it's too hard for her to talk about, though much time has passed since the trauma.

Ann completed high school and recalls her school experience as negative. "I hung around all the other misfits," she said. She reported a great deal of truancy and said, "I'm surprised I graduated." She also completed vocational training following her high school education.

Ann was married, but has been divorced for over 15 years. She recalls that her marriage was hard and that her husband physically abused her. Ann reports that she moved to Another City when she married. Her husband was a window washer and also, by her report, a compulsive gambler. She states he was abusive to her, but again, has a great deal of trouble discussing it in any detail before becoming agitated, anxious, and tearful. She did not work when her children were young.

Ann reports that when she returned to Any Town after leaving her marriage, she and her children stayed with her sister. She states that her sister's boyfriend at the time was a drug dealer, and raped her. She reported this to her sister and mother after he was incarcerated for drugs. She never sought police involvement, but this event continues to cause her significant distress.

She currently is doubling up with friends and family. She has one sister and two brothers, and reports that her relationship with all of them is poor. She has two children ages 31 and 29; her

relationship with her children is also strained. Recently she suffered a death in her family which has caused her significant distress.

Employment History

Ann has an extensive employment history and sees tremendous value work. Ann worked initially in food service: at a bakery and a restaurant in the Street Market. She has also commercially cleaned apartment buildings and casinos. Professional cleaning allowed her to interact minimally with others, but the job responsibilities caused her significant anxiety. Ann has had her LPN license since 1989, but due to the demanding nature of the work, she “switched around a lot.” Her longest job was two years as an LPN. Her total time working in that field was roughly five years.

Ann has divulged that her biggest struggle while working is relating to her co-workers. She feels more comfortable alone than with the same people day after day. “I don’t trust people,” she reports, and relates this to her long history of abusive relationships. She said jobs become more difficult the longer she works there because co-workers expect her to develop friendly relationships with them. Instead, she “overdoes it”, taking on “too much” which increases her depression and anxiety. She tends to take on more than she can handle in order to stay busy and avoid others. This keeps her anxiety and trauma triggers at bay. Eventually, however, she becomes overworked, stressed, and anxious.

In December 2008, she was fired from a job and has been unable to return to work due to increased anxiety and depressed mood. Ann continues to express interest in employment, but her current mental health symptoms limit her ability to function in a work environment. Ann has admits that when she works, her symptoms are greatly compounded and she has difficulty dealing with the stress, social interactions, and job expectations.

Substance Use History

Ann has a substantial substance use history, reporting that she first started drinking at the age of 14. In the short-term, using alcohol helps dull her symptoms of depression and anxiety. “It relieves me of my worries.” When she abstains from alcohol, not only do the symptoms return, they often return worse than before the alcohol use. Her feelings surrounding her alcohol use cause her significant stress and anxiety. Ann demonstrates anxiety and agitation in the presence and absence of alcohol. Ann maintains that she drinks “not to get drunk, just enough to make me feel better.” Alcohol helps numb her feelings and symptoms. In session, this writer has witnessed Ann be much calmer when she has been drinking. For the most part, when she is not drinking, she is visibly anxious, agitated and cannot tolerate a therapy session.

Throughout periods of sobriety and relapse, she has continued to experience symptoms. She has attempted Alcoholics Anonymous, and while she often states intention to return, she expresses a great deal of distress at the thought of it. At the onset of treatment, she formed relationships with people in the AA program, but slowly over time has isolated herself from all but one of them. In recent months, Ann’s symptoms have worsened due to a variety of factors and her substance use has increased.

Physical Health History

Ann has diabetes and neuropathy in her feet. Ann receives primary care from Local Health Center for diabetes management. In recent months, Ann has stopped testing her blood sugar stating, "I just don't care about it anymore." This is dangerous for her health and, coupled with her understanding of the consequences of such behavior, is being evaluated by her psychiatrist as passive suicidal ideation.

Given her extensive history and dependence on alcohol, Ann has tremors. She has sought emergency treatment for her substance use that resulted in a one-day at University Hospital.

Psychiatric History

Ann was first diagnosed with major depressive disorder at the age of 35, but experienced symptoms for many years prior to that, recalling that her depression began around the age of 17. Ann notes that her last inpatient psychiatric hospitalization was in 2010 at University Medical Center. Ann's symptoms vary, but include loss of interest in daily activities (for example, reading), a marked decrease in her ability to concentrate, erratic sleep, erratic appetite with significant weight loss (approximately 23 lbs. in three months), and suicidal thoughts. Ann insists that her Christian beliefs prevent her from committing suicide, yet she reports suicidal thoughts. She reports having little to no motivation to get out of bed in the morning and meet her daily needs. She also reports feeling overwhelmed by her life situation, along with intermittent agitation, especially when she is in conflict with her family.

Ann first presented to Community Health Center (CHC) in 2009, complaining of low mood, decreased sleep, decreased appetite, racing thoughts, suicidal thoughts, heightened anxiety, and significant agitation. Ann sought medical attention for diabetes and mental health care for major depression, and continues to receive care at CHC.

Throughout her treatment at CHC she has expressed feelings of worthlessness and helplessness regarding her life situation. Prior to seeking treatment at CHC, she reported several ER visits for suicidal ideation, agitation, and substance use.

On 5/15/2009 Ann had a psychiatric evaluation and exhibited increased anxiety and constricted affect. Ann also demonstrated difficulty tolerating therapeutic sessions. She felt too anxious to participate in a 60-minute session.

Ann missed several follow-up appointments and returned to CHC in September 2009 experiencing significant anxiety and distress. On 9/16/09 she reported feelings of frustration and hopelessness stating, "I can't do this anymore." Around this time, Ann was awaiting a decision on her SSI/SSDI application and was experiencing significant distress over it.

On 9/25/09 she met with a new psychiatrist who noted that Ann was experiencing worsening depression with hopelessness, insomnia, loss of appetite, and significant weight loss (17 pounds in 2 months). She also noted passive suicidal ideation.

On 9/30/09 Ann continued to express her difficulty abstaining from substances stating that she uses alcohol to calm herself and get through the day. Ann stated, "I'm just not functioning well." At this time, she denied suicidal ideation, but stated, "I just want to end the pain."

On 11/20/09 Ann had improved mood and decreased anxiety, but her symptoms shifted day to day. During this time, she called her therapist as many as four times a day to express concern and anxiety surrounding a variety of life situations, including her SSI application.

On 12/17/09 Ann called 911 due to heightened anxiety and difficulty speaking. She was evaluated by an EMT and had elevated blood sugar and normal blood pressure.

On 1/15/10, Ann reported being agitated, angry, and had discontinued maintaining her blood sugar stating, "I don't care." This continues to be assessed by both therapist and psychiatrist as passive suicidal behavior.

Ann continues to receive psychiatric care at CHC and in recent weeks has missed several appointments. Her treatment team worked closely with Ann to improve her mood, decrease anxiety, and support her use of coping mechanisms. Her therapist and psychiatrist diagnosed her with PTSD stemming from flashbacks of past abuses by her father and ex-husband. Her other symptoms of PTSD include "constant" feelings of guilt and worthlessness, agitation (which worsens around her family), and suicidal thoughts "whenever I slow down." She reports the suicidal thoughts are usually related to crises that are happening in the present, but occasionally happen for no reason.

In recent weeks, she has missed several appointments due to anxiety that makes it difficult for her to engage in treatment. She stated, "I feel as if I am just surviving," and expressed dismay at being unable to function. Her treatment team continues to work with her to get her into treatment, but this is an on-going struggle.

Ann was recently admitted to Research Hospital and subsequently to University Hospital. Ann left University Hospital within a week of that admission. She described it as "chaotic and overwhelming." She said people were stealing from each other and that the staff was not "gentle" in their communication. This episode appeared to trigger her PTSD, including fear for her own safety and hypervigilance. She is still so traumatized from the experience that she brought her niece with her to a CHC visit in order to make sure she understood and remembered what transpired in the session.

Functional Information

Understand, Remember, or Apply Information

Ann continues to express interest in employment, but her current mental health symptoms limit her ability to function in a work environment, particularly with applying information. Ann admits that when she works, her symptoms are greatly compounded and she has difficulty dealing with the stress and job expectations. For example, while working as a nurse, on

numerous occasions, Ann was unable to convey detailed medical information to the medical team. Likewise, Ann was unable to apply housekeeping procedures which affected her job performance because she was unable to perform the minimal requirements of her job. As a result, Ann was placed on probation, and subsequently fired.

Interact with Others

Ann demonstrates marked difficulty in interacting with others when trying to navigate work situations and daily life. Ann has a tenuous relationship with her family: she has continual conflicts and altercations with her mother and other family members which, at times, escalates to crisis. She reports a great deal of conflict with her mother, with whom she sporadically stays, and her sister, with whom she also sporadically stays. While her family is her support, they also cause her significant anxiety and pain. When Ann is in crisis, the family conflict escalates quickly. In turn, family conflict increases her symptoms which include flashbacks, agitation, and anxiety.

Ann states that she prefers to be by herself rather than surrounded by others. As noted above, she feels pressured to establish social relationships, but has little desire to do so. She has difficulty interacting with individuals with whom she already has relationships and chooses to isolate herself from them. In addition, she has significant anxiety interacting with new people and groups, and attempts to avoid social situations. She reports that interpersonal interactions make her anxious, agitated, and uncomfortable.

Ann states outright, “I don’t trust men.” She attributes this to most of her interactions with men being negative and threatening, beginning with her abusive father, continuing with her abusive husband, and including her sister’s former boyfriend who raped her. It is difficult for her to articulate if this is a change, or just something she has become aware of recently. She cannot describe a fulfilling social relationship in her life. Her PTSD and depression prevents her from experiencing emotional stability for any length of time. Ann has expressed difficulty interacting with many individuals, but even more so with males. Her PTSD and past traumas hinder all interactions.

Ann has expressed, especially in recent months, significant difficulty being in or around large groups of people. In particular, being out in public is very distressing to her. She relies on family members to bring her to appointments because she cannot tolerate the crowds on public transportation. When she is in public, she feels overwhelming anxiety and fear. Her inability to interact with others and complete tasks compromises her workplace performance.

Concentrate, Persist, or Maintain Pace

Ann exhibits limitations in concentration. Her concentration varies from day-to-day and tends to be dependent on multiple factors: her anxiety level, her blood sugar level (which is unknown at this point, as she is not currently monitoring it), the medications she takes, fears surrounding substance use, and family conflict. Overall, she describes her concentration as “much worse in the last several months.” She brought her niece to her last therapy session, stating, “I can’t pay attention or remember anything right now.” She also reports getting easily lost, experiencing

fears about getting lost, and short-term memory deficits. Ann's behavior varies quite a bit in her therapy visits to Community Health Center.

Adapt or Manage Oneself

Ann reports limitations in adapting and managing herself especially when she is symptomatic. Ann has presented in therapy in many different mental states. At times she is calm and able to engage. At other times she raises her voice and paces around this small office. During agitated sessions she has asked to abruptly end the session. She exhibits psychomotor agitation, pressured speech, and anxiety. When she is anxious out of session, she calls this writer repeatedly, leaving consecutive voice mail messages containing the same information. Sometimes she calls every hour until this writer returns her call. At times she is calm, easy to engage, and able to tolerate a 45-minute meeting. More often than not, she is visibly anxious and agitated, fidgeting in her seat and asking, "Are we done yet?" She tends to change topics abruptly, particularly when discussing something emotionally painful.

Ann has difficulty expressing anger and coping with conflict. She finds conflict threatening and fears retaliation, even when no real threat exists. Ann views most situations as threatening and becomes quite fearful, even in the absence of conflict. Ann has attempted employment on numerous occasions, but each time, she has been unable to maintain the job. In past professional settings, conflict was a barrier to success because fear prevented her from solving issues with co-workers and supervisors. She has difficulty managing expectations of co-workers and supervisors and handling the day-to-day stressors of a job. She avoids issues and is unable to resolve conflicts.

She has trouble waking in the morning and trouble sleeping through the night. She reports that she knows how to cook, but has little motivation to do so. Ann used to keep up with her household chores, but now she has little motivation or desire due to depression. At a recent appointment, she presented disheveled and was wearing slippers. Her deficits in ADLs stem from her lack of motivation and feelings of worthlessness that hinder her ability to complete day-to-day tasks.

Ann's day consists of staying at home and trying to make it through the day. She wakes up most mornings around 10-11 a.m. and says, "It's an effort just to get out of bed." She notes constant feelings of guilt, worthlessness, agitation, and suicidal thoughts.

Summary

Ann is a 52-year-old female with a substantial history of depression and substance use. She continues to struggle with low mood, anxiety, marked symptoms of post-traumatic stress disorder and substance use. Her substance use has acted to help her cope with her feelings and to decrease her anxious feelings. Ann experiences functional impairments due to her depression, anxiety, and PTSD. These impairments and symptoms are substantial barriers for her for her return to work.

If you have any questions, please do not hesitate to call Jane Smith at 444-555-6666 or Dr. Mary Marshall at 444-555-6777.

Sincerely,

Jane Smith, LCSW

Dr. Mary Marshall