

January 17, 2023

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

**RE: Jim Parker**  
**DOB: 11/11/1111**  
**SSN: 111-11-1111**

To Whom It May Concern:

Jim is a 56-year-old male. He is currently diagnosed with Major Depressive Disorder and Anxiety Disorder and has been experiencing symptoms for many years. Jim presents well, appearing well-spoken. However, upon delving deeper into his history and symptoms, he experiences a significant amount of anxiety, tension, and paranoia surrounding his day-to-day life. He has difficulties in social situations, especially meeting new people, being in crowded areas, or tolerating social situations. He often picks at his hands when relaying symptoms and is in pain daily. He experiences significant symptoms of depression as well that debilitate him to the point of being unable to leave his house or tent. He is easily agitated and quick to become angry. He feels that his mood shifts quickly where one moment he is functional and the next he can't leave the house or tent. He is always on edge, and when feeling depressed, can't move and it's hard to even get out of bed. He feels shaky and unsteady as he isolates from others.

Jim graduated high school and did not receive special education. He has not worked in several years due to severe mental health symptoms that impacted his ability to maintain employment.

Jim was born and raised in Any Town, State. He grew up with his mother, father, and 2 sisters. He reports that his family was "such a mess," and that he felt they were very distant. He reports that he does not have many happy memories from his childhood and tried to spend as much time out of the house as possible. His father had a temper, and while he was never physically abusive, he did endure verbal abuse. He reports that his father would often denigrate his sister, who left the home as soon as possible due to the verbal abuse. Jim experienced significant verbal abuse at from his father, abuse that still haunts him today. He is able to acknowledge that many of his negative feelings toward himself stem from years of abuse from his father. He is unable to talk about much of it, as it causes significant pain and discomfort, which ultimately manifests in increased symptoms and nightmares.

Jim recalls his school history as spotty and difficult, not due to the academics, rather the social interactions. He reports that he breezed through the primary grades and was able to take tests well. He reports that he never had to learn to study or try in school as it was all so easy for him. Jim reports that things changed when he got to high school. He began to get into trouble and was bullied by other students. Jim barely graduated high school and did so by "joking the system." He would change his grades or intercept mail from his parents so they did not know the severity of his failing. Jim reports that he was forced to go to college but was unable to tolerate the classes or graduate.

Jim has two prior serious relationships – his ex-wife and a longtime girlfriend. He has two daughters, one by each of his exes. He does not have a good relationship with either of these women but is in touch with his daughters. He visits them periodically but does not have custody of them. Jim has been homeless for a few years. He has been living and isolating in a tent for the past year, interacting with only a few individuals.

### **Employment History**

Jim went to welding school in 1978 and spent several years as a welder. He would work in the shop fixing furniture or doing metal work in order to fix up products. He reports that he liked this work, but “got tired of the people I was working with” and felt worn out.

After this, Jim spent a significant amount of time working in restaurants as a bus boy, dish washer, and cook. He reports that he “loved it” including the pace and being behind the scenes as he “didn’t have to interact with customers.” He notes that he especially enjoyed night shifts as there were even fewer people around. When asked how he got along with co-workers and supervisors, he reports that often “personalities would start clashing” and he would have some altercations as he wanted to do things his way no matter what. When working with supervisors it “depended on who it was” and at times he would get into arguments with supervisors if they disagreed with him. While Jim reports enjoying restaurant work, he notes that he could not imagine going back to it at this point in his life. He used to enjoy “living on the edge of panic” and pushing himself. However, due to his overwhelming anxiety, he is unable to be around others or tolerate stressful situations. Jim has not worked since 2010, when he stopped showing up to work due to his fears of interacting with co-workers or being around customers. When asked what would happen in a restaurant environment, Jim notes that he does not know as he never would do it again, but it would not be good. When asked if he attempted to obtain employment since then, he laughed. After a long pause he stated “I could not handle filling out an application. Every time I sit down, I just stare at the screen. The idea of walking into a place, forget it...I just can’t.” Recently, Jim started writing in an attempt to release some of his anxiety.

### **Substance Use History**

Jim has a history of cocaine and heroin use. He notes that he used to enjoy the high they would bring to him to help counteract the lows. He would use substances to mask his fears and social anxiety. He states when he would use his “anxiety problems would go away.” He felt competent and confident for the first time in his life when he was using. He felt that his fears were lessened and he could better interact with others.

He stopped using cocaine 9 years ago and heroin 4 years ago. He notes that he does not have a desire to use anymore. When asked how the use impacted his symptoms, he stated it was “hard to tell.” He recognizes that his anxiety has worsened, but his depression has maintained the same level of severity since being sober. Records from emergency room visits over the past 10 years indicate clean urine screens.

### **Physical History**

Jim has very serious medical conditions that impact his daily life including degenerative disc disorder and COPD. He was in a severe car accident many years ago and continues to experience significant pain when walking or getting out of bed in the morning. Jim reports that he takes Ibuprofen as needed to help with his pain; however, he consistently reports ongoing and severe pain. This impacts his ability to sleep as well. He takes an inhaler for his COPD, which causes dry mouth and dizziness daily. He reports that he takes his medication even with the side effects.

## **Psychiatric History**

Jim reports that he saw a psychiatrist sometime in the early 1980s when he began taking medications. He reports that “nothing worked” to alleviate his mental health symptoms. For the next 20 years, he avoided treatment hoping he could manage his mental health on his own. After 2010, as his anxiety worsened and the depression became more debilitating, he attempted counseling with a series of mental health therapists. He reports trying at least ten different therapists for one or two visits. “They all asked the wrong questions. They were the right questions, but the wrong ones for me.” He elaborated that he was not yet ready to deal with the trauma of his youth or his current feelings of anxiety. In 2011, he was hospitalized for the first time at University Hospital for four days due to “suicidal ideation.” He entered the hospital with a plan to overdose and was admitted. In 2013, Jim was hospitalized at Memorial Hospital due to mental health symptoms. Notes indicate he was “lethargic, presenting with flat affect.” Each time he left the hospital, he was unable to access mental health treatment because when he tries he finds himself overwhelmed by depression and anxiety. Due to his lack of follow-up, Jim does not consistently take medications. When asked if medications help when using them as prescribed, Jim reports “what’s the point...I ain’t worth nothing.”

Currently, Jim exhibits symptoms of anxiety disorder and major depression. In addition, he exhibits traits of a personality disorder. Jim reports that he can often feel himself falling into a “depressive slide.” He feels hopeless about his life and increased anxiety in certain situations. He reports that when he is in this state he won’t move for 3-4 days and he becomes more forgetful. Jim recently received diagnoses of Anxiety Disorder and Mood Disorder from health professionals at Community Health Center (CHC).

Jim exhibits significant symptoms of depression; he reports a loss of interest in activities that he used to enjoy. He notes that he used to enjoy being physically active, but now feels depressed about his weight and has no desire to do things. In addition, he notes that when he is feeling depressed, he has no interest in attending to hygiene activities that he otherwise takes pride in. Jim enjoys writing to express his feelings, but when depressed cannot find the energy to pick up a pen and has no desire to write.

Jim has trouble sleeping due to his symptoms. He states when he is really down, he will not sleep at all. In a recent episode, he recalled that he had a “very bad night, not being able to get to sleep until nearly 3:00 a.m. and then woke up startled, shaking and soaking wet with perspiration, clawing my way up from bad dreams, nightmares, and half-awake hallucinations.” Jim frequently worries about the same thing over and over again, which makes sleep difficult. He states, “Anxiety keeps me awake.” He worries about where he will go and where he will sleep, even when he has a stable place to sleep.

Jim reports that he often has low energy when he is feeling “down.” He lies in bed because he is in too much pain to get up and has no desire to get out of bed. He reports he will sit on the couch or in his sleeping bag and only get up “to go to the bathroom” and even that is a struggle. He states that he will put things off for weeks, make plans, have everything ready to go, and then as the task approaches he cannot motivate himself to do it. This was seen on multiple occasions with his disability case. On several occasions, he would miss appointments due to his anxiety and low motivation. In addition, he continually put off completing his application due to his lack of energy, low motivation, and anxiety. Medical records from CHC corroborate this, noting he missed three appointments with his therapist due to low energy and trouble getting to CHC. To make his first psychiatric appointment, Jim was driven to CHC to ensure he would make the trip.

Jim reports that on a scale of 1 (low) to 10 (high) his mood is on average a five, but when he is at his lowest, he hovers at a one. He reports that his anxiety is heightened and all he can see is “black.” When his mood is at his lowest, he feels like he is “walking through jello,” and everything hurts. He reports his pain is exacerbated, he has no energy, it takes him longer to do activities, and takes such much more effort to do these tasks. He states he “wouldn’t move for days because walking was too much effort.”

Jim experiences suicidal ideation. He reports when he is feeling depressed or as he calls it, his “black” periods, he is tired and does not want to go on. He notes that he wants the pain to end, but it seems to never end. He reports that he has never made a plan, but at one time he was sitting with a gun in his mouth waiting to pull the trigger. He reports that now his ideation is more passive where he finds himself thinking “why bother” or “why live” as nothing is going to improve.

Jim has feelings of guilt and worthlessness daily. He wonders why he is unable to hold a job or care for his youngest daughter. He has long wondered, “What’s wrong with me?” and “Why are other people able to get over certain things that have happened to them but I can’t?” Jim carries significant pain from his childhood. He still internalizes this today, and at one point began tearing up recalling a story where his father, with Jim in the room, yelled at his sister “You need to do better! Do you want to end up a loser like your brother?!”

While Jim’s depression impacts him daily, he also has debilitating anxiety. Upon first meeting with this writer, he requested a ‘warm’ introduction because he was so fearful to interact with someone new. He also requested that of two additional providers that he was meeting at Community Health Center. Jim frequently worries about the same things over and over again including his living situation, his weight, and his fears that nothing in his life will change. He knows his fears are unreasonable but cannot ignore them.

During our interactions, he repeatedly picked at his fingers, looked down and appeared markedly upset and nervous. He reports that when he feels anxious, he gets cold sweats, he shakes, his stomach starts to churn, and he will even have physical reactions including racing heart and diarrhea. Jim reports that he does have triggers which increase his feelings of anxiety, including high stress situations such as meeting new people. In addition, he has “slow building” triggers such as filing a disability claim and appointments at CHC that cause him to ruminate on his

fears. When asked what he thought about, he replied, “I don’t know, I worry about what I will do, worry that people will say, ‘Nothing is wrong with you, you’re just a bum.’”

Jim utilizes email in order to avoid in-person or telephonic conversations. He states, “Behind a keyboard I’m fine, but in person or with a stranger on the phone for more than the bare minimum of contact, I’m a bundle of raw nerves.” He has sent numerous emails detailing his low mood and anxiety. One states, “My nerves are jangling like a bungee cord from being jerked up and down the past few days.” He also has stated, “Right now my nerves and anxiety are already stretched nearly to the point of snapping. Even the thought of trying to make the call back has me close to dry heaves.” When his disability examiner attempted to reach him via the phone, he begged to be able to email as he was too nervous to make the call.

Jim has nightmares and invasive memories of past traumas. He reports that he will wake up in cold sweats and can’t remember dreams, but at other times he recalls them vividly and they cause him significant distress. He has invasive memories of a car accident where he awoke in the hospital choking on the tubes in his mouth. He wakes up with difficulty breathing, feeling like he is choking, and starts gagging. Other times his dreams will center on “monsters” or “Stephen King-type horror shows” that leave him panicked and fearful.

## **Functional Information**

### *Understand, Remember, or Apply Information*

Jim has difficulty focusing on and completing tasks. Racing thoughts make it difficult for him to focus on one task. His anxiety creates a worry loop, where he ruminates on an issue, fears the outcome, and cannot act. During our interactions, he was tangential and concrete, often requiring redirection to the topic at hand. He wanted to steer the discussion off topic. He requires reminders of appointments and often he forgets that he has an appointment; he has missed several appointments in the past. Jim reports that when he can watch TV, he is unable to focus on what he is watching. He often cannot remember what is on or what he has watched.

### *Interact with Others*

Jim has substantial deficits interacting with others. He often feels paranoid about what others think and say about him. He feels judged and fears potential ridicule. He feels like he has never fit in and is “always on the outside.” He does not participate in groups as they make him feel scared and uncomfortable. He longs to be a part of a group, but at the same time, feels that people will not understand him. He panics before even participating in the group and will not attend. When asked to join writer’s group, a task he enjoys, Jim reports that he could not imagine being in a room with others to write.

Jim tends to isolate when he is feeling anxious and cannot interact with new people. For example, when meeting his new psychiatrist, he requested that his therapist “help me through that initial wall of anxiety and walk me over to his office to break the ice and make the introductions.” Jim reports that he has almost no relationships; they are all superficial. He feels, “No one actually wants to be around me and even if I wanted to form a relationship, it’s hard to

make those first steps.” Jim tends to become dependent on individuals and form inappropriate relationships. Jim frequently worries about the same things over and over again including his living situation, his weight, and his fears that nothing in his life will change. He knows his fears are unreasonable but cannot ignore them.

### *Adapt or Manage Oneself*

Jim is very set in his viewpoints and becomes agitated, combative, and frustrated if someone attempts to question him. Jim can become rigid, manipulative, and dependent as a survival method and pervasive thought processes hinder his success in certain environments.

He states that he will put things off for weeks, make plans, have everything ready to go, and then as the task approaches, he cannot motivate himself to do it. This was seen on multiple occasions with his disability case.

He notes that he especially enjoyed night shifts as there were even fewer people around. When asked how he got along with co-workers and supervisors, he reports that often “personalities would start clashing” and he would have some altercations as he wanted to do things his way no matter what. When working with supervisors it “depended on who it was” and at times he would get into arguments with supervisors if they disagreed with him.

He does not sleep well through the night and when he is depressed, getting out of bed in the morning is a chore. He reports that he is able to cook very well, but when he is feeling depressed or “on the edge of panic” he will not cook. Instead, he will eat peanut butter and mayo sandwiches because that is what is available. He cannot cook anything that takes effort or time due to his low energy and mood. Jim notes he is able to shop independently; however, when depressed he will not go to the store. He states that he gets “pissed off” by the crowds and feel anxious and overwhelmed. He states he is unable to go into clothing stores due to his anxiety, anger, and frustration. Thus, he wears the same clothes over and over again until they fall apart.

Jim reports he is able to clean, but when his pain is more severe or his depression is worsening, he forgoes many cleaning activities. He admits the dishes pile up in the sink and he “procrastinates” by thinking he will just “do it tomorrow,” but it takes days for the cleaning to be completed. When asked about personal hygiene, Jim laughed and admitted that he has trouble with that. If he is not going anywhere, he will not shower or get dressed. When staying outside, he lies in his tent and does not take care of any hygiene, including brushing his teeth and showering. Even when he has access to a washer and dryer, he leaves his clothes dirty.

### **Summary**

Jim is a 56-year-old male diagnosed with Major Depressive Disorder and Anxiety Disorder. He exhibits significant symptoms on a daily basis and often is aware when a depressive episode is coming. It took him several weeks to engage with CHC as he felt uncomfortable being around new people and navigating our system. He experiences significant low mood, lack of motivation, low energy, and feelings of worthlessness. In addition, his anxiety is so severe; it prevents him from engaging in daily activities and basic social interactions.

If you have any questions or concerns, please contact John Smith at 444-555-6666 or Dr. Mark Marshall at 444-555-6777.

Sincerely,

John Smith

Dr. Mark Marshall