

May 5, 2023

Name: Carl John Smith

DOB: 04/18/1985

SSN: 999-99-9999

Dear DDS Examiner:

Introduction:

Mr. Carl Smith is a 31-year-old man who has been experiencing homelessness on and off for all his adult life. Mr. Smith says he is about 5'5" and weighs approximately 129 lbs. He presents as very thin, typically wearing a clean white undershirt and loose-fitting khaki shorts at interviews. His brown hair is disheveled and dirty looking, and he constantly fidgets and shakes his hand or knee during interviews. Despite his best efforts, Carl is a poor historian. In interviews with this writer, he needed constant redirecting and prompting to provide information about his personal and psychiatric history. Carl is diagnosed with Major Depressive Disorder; recurrent, Anxiety Disorder, Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, and a possible traumatic brain injury. Physically, he has degenerative disc disease, Lumbar radiculopathy, Allergic Rhinitis, and a history of fainting since childhood. When asked why working is difficult for him, Carl responded "I have a hard time controlling myself. When I get stressed out, I immediately shut down."

Personal History:

Mr. Smith is the youngest of three children, and his parents divorced when he was two. Carl states "They hated each other!" Carl and his older brother, Greg, lived with their mother for the three years after their parents' divorce. He says things changed when his mom had a mental breakdown: "At some point she went into a mental hospital because she was suicidal. So, my dad ended up getting us when I was 5." Carl recalls that his father, "Would tell me that I wasn't gonna be nothing." At age 11, Carl was expelled from school for assaulting a teacher. He states, "I pointed my finger like a gun at her and said 'bang'."

After this incident, he was sent to a Youth Treatment Center, a psychiatric hospital for children, for several months. Information about this treatment episode will be provided later in the report. Once discharged from Youth Treatment Center, Carl went to live with his mother again. Carl describes the time with his mother as extremely traumatic. He said they bounced around "crack houses" until he was 19. He states, "My mom smoked crack and drank a lot." Although he says, "it's hard remembering," Carl does recall that his mother had many hospitalizations during the time he lived with her. He states, "I saw my mom try to commit suicide at least 5-6 times." In addition to the trauma inflicted by his mother's constant drug use and mental health challenges, he also describes his stepfather as "abusive." He states, "He used to put his hands on my mom. When I got grown enough, we'd get into it."

Carl's tumultuous home-life and lack of parental support made school difficult. Despite being involved in special education; he says, "they just passed me to get rid of me." As a result of this he was involved in a lot of fighting with classmates and had trouble understanding coursework.

Carl says that the medications he was prescribed as a child would make him feel a little better but did not help him in school. When he wasn't on medications he "felt too hyper and angry," and when he took the Concentra and Adderall, he "felt too slowed down." Things took a turn for the worst when Carl entered high school. He says he kept failing 9th grade, and eventually quit attending school. Mr. Smith's last grade completed is 8th. In 2002 Mr. Smith's probation officer ordered him to attend Teen County Camp, a military style boot camp for youth in trouble. Here, Carl received intense counseling and had to attend school for 12 hours per day, 6 days per week. Despite this intervention, he continued to struggle legally and with his mental health after discharge from the program.

After leaving school, Carl continued to struggle. During his teen years, his mother's health declined. In addition to her severe mental illness, Carl's mother also suffered from Hepatitis C. She began experiencing liver failure when Carl was about 16, eventually passing away when he was 19. Carl says he was his mother's sole caregiver during the last year of her life. This traumatic experience led to what Carl describes as his "first major psychiatric breakdown;" stating: "I stopped taking my meds, stopped talking to my family, and just went into the streets to live."

At 21, Carl met his long-time girlfriend. Although the two never married, they stayed together on and off for 9 years and had two children. His son was born in 2010. Carl says he was very excited to become a dad, and had a nursery built at his father's house before the baby was born. When he went to pick his girlfriend and son up from the hospital, Carl was not permitted to see his son, and the baby was immediately adopted. About a year later, Carl and his girlfriend welcomed a baby girl. This time, the couple was able to bring their daughter home together, but Child Protective Services (CPS) became involved shortly after she was born. In 2014, Carl's girlfriend left the state, leaving him and their daughter. CPS removed the baby and Carl's brother, Greg, adopted her. Currently, Carl is not permitted to communicate with his brother or biological daughter. He expresses extreme sadness and frustration related to losing his daughter but admits that he was not able to provide a safe or stable life for her. He hopes to one day reunite with his daughter, once he "figures things out."

After losing custody of his daughter, Mr. Smith has not had a home. He lived with his father for about a year, as he slowly died from cirrhosis of the Liver. Carl says he was again left as the sole caretaker of a dying parent. After his father passed away in 2015, Carl turned to living outside and in shelters. He said he would sleep on park benches, in abandoned houses, and shelters when he got a chance. About a month ago, he became eligible for a Permanent Supportive Housing Program through Local Housing Service Agency. This program helps people identified as the most at-risk, and with the most severe mental illness. He is now in a small studio apartment in Green City. Since he is unable to work, his only source of income is \$165 per month in SNAP food assistance benefits.

Work History:

Mr. Smith recalls having six entry-level jobs in the past 13 years. Of these, only one has lasted more than a month or two. He says he is usually fired or let go because of his temper, trouble

concentrating, and anxiety during stressful situations. His first job was at a grocery store, as a cashier, when he was 18. He says this job lasted about 6 months, he worked 20-30 hours a week, making minimum wage. He was fired after getting into an altercation with his supervisor. At age 19, he worked at a car wash, drying cars. He says he worked about 20 hours per week, but was fired after a couple of months because, "I ended up getting into it with my boss again."

After the car wash, Carl didn't work again until he was 24. He was a dishwasher at a restaurant for a few months. Mr. Smith explains, "It was a lot to handle. A lot of stuff was going on at once, and I never could get the hang of it." He says when the restaurant became busy, his anxiety would get so bad that he'd either shut down or have a panic attack. He explains that he ended up walking out one day when he had a panic attack and couldn't bring himself back to work. He worked at a fast-food restaurant as a "porter" for two months in 2013. This involved transporting cooked foods from the kitchen area to the serving counter. He was fired from this job because he was not able to handle the stress during busy periods. In 2015 he attempted work at a grocery store gas station. When asked about this job, Carl states "I didn't like it at all. I hated being around people. My social anxiety got really bad, so I walked out on a shift."

His most recent job was at a fast-food restaurant earlier this year. It only lasted about a month. He says that "When we got busy, I'd flip out. The managers would see me freaking out in the back room, and tell me to go outside." When asked about other examples of his struggles at this position, Carl replied "I'd be at work, but my mind would be somewhere else. I wouldn't hear the beeping sounds or see the orders." A letter from Carl's manager at the fast-food restaurant states: "Carl seemed to be real fidgety, shaky, and have high anxiety when he was working here... He was capable of doing the job, but his high anxiety interfered with the job." The complete letter is included in the SOAR records packet submitted to DDS.

Substance Use History:

Carl says he began drinking and using drugs early in his childhood. He states, "I kind of grew up around alcohol." Both of his parents were addicted to alcohol, and his mother was also addicted to crack-cocaine. Carl specifically remembers that he first began drinking with his friends, to cope with the verbal and physical abuse he was experiencing from his father; he explains, "We did get into it quite a bit. I'd drink on the weekends with my friends. I think I was about 11 then." By 16, Carl was drinking frequently and smoking marijuana daily. At 17 he was exposed to crack by his mother, and his drug use accelerated from there. After trying crack-cocaine, Carl said he did "pretty much everything there is except meth." When his mother died at 19, Carl says he "lost it" and turned to drugs. He has trouble recalling that time in his life, but does remember staying in various drug houses while using "anything he could get his hands on." Carl says that he used as a way to help alleviate his anxiety and depression.

Carl stopped using drugs when his daughter was born. While not using drugs, he experienced "severe anxiety and problems with my temper." He attended outpatient substance use treatment at The Center for Recovery from 2012 to 2014. Carl says that despite extensive treatment and long periods of sobriety, his symptoms were even worse throughout the duration of his treatment at Center for Recovery. He'd have panic attacks, isolate himself, and

experience angry outbursts. A clinical assessment from The Center for Recovery, dated 1/23/2012, states "Member is verbally and physically aggressive. Member has significant problems w/ social interaction. Significant lack of social supports, impaired judgement." Despite attending 90% of his scheduled treatment meetings and maintaining drug-free throughout the entirety of his treatment at Center for Recovery, Carl continued to experience debilitating symptoms.

After his father died in 2015, Carl became involved with drugs again for a brief period. He says that losing custody of his daughter and the death of his father, which he takes responsibility for, had a strong impact on his mental stability. He was using alcohol and heroin to manage his symptoms. After a heavy episode of heroin and alcohol use, Carl often becomes suicidal and self-harms. He has been seen in the emergency room at Green General Hospital and transferred to Johnson Crisis Stabilization Program multiple times since 2015. During my time working with this applicant, I witnessed a relapse in his drug use. After an angry outburst that will be detailed later in the report, Carl admitted that he had been using heroin and crack for the past two weeks. This writer helped connect him with his housing resource navigator and provided information on local Narcotics Anonymous meetings. Once Carl stopped using drugs again, his guilt from the drug use led him to become more withdrawn, and he refused to answer phone calls or meet to finalize the materials needed to submit this application.

Physical Health History:

Mr. Smith struggles with chronic lower back pain that radiates to his legs. He states "My doctor said I have a back like a 70-year-old. It definitely affects me when I work. If I do any hard labor, I can feel it for 5 days." These claims are confirmed with diagnoses from Dr. Smith of Green Primary Care Services. After a visit for his back pain on June 6, 2014, he was diagnosed with Degenerative Disc Disease, Allergic Rhinitis, and Lumbar Radiculopathy. Upon examination, Dr. Smith concluded that Carl has an abnormal gait, his lower back experiences spasms, and he has a decrease in flexion and lateral rotation.

In addition to the back pain and weakness, Carl says he experienced two head injuries in his life. When he was 17, he was involved in a serious car accident, and according to Carl, his "head smashed through the window." He lost consciousness from this injury and was transported to Green County Hospital. He experienced another head injury around age 21. He states, "I was in a fight and he choked me out until I was unconscious, and then the dude socked me in the face." His girlfriend at the time took him to the hospital, where he was admitted for two days. Carl is unsure of his exact diagnosis at that time, but states that he experienced "eye twitching for quite a while" after the fight.

Psychiatric History:

Mr. Smith has a long history of psychiatric struggles and treatment. He says he has had trouble controlling his temper and "just feeling like something was different" since early childhood. Carl's first psychiatric hospital admission occurred in 1997 when he was 11 years old. Despite countless attempts at treatment, Carl has not been able to maintain mental stability for more than a couple of months.

To the best of his memory, Mr. Smith began experiencing feelings of anxiety around "7 or 8." He says that he struggled in school and at home as early as he can remember and contributes a lot of these feelings to his unstable home life. At age 11, Carl experienced his first inpatient hospitalization at Youth Treatment Center. He was admitted on 11/3/1997 and discharged on 11/17/1997. Admission records state, "11-year-old white male who was admitted to the inpatient unit...due to loss of control. The patient reported that he has exhibited a bad temper and was fighting in the home. He has threatened to kill his father with a baseball bat. He has not been responsive to outpatient treatment." A mental status exam from this hospitalization stated, "The patient tended to be rather impulsive, angry, and reactive... He has displayed impulse control problems. His insight is limited... He displayed low self-esteem feelings of anger and frustration." Upon discharge, he was diagnosed with Major Depression, Intermittent Explosive Disorder, and given a prognosis of "fair" for both short-term and long-term recovery estimates.

Carl was again hospitalized from 2/10/1999-03/03/1999 at Youth Treatment Center after becoming aggressive with his mother, failing in school, and threatening the dog. A discharge summary from this treatment episode notes, "Following admission, the patient continued to be oppositional and impulsive. He continued to express anger and frustration in dealing with the expectations around him. He remained anxious and irritable. He became easily angered and withdrawn." Carl was diagnosed with Conduct Disorder, dysthymia, attention deficit hyperactivity disorder, substance abuse, and antisocial traits upon discharge. He was assessed as having a GAF of 30, and referred for outpatient therapy. He was prescribed Risperdal 1 mg and Wellbutrin SR 150 twice a day.

Over the next year and a half, Carl continued with outpatient treatment. However, his struggles with depression, attention, and angry outbursts continued to progress. He was again hospitalized from 9/26/2000-10/02/2000; this time at Local Mental Health System. He was transferred to this hospital after Green Regional Medical Center evaluated him after he attempted suicide by cutting his wrists. Admission notes state, "Patient has been experiencing a lot of difficulty in terms of mood swings, irritability, poor attention span, poor concentration. Difficulty going to sleep and staying asleep. He has cut himself." His diagnoses upon discharge include, Major Depression recurrent, Attention Deficit Hyperactivity Disorder, and a GAF score of 35.

Over the next several years, Carl spent time in and out of jail, and mostly on the streets. His mother passed away, and he used drugs to cope with his feelings of guilt and abandonment. He did not reengage in treatment until being ordered to attend Center for Recovery by Child Protective Services in 2012. During this time, Carl engaged in intensive outpatient treatment and substance use group counseling from January 2012-September 2012. Despite regular attendance and commitment to treatment, he still experienced overwhelming sadness at the loss of his daughter. A discharge statement dated 9/11/2012 states Carl made "moderate progress" in treatment, and recorded a diagnosis of Major Depressive Disorder, Recurrent.

When Carl did not regain custody of his daughter after the completion of the program, he began using drugs and alcohol again and lived outside. He did not receive treatment again until 2016. Since March 2016, Carl has been treated in the Emergency Department at Green General Hospital and Johnson Crisis Stabilization Program multiple times for suicidal thoughts and self-harm. His most recent admission dated 2/11/2017, states, "He reports he cut his left wrist with a knife today multiple times due to his depression." He was diagnosed with Bipolar 1 Disorder, Depression, PTSD, Social Anxiety Disorder, and Suicidal thoughts from Green General Hospital. Complete records from GGH and JCSP have been forwarded to DDS in the SOAR packet.

Carl is currently involved with outpatient treatment with Green Community Mental Health. He is scheduled for an updated psychiatric evaluation next week, as his most current psychiatric evaluation was dated 1/29/2016. On this day, he was diagnosed with Bipolar I Disorder, most recent episode mixed; generalized social phobia, and given a GAF of 43. His most notable symptoms from this evaluation include Depression: "Carl reports no appetite and has to force himself to eat" Anger: "Carl reports stabbing himself in the stomach 3 times when he has gotten upset, fractured his hand three times" Mania: "He states that he has put himself in 'bad situations' without thinking, such as the impulsive move to another state. Sometimes he has insomnia, and other times he is too tired" Anxiety: "Carl reports severe anxiety that he experiences when around people, crowds. This can come on any time and feels anxious every day. He also experiences panic attacks, causing him to be shaky, nauseous, and he has problems breathing." Despite regular case management and medication management appointments since his admission to Green Community Mental Health, Carl continues to suffer from debilitating symptoms of depression, mania, anger outbursts, and social anxiety. All records from this source have been forwarded to DDS for review.

Functional Information:

Understand, Remember, and Apply Information:

Mr. Smith admits "It's difficult for me to learn new things. Especially if there is a lot going on." He says that when he worked at Burger Restaurant, "I kept forgetting to check if there were burgers in the broiler. Then I'd ruin the whole batch." He says this was a common occurrence with most of his past work attempts. He would forget basic instructions related to his job, and then become wildly angry when he was corrected. This would nearly always lead to him either being fired or walking out on the job. In a phone interview, his former supervisor at the fast-food restaurant stated "Carl had a lot of problems with remembering how to do his job. He struggled to take care of the most basic tasks. He didn't last very long."

Interaction with Others:

Carl admits that he has a hard time forming meaningful relationships with others. He says that because he was let down so many times in his past and "abandoned by everyone," he is not able to trust new people. Carl does not have contact with any of his family members. Both parents are deceased, and his siblings refuse to speak with him. When asked to explain why he doesn't have relationships with family, he explained "I got em all blocked on Facebook. I never been family oriented and some don't like me because of how I grew up." He does admit to one

close friend. At first Carl said he and his friend “get along pretty good,” then admitted that this isn’t always true. He says “We get into a lot of fights. He tries to calm me down, but I push him. That last time was in a grocery store, and they ended up calling the cops. Once I get up there (temper), it’s almost impossible to come back down.”

This SOAR writer witnessed how Carl has a very hard time controlling his anger when he becomes frustrated. On August 2, 2017, Carl called after a disappointing meeting with his Case Manager from Green Community Mental Health. Mr. Smith was upset that his doctor was not willing to prescribe medications until after a psychiatric evaluation. Carl was very upset about this, screaming, “I’m going to smack her ****ing face. I’ll smack her right in the face if she looks at me like that.” He then screamed that he would not go through with any more treatment “from anyone.” He says that he doesn’t trust doctors, stating “I don’t want to go somewhere to waste Medicaid’s money. They’re just going to sit there with their Rolex and type on the computer. They don’t even care about me!” During the entirety of this conversation, Carl was screaming, with pressured and tangential speech. When this writer would try to interject or de-escalate the conversation, Carl became even more irate, eventually hanging up. A clinical assessment from The Center for Recovery dated 1/23/2012 confirms Carl’s struggles with his temper have been an ongoing issue, “he is verbally and physically aggressive. He has significant problems with social interaction, significant lack of supports, and impaired judgement.”

Concentrate, Persist, and Maintain Pace:

Concentration is Carl’s most pervasive functional impairment. In interviews with this writer he appeared extremely anxious, constantly shaking his leg or fidgeting with his hands. He had trouble staying on topic when discussing his life experiences and needed continuous redirection to stay on track throughout our 20-30 minute interviews. He admits that he has experienced issues with becoming easily distracted since early childhood, and this is confirmed throughout his psychiatric records. Carl has no activities that he enjoys or feels a sense of fulfillment from. He says he spends most of his days walking around by himself or stopping in at local soup kitchens for a meal.

Adapt and Manage Oneself:

As a result of his symptoms from depression, anxiety, and social phobia, Carl has significant trouble taking care of his basic needs. He has lived outside for most of his adult life. He has been unable to successfully hold employment long enough to ever rent his own apartment or house. Currently, he lives in a studio apartment, funded by the Local Housing Service Agency, and receives bi-weekly case management to help him manage his bills and identify his housing needs and goals. He has never paid any bills on his own and has no experience managing a bank account. When asked why he thinks he has trouble maintaining employment and managing his emotions, Carl tearfully stated, “I honestly believe that I can’t work. I keep getting these jobs, and I can’t keep them because of my problems. I want to work, but I just can’t. I have lost so many people, and so much hurtful stuff has happened. I’ve gotten worse and worse with every loss I’ve had since my mom died.”

Summary:

Mr. Carl Smith is a 31-year-old, chronically homeless male with a long history of severe and persistent mental illness. Unfortunately, Mr. Smith experienced physical and psychological abuse from his father, neglect from his mother, and did not receive effective intervention from the schools or state. He was raised in a crack-house, and learned to cope with his extreme emotions by using the drugs and alcohol that ultimately took his parents' lives. Carl has tried and is still trying to get his life on track, and create a positive relationship with his young daughter. He is engaged in mental health treatment, case management, and housing services. Despite these interventions, he still struggles to meet his most basic needs. At this time, Carl continues to experience frequent suicidal thoughts, resulting in self-harm behaviors, excessive drinking, and dangerous decisions. He has never been able to maintain substantial gainful employment.

If you have any questions please feel free to contact this writer at 123-456-7890 or his treating Psychiatrist, Dr. Smith at 234-567-8910

Sincerely,

Jennifer Phillips, MSW

Jennifer Phillips, MSW
SOAR Specialist
Local Housing Service Agency