

Medical Summary Report (MSR) Review

EFFECTIVE AND INEFFECTIVE WRITING DESCRIPTIONS

This document can be used as a training tool to illustrate the difference between an MSR that contains biased language and tone and an MSR written with more descriptive and objective language that more effectively represents the applicant’s experience, symptoms and resulting functional limitations, and disability eligibility.

MSR Discussion Activity

Facilitate a discussion about the importance of avoiding subjective language in MSRs that may unintentionally influence the reader’s unconscious biases. Review the MSR one section at a time and discuss the differences between the ineffective and effective language. Guidance is provided to help inform your discussions.

Section Formatting

Each section is organized and formatted in the following manner:

Ineffective Description

Guidance

Effective Description

Activity Instructions

1. Have participants read the selected section silently or ask someone to read it out loud. Ask participants the following questions:
 - What are your thoughts about what was written?
 - Is there language that could be considered biased?
 - What information does it contain that could influence the reader?
2. Review the guidance to explore how the language is biased and ways it can be improved.
 - Acknowledge any comments that were already discussed and review those that were missed.
3. Read the revised non-biased language.
 - Briefly discuss why the language is more effective.

Conclude the activity by asking participants how they might use what they have learned to improve their MSRs. Encourage using respectful, person-centered language that accurately and objectively depicts the applicant’s experience and the severity of their symptoms.

August 12, 2021

Medical Summary Report

Re: Maxine Shaw

DOB: 05/19/2000

SSN: ###-##-####

Dear DDS Examiner:

Introduction

Maxine Shaw is a 21-year-old White female that is homeless and currently residing at Regional Hospital. Client is depressed, anxious, and has PTSD.

While you want to provide an accurate physical description of the applicant, including their race opens an opportunity for implicit bias. An exception is when race contributed to trauma that the applicant has experienced. We encourage you to include the applicant's affirmed pronouns rather than sex or gender. It is also important to use the applicant's name and person-centered language throughout the MSR to be respectful of the applicant's individuality. Make note of their current living situation and diagnoses to paint a complete picture.

Maxine Shaw is a 21-year-old that is currently residing at Regional Hospital and is at risk of homelessness upon release. Prior to her hospitalization, she was sleeping on a pallet on the bare floor of an abandoned building. Maxine identifies as a woman and the affirmed pronouns used to address Maxine are she/her. Maxine was diagnosed with Depression, Generalized Anxiety, and Post-Traumatic Stress Disorder at Regional Hospital on July 8, 2021.

Maxine is 5 feet 2 inches and 116 pounds with dark unkempt hair. She is malodorous with dirty clothes and does not appear to care about her hygiene. Her eyesight is poor.

Avoid subjective language that may be misinterpreted by the reader. Words like "unkempt" and "malodorous" do not provide enough information to accurately depict the applicant's appearance. It is biased to presume that she does not care about her hygiene. Instead, provide details about how her symptoms or circumstances prevent her from maintaining her hygiene. Always use descriptive language that comes from the perspective of an advocate.

Maxine is 5 feet 2 inches tall and weighs 116 pounds. She wears her long, dark brown hair pulled away from her face and it is often matted with debris. She has a deep dark tone under her eyes and her face appears swollen and soiled. She wore the same unwashed blue jeans and oversized grey sweatshirt to each of our meetings and was often preoccupied with rubbing invisible spots on her shirt. With her eyes looking down, she quietly stated that she was trying to rub out all of the germs that are on her clothes. While signing the application forms, Maxine squinted her eyes frequently and stated, "I'm sorry, I don't see very well." Maxine does not have glasses.

Initially, the client did not want to look at or talk to me. During our first meeting, she couldn't focus and was very concerned about the time as if she had somewhere to go. She would not sit still, and our session was less than 30 minutes.

Noting that she didn't "want" to speak to you is subjective. Instead, describe her behaviors and mannerisms that led you to that conclusion. Direct quotes from the applicant are helpful. Assuming she had nowhere else to be is presumptive. Avoid statements that reflect bias.

Initially, Ms. Shaw seemed reluctant to speak with me, stating, "I can't tell you all my business." During our first meeting, she avoided eye contact and instead focused her attention on a scenic photo in my office. She asked repeatedly, "What time is it?" although she stated that she had no other appointments for the day. Ms. Shaw frequently got up from her seat and paced the floor stating, "I have to be aware of the things happening around me." Our session was less than 30 minutes.

As our meetings became more frequent, Maxine was more relaxed. However, during our final in-office meeting, there was a noise outside, and she freaked out. She screamed uncontrollably and then began speaking gibberish. The mobile crisis unit came, and Ms. Shaw was 10-13ed to Regional Hospital and admitted. I have continued to assist with her SSI/SSDI application while she has been locked up.

Using terms like "freaked out" and "speaking gibberish" leaves room for interpretation and bias. Instead, provided detailed observations. Avoid jargon such as "10-13ed" or slang terms such as "locked up."

As our meetings became more frequent, Maxine appeared more relaxed. However, during our final in-office meeting on July 3, 2021, fireworks were ignited by children playing outside and she immediately began to scream while holding her ears and crying. She yelled repeatedly, "Make it stop! Make it stop!" as she huddled in the corner of the office in the fetal position. Her hands were shaking, and her face and ears were red. After 30 minutes, Ms. Shaw was unable to self-regulate, refused assistance, and began to mumble words that could not be understood. The mobile crisis unit was contacted, and Cathy Griggs, LCSW and Officer Lucas reported to the scene. Ms. Shaw was escorted to Regional Hospital and admitted for an involuntary hold. She is expected to be released on August 21. I have continued to assist with her SSI/SSDI application while she resides at the hospital.

Personal History

Maxine Shaw was born in Midville, Anystate to Judy and John Shaw and was raised in an intact family. When asked if she had any siblings, Maxine refused to discuss it. Maxine's father later claimed that Maxine's sister was "abducted," and that Maxine hasn't been the same since. Ms. Shaw has never been married, reports no significant romantic relationships, and has no children.

Describing a family as "intact" is subjective – making room for implicit bias. Using the word "claimed" suggests that the speaker may not be providing truthful or accurate information. To avoid interpretation, use direct quotes from the applicant/collateral sources/medical records and use words such as "stated" or "said."

Maxine Shaw was born in Midville, Anystate to her biological parents, Judy and John Shaw. Maxine stated that she “had good parents” and that she “was shown love.” When asked if she had any siblings, Maxine’s demeanor changed. She began to sweat and avoided eye contact. She spoke just above a whisper stating, “We can’t talk about that.”

I spoke to Maxine’s father, John, who informed me that his daughter Reba was abducted from their home at age 10. She was never found, and there was never an arrest or conviction for the crime. He also stated, “Maxine was a gentle soul. She and her twin Reba had an incredible bond. They were like two peas in a pod – inseparable. Reba was older by 6 minutes and always protected Maxi; stood up for her when she was mistreated by other kids and helped her with just about everything. Nothing was ever the same for Maxi or my family after Reba got taken from us.”

Maxine’s mother added that Maxine didn’t have many friends growing up and “stayed close to her father and I most of the time.” She also stated, “Maxine never gave us any trouble. She was quiet and shy most of the time but always seemed nervous and worried – I guess we all did after losing Reba.”

Maxine has never been married, reports no significant romantic relationships, and has no children.

During the height of the pandemic, Maxine decided to leave the safety of her parent’s home, preferring to live on the street. Her mother reports that Maxine began acting strangely during the pandemic and stayed in her room talking to herself. In April, Maxine started living in the backyard and in September she moved further away. Apparently, Maxine left the home to keep her and her deceased sister “safe.”

This wording used here insinuates that the applicant chose to experience homelessness. Describing her behavior as “strange” leaves too much room for interpretation and possible bias. Report the facts as you have learned them rather than interject assumptions or opinions. Use direct quotes from treatment records and collateral sources to clearly illustrate the applicant’s behaviors and how any trauma may have affected them.

When asked why Maxine is not living at home, Mrs. Shaw tearfully stated, “Maxine became really paranoid when the death rate of COVID increased. She sealed all the windows and doors of her room with plastic and would ask us repeatedly if we showered when we got home from work at the hospital. Her hands were red and raw from all the scrubbing she did, and she was barely eating or sleeping. She stayed alone in her room most of the time, and I would hear her talking and giggling -- the way she used to with her sister. And then, in April, she was just gone. The only things missing from our home were a few canned food items, a family picture, some personal things, and her backpack. She left a note saying that she had to leave because it was no longer safe for her or Reba here.”

The Shaws called the police, but law enforcement officers were slow to respond because Maxine was an “adult that left willfully.” The parents looked for Maxine on their own and after four days found her in an old work shed in the back of the family home. Maxine stayed in the shed from April to September 2020 when she again left a note telling her parents that she needed to “find shelter at least 80 miles away to keep me and Reba safe from all this evil.”

Educational History

Maxine graduated from high school, but did not attend her graduation or senior prom, likely because she had no friends. Maxine didn't like school because she got bullied. Maxine's mother, Judy, says Maxine did well with her schoolwork but could not make friends. Judy also said that once a boy "got fresh" with Maxine.

The assumptions and non-descriptive language here leave room for interpretation. Include details and quotes from the applicant and collateral sources to fully describe the applicant's experience.

Maxine graduated from Central High School with a general diploma in 2018. She did not attend her High School graduation or senior prom. When asked why, Maxine shrugged her shoulders and stated, "No one would have cared if I was there. That's what happens when you are invisible." Maxine stated that school was "Okay" but she "didn't like it." She stated that kids made fun of her because she "didn't talk much."

Maxine's mother, Judy, stated that "Maxine did well in her schoolwork but always struggled to make friends. She didn't enjoy things that other kids her age did." Judy also said there was an "incident with a boy at school when Maxine was 15." When I asked her to clarify, Mrs. Shaw shared that Maxine was being picked on by the boys at school and one of them "got fresh" with her. She would not elaborate on what "fresh" meant, but did state that Maxine was taken to their doctor to get "checked out" and that "everything was fine." She said that the incident occurred after a school pep rally and that the "fireworks probably made her even more afraid."

Maxine didn't work after graduation. She attempted to join the military but was denied entry. Her parents stated that they did not encourage or discourage her from trying to join the military but were not convinced that she "would make it" through basic training.

Fully describe the applicant's struggles and the severity of her symptoms to explain why she was not working and why she was not accepted into the military. Providing detailed explanations for the reader helps to avoid subjective conclusions.

In 2018, after being home and unemployed for a few weeks after graduation, Maxine attempted to join the military. She was not selected for service because she was unable to pass the physical agility requirements. Her parents stated that they did not encourage or discourage her from trying to join the military but were not convinced that she "would make it" through basic training because she was so "shy and seemed to be nervous and worried all the time."

Employment History

Maxine has barely worked. Her mother said that Maxine's first job after graduating was at Cable Call Center. She only worked there for a few days because she was so nervous about working with people and was always worried that bad things would happen at work. Between 2018 and 2019, Maxine was fired from or quit 3 jobs.

Provide detail about how the applicant was struggling to perform their assigned work functions and duties. Connect those struggles with their symptoms.

Maxine has a limited employment history. Her mother, Judy, reports that Maxine worked at Cable Call Center in July 2018, after graduating from High School. Judy stated, "Maxine was not excited about working with people. She got so nervous the night before her first day at work that she got sick to her stomach." I asked Maxine about her experiences working, and she stated, "I couldn't stop thinking of all the bad things that could happen to me at work - very bad things." Between 2018 and 2019, Maxine had 3 jobs that resulted in termination for not showing up for work or walking off the job.

Maxine's work history is summarized as follows:

July 2018: Cable Call Center, Call representative. Maxine only lasted 4 days because she didn't like being on the phone. Her former supervisor said that Maxine froze when the phone rang.

September 2018: Anyplace Community Hospital, Housekeeping. Maxine probably would not have gotten this job without her mother's referral. Maxine was able to keep this job for about a month because her mother helped her. But when they had to work on different floors, Maxine began acting odd. When Maxine started claiming that she felt sick every morning before work, her mother let her stay home.

February-June 2019: Steele Plant Company; Laborer. Maxine had to operate a large machine and count the production at the end of the shift. The job seemed to be going well until there was a fire at the plant. Her father claims that after Maxine heard the fire trucks arrive, she panicked and quit.

These descriptions include subjective language. The word "probably," implies the expression of an opinion. Again, the use of the word "claims" suggests that the speaker isn't being truthful. Also, the writer minimizes the applicant's work attempts and places blame on the applicant for not maintaining employment rather than including details that show how her symptoms are linked to her inability to function at work. Include specific examples from the employer about why the employment ended.

Maxine's work history is summarized as follows:

July 2018: Maxine was hired as a call representative for Cable Call Center. Her tasks included answering incoming calls to process orders for new cable service. Maxine stated that she "couldn't go back" after 4 days because "there was just too much time talking and answering." Her former supervisor, Jake Frostarm stated, "Maxine was told not to return to work because she froze when the phone rang. She would just stare at the phone and had to be prompted on more than one occasion to answer. She was too scared to say a word. I have never seen anyone respond that way. Something must have happened to her."

September 2018: With a strong referral from her mother, Judy, Maxine was hired as a housekeeper at Anyplace Community Hospital. Maxine's mother stated, "It seemed to be going well for about a month or so. We were both assigned to the same floor, and I was able to help her calm herself when she got overwhelmed by thoughts of something 'bad' happening. Everything got worse when I was assigned to a different floor. One day, a co-worker came to me and said they found Maxine locked in the utility closet crying and mumbling to herself. Something is wrong with my daughter, and I don't know how to help her." Judy stated that Maxine "attempted to return to work but would get physically sick every morning before leaving the house. I just told her to stay home for a while."

February-June 2019: Maxine worked as a laborer at Steele Plant Company. She worked alone in a room with a large machine. Her task was to make sure that the machine did not malfunction and to count the production at the end of the shift. Maxine's father stated that the job seemed to be going well, but there was a small fire in the west wing of the plant. Maxine worked on the east wing. He said that when Maxine heard the fire trucks arrive onsite, "she panicked and was convinced that the machine she worked with would catch fire and she would die alone in the workroom. It was almost like she was envisioning it and living it. She was too afraid to go back."

Physical and Psychiatric History:

Mr. and Mrs. Shaw state that Maxine was a normal baby and child. After the disappearance of Maxine's sister, the family engaged in individual and group therapy. Dr. Weston, MD was Maxine's psychologist and records show that Maxine acted fearful when talking about her sister's abduction, had difficulty calming down when stressed, and struggled to interact with others. Dr. Weston diagnosed her with Reactive Attachment Disorder and Post Traumatic Stress Disorder.

Mr. and Mrs. Shaw claimed that their insurance only covered 4 sessions, so they chose not to continue with any therapy when those sessions were done. They "did not meet the requirements" for County Assistance.

Maxine received more mental health treatment in 2015 from Dr. Edmond Snow, PsyD. Mrs. Shaw stated that "after the 'incident' at school, our primary care doctor suggested we take Maxine to see a psychologist." Dr. Snow diagnosed Maxine with Posttraumatic Stress Disorder, Generalized Anxiety Disorder, and Depression.

Mr. and Mrs. Shaw said that Maxine's symptoms got worse after that, but she refused to go to therapy.

Words like "normal" are subjective. Saying that the parents "chose not to continue" with therapy ignores the family's financial barriers and casts judgment and blame on the parents for the limited treatment. Further, paraphrasing the medical records often omits important details and descriptions of how the applicant's symptoms impact their functioning.

Mr. and Mrs. Shaw say that Maxine was a healthy baby and report that she had no developmental delays. They state that Maxine was always a quiet child but was expressive, playful, and connected to her sister. After the disappearance of Maxine's sister, the family engaged in individual and group therapy. Dr. Weston, MD was Maxine's psychologist. Dr. Weston's records (2010) note, "Maxine responded with intense fear, helplessness, or horror when discussing the events that she witnessed of her sister's abduction." Dr. Weston also observed that, "Maxine displays difficulty calming down when stressed and does not look for comfort from her parents when she is upset. She appears unhappy, irritable, sad, and scared when interacting with others." Dr. Watson diagnosed Maxine with Reactive Attachment Disorder and Post Traumatic Stress Disorder.

Mr. and Mrs. Shaw informed me that they could only afford the 4 sessions covered by their insurance so were unable to continue with group or individual therapy when those sessions were done. They stated that they "tried their best to get county assistance but did not meet the requirements."

According to the records from Anyplace Community Hospital on June 12, 2015, Maxine Shaw was brought in by ambulance after "after being assaulted by a male classmate in the school restroom." Records indicate that Maxine's injuries included "defensive wounds to her hands, arms, and shoulders" as well as an "orbital fracture."

Records also indicate that there was “no indication of sexual assault present, however, a rape kit was performed.” Maxine was treated and released with instructions to follow up with her primary doctor.

On June 13, 2015, Maxine was seen by her primary doctor, Dr. Loretta Cane. Dr. Cane noted that Maxine was “extremely bruised and hypervigilant about every motion projected toward her – making the examination difficult to perform.” Dr. Cane encouraged Mrs. Shaw to follow up with a mental health assessment and possible treatment.

In September 2015, Maxine attended her appointment, along with her mother, at Community Service Board. She was seen by Dr. Edmund Snow, PsyD. According to Dr. Snow, Maxine displayed no suicidal/homicidal ideation or behaviors. Maxine was cooperative during the mental status exam but was visibly irritated and anxious and requested not to be alone (without her mother) during the examination. “Maxine seemed to respond to persistent intrusive thoughts that someone or something is out to harm her.” Dr. Snow reported that Maxine has “severe and profound problems with stress and social situations. She cannot maintain concentration or focus due to the intensity of her own fear.” Dr. Snow diagnosed her with Posttraumatic Stress Disorder, Generalized Anxiety Disorder, and Depression.

Maxine’s parents state that between 2016 and 2020, Maxine’s symptoms got progressively worse, but her symptoms and fear of germs prevented her from going to the doctor. Mr. Shaw stated, “It was hard enough to get her to finish school let alone forcing her to go to the doctor!” Mrs. Shaw said that Maxine was “on edge all the time” and frequently “ranted about how the world and the people in it are dangerous.” Her parents stated that she stopped eating food that they prepared unless she saw them eat it too.

Substance Use History

Maxine claims that she has no substance use history.

As previously mentioned, avoid the use of the word “claim,” and provide evidence from the records to support the statement. Alternatively, you can remove this section from the Medical Summary Report when there is no history of substance use reported or in the records.

Maxine stated that she has “never used” drugs. There is no evidence included in the medical records that indicates a history or current use of any controlled substance.

Legal History

Maxine’s first police interaction was when she was in high school after the assault she experienced. In November 2020, she was cited for trespassing. She refers to this incident as being “evicted.” In July 2021, police removed her from my office to take her to Regional Hospital.

When including information about legal involvement, describe the symptoms that the individual is experiencing when responding to what may be high-stress situations and include details that help provide context to the situation.

I met with Maxine on July 9, 2021, at Regional Hospital. Maxine stated that her first interaction with law enforcement was in 2015 following “the incident at school.” When asked to provide more detail, Maxine

responded, “The police questioned me like I ripped my own clothes off and punched myself in the eye. Don’t you watch the news? The police don’t help you when you are invisible.” This was the first time I observed Maxine speak in a tone that was louder than a whisper. Immediately after her response, Maxine began to cry and wanted to end the session.

Upon our next meeting on July 17, 2021, Maxine shared that the police “evicted me from my home.” Upon request, her parents provided me with a citation issued to her on November 1, 2020, for “living in an abandoned building that was deemed unfit for human habitation.” The citation notes that “the entrance of the building is flagged with red warning notices issued by the City of Anyplace” and that “Ms. Maxine Shaw had placed plastic coverings on the windows and doors.” The responding officer provided a referral to Waters Edge Community Housing to assist with housing options. I contacted the agency, but no record of Maxine’s participation was found. When asked about this, Maxine shared, “I went to the housing place but, there were too many people, too many germs, I had to go.”

On July 3, 2021, as previously described, she was escorted from my office by an LCSW and Crisis Intervention Team (CIT) Officer to Regional Hospital.

Functional Information

Understand, Remember, or Apply information: There is no real evidence that Maxine struggles to remember information or understand directives at times. She just can’t handle working with others and seems to feel better when she is alone.

Interact with Others: She has had very limited exposure to others as she does not like to be around others. Maxine decided to move out of her parent’s house to live alone due to the symptoms of her illness. The only person that she established a bond with seems to have been her deceased sister.

Concentrate, Persist, or Maintain Pace: Maxine seems easily distracted and does not respond well to loud noises (i.e., fire trucks). This is likely due to the symptoms of her illness.

Adapt and Manage Oneself: Based on Maxine’s limited work history, it is obvious that she has difficulty managing herself and contributing to the workforce. Maxine can navigate living on the streets on her own but seems unable to control her mental health symptoms to avoid continued hospitalizations. Maxine prefers to be homeless so she can avoid interactions with others.

The information above does not accurately describe the applicant's limitations and includes statements that are opinionated and vague. Describe exactly how the applicant struggles to function in each area. It is not enough to state that these functional impairments are "due to the symptoms of their illness" – you must include evidence that supports this statement. Specific examples and direct quotes from the applicant, collateral sources, and/or medical records are needed to illustrate a clear connection between the applicant’s symptoms and functioning.

Understand, Remember, or Apply Information

According to Maxine’s work history, details provided by past supervisors, and information obtained from Judy and John Shaw, Maxine struggles to apply information in a work setting without support. When she worked at

the Call Center, Maxine was able to understand that her task was to answer the phone, but the anxiety she experienced when the phone rang resulted in a freeze response. Maxine stated, "I couldn't get words to come." The longest job that Maxine held was while she was working at the same hospital, on the same floor, during the same work hours as her mother. According to Maxine's mother, Judy, "If any of the shifts had to change or if I had to be off for the day, Maxine would become so anxious the night before. She would be so exhausted in the morning from worry and being sick all night that she did not have the energy to do more than lay in bed the next day."

Interact with Others

Maxine is currently receiving residential treatment at Regional Hospital. According to medical records noted by the clinical psychiatrist, Dr. Francine Brooks, "Maxine often refers to herself as invisible. She believes that her presence is not valuable to anyone around her and often resorts to seclusion. Maxine rarely speaks beyond a whisper, and her body shakes when she is asked to speak louder. She expresses excessive worry and expects the worst even when there is no apparent reason for concern. Maxine does not appear to be responding to the tools offered to help manage her anxiety and refuses medications."

When meeting with this case worker, Maxine avoided eye contact and rarely spoke above a whisper. As stated previously, Maxine has a freeze response when talking on the phone in work settings and does not use a cell phone. Maxine has not developed any relationships with others in the community. Maxine states, "I feel safer when I am alone."

Maxine's mother, Judy, also stated, "I stopped telling her ahead of time when she would have to go to work without me. She was so worried about having to work with the other housekeepers that she would barely eat or sleep in the days leading up to it. The only peace she seems to have is when she is by herself and when her sister was alive."

Concentrate, Persist, or Maintain Pace

Due to the symptoms of her Post Traumatic Stress Disorder, Maxine's ability to concentrate is significantly limited due to the intrusive thoughts and excessive worry she experiences. As noted by the clinical psychiatrist, Dr. Francine Brooks, "Her response to the sound of loud noises appears to invoke a fearful flight response that makes it difficult for her to concentrate and often escalates to the point where sedation is needed."

Adapt and Manage Oneself

Maxine currently resides at Regional Hospital with a release date of August 21, 2021. According to Maxine's parents, Maxine "depended on her sister for everything" when she was young. Maxine's parents also stated that Maxine's symptoms of paranoia increased after COVID to the point that she would not eat food that she did not see her parents prepare and eventually moved to an outside shed on her parent's property. All her food and clothing were provided for by her parents. Even while Maxine was sleeping in an abandoned building, her parents would leave canned goods and bottles of water on the back porch for Maxine when she became too fearful to enter the family home. Maxine has never obtained a driver's license or driven a car.

In work settings, Maxine's longest job was when she worked at the hospital with her mother but was very dependent on her mother's presence for her to manage small work details.

Maxine has never shopped for herself because of her anxiety around others, and she has no experience with cooking her own meals. When asked if she was able to cook, Maxine responded that “it’s safer” for her to “eat meals that are prepared and sealed by authorities.”

Conclusion

Maxine Shaw is a 21-year-old White female from an intact family. She experienced the loss of her sister at an early age and appears to still struggle with the grief. Maxine does not feel safe in her parent’s care and prefers to be homeless. She is currently in the hospital as a result of her poor response to the sound of a firetruck. She claims that she has no drug use.

Maxine is diagnosed with Posttraumatic Stress Disorder, Depression, and Generalized Anxiety and will likely continue to utilize community services and emergency rooms because she will not care for her own mental and physical health on her own.

With access, Maxine would benefit from the Social Security SSI disability program, but it would be in her best interest to have a payee if awarded so she won’t continue a life of homelessness.

Avoid subjective language that does not connect the applicant’s symptoms to their ability to function. Focus on how the symptoms of the mental illness influence the individual’s experience and struggles.

Maxine Shaw is a 21-year-old that is currently residing at Regional Hospital and is at risk of homelessness upon release. Maxine has been diagnosed with Posttraumatic Stress Disorder, Depression, and Generalized Anxiety. She experienced the loss of her sister at an early age and appears to still struggle with the grief. Maxine does not feel safe in her parent’s care and has experienced homelessness to protect her family from the risk of contracting COVID. Her symptoms of paranoia, intrusive thoughts, and constant worry have invoked debilitating fear and has led to adverse consequences of police interaction and crisis intervention. The severity of the symptoms Maxine experiences are substantial barriers for her to engage in independent and sustainable substantial gainful activity.

If you have any questions, please contact Zara Smith at 111-222-3333 or Dr. Francine Brooks, M.D. at 111-222-3333.

Sincerely,

*Zara D. Smith
XYZ Community Mental Health Center*

*Dr. Francine Brooks, M.D.
Attending Psychiatrist*