

LETTERHEAD HERE

DATE

Re: [REDACTED]

#### Introduction of Client:

[REDACTED] is 58 year-old, twice widowed, African American male with a long history of homelessness (11 years). [REDACTED] has been a resident at Miracles in Progress since January 2019. MIP is a highly structured, sober environment, in which the residents' food and medications are provided, and all activities of daily living are monitored. Prior to his placement here, [REDACTED] was at the Kirkbride Center for 90 days. He suffers from HIV, hepatitis C, diabetes, seizure disorder, hypertension, PTSD, and major depression disorder. He was first prescribed psychiatric medications as a child. [REDACTED] was enrolled in special education, and dropped out in 11<sup>th</sup> grade, citing learning and emotional difficulties.

In his eight months at Miracles in Progress, Mr. [REDACTED] has shown himself to have difficulty with authority figures, and has been resistant to change and new information. He experiences seizures periodically, recurrent nightmares, and periods of isolation. REDACTED's mental health symptoms include mood swings, depressed mood, impaired judgment, impaired insight, poor sleep, poor energy, and poor concentration. These result in the following extreme or marked functional limitations:

#### Limitations in Activities of Daily Living

[REDACTED] is anhedonic with his general affect, and limits his social contacts. In planning his eventual discharge into the community and independent living, [REDACTED] will need a mobile psychiatric aide to assist him in with daily life, as there are times when his symptoms prevent him from performing basic daily tasks, like taking regular showers and getting out of bed.

[REDACTED] will isolate periodically, therefore motivational enhancement is need to assist his with the completion of daily duties. MIP provides medication administration and monitoring, and [REDACTED] has required regular prodding and reminding, and would likely fall out of medication compliance without significant supports in the community. These supports would need to assist him in scheduling and making important appointments. [REDACTED] hasn't held a steady job since 2000 in large part because he lacks the motivation to perform on a daily basis.

#### Limitations in Social Function

[REDACTED] has not gotten into any fights with other residents at MIP, but he has not formed any relationships either. He is similarly disconnected from family members, and has not provided us with an emergency contact, saying there is nobody, despite admitting to having a large family. Although he was married twice, both of his wives died, and [REDACTED] laments feelings of loneliness: "Nobody really knows me. I can't ever pick up the phone like, hey remember this?"

Certain men trigger traumatic memories from his childhood, during which he was sexually abused by his mother's friends. He reported being teased as a boy for soiling himself on multiple

occasions, which he says was caused by the sexual assaults, including rape. [REDACTED] has severe trust issues resulting from these childhood traumas, and reports he never formed regular, healthy friendships in his life. He describes losing relationships during periods of depression as well, during which he totally isolates from others. At MIP he has periodically spent entire days in his bed.

[REDACTED] does and will experience significant mood swings. He has difficulty being positive about himself and will personalize and catastrophize any comment made toward him. In his own words, [REDACTED] “shuts down easily”. This happens commonly when he is given any kind of instruction, which he takes as criticism, and would prevent him from maintaining a relationship with any supervisor or manager in the case of a job. [REDACTED] is guarded with talking to people and will disguise his emotional state with intellectualism.

#### Limitations in Pace, Persistence and Concentration

[REDACTED] struggles to complete tasks in a timely way and can become easily discouraged and angered when he feels that he cannot keep up or complete tasks. Traumatic memories intrude on his thoughts as well, causing him to regularly lose his train of thought and break into a state of panic, or sudden tearfulness. [REDACTED] has described the physical manifestation of these panic attacks: “my hands shake, I sweat, my buttcheeks clench, I start crying, I have to get away from everyone.”

REDACTEDs periods of depression, and particularly his tendency to isolate and remain in bed for days at a time, have made it impossible for him to keep to any regular schedule, as a job would require.

It is my opinion that [REDACTED] REDACTED’s functional limitations, as described above, are significant enough to prevent him from maintaining any sort of employment. Should you need additional information, by all means call me at [REDACTED]

Sincerely,