UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF WASHINGTON

James L. v. Frank Bisignano, Commissioner of Social Security

James L. · No. No. 1:25-cv-3201-EFS · Decided April 17, 2026

SUMMARY

The U.S. District Court for the Eastern District of Washington reversed the Administrative Law Judge's denial of Social Security disability benefits to James L. The court held that the ALJ improperly discounted the plaintiff's reported mental-health symptoms, particularly his social-functioning limitations, and that the error affected the residual functional capacity assessment. The case was remanded to the Commissioner for further proceedings under sentence four of 42 U.S.C. § 405(g).

OPINION

1 2 FILED IN THE U.S. DISTRICT COURT EASTERN DISTRICT OF WASHINGTON 3 Apr 17, 2026 4 SEAN F. MCAVOY, CLERK 5 UNITED STATES DISTRICT COURT EASTERN DISTRICT OF WASHINGTON 6 7 JAMES L.,1 No. 1:25-cv-3201-EFS 8 Plaintiff, ORDER REVERSING THE 9 v. ALJ'S DENIAL OF BENEFITS, AND REMANDING FOR 10 FRANK BISIGNANO, MORE PROCEEDINGS Commissioner of Social Security, 11 Defendant.

12 13 Plaintiff James L. asks the Court to reverse the Administrative 14 Law Judge's (ALJ) denial of Title 2 and Title 16 benefits. Plaintiff 15 contends the ALJ reversibly erred in assessing Plaintiff's reported 16 17 18 1 For privacy reasons, Plaintiff is referred to by first name and last 19 initial or as "Plaintiff." See LCivR 5.2(c). 20 1 mental health symptoms and the psychological medical opinions.

2 Because the ALJ improperly discounted Plaintiff's symptom claims, the 3 ALJ erred. This error affected the formulation of the residual 4 functional capacity (RFC). Accordingly, this matter is remanded for 5 further proceedings. 6 I. Background 7 Plaintiff filed his Title 2 and Title 16 applications for benefits in 8 July 2022, when he was 29 years old, alleging disability preventing him 9 from working beginning April 20, 2022.2 He alleged physical injuries, 10 physical limitations on the left side of his body, chronic pain, anger 11 issues, memory loss, anxiety, and post-traumatic stress disorder 12 (PTSD).3 13 Plaintiff appeared for a hearing before ALJ Marc Yerkey in May 14 2025, at which Plaintiff and a vocational expert testified.4 15 16 17 2 Administrative Record (AR) 274, 281, 288.

18 3 AR 86, 101, 377, 379–81, 384 19 4 AR 42–83. 20 1 After the hearing, the ALJ issued a decision finding Plaintiff not 2 disabled.5 The ALJ found Plaintiff's alleged symptoms were "not

3 entirely consistent" with the medical evidence and other evidence.6 As 4 to the medical opinions, the ALJ found: 5 • the administrative findings of the State agency psychological 6 consultant persuasive; and 7 • the consultative opinions of Marquetta Washington, ARNP, 8 Thomas Genthe, PhD, Dana Harmon, PhD, and Joyce Austin, 9 PMHNP, not persuasive.7 10 As to the sequential disability analysis, the ALJ found: 11 • Plaintiff met the insured status requirements through March 12 31, 2027.

13 14 5 AR 14. Per 20 C.F.R. §§ 404.1520(a)–(g), 416.920(a)–(g), a five-step 15 evaluation determines whether a claimant is disabled. 16 6 AR 22. As recommended by the Ninth Circuit in Smartt v. Kijakazi, 17 the ALJ should consider replacing the phrase "not entirely consistent" 18 with "inconsistent." 53 F.4th 489, 499, n.2 (9th Cir. 2022). 19 7 AR 25–26. 20 1 • Step one: Plaintiff had not engaged in substantial gainful 2 activity since April 20, 2022, the alleged onset date.

3 • Step two: Plaintiff had the following medically determinable 4 severe impairments: major depressive disorder; anxiety 5 disorder; borderline personality disorder; PTSD; and substance 6 use disorder. 7 • Step three: Plaintiff did not have an impairment or 8 combination of impairments that met or medically equaled the 9 severity of one of the listed impairments.

10 • RFC: Plaintiff had the RFC to perform a full range of work at 11 all exertional levels, except Plaintiff could understand, 12 remember, and carry out only simple instructions; could have 13 only occasional interactions with others; and could deal with 14 only occasional changes in a routine work setting. 15 • Step four: Plaintiff had no past relevant work.

16 • Step five: considering Plaintiff's RFC, age, education, and work 17 history, Plaintiff could perform work that existed in significant 18 19 20 1 numbers in the national economy, such as hand packager, auto 2 detailer, cleaner, marker, router, or collator.8 3 Plaintiff timely requested review of the ALJ's decision by the 4 Appeals Council, which denied review.9 Plaintiff now appeals to district 5 court.10 6 II.

Standard of Review 7 The ALJ's decision is reversed "only if it is not supported by 8 substantial evidence or is based on legal error"11 and such error 9 impacted the nondisability determination.12 Substantial evidence is 10 11 8 AR 19–27. 12 9 AR 1. 13 10 ECF No. 1. 14 11 Hill v. Astrue, 698 F.3d 1153, 1158 (9th Cir. 2012). See 42 U.S.C. § 15 405(g). 16 12 Molina v. Astrue, 674 F.3d 1104, 1115 (9th Cir.

2012), superseded on 17 other grounds by 20 C.F.R. § 416.920(a) (recognizing that the court may 18 not reverse an ALJ decision due to a harmless error—one that "is 19 inconsequential to the ultimate nondisability determination"). 20 1 "more than a mere scintilla but less than a preponderance; it is such 2 relevant evidence as a reasonable mind might accept as adequate to 3 support a conclusion."13 4 III.

Analysis 5 Plaintiff does not challenge the ALJ's findings regarding his 6 physical health and limitations; instead, he narrows his appeal to 7 issues regarding his mental health.14 He argues the ALJ reversibly 8 9 13 Hill, 698 F.3d at 1159 (quoting Sandgathe v. Chater, 108 F.3d 978, 10 980 (9th Cir. 1997)). See also Lingenfelter v. Astrue, 504 F.3d 1028, 11 1035 (9th Cir.

2007) (The court "must consider the entire record as a 12 whole, weighing both the evidence that supports and the evidence that 13 detracts from the Commissioner's conclusion," not simply the evidence 14 cited by the ALJ or the parties) (cleaned up); Black v. Apfel, 143 F.3d 15 383, 386 (8th Cir. 1998) ("An ALJ's failure to cite specific evidence does 16 not indicate that such evidence was not considered[.]").

17 14 See Nadon v. Bisignano, 145 F.4th 1133, 1138 (9th Cir. 2025) 18 (deciding that the claimant forfeited an argument by not challenging 19 the ALJ's findings in that regard). 20 1 erred by not properly assessing Plaintiff's alleged mental symptoms 2 and the psychological medical opinions.

In response, the Commissioner 3 argues the ALJ committed no error and that substantial evidence 4 supports the ALJ's reasons for discounting Plaintiff's alleged 5 symptoms, weighing of the medical opinions, and nondisability 6 decision.

As is explained below, the ALJ consequentially erred when 7 evaluating Plaintiff's reports of the symptoms caused by his mental 8 disorders, thereby impacting the RFC. 9 A. Symptom Reports: Plaintiff establishes consequential 10 error. 11 Plaintiff argues the ALJ erred by not properly assessing 12 Plaintiff's alleged symptoms, asserting that six of the ALJ's relevant 13 findings were either not supported by the record or not sufficiently 14 clear and convincing reasons to discount his reported symptoms: 15 (1) that Plaintiff had conservative mental treatment; (2) that Plaintiff's 16 mental symptoms were generally well controlled; (3) that objective 17 findings were unremarkable; (4) that Plaintiff attended only three 18 therapy sessions; (5) that Plaintiff had a relatively normal degree of 19 functioning; and (6) that Plaintiff had stated he was willing to work.

20 1 1. Standard 2 After finding a medically determinable impairment, the ALJ 3 must assess the intensity and persistence of the alleged symptoms to 4 determine how they affect the claimant's ability to work.15 Factors the 5 ALJ may consider when evaluating the intensity, persistence, and 6 limiting effects of a claimant's symptoms include: 1) objective medical 7 evidence; 2) daily activities; 3) the location, duration, frequency, and 8 intensity of pain or other symptoms; 4) factors that precipitate and 9 aggravate the symptoms; 5) the type, dosage, effectiveness, and side 10 effects of any medication the claimant takes or has taken to alleviate 11 pain or other symptoms; 6) treatment, other than medication, the 12 claimant receives or has received for relief of pain or other symptoms; 13 and 7) any non-treatment measures the claimant uses or has used to 14 relieve pain or other symptoms.16 15 16 17 15 20 C.F.R. §§ 404.1529(c), 416.929(c).

18 16 Id. §§ 404.1529(c), 416.929(c)(2), (3). See also 3 Soc. Sec. Law & Prac. 19 § 36:25, Consideration of objective medical evidence (2025). 20 1 If the ALJ finds inconsistency between the claimant's reported 2 symptoms and the evidence, the ALJ must identify what symptom 3 claims are being discounted and clearly and convincingly explain the 4 rationale for discounting the symptoms with supporting citation to 5 evidence.17 This requires the ALJ to "show his work" and provide a 6 "rationale... clear enough that it has the power to convince" the 7 reviewing court.18 8 2.

Plaintiff's Alleged Symptoms 9 The record contains several sources of Plaintiff's alleged 10 symptoms, which the Court will present chronologically along with the 11 circumstances in which Plaintiff's complaints were made for context. 12 In June 2022, Plaintiff established care with a primary care 13 physician, Ahmed Nahas, MD, and complained of feeling "anxious all 14 15 16 17 Smartt, 53 F.4th at 499; 20 C.F.R. §§ 404.1529(c), 416.929(c); 17 Ghanim v. Colvin, 763 F.3d 1154, 1163 (9th Cir.

2014); Soc. Sec. Rlg. 18 16-3p, 2016 WL 1119029, at *7. 19 18 Smartt, 53 F.4th at 499 (alteration added). 20 1 the time" after being "jumped" three years prior.19 Plaintiff reported he 2 was "hiding between friends places."20 He explained to Dr. Nahas that 3 he was physically abused and starved as a child.21 4 In August 2022, Plaintiff had a telephone interview for purposes 5 of filing his disability benefits claim.22 According to the interviewer, 6 Plaintiff "was extremely flustered," the interviewer "spent a lot of time 7 consoling and attempting to calm" Plaintiff, and, when told he needed 8 information, Plaintiff said he had memory issues.23 9 In October 2022, Plaintiff reported to Dr. Nahas that the 10 medication Dr. Nahas prescribed "made him angrier" and at that point 11 he "just want[ed] to lay down on the floor and not do anything."24 12 13 14 19 AR 514.

15 20 Id. 16 21 AR 517. 17 22 AR 308–10. 18 23 AR 309. 19 24 AR 526. 20 1 In February 2023, according to a crisis intervention report, 2 Plaintiff said he would hurt others if they hurt him and had an 3 altercation with his neighbors for which law enforcement was called.25 4 The provider stated Plaintiff appeared to be in a manic episode, 5 "ranting about Christians/slavery."26 6 On February 28, 2023, Plaintiff alleged to Dr. Genthe, as part of a 7 psychological/psychiatric evaluation, that he was always in pain 8 "because of you stupid people."27 He said he wished he was dead.28 He 9 said he felt unusually restless and had difficulty concentrating out of 10 "fear that something awful may happen."29 He said he had no "full 11 choice in this life, having you Christians abuse me and dealing with 12 you dumb ass humans."30 He alleged his past traumas of being abused 13 14 25 AR 562.

15 26 Id. 16 27 AR 429. 17 28 AR 431. 18 29 Id. 19 30 Id. 20 1 as a child and getting beaten made him "pissed," "ruin[ed] [his] sanity," 2 and gave him troubled memories, distressing dreams, and flashbacks.31 3 He reported feeling jumpy, easily startled, "super alert" or on guard, 4 and detached from others.32 He acknowledged having anger 5 outbursts.33 6 In April 2023, as part of

a counseling intake, he reported not 7 liking to be around people, losing interest in doing things, feeling angry 8 and irritable, having trouble sleeping, avoiding people, having troubled 9 memories, feeling like his life was in danger, and having problems 10 concentrating, all of which related to being attacked by three men a 11 few years prior.34 12 Over the next few months, Plaintiff complained to Dr. Nahas and 13 a therapist of increased stress, becoming homeless after having a 14 conflict with the people he was living with, getting kicked out of a 15 16 31 Id. 17 32 Id. 18 33 Id. 19 34 AR 572.

20 1 homeless shelter for having issues with other people, and having 2 conflicts with and feeling unsafe around others.35 3 On May 20, 2024, Plaintiff completed an Adult Function Report 4 as part of his disability benefits application.36 There, Plaintiff reported 5 he does not go to social events, does not go out alone, was worried all 6 the time, stayed inside as much as possible, had fear of being jumped, 7 had a "very big issue with day to day life" because of PTSD, needed to 8 find the right mental health counselor because of fear from the prior 9 assault, and had limited ability to think clearly.37 10 On May 29, 2024, as part of a psychiatric evaluation, Plaintiff 11 alleged to PMHNP Austin that people triggered him, he would be 12 better off dead, he was tired of this world, and "[p]eople treat me like 13 shit, what I say does not matter."38 14 15 16 35 AR 542, 546, 574, 579.

17 36 AR 377–85. 18 37 AR 378, 380–84. 19 38 AR 630. 20 1 Throughout the rest of 2024 and in early 2025, Plaintiff continued 2 reporting to Dr. Nahas that he had problems with all other people, 3 always wanted to be alone, had panic attacks stemming from the past 4 assault, and was easily frustrated and agitated.39 Consistent with 5 these symptoms during this time, a therapist reported Plaintiff "was 6 verbally abusive and aggressive, cussing at me and all people and 7 staff."40 8 On May 6, 2025, Plaintiff appeared with his representative via 9 telephone for a hearing before the ALJ and testified to the following 10 regarding his mental health.41 He was living "[f]loor to floor" or "[c]ouch 11 to couch" and stayed at a homeless shelter for "a while."42 He was 12 taking fluoxetine for anxiety and depression, and had done so for a 13 year and a half.43 His anxiety made him so worked up that he felt like 14 15 39 AR 716, 721, 724, 726, 728–29.

16 40 AR 40. 17 41 AR 42–83. 18 42 AR 56. 19 43 AR 56, 58. 20 1 he could "explode at any moment from the inside out," he would shake, 2 and he would become more anxious.44 People standing too close to him, 3 people being aggressive, and "[m]emories about what happened" made 4 him anxious.45 His depression made him feel like he would be better off 5 dead.46 His medication made his symptoms occur less often and less 6 severely.47 He struggled with concentration, memory, and attention 7 because he would shut down and think about survival when stressed.48 8 Plaintiff further testified he felt uncomfortable around other 9 people and did not trust others because he had been abused and 10 neglected.49 He usually tries to avoid other

people, but when he does 11 interact with others, he constantly worries, sometimes says the wrong 12 13 14 44 AR 57.

15 45 Id. 16 46 Id. 17 47 AR 57–58. 18 48 AR 58–59. 19 49 AR 59. 20 1 things, and feels like jumping off a cliff.50 At his last job, "it got really 2 bad" with co-workers and supervisors because he was "really mean."51 3 Plaintiff testified he never had a psychiatric hospitalization.52 He 4 saw a mental health therapist three times in 2025 and approximately 5 eight times in 2024.53 6 3.

ALJ's Reasons and Analysis 7 The ALJ found Plaintiff's medically determinable impairments 8 could reasonably be expected to cause the alleged symptoms, but found 9 Plaintiff's statements concerning the intensity, persistence, and 10 limiting effects of his symptoms inconsistent with the medical evidence 11 and other evidence in the record.54 The ALJ found the overall medical 12 evidence indicated Plaintiff's mental symptoms were "generally well- 13 controlled with conservative medication management," based on 14 15 50 AR 59–60.

16 51 AR 61. 17 52 AR 73. 18 53 AR 74. 19 54 AR 22. 20 1 progress notes from Dr. Nahas reporting improvements with 2 medication in his mood, depression, anxiety, conversion disorder, and 3 borderline personality disorder from October 2022 through March 4 2025.55 The ALJ also discounted the severity of Plaintiff's reported 5 symptoms because he attended only three therapy sessions and was 6 discharged for not identifying treatment goals, and Plaintiff had no 7 psychiatric hospitalizations.56 8 The ALJ explained the RFC accounted for Plaintiff's alleged 9 mental symptoms that were supported by the record, offering three 10 reasons why "the objective findings were often unremarkable and do 11 not support greater functional restrictions."57 First, the ALJ stated, 12 "Mental status examinations revealed many normal findings, 13 suggesting intact cognitive and mental functioning overall," citing two 14 emergency room records and PMHNP Austin's examination.58 Second, 15 16 55 AR 24.

17 56 Id. 18 57 Id. 19 58 Id. 20 1 the ALJ found that Plaintiff "retained a relatively normal degree of 2 functioning" because he could maintain personal care, perform 3 household chores, prepare meals, shop for groceries, play video games, 4 and attend church.59 Third, the ALJ stated Plaintiff reported he was 5 willing to work in September 2023.60 6 The ALJ concluded his assessment of Plaintiff's symptoms as 7 follows: 8 Based on the overall evidence, the undersigned finds support for the above residual functional capacity, which allows for 9 work at all exertional levels with nonexertional limitations.

As an accommodation for the claimant's ongoing mental 10 symptoms and moderate mental functioning limitations, he can understand, remember, and carry out simple 11 instructions. He can have occasional interactions with supervisors, coworkers, and the public. He can deal with 12 occasional changes in a routine work setting.61 13 Here, the ALJ did not misstate the record, but he overall cherry- 14 picked some normal findings that were irrelevant to Plaintiff's 15 allegations of social-functioning symptoms, disregarded the overall 16 17 59 Id. 18 60 Id. 19 61 AR 25.

20 1 diagnostic record, and relied on some findings not supported by 2 substantial evidence. 3 First, while some symptoms might have been "generally well- 4 controlled with conservative medication management," substantial 5 evidence does not support that the symptoms undercutting the ALJ's 6 RFC finding the most—such as Plaintiff's frequent agitation, outbursts, 7 and difficulties interacting with others—were well-controlled.

8 Symptom improvement must be weighed within the context of an 9 "overall diagnostic picture," particularly for mental symptoms, which 10 often wax and wane.62 Reports of improvement "must be interpreted 11 with an understanding of the patient's overall well-being and the 12 nature of h[is] symptoms," as well as with an awareness that 13 "improved functioning while being treated and while limiting 14 15 16 62 Holohan v. Massanari, 246 F.3d 1195, 1205 (9th Cir.

2001); see also 17 20 C.F.R. §§ 416.920a(c)(1) §§ 416.929(c)(3); Lester v. Chater, 81 F.3d 18 821, 833 (9th Cir. 1995) ("Occasional symptom-free periods... are not 19 inconsistent with disability."). 20 1 environmental stressors does not always mean that a claimant can 2 function effectively in a workplace."63 3 The overall diagnostic picture of Plaintiff, as reported in the same 4 records from which the ALJ highlighted a few reports of a stable and 5 calm mood in a clinical environment, was that Plaintiff's ability to 6 interact with others did not materially improve with medication.64 7 Plaintiff continued getting into conflicts with others and having angry 8 outbursts while he was medicated.65 This evidence was more relevant 9 to Plaintiff's ability to interact with others in the workplace than a few 10 isolated instances of presenting with a stable mood in the clinical 11 setting, yet the ALJ did not address it.

As such, the ALJ erroneously 12 13 63 Garrison v. Colvin, 759 F.3d 995, 1017 (9th Cir. 2014) ("Cycles of 14 improvement and debilitating symptoms are a common occurrence, and 15 in such circumstances it is error for an ALJ to pick out a few isolated 16 instances of improvement over a period of months or years and to treat 17 them as a basis for concluding a claimant is capable of working.").

18 64 See, e.g., AR 431–33, 526, 528, 535, 542, 546, 574, 579, 625–27. 19 65 AR 40, 528, 572, 678, 689, 700–01, 709, 716, 721. 20 1 did not explain why the objective medical findings were inconsistent 2 with Plaintiff's complaints and erroneously discounted the basis for 3 Plaintiff's limitations because of nonrelevant normal findings.66 4 Second, the ALJ's reliance on Plaintiff's therapy sessions is 5 unconvincing.

The record shows Plaintiff complained at his therapy 6 sessions of PTSD symptoms that caused him to have several conflicts 7 with others and wanted help learning to deal with people.67 At the 8 9 10 66 See Smartt, 53 F.4th at 498; Ghanim, 763 F.3d at 1164 (finding the 11 ALJ erred by rejecting the claimant's symptoms resulting from anxiety, 12 depressive disorder, and PTSD on the basis that claimant performed 13 cognitively well during examination and had a generally pleasant 14 demeanor).

15 67 AR 690–96. For this analysis, the Court relies on the three detailed 16 records of therapy sessions described by the ALJ as the "only" therapy 17 sessions Plaintiff attended. See AR 24; Burrell v. Colvin, 775 F.3d 1133, 18 1138 (9th Cir. 2014) (recognizing court review is constrained to the 19 reasons the ALJ asserts).

The Court acknowledges, however, the 20 1 third therapy session, he was discharged because he said he did not 2 need counseling because he was "better than everyone" and "too smart" 3 and "too good" for counseling.68 Therefore, contrary to the ALJ's 4 finding, the therapy records are consistent with Plaintiff's symptoms. 5 Third, substantial evidence does not support discounting 6 Plaintiff's allegations based on PMNHP's Austin's mental status 7 examination and the two emergency room records revealing "many 8 normal findings[] suggesting intact cognitive and mental functioning 9 overall."69 The ALJ cherry-picked the "normal" findings in PMNHP 10 Austin's mental status examination without considering the complete 11 diagnostic picture and without considering the more relevant findings 12 in the same examination.70 In the same examination, PMNHP Austin 13 14 evidence of Plaintiff engaging or attempting to engage in additional 15 therapy.

See AR 40, 535, 678, 709, 719, 733. 16 68 AR 700. 17 69 AR 24. 18 70 See Ghanim, 763 F.3d at 1164 (emphasizing that treatment records 19 must be viewed considering the overall diagnostic record); Gallant v. 20 1 reported that Plaintiff expressed severe difficulties in getting along 2 with other people because of his depression and anxiety, which was 3 consistent with the overall record.71 4 The emergency room records are plainly not substantial evidence.

5 In both, Plaintiff visited the emergency room for nausea and vomiting, 6 and there is a single note that his psychiatric mood and affect was 7 normal.72 In relying on these records to discount Plaintiff's allegations, 8 the ALJ gave undue weight to the normal mental-health findings 9 during brief physical-ailment appointments.73 10 11 Heckler, 753 F.2d 1450, 1456 (9th Cir.

1984) (disallowing the ALJ from 12 cherry picking evidence to support a conclusion that contradicts the 13 overall diagnostic record). 14 71 AR 625–26. 15 72 AR 416, 448. 16 73 See Ford v. Saul, 950 F.3d 1141, 1156 (9th Cir. 2020) (comparing 17 psychologist's mental health findings against findings from other 18 mental health professionals); Diedrich v. Berryhill, 874 F.3d 634, 641 19 (9th Cir.

2017) (noting that courts do "not necessarily expect" someone 20 1 Fourth, substantial evidence does not support discrediting 2 Plaintiff's allegations based on his daily activities. The Ninth Circuit 3 has "repeatedly asserted that the mere fact that a plaintiff has carried 4 on certain daily activities," such as grocery shopping or driving a car, 5 "does not in any way detract from h[is] credibility as to h[is] overall 6 disability."74 Also, the Ninth Circuit has recognized that the fact the 7 8 who is not a mental-health professional to document observations 9 about the claimant's mental-health symptoms); see also Jajo v. Astrue, 10 273 F. App'x 658, 660 (9th Cir.

2008) (not reported) (“The ALJ relied on 11 the lack of corroboration on the part of the orthopedic consultant and 12 various emergency room reports. However, the purpose of those visits 13 was not to assess [the claimant]’s mental health, and thus any lack of 14 corroboration is not surprising.”). 15 74 Vertigan v. Halter, 260 F.3d 1044, 1050 (9th Cir. 2001) (Ms.

Vertigan 16 could grocery shop without assistance, walk approximately an hour in 17 the malls, play cards, swim, watch television, and read, but these 18 activities did not consume a substantial part of her day and so did not 19 detract from her credibility). 20 1 claimant “could participate in some daily activities does not contradict 2 the evidence of otherwise severe problems that []he encountered in 3 h[is] daily life during the relevant period.”75 None of Plaintiff’s daily 4 activities cited by the ALJ contradict his reports of severe social- 5 functioning limitations and have, at best, only dubious relevance to 6 interpersonal functioning in the workplace.76 7 Finally, Plaintiff’s statement in September 2023 that he was 8 “willing to work” is not substantial evidence.

Plaintiff said this as part 9 of developing a treatment plan for therapy, identifying “willing to 10 work” as a personal strength.77 This statement is wholly unremarkable 11 and irrelevant to his symptom reports. 12 4. Conclusion 13 The ALJ’s reasons for discounting Plaintiff’s reported symptoms 14 from his PTSD, depression, anxiety, and other mental disorders are not 15 supported by substantial evidence and are unconvincing.

These 16 17 75 Diedrich v. Berryhill, 874 F.3d 634, 643 (9th Cir. 2017). 18 76 See AR 24. 19 77 AR 692. 20 1 symptom evaluation errors are consequential because the ALJ 2 formulated the RFC’s mental functioning limitations based on his 3 evaluation of Plaintiff’s symptoms. Crucially, the ALJ concluded based 4 on his evaluation that Plaintiff could have occasional interactions with 5 others at work.

Remand for a new evaluation of Plaintiff’s reported 6 symptoms is required. 7 On remand, the ALJ is to reevaluate Plaintiff’s reported 8 symptoms. The ALJ is to specifically evaluate Plaintiff’s alleged social- 9 functioning symptoms that are relevant to interpersonal capabilities in 10 the workplace. If the ALJ discounts these symptom reports, the ALJ 11 must be specific about which symptoms are being rejected and cite to 12 specific evidence relevant to Plaintiff’s ability to interact with others to 13 explain why each symptom is being rejected.

The ALJ’s reasons for 14 rejecting the symptom reports must be clear and convincing. 15 B. Other Steps: The ALJ must reevaluate on remand. 16 The ALJ’s errors when evaluating Plaintiff’s reported symptoms 17 impacted the ALJ’s sequential analysis.78 A new disability evaluation 18 19 78 See Leon v. Berryhill, 880 F.3d 1041, 1045 (9th Cir. 2018). 20 1 by the ALJ is needed.

Therefore, the Court does not analyze Plaintiff’s 2 remaining claims regarding the ALJ’s assessment of the medical 3 opinions. 4 IV. Conclusion 5 Plaintiff establishes the ALJ erred. The

ALJ is to develop the 6 record and reevaluate—with meaningful articulation and evidentiary 7 support—the sequential process. 8 Accordingly, IT IS HEREBY ORDERED: 9 1.

The ALJ's nondisability decision is REVERSED, and this 10 matter is REMANDED to the Commissioner of Social 11 Security for further proceedings pursuant to 12 sentence four of 42 U.S.C. § 405(g). 13 2. The Clerk's Office shall TERM the parties' briefs, ECF 14 Nos. 9 and 11, enter JUDGMENT in favor of Plaintiff, 15 and CLOSE the case. 16 IT IS SO ORDERED.

The Clerk's Office is directed to file this 17 order and provide copies to all counsel. 18 19 20 1 DATED this 17 day of April 2026. | aw. 3 EDWARD F.SHEA | Senior United States District Judge 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 DISPOSITIVE ORDER - 28