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**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

BRIAN P.,<sup>1</sup>

Plaintiff,

v.

ANDREW SAUL,  
Commissioner of Social Security,

Defendant.

Case No. 2:19-cv-09530 AFM

**MEMORANDUM OPINION AND  
ORDER AFFIRMING DECISION  
OF THE COMMISSIONER**

Plaintiff filed this action seeking review of the Commissioner’s final decision denying his application for disability insurance benefits. In accordance with the Court’s case management order, the parties have filed briefs addressing the merits of the disputed issues. The matter is now ready for decision.

**BACKGROUND**

In September 2017, Plaintiff applied for disability insurance benefits, alleging disability beginning August 23, 2014. Plaintiff’s application was denied initially and upon reconsideration. (Administrative Record [“AR”] 15.) A hearing took place on

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<sup>1</sup> Plaintiff’s name has been partially redacted in accordance with Federal Rule of Civil Procedure 5.2(c)(2)(B) and the recommendation of the Committee on Court Administration and Case Management of the Judicial Conference of the United States.

1 June 18, 2019 before an Administrative Law Judge (“ALJ”). Plaintiff (who was  
2 represented by counsel) and a vocational expert (“VE”) testified at the hearing. (AR  
3 32-48.) On July 2, 2019, the ALJ issued a decision finding Plaintiff not disabled. (AR  
4 12.)

5 In this decision, the ALJ found that Plaintiff suffered from the severe  
6 impairments of “bipolar disorder and osteoarthritis of the bilateral knees status post  
7 left knee arthroscopy.” (AR 17.) The ALJ determined that Plaintiff retained the  
8 residual functional capacity (“RFC”) to perform “medium work . . . except: can  
9 perform simple, routine tasks in jobs that require no more than occasional interaction  
10 with the general public.” (AR 20.) Relying on the testimony of the VE, the ALJ  
11 concluded that Plaintiff was unable to perform his past relevant work but could  
12 perform other jobs existing in significant numbers in the national economy. (AR 24.)  
13 Accordingly, the ALJ found Plaintiff not disabled. (AR 25.)

14 The Appeals Council subsequently denied Plaintiff’s request for review (AR  
15 1-5), rendering the ALJ’s decision the final decision of the Commissioner.

#### 16 **DISPUTED ISSUE**

17 Whether the ALJ properly discounted Plaintiff’s subjective complaints.

#### 18 **STANDARD OF REVIEW**

19 Under 42 U.S.C. § 405(g), this Court reviews the Commissioner’s decision to  
20 determine whether the Commissioner’s findings are supported by substantial  
21 evidence and whether the proper legal standards were applied. *See Treichler v.*  
22 *Comm’r of Soc. Sec. Admin.*, 775 F.3d 1090, 1098 (9th Cir. 2014). Substantial  
23 evidence means “more than a mere scintilla” but less than a preponderance. *See*  
24 *Richardson v. Perales*, 402 U.S. 389, 401 (1971); *Lingenfelter v. Astrue*, 504 F.3d  
25 1028, 1035 (9th Cir. 2007). Substantial evidence is “such relevant evidence as a  
26 reasonable mind might accept as adequate to support a conclusion.” *Richardson*, 402  
27 U.S. at 401. This Court must review the record as a whole, weighing both the  
28 evidence that supports and the evidence that detracts from the Commissioner’s

1 conclusion. *Lingenfelter*, 504 F.3d at 1035. Where evidence is susceptible of more  
2 than one rational interpretation, the Commissioner’s decision must be upheld. *See*  
3 *Orn v. Astrue*, 495 F.3d 625, 630 (9th Cir. 2007).

## 4 DISCUSSION

### 5 A. Plaintiff’s Subjective Complaints

6 Plaintiff indicated that bipolar disorder is the “primary” condition that limits  
7 his ability to work. (AR 201.) He explained that his bipolar disorder causes him to  
8 stay inside his house a lot, makes it difficult to adjust “to change or public exposure,”  
9 and would make maintaining a job hard because his priority is managing his  
10 symptoms. (AR 201.)

11 At the administrative hearing, Plaintiff testified that his preoccupation with his  
12 emotions keeps him from being able to work. (AR 38.) Plaintiff stated that he feels  
13 “trapped in [his] mind most of the time” and spends “all day fighting [himself],  
14 fighting memories and mood swings.” (AR 38.) Plaintiff indicated that he cannot  
15 “deal with [his] emotions like a normal person.” (AR 38.) Plaintiff added that just  
16 being at the hearing was “absolutely killing” him. (AR 38.)

17 In 2015, Plaintiff started going back to school but could not finish due to  
18 multiple anxiety attacks. (AR 40.) Plaintiff testified that the only exam he was able  
19 to finish was math. (AR 40.) Even during that math final, Plaintiff stated that he “was  
20 crying,” and the professor had to “stand next to [him] and like, rub [his] back and try  
21 to calm [him] down.” (AR 40.) Plaintiff noted that it took him over an hour to finish  
22 the final, and he “never went back to campus after that.” (AR 40.)

23 Plaintiff also stated that in his free time, he “sometimes play[s] videogames,”  
24 spends time with his family, and uses marijuana “sporadically.” (AR 39-41.) Plaintiff  
25 spends most of the day trying to “help out around the house, like everywhere it’s  
26 needed . . . . do the dishes, and clean up, and sweep, and stuff . . . . wash clothes.”  
27 (AR 42.) Plaintiff’s wife will often have to finish the chores because he will get  
28 distracted by something that reminds him of being in the Air Force. (AR 42-43.)

1 Plaintiff has a dog that is being trained as a “service animal” and will “be with [him]  
2 at all times.” (AR 39-40.) Plaintiff also confirmed that he is able to take care of his  
3 (less than six-year-old) son while his wife works. (AR 39; *see also* AR 811). Plaintiff  
4 stated that he takes his son “where he needs to go” and is “pretty much just his  
5 chauffeur.” (AR 42.)

6 According to Plaintiff, his current “level” of symptoms began in June 2013  
7 when he was hospitalized in a behavioral facility and first diagnosed with bipolar  
8 disorder. (AR 38-39.) However, Plaintiff also noted that medications and talk therapy  
9 “are helping” with his symptoms. (AR 41.) When discussing talk therapy, Plaintiff  
10 described himself as a “habitual appointment misser” because he will get “distracted”  
11 or decide that he can skip the appointment because he is feeling “good today.” (AR  
12 41.) Plaintiff stated that he tries to keep a “routine” as much as possible and “let [his]  
13 meds do what they need to do.” (AR 41.)

14 In a self-completed form, Plaintiff also listed the following as limiting his  
15 ability to work: “obstructive sleep apnea, hypertension, tinnitus, degenerative  
16 arthritis of right and left knee, degenerative disc, disc of the lumbosacral spine,  
17 tenosynovitis of left ankle.” (AR 192.) Plaintiff did not discuss these conditions at  
18 his hearing (AR 32-48) or in his Memorandum in Support of Plaintiff’s Complaint  
19 (ECF No. 20).

## 20 **B. Relevant Law**

21 Where, as here, a claimant has presented objective medical evidence of an  
22 underlying impairment that could reasonably be expected to produce pain or other  
23 symptoms and the ALJ has not made an affirmative finding of malingering, an ALJ  
24 must provide specific, clear and convincing reasons before rejecting a claimant’s  
25 testimony about the severity of his symptoms. *Trevizo v. Berryhill*, 871 F.3d 664, 678  
26 (9th Cir. 2017) (citing *Garrison v. Colvin*, 759 F.3d 995, 1014-1015 (9th Cir. 2014)).  
27 “General findings [regarding a claimant’s credibility] are insufficient; rather, the ALJ  
28 must identify what testimony is not credible and what evidence undermines the

1 claimant’s complaints.” *Burrell v. Colvin*, 775 F.3d 1133, 1138 (9th Cir. 2014)  
2 (quoting *Lester v. Chater*, 81 F.3d 821, 834 (9th Cir. 1995)). The ALJ’s findings  
3 “must be sufficiently specific to allow a reviewing court to conclude the adjudicator  
4 rejected the claimant’s testimony on permissible grounds and did not arbitrarily  
5 discredit a claimant’s testimony regarding pain.” *Brown-Hunter v. Colvin*, 806 F.3d  
6 487, 493 (9th Cir. 2015) (quoting *Bunnell v. Sullivan*, 947 F.2d 341, 345-346 (9th  
7 Cir. 1991) (en banc)).

8 Factors an ALJ may consider include conflicts between the claimant’s  
9 testimony and the claimant’s conduct – such as daily activities, work record, or an  
10 unexplained failure to pursue or follow treatment – as well as ordinary techniques of  
11 credibility evaluation, such as internal contradictions in the claimant’s statements and  
12 testimony. *See Ghanim v. Colvin*, 763 F.3d 1154, 1163 (9th Cir. 2014). In addition,  
13 although an ALJ may not disregard a claimant’s testimony solely because it is not  
14 substantiated by objective medical evidence, the lack of medical evidence is a factor  
15 that the ALJ can consider in making a credibility assessment. *Burch v. Barnhart*, 400  
16 F.3d 676, 680-681 (9th Cir. 2005).

### 17 **C. Analysis**

18 The ALJ found Plaintiff’s subjective complaints to be less than fully credible.  
19 As discussed below, the ALJ’s decision provides several reasons for that  
20 determination. (AR 20-23.)

#### 21 **1. Lack of Objective Medical Evidence**

22 The ALJ concluded that although Plaintiff’s impairments result in some  
23 functional limitations, the medical evidence does not support the severity of  
24 Plaintiff’s allegations. (AR 20.) So long as it is not the only reason for doing so, an  
25 ALJ may rely on a lack of objective medical evidence to discount a claimant’s  
26 allegations of disabling symptoms. *See Burch*, 400 F.3d at 681 (“Although lack of  
27 medical evidence cannot form the sole basis for discounting pain testimony, it is a  
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1 factor that the ALJ can consider in his [or her] credibility analysis.”); *Rollins v.*  
2 *Massanari*, 261 F.3d 853, 857 (9th Cir. 2001) (same).

3 Here, the ALJ began by summarizing the medical record concerning Plaintiff’s  
4 complaints of knee pain and “instability.” (AR 21.) The ALJ pointed out that  
5 “observations throughout the record” demonstrate that Plaintiff has “a normal gait.”  
6 (AR 21; *e.g.*, AR 1288.) And, in 2016, Plaintiff indicated that he walked “two hours  
7 per day logging 250 miles in the last 30 days.” (AR 21, 1072.) Plaintiff does not  
8 object to the ALJ’s characterization of his physical impairments. (*See* ECF No. 20 at  
9 1-8; ECF No. 22 at 1-4.)

10 As to Plaintiff’s mental symptoms, the ALJ characterized Plaintiff’s  
11 examinations as “routinely unremarkable.” (AR 22.) The ALJ began by noting that  
12 Plaintiff “initially sought mental health treatment in 2013” while in the Air Force.  
13 (AR 21, 725.) After self-reporting anxiety, depressive symptoms, and impulsive  
14 behavior, Plaintiff was diagnosed with bipolar disorder at a civilian hospital and  
15 placed on a “heavy medication regimen.” (AR 21, 725.) However, a military mental  
16 health clinic conducted further testing that “did not substantiate bipolar disorder and  
17 instead assessed malingering.” (AR 21, 725.) “Given [Plaintiff’s] unpredictable  
18 behavior and discrepancy in symptom reports, he was unable to be reinstated to flying  
19 regardless of diagnosis.” (AR 21, 728.)

20 In 2014 and 2015, additional psychiatric evaluations confirmed Plaintiff’s  
21 original bipolar diagnosis. (AR 21, 914, 918.) During 2015, Plaintiff participated in  
22 “consistent therapy” to combat complaints of depression, mania, and difficulty  
23 concentrating. (AR 21, 781-874, 1056.) Plaintiff engaged in “supportive  
24 psychotherapy” and took a “variety of medications for the management of  
25 psychological symptoms.” (AR 21, 811.) During this time, Plaintiff indicates he was  
26 smoking marijuana one to two times per day. (AR 21, 811, 815 (“[Patient] is also  
27 encouraged to decrease THC use and is aware that this could affect concentration”).)  
28 In 2015, Plaintiff reported that he had been exercising and eating healthy. (AR 21,

1 811.) Plaintiff also continually reported that he had been “feeling better.” (AR 21;  
2 *e.g.*, 811, 814, 815, 817, 820, 822, 831, 833.) Plaintiff went back to school to study  
3 chemistry, pre-calculus, and U.S. history. (AR 21, 811.) During psychiatric  
4 evaluations in 2015, Plaintiff had eye contact with normal limits, appropriate  
5 grooming, goal directed thought processes, intact recent and remote memory and  
6 focused attention and concentration. (AR 21-22, 812, 815.)

7 The ALJ next cited an October 2016 mental health note, which recorded that  
8 medication was still “helping [Plaintiff] stay focused at home with childcare and  
9 house cleaning and money management. [Plaintiff] is walking about 2 hrs. a day.”  
10 (AR 22, 1072-73 (“[Plaintiff] reports significantly less temper outbursts . . . .  
11 [Plaintiff’s] [c]ollege semester is over and he has decided to take a break from that  
12 level of education. He may consider it in the future.”).) In an August 2017 evaluation,  
13 Plaintiff again indicated that his medication made his “mood more stable and  
14 improved,” although he still experienced “bouts of sadness” (“[less than three] days  
15 once in past [month]”). (AR 22, 1618.) The ALJ also cited mental status examinations  
16 from November 2017 and December 2017. (AR 22.) The ALJ summarized that, at  
17 both examinations, Plaintiff demonstrated casual dress, a cooperative attitude, a  
18 pleasant mood, logical thought process and fair insight/judgment.<sup>2</sup> (AR 22, 1302,  
19 1578.)

20 The ALJ discussed a mental status examination in March 2018 during which  
21 Plaintiff continued to demonstrate “good grooming/hygiene, appropriate eye contact,  
22 logical thought processes, good insight and good reliability.” (AR 22, 1409.) This  
23 March 2018 progress note outlined the following treatment plan: “[c]ontinue current  
24 medications,” “[d]iscuss importance of daily exercise and healthy diet,” “[c]ontinue

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27 <sup>2</sup> Though not specifically quoted by the ALJ, this November 2017 examination also mentioned the  
28 following: Plaintiff “has been stable since 3/2017. Prior to 3/2017, [Plaintiff] was more depressed  
. . . . [Now, Plaintiff] gets 6-7 hours of sleep . . . . At this point, [Plaintiff] does not want changes  
to his regimen.” (AR 1303-1304.)

1 to monitor medication and adjust dosage accordingly,” and return to clinic “in about  
2 3 months.” (AR 22, 1410.)

3 The ALJ acknowledged that in 2018, Plaintiff was admitted to an emergency  
4 department for depression after having “some struggles with his wife.” (AR 22,  
5 1553.) Plaintiff explained that he felt suicidal and had a depressive episode “triggered  
6 by financial issues, adjustment to new home and him feeling a lack of support from  
7 his wife.” (AR 22, 2647.) The ALJ noted that Plaintiff discharged himself. (AR 22,  
8 1467-1466.) Also, in January 2019, Plaintiff stated he was “struggling with feelings  
9 of anxiousness, feeling extremely stressed and smoking more ‘blunts’ lately.” (AR  
10 22, 2929-2930.) At that time, Plaintiff continued to show “good grooming, logical  
11 and coherent thought processes, and normal recent and remote memory with good  
12 insight and unimpaired judgment.” (AR 22, 2968; *see also* AR 2969 (“[P]atient . . . .  
13 [r]eports symptoms are stable.”).) Based upon the foregoing record, the ALJ limited  
14 Plaintiff to “simple, routine tasks in jobs that require no more than occasional  
15 interaction with the general public.” (AR 22.)

16 Plaintiff argues that the “ALJ improperly failed to consider” additional  
17 medical records demonstrating that Plaintiff has symptoms consistent with his  
18 subjective complaints. (ECF No. 20 at 4-6.) An ALJ may not rely on a selective and  
19 incomplete consideration of the medical record. *See Ghanim*, 763 F.3d at 1164  
20 (rejecting ALJ’s adverse credibility determination because ALJ did not account for  
21 record “as a whole,” but rather relied on “cherry-picked” evidence). At the same time,  
22 so long as the ALJ accurately relies upon the record as a whole, he or she is not  
23 required to discuss every piece of evidence in the record. *See Hiler v. Astrue*, 687  
24 F.3d 1208, 1212 (9th Cir. 2012); *Howard v. Barnhart*, 341 F.3d 1006, 1012 (9th Cir.  
25 2003). To support that the ALJ did not conduct a “full review,” Plaintiff cites four  
26 parts of the medical record. (ECF No. 20 at 4-6.) First, Plaintiff cites office treatment  
27 records from VA Southern Oregon Rehab Center dated 2015 through 2016. (ECF  
28 No. 20 at 5; AR 1145.) On this page, the Rehab Center listed symptoms that



1 interfered with Plaintiff’s “interpersonal relatedness” – irritability or outbursts of  
2 anger, apathy, anhedonia, detachment, restricted range of affect, panic attacks,  
3 worthlessness, avoidance of thoughts/feelings associated with traumatic events. (AR  
4 1145.) Although the ALJ did not cite this particular page or quote each of those  
5 symptoms, Plaintiff fails to explain how this differs from the evidence that the ALJ  
6 addressed. For example, the ALJ explicitly noted that Plaintiff has experienced  
7 “depression, mania and difficulty concentrating,” has felt a “lack of support,” has  
8 “recurrent bouts of sadness,” has experienced “struggles with his wife,” has felt  
9 “extremely stressed,” and can “[freak] out’ because tasks become overwhelming.”  
10 (AR 21-22.) Furthermore, the ALJ necessarily considered Plaintiff’s difficulties with  
11 “interpersonal relatedness” by limiting Plaintiff to jobs requiring “no more than  
12 occasional interaction with the general public.” (AR 22.)

13         Second, Plaintiff cites a medical record from 2013 indicating that Plaintiff  
14 “reported feeling: depression and anxiety . . . sadness, crying spells . . . drop in  
15 concentration . . . and at times a passive death wish.” (ECF No. 20 at 5; AR 492-493.)  
16 While the ALJ may not have cited the exact record identified by Plaintiff, the ALJ  
17 did affirmatively acknowledge that in 2013 Plaintiff “self-reported anxiety and  
18 depressive symptoms.” (AR 21.)

19         Third, Plaintiff cites two pages of medical records that discuss symptoms like  
20 “difficulty focusing” that Plaintiff had “before the age of twelve, in at least two  
21 different settings for at least six months.” (ECF No. 20 at 5; AR 2454-2455.) In ECF  
22 No. 20, Plaintiff does not mention that these symptoms – which include “runs and  
23 climbs about when inappropriate” and “unable to play quietly” – were from before  
24 the age of twelve. (ECF No. 20 at 3, 5; ECF No. 22 at 2; AR 2454-2455.) And  
25 although Plaintiff’s wife agreed that some symptoms continue to present themselves,  
26 this examination does not specify the severity or frequency of any currently present  
27 symptoms in Plaintiff. (AR 2454-2455 (at the time, Plaintiff denied depressive  
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1 symptoms and stated “[I’m] in a good place.”.) Moreover, the ALJ did in fact note  
2 that Plaintiff can experience “difficulty concentrating.” (AR 21.)

3 Fourth, Plaintiff asserts that the ALJ did not take into consideration an  
4 examination during which Plaintiff experienced anxiety, poor eye contact, and rapid  
5 speech.<sup>3</sup> (ECF No. 20 at 5; AR 1281-1284.) However, the ALJ did cite to this  
6 examination and mentioned that, regardless of any symptoms, Plaintiff was able to  
7 perform household chores, cook, watch television, and exercise. (AR 23, 1282.)

8 Nothing that Plaintiff points to undermines the ALJ’s summary and  
9 characterization of the record as a whole. Further, the ALJ’s characterization of the  
10 medical evidence is supported by substantial evidence, and it was reasonable to  
11 conclude that the minimal findings failed to support Plaintiff’s allegations of  
12 disabling symptoms and limitations. Accordingly, the ALJ properly relied upon the  
13 medical evidence as one of several factors that discount Plaintiff’s subjective  
14 complaints. *See Batson v. Comm’r of Soc. Sec. Admin.*, 359 F.3d 1190, 1197 (9th Cir.  
15 2004) (lack of objective medical evidence to support claimant’s subjective  
16 complaints constitutes substantial evidence in support of an ALJ’s adverse credibility  
17 determination).

## 18 2. Effectiveness of Treatment

19 After reviewing the medical record, the ALJ found that Plaintiff’s “medication  
20 is reportedly helpful.” (AR 22.) Generally, the effectiveness of treatment is a relevant  
21 factor in determining the severity of a claimant’s symptoms. 20 C.F.R.  
22 § 404.1529(c)(3); *see also Warre v. Comm’r of Soc. Sec. Admin.*, 439 F.3d 1001,  
23 1006 (9th Cir. 2006) (“Impairments that can be controlled effectively with  
24 medication are not disabling.”). Accordingly, substantial evidence of effective  
25 treatment provides a specific, clear, and convincing reason to discount a claimant’s  
26 subjective symptom testimony. *See Youngblood v. Berryhill*, 734 F. App’x 496, 499

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27 <sup>3</sup> Although Plaintiff is correct that the examiner remarked that Plaintiff’s rate of speech was rapid,  
28 the examiner also found that Plaintiff’s speech was “normal in tone,” “normal” in volume, and  
“clear and coherent.” (AR 1283.)

1 (9th Cir. 2018); *Tommasetti v. Astrue*, 533 F.3d 1035, 1039-1040 (9th Cir. 2008).

2 Here, the ALJ found consistent improvement in Plaintiff’s mental health from  
3 treatment and medication – as opposed to waxing and waning of symptoms. *Cf.*  
4 *Garrison*, 759 F.3d at 1017 (ALJ may not reject a claimant’s testimony regarding  
5 mental health issues if symptoms merely “wax and wane” during the course of  
6 treatment). The ALJ’s characterization of the record is supported by substantial  
7 evidence. For example, the ALJ noted that as early as 2015, Plaintiff reported that  
8 “he has been feeling better.” (AR 21, 811.) During that evaluation, Plaintiff also  
9 reported that “[h]e does still experience some symptoms of anxiety and depression,  
10 but feels he can handle it. He feels things are much better than they were several  
11 months ago.” (AR 21, 811.) The ALJ then summarized a 2016 mental health note,  
12 which reported that Plaintiff’s medication “is helping [Plaintiff] stay focused at home  
13 with childcare and house cleaning and money management.” (AR 22, 1072-73  
14 (“[Plaintiff] reports significantly less temper outbursts . . .”).) And, in 2017, Plaintiff  
15 again reported that, because of his medication, his mood continued to “[improve]”  
16 and was “more stable.” (AR 22, 1618.) Notably, Plaintiff does not contest the ALJ’s  
17 characterization of the effectiveness of his medications. (ECF No. 20; ECF No. 22;  
18 *see also* AR 41 (“The meds are helping, and so was . . . the talk therapy with my  
19 counselors.”).)

20 Accordingly, the ALJ properly relied upon the effectiveness of treatment and  
21 medications in controlling symptoms to discredit Plaintiff’s testimony regarding the  
22 disabling effects of his impairments. *See, e.g., Tommasetti*, 533 F.3d at 1040 (ALJ  
23 properly rejected claimant’s subjective complaints where medical records showed  
24 that she responded favorably to physical therapy and medication); *Abreu v. Astrue*,  
25 303 F. App’x 556, 558 (9th Cir. 2008) (ALJ provided legally sufficient reason to  
26 reject claimant’s testimony where ALJ observed that, “[f]or the most part, medication  
27 regimens appear to be effective in pain control”); *Harris v. Berryhill*, 2017 WL  
28 5634107, at \*3 (C.D. Cal. Nov. 22, 2017) (evidence that plaintiff’s pain and

1 symptoms improved with epidural steroid injections constituted clear and convincing  
2 reason to discount plaintiff's credibility); *Herrera v. Colvin*, 2014 WL 3572227, at  
3 \*7 (C.D. Cal. July 21, 2014) (evidence that plaintiff's pain improved with medication  
4 and exercise was clear and convincing reason to discount subjective complaints).

### 5 3. Daily Activities

6 The ALJ found that Plaintiff's reported daily activities are inconsistent with  
7 the duration, frequency, and severity of his alleged limitations. (AR 23.) Generally,  
8 "[e]ngaging in daily activities that are incompatible with the severity of symptoms  
9 alleged can support an adverse credibility determination." *Ghanim*, 763 F.3d at 1165.

10 The ALJ found that – as opposed to Plaintiff's alleged limitations – his "daily  
11 activities support an ability to perform simple, routine tasks with limited social  
12 interaction." (AR 23.) The ALJ specified that Plaintiff admitted to "a wide variety of  
13 daily activities." (AR 22.) For example, Plaintiff's activities include dressing and  
14 bathing himself, getting along with friends and family, watching television,  
15 exercising, paying his own bills, handling his own money, performing household  
16 chores, and cooking. (AR 22-23, 1282.) The ALJ also pointed out that Plaintiff takes  
17 care of his young child while his wife is working. (AR 20, 22, 39, 1072.)

18 Plaintiff contends that his daily activities are consistent with his allegations of  
19 disabling limitations because he "did not testify to total incapacity but rather that  
20 while he was capable of accomplishing certain tasks, he was greatly impaired by his  
21 ongoing psychological symptoms." (ECF No. 20 at 6.) The Commissioner counters  
22 that Plaintiff's activities show that he exaggerated his limitations and that "Plaintiff's  
23 reports to his medical providers always indicated that he was more capable than he  
24 alleged." (ECF No. 21 at 7.) The Court finds that substantial evidence supports the  
25 ALJ's conclusion in this regard and that it is another valid reason for discounting  
26 Plaintiff's credibility.

27 Moreover, even assuming that the ALJ erred in relying on Plaintiff's daily  
28 activities in assessing his credibility, any error was harmless in light of the other

1 legally sufficient reason provided by the ALJ. *See Molina v. Astrue*, 674 F.3d 1104,  
2 1115 (9th Cir. 2012) (where one or more reasons supporting ALJ's credibility  
3 analysis are invalid, error is harmless if ALJ provided other valid reasons supported  
4 by the record), *superseded by regulation on other grounds; Carmickle v. Comm'r,*  
5 *Soc. Sec. Admin.*, 533 F.3d 1155, 1162-1163 (9th Cir. 2008) (despite the invalidity  
6 of one or more of an ALJ's stated reasons for discounting a claimant's credibility,  
7 the court properly may uphold the ALJ's decision where the ALJ stated sufficient  
8 valid reasons).

9 **ORDER**

10 IT IS THEREFORE ORDERED that Judgment be entered affirming the  
11 decision of the Commissioner and dismissing this action with prejudice.

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13 DATED: 8/19/2020

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16 ALEXANDER F. MacKINNON  
17 UNITED STATES MAGISTRATE JUDGE  
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