SSA Disability
Striving for Consistency and Detail

George Davis, Ph.D. J.D.
November 2, 2012
Background

• Ph.D. in Clinical Psychology 1984
• J.D. Law 1999
• Consultant with Tenn. Disability since 1986
• Consult with Office Hearings & Adjudication (FL, MS, KS, TN)
• Consult with private attorneys
• Former Chief Psychologist for DDS (1986-1991)
Disclaimer

• Not an SSA employee
Disclaimer

• Not an SSA employee
• Not a State employee
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- Anything I say may be wrong and immediately refuted by those more knowledgeable and actually responsible for implementation of policy.
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• Don’t rely on anything I say 😊
Objectives

- Learn the role psychologists play in disability adjudication
Objectives

• Learn the role psychologists play in disability adjudication
• Learn importance of claimant’s history and functional details
Objectives

• Learn the role psychologists play in disability adjudication
• Learn importance of claimant’s history and functional details
• Identify frequently used terms
Objectives

• Learn the role psychologists play in disability adjudication
• Learn importance of claimant’s history and functional details
• Identify frequently used terms
• Know forms used by reviewers to assess claim
Outline

• **Overview of program**: app process, review process, stats on benefits (1.5 hour)
Outline

• **Overview of program**: app process, review process, stats on benefits (1.5 hour)

• **Definition of disability, terminology, functional data, case examples** (1.5 hour)
Outline

• **Overview of program**: app process, review process, stats on benefits (1.5 hour)

• **Definition of disability, terminology, functional data**, case examples (1.5 hour)
  – How you can help:
  – Consistency of descriptive information
  – Terminology
  – Focus on functional data
  – Difference between signs/symptoms and actual functioning
  – Relating the limitations in functioning to clinical signs
Overview

Two basic programs

• Title II/SSDI (wage earner)
• Title XVI/SSI (based on low income) benefits
Overview

Major criteria is a legal-medical:
• 12 month duration or result in death
• disabled from all work;
• apply for either T-II or T-XVI (or both) programs
• Time-frames are considered; rules concerning previous decisions
Overview

Benefits

• $500/month for SSI awards
• $800-$2,000 (ave. $1200) for DIB awards
Overview: Application Process

1. Gather information from claimant:
   - what they do in a day
   - treating sources
   - Inquire about 3\textsuperscript{rd} parties that can provide information
Overview: Application Process

1. Gather information from claimant including what they do in a day, treating sources
2. Request medical from treating providers
Overview: Application Process

1. Gather information from claimant including what they do in a day, treating sources
2. Request medical from treating providers
3. Purchase exam (MSE, or MSE/IQ, WMS) from an independent panelist
Overview: Application Process

1. Gather information from claimant including what they do in a day, treating sources
2. Request medical from treating providers
3. Purchase exam (MSE, or MSE/IQ, WMS) from an independent panelist
4. Psychologist or psychiatrist rates the claimant on various factors
Overview: Application Process

1. Gather information from claimant including what they do in a day, treating sources
2. Request medical from treating providers
3. Purchase exam (MSE, or MSE/IQ, WMS) from an independent panelist
4. Psychologist or psychiatrist rates the claimant on various factors
5. Vocational analysis
Overview: Application Process

1. Gather information from claimant including what they do in a day, treating sources
2. Request medical from treating providers
3. Purchase exam (MSE, or MSE/IQ, WMS) from an independent panelist
4. Psychologist or psychiatrist rates the claimant on various factors
5. Vocational analysis
6. Claims examiner approves/denies claim
Objective #1: Role of psychologist plays in disability adjudication

1. Treating psychologist
Objective #1: Role of psychologist plays in disability adjudication

1. Treating psychologist
2. Panelist
Objective #1: Role of psychologist plays in disability adjudication

1. Treating psychologist
2. Panelist
3. Agency consultant
Overview: Application Process

1. **Treating psychologist** offers records, letter, completes forms, provides opinion of claimant’s functional capabilities
Overview: Application Process

1. Treating psychologist offers records, letter, completes forms
2. Psychologist as a panelist tests, interviews claimant, writes a report, provides opinion of claimant’s functional capabilities
Overview: Application Process

1. Treating psychologist offers records, letter, completes forms
2. Psychologist as a panelist tests, interviews claimant, writes a report
3. Psychologist as a agency consultant reviews medical evidence, is familiar with policy and rates claimant’s impairment
Overview: Application Process

Appeals Process

1. Initial Application (State agency)
Overview: Application Process

Appeals Process

1. Initial Application (State agency)
2. Reconsideration (State agency)
Overview: Application Process

Appeals Process

1. Initial Application (State agency)
2. Reconsideration (State agency)
3. Administrative Law Judge
Overview: Application Process

Appeals Process

1. Initial Application (State agency)
2. Reconsideration (State agency)
3. Administrative Law Judge
4. Appeals Council
Overview: Application Process

Appeals Process

1. Initial Application (State agency)
2. Reconsideration (State agency)
3. Administrative Law Judge
4. Appeals Council
5. File suit in District Court
Overview: Application Process

Appeals Process

1. Initial Application (State agency)
2. Reconsideration (State agency)
3. Administrative Law Judge
4. Appeals Council
5. File suit in District Court
6. File appeal in Federal Appellate Court
Overview: Application Process
Appeals Process

1. Initial Application (State agency)
2. Reconsideration (State agency)
3. Administrative Law Judge
4. Appeals Council
5. File suit in District Court
6. File appeal in Federal Appellate Court
7. Seek appeal to U.S. Supreme Court
Overview: Application Process

Oversight/Review

1. If examiner disagrees, appeal to supervisors and chief psychologist reviews
Overview: Application Process

Oversight/Review

1. If examiner disagrees, appeal to supervisors and chief psychologist reviews

2. Internal QA
Overview: Application Process

Oversight/Review

1. If examiner disagrees, appeal to supervisors and chief psychologist reviews

2. Internal QA

3. Sample reviewed in Regional office
Overview: Application Process

Oversight/Review

1. If examiner disagrees, appeal to supervisors and chief psychologist reviews
2. Internal QA
3. Sample reviewed in Regional office
4. Sample reviewed in Baltimore (national)
5. Results: 96% on initial; 97.8% overall
### Disabled Beneficiaries Receiving Social Security, SSI, or Both: Type of Disability

<table>
<thead>
<tr>
<th>2010</th>
<th>Allowance</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications</td>
<td>2,838,485</td>
<td></td>
</tr>
<tr>
<td>Technical denials</td>
<td>878,497</td>
<td></td>
</tr>
<tr>
<td>Initial decision</td>
<td>1,957,275</td>
<td>710,732</td>
</tr>
<tr>
<td>Recon decision</td>
<td>614,683</td>
<td>49,971</td>
</tr>
<tr>
<td>ALJ or above</td>
<td>111,650</td>
<td>84,989</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>845,692</strong></td>
<td><strong>43%</strong></td>
</tr>
</tbody>
</table>

Pending final decision 413,530
## Disabled Beneficiaries
### Receiving Social Security, SSI, or Both

#### Type of Disability

<table>
<thead>
<tr>
<th>Disease Name</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
<tr>
<td>Congenital anomalies</td>
<td>0.5</td>
</tr>
<tr>
<td>Endocrine, nutritional, and metabolic diseases</td>
<td>3.1</td>
</tr>
<tr>
<td>Infectious and parasitic diseases</td>
<td>1.4</td>
</tr>
<tr>
<td>Injuries</td>
<td>3.6</td>
</tr>
<tr>
<td><strong>Mental disorders</strong></td>
<td><strong>42.1</strong></td>
</tr>
<tr>
<td>Neoplasms</td>
<td>2.4</td>
</tr>
<tr>
<td>Diseases of the—</td>
<td></td>
</tr>
<tr>
<td>Blood and blood-forming organs</td>
<td>0.3</td>
</tr>
<tr>
<td>Circulatory system</td>
<td>6.8</td>
</tr>
<tr>
<td>Digestive system</td>
<td>1.4</td>
</tr>
<tr>
<td>Genitourinary system</td>
<td>1.4</td>
</tr>
<tr>
<td>Musculoskeletal system and connective tissue</td>
<td>22.4</td>
</tr>
<tr>
<td>Nervous system and sense organs</td>
<td>9.0</td>
</tr>
<tr>
<td>Respiratory system</td>
<td>2.5</td>
</tr>
<tr>
<td>Skin and subcutaneous tissue</td>
<td>0.2</td>
</tr>
<tr>
<td>Other</td>
<td>0.3</td>
</tr>
<tr>
<td>Unknown</td>
<td>2.6</td>
</tr>
<tr>
<td>Mental Disorder</td>
<td>%</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Mood</td>
<td>15.2</td>
</tr>
<tr>
<td>Intellectual disability</td>
<td>11.1</td>
</tr>
<tr>
<td>Schizophrenic/Psychotic</td>
<td>6.3</td>
</tr>
<tr>
<td>Other</td>
<td>4.4</td>
</tr>
<tr>
<td>Organic mental</td>
<td>3.7</td>
</tr>
<tr>
<td>Autistic</td>
<td>0.7</td>
</tr>
<tr>
<td>Childhood and adolescent, NOS</td>
<td>0.4</td>
</tr>
<tr>
<td>Developmental</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>42.1</strong></td>
</tr>
</tbody>
</table>
## Disabled Beneficiaries Receiving Social Security, SSI, or Both
### Percentage on Disability

<table>
<thead>
<tr>
<th>State</th>
<th>Population</th>
<th>Beneficiaries</th>
<th>Percentage of population*</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>196,263,504</td>
<td>12,159,875</td>
<td>6.2%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>4,031,566</td>
<td>336,835</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

*Highest WV (12.5%), KY (10.4%), AL (10.5); Lowest UT (3.6%), CO (4.0%), AK (4.1%)

December 2011
<table>
<thead>
<tr>
<th></th>
<th>Avg. Hearing Wait Time</th>
<th>Average Processing Time</th>
<th>Cases Dismissed</th>
<th>Cases Approved</th>
<th>Cases Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tennessee</td>
<td>10.6 months</td>
<td>333 days</td>
<td>12%</td>
<td>59%*</td>
<td>29%</td>
</tr>
<tr>
<td>National Average:</td>
<td>11.1 months</td>
<td>350 days</td>
<td>17%</td>
<td>48%</td>
<td>35%</td>
</tr>
</tbody>
</table>

*Highest Puerto Rico (66%), Hawaii (65%)
Lowest are Alaska (28%), Delaware (32%), Kansas (35%)
Last updated on 8/7/12
<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>SSDI only</th>
<th>SSI only</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>7,689,664</td>
<td>4,122,152</td>
<td>2,559,750</td>
<td>1,007,762</td>
</tr>
<tr>
<td>1997</td>
<td>7,811,748</td>
<td>4,250,155</td>
<td>2,550,105</td>
<td>1,011,488</td>
</tr>
<tr>
<td>1998</td>
<td>8,086,259</td>
<td>4,440,264</td>
<td>2,618,615</td>
<td>1,027,380</td>
</tr>
<tr>
<td>1999</td>
<td>8,399,309</td>
<td>4,703,774</td>
<td>2,650,586</td>
<td>1,044,949</td>
</tr>
<tr>
<td>2000</td>
<td>8,599,465</td>
<td>4,850,835</td>
<td>2,690,446</td>
<td>1,058,184</td>
</tr>
<tr>
<td>2001</td>
<td>8,791,338</td>
<td>4,979,844</td>
<td>2,732,020</td>
<td>1,079,474</td>
</tr>
<tr>
<td>2002</td>
<td>9,106,014</td>
<td>5,228,262</td>
<td>2,768,782</td>
<td>1,108,970</td>
</tr>
<tr>
<td>2003</td>
<td>9,445,573</td>
<td>5,492,325</td>
<td>2,811,647</td>
<td>1,141,601</td>
</tr>
<tr>
<td>2004</td>
<td>9,773,201</td>
<td>5,756,093</td>
<td>2,850,815</td>
<td>1,166,293</td>
</tr>
<tr>
<td>2005</td>
<td>10,081,625</td>
<td>5,998,755</td>
<td>2,880,931</td>
<td>1,201,939</td>
</tr>
<tr>
<td>2006</td>
<td>10,362,419</td>
<td>6,210,282</td>
<td>2,928,034</td>
<td>1,224,096</td>
</tr>
<tr>
<td>2007</td>
<td>10,627,905</td>
<td>6,405,985</td>
<td>2,966,648</td>
<td>1,255,272</td>
</tr>
<tr>
<td>2008</td>
<td>10,974,914</td>
<td>6,641,818</td>
<td>3,040,764</td>
<td>1,292,332</td>
</tr>
<tr>
<td>2009</td>
<td>11,451,980</td>
<td>7,000,692</td>
<td>3,138,143</td>
<td>1,313,145</td>
</tr>
<tr>
<td>2010</td>
<td>11,988,072</td>
<td>7,356,565</td>
<td>3,262,055</td>
<td>1,369,452</td>
</tr>
<tr>
<td>2011</td>
<td>12,373,698</td>
<td>7,596,688</td>
<td>3,395,233</td>
<td>1,381,777</td>
</tr>
</tbody>
</table>

End Result:
Number Disabled
## Monthly benefit (dollars)

<table>
<thead>
<tr>
<th>Monthly benefit (dollars)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
</tr>
<tr>
<td>Total</td>
<td>9,803,581</td>
</tr>
<tr>
<td>Less than 300.00</td>
<td>318,913</td>
</tr>
<tr>
<td>300.00–399.90</td>
<td>297,593</td>
</tr>
<tr>
<td>400.00–499.90</td>
<td>407,483</td>
</tr>
<tr>
<td>500.00–599.90</td>
<td>469,560</td>
</tr>
<tr>
<td>600.00–699.90</td>
<td>696,094</td>
</tr>
<tr>
<td>700.00–799.90</td>
<td>1,034,374</td>
</tr>
<tr>
<td>800.00–899.90</td>
<td>991,145</td>
</tr>
<tr>
<td>900.00–999.90</td>
<td>884,786</td>
</tr>
<tr>
<td>1,000.00–1,099.90</td>
<td>780,624</td>
</tr>
<tr>
<td>1,100.00–1,199.90</td>
<td>674,761</td>
</tr>
<tr>
<td>1,200.00–1,299.90</td>
<td>570,734</td>
</tr>
<tr>
<td>1,300.00–1,399.90</td>
<td>470,983</td>
</tr>
<tr>
<td>1,400.00–1,499.90</td>
<td>393,667</td>
</tr>
<tr>
<td>1,500.00–1,599.90</td>
<td>330,307</td>
</tr>
<tr>
<td>1,600.00–1,699.90</td>
<td>295,108</td>
</tr>
<tr>
<td>1,700.00–1,799.90</td>
<td>245,174</td>
</tr>
<tr>
<td>1,800.00–1,899.90</td>
<td>205,865</td>
</tr>
<tr>
<td>1,900.00–1,999.90</td>
<td>241,037</td>
</tr>
<tr>
<td>2,000.00 or more</td>
<td>495,373</td>
</tr>
<tr>
<td>Program</td>
<td>Average Benefit</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>SSDI</td>
<td>$1,054</td>
</tr>
<tr>
<td>SSDI + SSI</td>
<td>$229</td>
</tr>
<tr>
<td>SSI only</td>
<td>$500</td>
</tr>
</tbody>
</table>

Disabled Beneficiaries Receiving Benefits
Amount of Benefit
Objective #1: Role of psychologist plays in disability adjudication

1. Treating psychologist offers records, letter, completes forms

2. Psychologist as a panelist tests, interviews claimant, writes report

3. Psychologist as a agency consultant reviews medical evidence, is familiar with policy and rates claimant’s impairment
Objective #1: Role of psychologist plays in disability adjudication

Treating psychologist

Copy of records

Summary letter in addition to records

Complete form asking you to assess the claimant

If you offer an opinion about disability claim, DO NOT SAY “can’t work”; describe the functions they can’t do
Objective #1: Role of psychologist plays in disability adjudication

Treating Psychologist Opinion
Objective #1: Role of psychologist plays in disability adjudication
Objective #1: Role of psychologist plays in disability adjudication

Please rate the current severity of the limitations of the patient’s mental health disorder at most recent visit:

<table>
<thead>
<tr>
<th>Memory:</th>
<th>_____ Adequate</th>
<th>_____ Moderate Impairment</th>
<th>_____ Severe impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentration:</td>
<td>_____ Adequate</td>
<td>_____ Moderate Impairment</td>
<td>_____ Severe impairment</td>
</tr>
<tr>
<td>Social Ability:</td>
<td>_____ Adequate</td>
<td>_____ Moderate Impairment</td>
<td>_____ Severe impairment</td>
</tr>
</tbody>
</table>

Is the patient currently expressing suicidal thoughts? _____ Yes _____ No
If so, please elaborate: __________________________________________________________

Do you perceive this patient as being truthful regarding his/her psychiatric complaints? _____ Yes _____ No. If no, please elaborate: __________________________________________________________

Are you aware of any ongoing Substance Abuse? _____ Yes _____ No
In your opinion, is the substance abuse the primary or secondary problem? _____ Primary _____ Secondary
Objective #1: Role of psychologist plays in disability adjudication

in your opinion, can the individual:

1. Remember and carry out simple, 1-2 step instructions and maintain a work routine without frequent breaks for stress related reasons? _____ Yes _____ No
   If no, please elaborate: ________________________________

2. Maintain an ordinary work routine without inordinate supervision? _____ Yes _____ No
   If no, please elaborate: ________________________________

3. Maintain socially appropriate behavior, hygiene and grooming? _____ Yes _____ No
   If no, please explain: ________________________________

4. Respond appropriately to normal stress and routine changes? _____ Yes _____ No
   If no, please explain: ________________________________

5. Care for self and maintain independence in daily living tasks on a sustained basis? _____ Yes _____ No
   If no, please elaborate: ________________________________
MEDICAL SOURCE STATEMENT OF
ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)

NAME OF INDIVIDUAL

SOCIAL SECURITY NUMBER

INSTRUCTIONS:
Please assist us in determining this individual's ability to do work-related activities on a sustained basis. "Sustained basis" means the ability to perform work-related activities eight hours a day for five days a week, or an equivalent work schedule. (SSR 86-1p).

Please give us your professional opinion of what the individual can still do despite his/her impairment(s). The opinion should be based on your findings with respect to medical history, physical examination findings, laboratory and roentgenologic evidence, prescribed medical treatment and response, and prognosis.

For each activity shown below, respond to the questions about the individual's ability to perform the activity. When doing so, use the following definitions for the rating terms:

- None: Absent or minimal limitations. If limitations are present they are transient and/or expected reactions to psychological stresses.
- Mild: There is a slight limitation in this area, but the individual can generally function well.
- Moderate: There is more than a slight limitation in this area, but the individual is still able to function sufficiently.
- Marked: There is serious limitation in this area. There is a substantial loss in the ability to effectively function.
- Extreme: There is major limitation in this area. There is no useful ability to function in this area.

IT IS VERY IMPORTANT TO DESCRIBE THE FACTORS THAT SUPPORT YOUR ASSESSMENT. WE ARE REQUIRED TO CONSIDER THE EXTENT TO WHICH YOUR ASSESSMENT IS SUPPORTED.

(1) Is ability to understand, remember, and carry out instructions affected by the impairment? □ No □ Yes

If "no," go to question #2. If "yes," please check the appropriate block to describe the individual's restriction for the following work-related mental activities.

<table>
<thead>
<tr>
<th>Understand and remember simple instructions</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Marked</th>
<th>Extreme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand and remember complex instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry out simple instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The ability to make judgments on simple work-related decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry out complex instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The ability to make judgments on complex work-related decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identify the factors (e.g., the particular medical signs, laboratory findings, or other factors described above) that support your assessment.

(2) Are any other capabilities affected by the impairment? □ No □ Yes

If "yes," please identify the capability and describe how it is affected.

Identify the factors (e.g., the particular medical signs, laboratory findings, or other factors described above) that support your assessment.

(3) Is ability to interact appropriately with supervisors, co-workers, and the public, as well as respond to changes in a routine work setting, affected by the impairment? □ No □ Yes

If "no," go to questions #3. If "yes," please check the appropriate block to describe the individual's restriction for the following work-related mental activities.

- Interact appropriately with the public
- Interact appropriately with supervisor(s)
- Interact appropriately with co-workers
- Respond appropriately to usual work situations
- Respond appropriately to changes in a routine work setting

Identify the factors (e.g., the particular medical signs, laboratory findings, or other factors described above) that support your assessment.

(4) The limitations above assumed to be your opinion regarding current limitations only.

However, if you have sufficient information to form an opinion within a reasonable degree of medical or psychological probability as to past limitations, on what date did the limitations you found above first present?

(5) If the claimant's impairment(s) include alcohol and/or substance abuse, are there impairments consistent with any of the claimant's limitations as set forth above? If so, please identify and explain what changes you would make to your answers if the claimant was totally abstinent from alcohol and/or substance abuse.

Identify the factors (e.g., the particular medical signs, laboratory findings, or other factors described above) that support your assessment.
IT IS VERY IMPORTANT TO DESCRIBE THE FACTORS THAT SUPPORT WHY YOU ARE REQUIRED TO CONSIDER THE EXTENT TO WHICH YOUR ASSESSMENT MEETS THE CRITERIA.

1) Is ability to understand, remember, and carry out instructions affected by the impairment?

If “no,” go to question #2. If “yes,” please check the appropriate block to describe the individual’s difficulty with instruction and/or related mental activities.

- [ ] Understand and remember simple instructions.
- [ ] Carry out simple instructions.
- [ ] The ability to make judgments on simple work-related decisions.
- [ ] Understand and remember complex instructions.
- [ ] Carry out complex instructions.
- [ ] The ability to make judgments on complex work-related decisions.

Identify the factors (e.g., the particular medical signs, laboratory findings, or other factors) that contributed to the impairment.

[ ] None
[ ] Mild
(2) Is ability to interact appropriately with supervisors, co-workers, and the public, as well as respond to changes in a routine work setting, affected by the impairment? □ No □ Yes

If “no,” go to questions #3. If “yes,” please check the appropriate block to describe the individual’s restriction for the following work-related mental activities.

<table>
<thead>
<tr>
<th>Interact appropriately with the public.</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Marked</th>
<th>Extreme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interact appropriately with supervisor(s)</td>
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<tr>
<td>Interact appropriately with co-workers.</td>
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<td>Respond appropriately to usual work situations and to changes in a routine work setting.</td>
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</tbody>
</table>

Identify the factors (e.g., the particular medical signs, laboratory findings, or other factors described above) that support your assessment.

Interact appropriately with the public.

Interact appropriately with supervisor(s)

Interact appropriately with co-workers.

Respond appropriately to usual work situations and to changes in a routine work setting.
Objective #1: Role of psychologist plays in disability adjudication

Panelist

Approximately 100 across state
Paid:
  MSE $107.77
  MSE/IQ/WRAT $301.77
Last year purchased approximately 35,000 mental exams and 37,000 physical exams
Overall yearly compensation depends on volume
  Typical median income approx. $100,000
Objective #1: Role of psychologist plays in disability adjudication

Agency consultant

Takes about 1-1.5 years to get knowledge and speed at accurate decision making

Employee $70,000-$98,000 (based on experience)

Consultant

$37.35/case

$28/case proposed assess

Expectation is 1.5 cases/hour
Objectives

• Learn the role of psychologist plays in disability adjudication
• Learn importance of claimant’s history and functional details
• Identify frequently used terms
• Know forms used by reviewers to assess claim
Outline

- **Overview of program**: app process, review process, stats on benefits (1.5 hour)
- **Definition of disability, terminology, functional data, case examples** (1.5 hour)
  - How you can help:
  - Consistency of descriptive information
  - Terminology
  - Focus on functional data
  - Difference between signs/symptoms and actual functioning
  - Relating the limitations in functioning to clinical signs
Definition of Disability

• Medically determinable impairment
• Has or expected to last 12 months or result in death
• Precludes from all work in the national economy
Definition of Disability

Medically determinable impairment
Must have diagnosis by an acceptable medical source
Signs/symptoms/laboratory findings
Impact on functioning from the impairment
Activities of Daily Living
Social Interactions
Concentration, persistence and pace
Episodes of decompensation
Definition of Disability

Medically determinable impairment

- Signs versus symptoms
- Look at objective descriptions of claimant from the MSE and interview.

Medical-Legal analysis

- Time frames
- Improvement standards
- Consistency with previous ALJ decisions
- Evidence by certain age
Definition of Disability

Medically determinable impairment

Credibility

We start with the assumption that the claimant is credible.
Definition of Disability
Possible indicators of lack of credibility

1. Consistency of data
   Look at data from collateral source informants
Definition of Disability

Possible indicators of lack of credibility

1. Consistency of data
2. Inconsistency between signs/symptoms
   (self-report at odds with behavioral observations)
Definition of Disability
Possible indicators of lack of credibility

1. Consistency of data
2. Inconsistency between signs/symptoms
3. Highly unlikely reports
Definition of Disability
Possible indicators of lack of credibility

1. Consistency of data
2. Inconsistency between signs/symptoms
3. Highly unlikely reports
4. Ganser responses ("2+2=5")
Definition of Disability

Possible indicators of lack of credibility

1. Consistency of data
2. Inconsistency between signs/symptoms
3. Highly unlikely reports
4. Ganser responses (“2+2=5”)
5. Unusual course of history for the diagnosis
Definition of Disability
Possible indicators of lack of credibility

1. Consistency of data
2. Inconsistency between signs/symptoms
3. Highly unlikely reports
4. Ganser responses ("2+2=5")
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6. History of dissimulation or rule-breaking
Definition of Disability
Possible indicators of lack of credibility

1. Consistency of data
2. Inconsistency between signs/symptoms
3. Highly unlikely reports
4. Ganser responses (“2+2=5”)
5. Unusual course of history for the diagnosis
6. History of dissimulation or rule-breaking
7. Lack of treatment (consider availability/$)
Definition of Disability
Possible indicators of lack of credibility

1. Consistency of data
2. Inconsistency between signs/symptoms
3. Highly unlikely reports
4. Ganser responses ("2+2=5")
5. Unusual course of history for the diagnosis
6. History of dissimulation or rule-breaking
7. Lack of treatment (consider availability/$)
8. Erroneous stereotype symptoms
Definition of Disability
Classification of Credibility Inquiry

1. Credible
2. Partially credible
3. Not credible

Limitations in credibility include:

- intentional dissimulation, or
- exaggeration (conscious and unconscious)

Lack of credibility does not equal denial
Exaggerating may be symptom of illness and disability
Definition of Disability

Medically determinable impairment

  Impact on functioning as a result of the impairment
    Activities of Daily Living
    Social Interactions
    Concentration, persistence and pace
    Episodes of decompensation

Important to tie the signs/symptoms with the limitations in those four areas
Definition of Disability

Medically determinable impairment

Impact on functioning as a result of the impairment

Activities of Daily Living
- House hold chores
- Hobbies
- Meal preparation
- Grooming/hygiene
- Shopping
- Paying bills
- Child care
Definition of Disability

Medically determinable impairment

Impact on functioning as a result of the impairment

Social Interactions

Interactions with clerks, authority, peers

How they relate to you as either panelist or treatment provider

More interested in public interactions vs family interactions

Relating to supervisors/coworkers

Loss of jobs due to social interactions

Legal charges due to social inappropriate behavior related to mental disorder
Definition of Disability

Medically determinable impairment

Impact on functioning as a result of the impairment

Concentration, persistence and pace

Two hour segments with break over normal workweek

Examples:

- able to watch a movie and concentrate on it
- read books
- hobbies (woodworking, computers, facebook)

Can they get to work and stay at work

Go to AA meetings
Definition of Disability

Medically determinable impairment

Impact on functioning as a result of the impairment

Episodes of decompensation in past year

Ex: A two week hospitalization = 1 episode

Can be more frequent and shorter or less frequent and longer

Requirement of a highly structured environment in order to function (can be institution, home)
Objective #2: Learn importance of claimant’s history and functional details
Objective #2: Learn importance of claimant’s history and functional details
Objective #2: Learn importance of claimant’s history and functional details

[Redacted text]

He was in a motor vehicle accident as a passenger in 2000 when he experienced a traumatic brain injury. He was left in a coma for 7 weeks, followed up by 3 months of intensive rehabilitation at the [Redacted] which initially included coma stimulation. He was not expected to walk again. Following discharge, he was unable to live on his own or to pursue employment, due to ongoing problems in the cognitive, psychological and physical domains. Following several problems in living arrangements with myself, his grandmother, and eventually his father and stepmother, he was placed in a residential program in a national rehabilitation center [Redacted] where he spent two to three years. I am not positive on the dates of this experience. Though [Redacted] did continue to show signs of improvement in all domains, he continued to be unable to function and live on his own. He resided with his dad and stepmother in the [Redacted] area for another year or two before moving in with two roommates that he had become friends with, and has continued to reside with since that time.
Objective #2: Learn importance of claimant’s history and functional details

he works. There was an incident a year ago when he didn’t know what to do when his ride didn’t show up, and he used very poor judgment and decided to drive on his own using his roommate’s car. Though he made it to work alright, on the way home he became lost for over 3 hours before he found himself back at the... He then found a co-worker who was able to drive him home. He loves to be at the
Objective #2: Learn importance of claimant’s history and functional details

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]
Objective #2: Learn importance of claimant’s history and functional details

continues to call frequently, often multiple times within the same day to tell me about the same story which he does not recall having already told me about. He is not able to manage his money, but is his own payee, as he had had problems in the past with a payee. Instead, each month his check goes to his roommate to pay for his share of the rent and utilities. He uses his weekend pay to provide for his share of food and miscellaneous items he needs. Family assists him when they can and know that he is

continues to have serious problems with transfer and short term memory. He is not able to follow through on appointments without family or his two roommates reminding him and helping him follow through. He often has left fires going in the Kitchen, and has been told repeatedly that he is not allowed to cook when he is home alone.
Objective #2: Learn importance of claimant’s history and functional details

performs well in certain areas, and enjoys playing online games and socializing online, which may lead one to suspect he would be capable of functioning in an employment setting. However, his ability to follow through is very poor. He requires close supervision even within his home, and his roommates provide more direction to help him meet his needs than most employers would allow or assist him with. Transportation will continue to be an issue for him to be able to arrive at jobs. He has been unable to learn how to use public transportation, and when we had him ride a bus to he became lost at
Objective #2: Learn importance of claimant’s history and functional details

To Whom It May Concern:

The purpose of this letter is to further demonstrate [name]'s work performance at the [company name]. While I was able to complete the form as requested, I believe it would be beneficial to go in depth about this topic. [name] has been working here since January 13, 2007. His position is a busser. On average, he works about 22 hours per week, ten to eleven hours a day. He has become a part of our family, and for this reason we are happy to work with him given his circumstance. He takes pride in his work and can put a smile on anyone’s face.
Objective #2: Learn importance of claimant’s history and functional details

There are several instances that I can describe to you to better illustrate that his short term memory is still an issue affecting his everyday life. One of the questions on the form asks if he can maintain concentration and attention for extended periods. This is something that [redacted] is not able to do. When he works, he sets silverware on all the tables in the restaurant for our customers. However, if a customer asks for an extra napkin or a box, he loses concentration. He is easily distracted by things like this. After he has attended to the customer’s request, he is unable to remember what table he was headed towards. Not knowing where he left off, he gets behind easily. I reiterate here that he works a ten to eleven hour shift, so maintaining focus is a must. Any unexpected request or change in assignment can distract him and he is unable to concentrate. Consistency is another issue as our restaurant can get quite busy. As the day progresses, I have found [redacted]’s pace to falter as he tries to keep up with the turning of tables.
Objective #2: Learn importance of claimant’s history and functional details

Being unable to drive, he requests that coworkers transport him to and from work. However, sometimes he doesn’t remember who he is receiving rides from. Many of his coworkers remind him who he is riding with or who is taking him home the next day. Another example is when he receives his paycheck each Sunday. At the end of the day, he always asks me to put his check in the same spot so he doesn’t get it dirty while working. I remind him not to forget it because most Sundays he leaves without it. In fact as I type this letter [REDACTED] called earlier today because when I drove him home Sunday, he left his check in my car.
Objective #2: Learn importance of claimant’s history and functional details

1. Concentration, persistence and pace?
Objective #2: Learn importance of claimant’s history and functional details

1. Concentration, persistence and pace?
2. Social interactions?
Objective #2: Learn importance of claimant’s history and functional details

1. Concentration, persistence and pace?
2. Social interactions?
3. Special Considerations?
Objective #3: Identify frequently used terms

1. Date Last Insured
2. Substantial Gainful Activity
3. Mild, Moderate, Marked, Extreme
4. Sustainability
Objective #3: Identify frequently used terms

1. Date Last Insured
2. Substantial Gainful Activity
3. Mild, Moderate, Marked, Extreme
4. Sustainability
Objective #3: Identify frequently used terms

1. Date Last Insured
2. Substantial Gainful Activity
3. Mild, Moderate, Marked, Extreme
4. Sustainability
Objective #3: Identify frequently used terms

1. Date Last Insured
2. Substantial Gainful Activity
3. Mild, Moderate, Marked, Extreme
4. Sustainability
The claimant has no legal history. She has not served time in prison or jail. She is not currently on probation. The claimant does not have a history of serving in the military.

She is currently single and divorced. She has been married two times. She has one daughter, age 21. She is not currently in any type of relationship.

Occupational and work history includes: Cashier and housekeeping, factory work, nursing assistant. She last worked in 2009.

The claimant does not have a history of alcohol abuse and does not have a history of abuse of either illegal or prescribed medications. She has never used alcohol or used drugs to the point of getting drunk or experiencing blackouts. There is not a history of treatment for substance abuse.

III. MENTAL STATUS EXAM:
CASE #1: CLAIMANT’S REPORT

III. MENTAL STATUS EXAM:

The claimant did appear to be oriented to time, place, person and purpose of the exam. She did know the correct day of the week. She did know the correct month and date. She did know the correct year. She did know her date of birth. She did know her social security number and did know her address. She was able to name and repeat 3 objects. After five minutes, she could recall two of the three items. She could perform serial 3’s and could not perform serial 7’s. She could spell the word “WORLD” and could spell the word “WORLD” backwards. She could repeat 3 digits forward and 2 digits backward.

She appeared to have fair immediate memory recall. She appeared to have good recent memory recall. She appeared to have good remote memory recall.

There was no evidence of a thought disorder or loosening of associations. Her answers and communication was appropriate to the topics being discussed. She was able to stay on task and topic.

There was no evidence of delusions or other abnormalities of thought. There was no evidence of auditory or perceptual hallucinations. Mood appeared to be depressed. Affect was flat. The claimant does not have a history of impulsive and risk taking behaviors. She does not have a history of obsessive compulsive behaviors. Personal judgment and insight appeared to be fair.
CASE 1: CLAIMANT’S REPORT

PSYCHIATRIC HOSPITALIZATIONS: None
PAST OUTPATIENT PSYCHIATRIC TREATMENT: Carey Counseling Center for depression
CURRENT PSYCHIATRIC TREATMENT: Pathways for treatment of schizoid-affective with bipolar tendencies and PTSD.

D. Attitude and Cooperation: The claimant appeared to have a good attitude. She did appear to be cooperative in attempting to answer questions and provide historical and current information. The claimant appeared to have fair good social skills and was friendly and polite.

General Behavior Observations: Upon entering the office, the claimants appeared to be depressed. There was no evidence of confusion or difficulty engaging in the interview. She did not appear to have difficulty understanding my questions and did appear capable of providing timely and appropriate responses. She spoke at a normal rate of speech and speech volume was soft spoken. The claimant did not have speech articulation problems. There was no evidence of stuttering or hesitation. I could understand 100% of the claimant's speech. The claimant did not

RELIABILITY AND VALIDITY OF INFORMATION AND RESPONSES: The historical and long term information provided by the claimant appeared to be good. She appeared to have a good grasp of her life history and events. There was no evidence of confusion or recalling of life events and factual information. It appeared the claimant gave a good effort in attempting to answer the questions. Results of this interview and mental status examination are considered to be reliable and valid. There was no apparent evidence of malingering.
VI. ACTIVITIES OF DAILY LIVING

The claimant does go shopping alone. She does not participate in social activities such as church, clubs, social organizations or go out to eat, go to the movies or any leisure sports activities. She does prepare simple meals. She does use a microwave. She does not wash dishes, does not vacuum, sweep or clean the house. She does do her own laundry.

That claimant states she is capable of paying her own bills and managing her financial affairs. She describes a good day as she has some energy. She describes a bad day as being depressed and having physical pain.

When compared to what she could previously do as compared to what he can now do, the claimant stated: I cannot do the things I could do in the past due to my physical problems and depression.
CASE 1: CLAIMANT’S REPORT

HOW WOULD YOU RATE?
CASE #1: ALJ DECISION

In sum, the above residual functional capacity assessment is supported by the medical evidence of record. Although alleging disability commencing in 2002, there are no records until 2004, and no documentation of mental health treatment until 2009. Despite testimony of approximately 15 psychiatric hospitalizations, the record contains documentation of just two brief hospitalizations. Moreover, the record shows she improved with treatment. The claimant suspended therapy in late June 2010, resumed it in October 2010, and reported a medication dosage reduction. The claimant is not credible. Pathways records show her criminal history includes crimes involving honesty (e.g., bad checks, shoplifting). Furthermore, the evidence and testimony regarding drug and alcohol use is conflicting. She admitted to occasional alcohol use in January 2009. By contrast, she testified to a sobriety date of June 17, 2008 with respect to alcohol and medications not prescribed by a physician. Yet, she offered no such precision when questioned in 2009. The claimant’s ludicrous testimony regarding the extent of her employment duties for an elderly couple is unsupported by the record showing she described her job as caring and cooking for the couple. Indeed, she complained these duties interfered with her social life. The claimant requested and received a physician's letter for vocational rehabilitation purposes stating she could work in July 2009, and she subsequently worked for a fast food restaurant. Evidence of disability is unpersuasive.
CASE 1: CREDIBILITY

1. Consistency of data
2. Inconsistency between signs/symptoms
3. Highly unlikely reports
4. Ganser responses ("2+2=5")
5. Unusual course of history for the diagnosis
6. History of dissimulation or rule-breaking
7. Lack of treatment
8. Erroneous stereotype symptoms
CASE 1: CREDIBILITY

Impact on functioning as a result of the impairment
CASE #2: ALLEGATIONS

Allegations listed by the DDS included heart and brain problems, mini strokes, and chronic anxiety. The DDS also provided medical records from his primary care physician and from Williamson Medical Center. These document the history of probable transient ischemic attacks, hypertension, anxiety, GERD, and history of head and neck cancer status post radiation and surgery/chemotherapy. He was seen as neurologically asymptomatic during exam and was suspected of having some type of plaque on the basilar arterial system.
CASE #2: ALLEGATIONS/HISTORY

Allegations listed by the DDS included heart and brain problems, mini strokes, and chronic anxiety. The DDS also provided medical records from his primary care physician and from Williamson Medical Center. These document the history of probable transient ischemic attacks, hypertension, anxiety, GERD, and history of head and neck cancer status post radiation and surgery/chemotherapy. He was seen as neurologically asymptomatic during exam and was suspected of having some type of plaque on the basilar arterial system.

HISTORY:

He reports that there is no history of psychiatric disorder in the family. He has never seen a psychologist or a psychiatrist other than as part of the psychiatric treatment team when he worked in corrections many years ago. He has been married and divorced once. He
CASE #2: ADLS

Allegations listed by the DDS included heart and brain problems, mini strokes, and chronic anxiety. The DDS also provided medical records from his primary care physician and from Williamson Medical Center. These document the history of probable transient ischemic attacks, hypertension, anxiety, GERD, and history of head and neck cancer status post radiation and surgery/chemotherapy. He was seen as neurologically asymptomatic during exam and was suspected of having some type of plaque on the basilar arterial system.

HISTORY:
He reports that there is no history of psychiatric disorder in the family. He has never seen a psychologist or a psychiatrist other than as part of the psychiatric treatment team when he worked in corrections many years ago. He has been married and divorced once. He states that he has a number of children who live in different states, and while he maintains contact, he does not see them regularly.

DAILY ACTIVITIES:
He notes that his daily activities are not compromised other than by some fear of driving. He walks when he can to avoid driving. His fear of driving is that he might have a TIA while driving. He reports that he has sometimes two or three TIAs a day and then will go a couple of days without having any. The usual TIAs last only a few seconds and involve numbness in the face and both arms. He reported that he was unable to form words correctly on at least one occasion. As noted he has had more severe episodes in the past including one while he was driving and which caused him to be fearful of driving. He limits his driving to what he determines as essential transportation needs only.
He earned a score of 26/30 on the Saint Louis University Mental Status Exam. He lost one point for remembering only four of five objects. He overanalyzed and thus incorrectly answered the arithmetic problem for a loss of three points though the resulting computations were correct. The performance did not suggest more than mild cognitive difficulties.

His attention and concentration were well within normal limits. He was oriented to time, person, place, and situation. Memory functions were intact. He appeared to be at least of
CASE #2: DIAGNOSIS

He earned a score of 26/30 on the Saint Louis University Mental Status Exam. He lost one point for remembering only four of five objects. He overanalyzed and thus incorrectly answered the arithmetic problem for a loss of three points though the resulting computations were correct. The performance did not suggest more than mild cognitive difficulties.

His attention and concentration were well within normal limits. He was oriented to time, person, place, and situation. Memory functions were intact. He appeared to be at least of

DIAGNOSTIC IMPRESSION:
AXIS I: Depressive disorder NOS with anxiety.
AXIS II: Diagnosis deferred.
AXIS III: History of TIAs and neurological difficulties as well as other medical history that is noncontributory to the current problems.
FUNCTIONAL ABILITIES:
His ability to understand and remember does not appear significantly limited. His ability to sustain concentration and to persist may be moderately limited due to the presence of the TIAs during the day. His ability to interact socially with friends, supervisors, and the public does not appear more than mildly impaired. His ability to adapt to and tolerate the stress associated with day-to-day activity does not appear more than mildly limited.
CASE #2: PANELIST MEDICAL OPINION
DON’T RATE PHYSICAL ALLEGATIONS

FUNCTIONAL ABILITIES:
His ability to understand and remember does not appear significantly limited. His ability to sustain concentration and to persist may be moderately limited due to the presence of the T1As during the day. His ability to interact socially with friends, supervisors, and the public does not appear more than mildly impaired. His ability to adapt to and tolerate the stress associated with day-to-day activity does not appear more than mildly limited.

- Claimant had diagnosis of Depressive D/O with anxiety
- Limitations in functioning should be tied to the psychological disorder
ASSESSING LIMITATIONS

Options:

None
Mild: non-severe
Moderate: impacts functioning to some degree
Marked: substantially impacts functioning
Extreme: cannot carry out function
ASSESSING LIMITATIONS

Options:

None
Mild: non-severe
Moderate: impacts functioning to some degree
Marked: substantially impacts functioning
Extreme: cannot carry out function

Rating is the **most** the claimant can do (not least)
On a regular basis
Consistency of Data

Do the following all line up as consistent?

- Diagnosis
- History
- Signs/symptoms
- GAF
- Your opinion of limitations
Case #3: Consistency of Data

53 year old
No mental allegations
No MH treatment, no psych meds
Limited legal problems, no DAA
Recent dx of cirrhosis of liver, Stage IV

This is the claimant’s 1st time applying for disability. She is making this current claim for disability based on the complications arising from the following alleged difficulties: Cirrhosis Stage IV, diabetes mellitus, degenerative disc disease, anorexia, weight loss, peripheral neuropathy, and osteoarthritis.

The claimant is asking for initiation of disability funds for the following reasons in her own words: “I can’t work. If I’m up more than 30 minutes I’m in bed for the next two to three days. Where I work, I work 10-hour shifts. In February of 2012, I was diagnosed with Hepatitis C. My blood sugar was running 500, so I was having problems with the neuropathy I have in my
Case #3: Consistency of Data

When asked to describe her mood over the past month, she states that she has been happy but now worried about her health. She states that she does not have panic attacks. The client states that she has crying spells about once a week. The client states that in an average week she has 2 good days. She states that on bad days, "It's mostly after I've gone to the doctor or gone out. For the next two days I can't do much of anything.".

The client was oriented to person, place, and time. She appeared to be tired during the interview. She maintained good eye contact. She did not display any facial tics or tremors. Her rate of speech was normal and her clarity of speaking was normal. Her volume of speech was normal. Her responses were coherent and easy to understand. Her thought processes included seemingly clear and logical thinking. She was able to recall all three named items immediately after they were said to her. In the serial 3 subtractions from 20, she completed all six iterations successfully. She performed well in the Digit Span tasks, successfully completing seven digits forwards and five digits backwards. She was able to spell the word "world" correctly, and was also able to spell it backwards correctly. The client was able to recall all 3 previously named objects after a three-minute delay. She correctly recalled both her date of birth and her Social Security number. She easily named four recent U.S. Presidents. She easily named five large U.S. cities. She knew how many weeks and months are
Case #3: Consistency of Data

The client was cooperative, pleasant and candid throughout the interview. Her mood at the time of the evaluation appeared depressed and anxious. She felt physically bad. Her affect was mood congruent and blunted. She showed no evidence of exaggeration of her condition. Her primary issues are medical ones. She gave a concerted effort throughout the interview. She correctly identified the shape of a ball, the colors of the American flag and the current President of the United States.

How would you rate?
Case #3: Consistency of Data

| Her psychiatric state was depressed and anxious. She shows evidence of a moderate impairment in her social relating. She shows evidence of a marked impairment in her ability to adapt to change. She is able to follow instructions, both written and spoken. She appears to have had a stable work history. She appears able to handle finances. No evidence of over-reporting of symptoms was noted. Her primary issues are medical ones. She tries to be positive. |

| 311 |
| Depressive Disorder, NOS |
| No Diagnosis |
| Cirrhosis Stage IV, diabetes mellitus, degenerative disc disease, anorexia, weight loss, peripheral neuropathy, osteoarthritis |
| Finances, employment, relationships, health issues |
| CGAF = 45 |
Consistency of Data

Do the following all line up as consistent?

- Diagnosis
- History
- Signs/symptoms
- GAF
- Your opinion of limitations
Objective #4: Know forms used by reviewers to assess claim
### Assessing Limitations

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<th><strong>Functional Limitation</strong></th>
<th><strong>Degree of Limitation</strong></th>
<th><strong>Insufficient Evidence</strong></th>
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<tr>
<td>1. Restriction of Activities of Daily Living</td>
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<td>Mild □</td>
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<tr>
<td>2. Difficulties in Maintaining Social Functioning</td>
<td>None □</td>
<td>Mild □</td>
</tr>
<tr>
<td>3. Difficulties in Maintaining Concentration, Persistence, or Pace</td>
<td>None □</td>
<td>Mild □</td>
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<td>4. Episodes of Decompensation, Each of Extended Duration</td>
<td>None □</td>
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### ASSESSING LIMITATIONS

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</tbody>
</table>
# ASSESSING LIMITATIONS

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<th>DEGREE OF LIMITATION</th>
</tr>
</thead>
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<tr>
<td>1. Restriction of Activities of Daily Living</td>
<td>None</td>
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<tr>
<td>2. Difficulties in Maintaining Social Functioning</td>
<td>None</td>
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<td>3. Difficulties in Maintaining Concentration, Persistence, or Pace</td>
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Legend: None, Mild, Moderate, Marked*, Extreme*
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*Insufficient Evidence* □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
A. UNDERSTANDING AND MEMORY

1. The ability to remember locations and work-like procedures.

2. The ability to understand and remember very short and simple instructions.

3. The ability to understand and remember detailed instructions.
B. SUSTAINED CONCENTRATION AND PERSEVERANCE

4. The ability to carry out very short and simple instructions.
5. The ability to carry out detailed instructions.
6. The ability to maintain attention and concentration for extended periods.
7. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances.
8. The ability to sustain an ordinary routine without special supervision.
9. The ability to work in coordination with or proximity to others without being distracted by them.
10. The ability to make simple work-related decisions.
11. The ability to complete a normal workday and workweek without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods.
C. SOCIAL INTERACTION

12. The ability to interact appropriately with the general public.

13. The ability to ask simple questions or request assistance.

14. The ability to accept instructions and respond appropriately to criticism from supervisors.

15. The ability to get along with coworkers or peers without distracting them or exhibiting behavioral extremes.

16. The ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness.
D. ADAPTATION

17. The ability to respond appropriately to changes in the work setting.

18. The ability to be aware of normal hazards and take appropriate precautions.

19. The ability to travel in unfamiliar places or use public transportation.

20. The ability to set realistic goals or make plans independently of others.
Jobs

LIGHT
Cleaner, Housekeeping
Cutter Helper
Tube Bender, Hand
Silver Wrapper

SEDANTARY
Cuff Folder (Knitting)
Buckler and Lacer (boot & shoe)
Clip Loading Machine Tender
Stringing Machine Tender
Jobs: Stringing machine tender

Tends machine that inserts gathering strings in hem of bags and turns bags: Pulls bags joined by connecting threads across feed trough and hooks end bag on feeding apron of machine. Moves lever to start machine that automatically clips joining thread between bags, inserts gathering strings in hems, and turns bags. Removes bags from discharge end of machine, examines bags for stringing flaws, and stacks bags in carton for packing. Places defective bags aside for repair. Draws thread from cones through machine guides and eyes of needles to thread stringing needles. Records number of bags processed.
Jobs: Buckler and Lacer

Joins pre-cemented shoe parts, or applies cement to join parts, using any of following methods: (1) Brushes cement onto parts. (2) Sprays cement onto parts, using spray gun. (3) Rubs parts over cement-covered roller. (4) Feeds and pulls parts between cement-covered rollers. May align pre-cemented parts, following seams or edges, markings on parts, or template guides, and press parts together by hand or using hand tools. May trim excess material from cemented parts. May roughen shoe parts in preparation for cementing. May brush solvent on parts to activate cemented surface.
Jobs: Housekeeping

Cleans rooms and halls in commercial establishments, such as hotels, restaurants, clubs, beauty parlors, and dormitories, performing any combination of following duties: Sorts, counts, folds, marks, or carries linens. Makes beds. Replenishes supplies, such as drinking glasses and writing supplies. Checks wraps and renders personal assistance to patrons. Moves furniture, hangs drapes, and rolls carpets. Performs other duties as described under CLEANER (any industry) I Master Title. May be designated according to type of establishment cleaned as Beauty Parlor Cleaner (personal ser.); Motel Cleaner (hotel & rest.); or according to area cleaned as Sleeping Room Cleaner (hotel & rest.).
Objectives

• Learn the role of psychologist plays in disability adjudication
• Learn importance of claimant’s history and functional details
• Identify frequently used terms
• Know forms used by reviewers to assess claim
Last Three Points

Tie limitations to impairment.
Last Three Points

Tie limitations to impairment.
Look for consistency between signs/symptoms
Last Three Points

Tie limitations to impairment.
Look for consistency between signs/symptoms
Make sure the data you send us is consistent internally; if not, explain why.
SSA Disability
Striving for Consistency and Detail

George Davis, Ph.D. J.D.
November 2, 2012