

Opportunities for Ohioans with Disabilities (OOD)
Division of Disability Determination (DDD)

Ohio DDD Guidelines for Independent Mental Disability Evaluations of Social Security Administration Claimants



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Ohio DDD Guidelines for Independent Mental Disability Evaluations of Social Security Administration Claimants

INTRODUCTION

The Social Security Administration (SSA) states that independent consultative examiners of SSA disability claimants “must have a good understanding of SSA’s disability programs and their evidence requirements.” These Ohio Division of Disability Determination (DDD) Guidelines are provided to contribute to your understanding of SSA’s disability programs and the role of the independent examiner. Additional references include SSA’s publication, *Consultative Examinations: A Guide for Health Professionals*, referred to as “The Green Book” and accessible at <http://www.socialsecurity.gov/disability/professionals/greenbook>. The Green Book includes general program information, but emphasizes requirements for consultative exams. For broader program information, *SSA’s Disability Evaluation Under Social Security*, referred to as “The Blue Book,” is accessible through www.socialsecurity.gov/disability/professionals/bluebook. The Blue Book discusses in greater detail SSA’s disability programs and how program constructs are applied in evaluating mental and physical disability claims. Unlike the Green Book, the Blue Book does not focus on the role of the independent examiner. Importantly, however, the Blue Book identifies and discusses the psychiatric conditions considered by SSA most likely to result in mental disability for work.

SSA’s Disability Programs

The Program Structure

SSA provides disability benefits under two programs: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). SSA’s disability programs provide a monthly disability check for qualifying applicants found mentally or physically incapable of competitive work. There is no short-term disability or partial disability component to SSA’s disability programs. SSDI and SSI are permanent total disability programs only. A claimant can allege mental disability, physical disability or both. These Ohio DDD Guidelines address independent evaluations of claimants’ mental allegations.

SSA’s medical criteria for deciding whether an individual is disabled for work are the same across the SSDI and SSI programs. SSA’s medical criteria, however, are not necessarily the same as criteria applied by other government disability programs or by private sector disability plans. For the professional conducting independent evaluations of SSA claimants, the evaluation process is the same whether the claimant is applying for SSDI, SSI or both.

The overarching purpose of SSA’s disability programs is to determine disability benefit eligibility and disburse benefits to disabled individuals. SSA’s disability programs are not involved in formulation or provision of treatment.

Who Is Covered?

The SSDI program covers individuals who have paid into the program through Social Security taxes on their earnings. People who have not paid

sufficiently into the SSDI program to be eligible are limited to the SSI program, which may pay a lower monthly benefit. The SSI program has financial need requirements and covers children.

The Claim Process

The SSA disability claim process begins when the claimant files a claim through SSA. The individual can go to the local SSA field office to file or file remotely by mail, phone or electronically. The SSA field office evaluates nonmedical aspects of the claim for eligibility, such as whether the claimant is eligible for SSDI or SSI application. SSA prompts the claimant to describe his or her disabling conditions. The claimant’s statement of symptoms alone cannot establish disability. The disability programs are medically-based and thus require the claimant to provide medical evidence of disability. SSA applies the term “medical” evidence to include evidence of mental and emotional conditions as well as evidence of physical conditions. The claimant is responsible to identify the treating and evaluating medical sources who can provide evidence about his or her disabling mental condition(s) and about the claimant’s mental limitations for work. For SSA purposes, acceptable medical sources regarding mental syndromes are licensed physicians and licensed psychologists. SSA also compiles information about the claimant’s past and current employment, in part from the claimant’s self-report, but also through formal SSA earnings records.

Once nonmedical eligibility has been evaluated and potential professional sources of evidence have been identified, SSA shifts jurisdiction of the claim

to the applicable Disability Determination Service (DDS). SSA has arrangements with each of the 50 states and with Puerto Rico and Washington, D.C. whereby each entity (for example, the State of Ohio) operates a DDS (or multiple DDSs in some states). DDSs are federally-funded, state-run agencies charged with developing evidence, evaluating evidence and reaching disability decisions for claims filed by residents of the state or locale. In Ohio, the DDS is the Ohio Rehabilitation Services Commission (RSC) Division of Disability Determination (DDD).

In evaluating whether a claimant is disabled under the meaning of the law and SSA regulations, the state DDS applies SSA's disability determination criteria. The DDS considers the claimant's allegations and the medical and nonmedical evidence in the claim. Nonmedical evidence can include information from lay sources such as family members, past employers, case managers, treating social workers, vocational rehabilitation counselors, friends or others who may have knowledge of the claimant's functioning. The decision regarding the presence or absence of disability reached by the state DDS is termed a disability "determination."

The application of laws and regulations in disability determinations is a legal process. Specifically, the legal process is called an administrative adjudication. The legal decision maker in a given claim is the DDS adjudicator. Depending on the particulars of the claim, the adjudicator may access consultation from an in-house consulting physician or psychologist for professional analysis of the evidence in the claim. Once the DDS reaches its disability determination as to whether the claimant is disabled, jurisdiction of the claim is shifted back to SSA. If the DDS has determined the claimant is disabled, SSA begins payment of the monthly disability benefit to the individual. If the DDS has determined the claimant is not disabled, the claimant can appeal the decision in a formal appeals process. At the first level of appeal, the claim is reevaluated by the DDS, but by a different adjudicator. The next level of appeal is a formal hearing before an administrative law judge (ALJ). At that level, the ALJ is the decision maker. An ALJ's decision can be appealed into additional levels of appeal ultimately going into the civil court system. In that situation, the relevant court becomes the legal decision maker.

Participation of Psychologists and Psychiatrists

A psychologist or psychiatrist can fill one of four possible roles within the disability claims adjudication process:

1. As a treating clinician providing treatment information to DDD about the claimant or as an examining clinician providing evaluation data from another setting. Information usually is provided to DDD in the form of released records, though clinicians sometimes make entries on DDD clinician questionnaires or provide data in letter or case summary format.
2. As an independent consultative examiner evaluating the claimant by methods including clinical interview and testing. In this role, the examiner submits a written report to DDD to inform the adjudicative team about the claimant's pertinent mental functioning.
3. As a non-examining, in-house DDD consultant. In this role, records from the sources discussed above are analyzed by the professional who then provides advice to the claims adjudicator regarding the claimant's capacities for work-related mental activities.
4. As a psychological or psychiatric expert when DDD's decisions are appealed by claimants. In this role, the professional provides testimony during the ALJ hearing to inform the judge regarding the claimant's relevant mental functioning.

In none of these roles does the psychologist or psychiatrist decide whether the claimant is disabled. Claims adjudicators, administrative law judges and the courts are the legal decision makers in SSA disability claims.

Appropriate Perspective for the Independent Consultative Examiner

Psychology and psychiatry formally acknowledge important differences in the appropriate professional perspective when conducting a treatment evaluation versus when conducting an independent evaluation within an adjudication. Both professions distinguish the independent examiner's role from the treating clinician's role in important ways. Psychology and psychiatry expressly identify administrative adjudications, such as disability claims determination, as forensic psychological and forensic psychiatric work respectively. Psychology has generated formal guidelines for conducting independent evaluations articulated in the Specialty Guidelines for Forensic Psychologists in *Law and Human Behavior*, Vol.15, No.6, 1991. *The Committee on the Revision of the Specialty Guidelines for Forensic Psychology* generated a fifth draft of revisions under consideration on 8/1/10. Both documents are available through the American Psychology Law Society web site, www.ap-ls.org. The American Academy of Psychiatry and the Law has generated *Ethics Guidelines for the Practice of Forensic Psychiatry* available at www.aapl.org/ethics.htm. These documents discuss the perspective appropriate for professionals conducting independent evaluations in psycho-legal adjudications. Additionally, there is an extensive body of professional literature addressing the appropriate perspective and appropriate practices for independent psychological and psychiatric examiners, including the important topic of evaluating examinees' response styles.

The top priority for all evaluations is accurate and professional assessment of the claimant's relevant mental functions and limitations. In addition, the report is expected to contribute usefully and effectively to claim adjudication. It is important for the independent examiner to be mindful that adjudicators and ALJs are not psychologists or psychiatrists. Although an in-house psychologist or psychiatrist will be available to advise the adjudicator regarding the independent examiner's report, in the end, the contribution of the report is enhanced by the degree to which it has stand-alone clarity for the decision maker regarding the claimant's mental functioning.

Key Terms & Definitions in SSA Disability Programs

The following information is provided for your understanding of the conceptual framework within which the findings and opinions contained in your reports are considered. The independent examiner does not apply the following seven terms and definitions in evaluating SSA claimants. You will

not, for example, render an opinion on whether the claimant is disabled, whether the claimant is capable of SGA or whether the claimant has had a continuous period of inability to engage in SGA. These terms, definitions and decisions are reserved for application by DDD. Awareness of these concepts, however, can enhance your understanding of how to evaluate claimants relevantly as well as your alertness to the clinical and functional data that can inform adjudication.

Disability - In adult claims, disability is defined as the inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s), which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

In child claims, the definition of disability is different from the definition for adults. A child will be considered disabled if he or she has a medically determinable physical or mental impairment or combination of impairments that causes marked and severe functional limitations, and that can be expected to cause death or has lasted or can be expected to last for a continuous period of not less than 12 months.

Substantial Gainful Activity (SGA) - SGA refers to the performance of significant physical and mental activities in work for pay or profit or in work of a type generally performed for pay or profit. Work may be substantial even if it is performed on a seasonal or part-time basis. SSA's definition of SGA includes quantitative and qualitative parameters outside the scope of these Guidelines.

"By reason of" (adult); "that causes" (child) - The evidence must show a direct causal link flowing from the mental syndrome to the inability to engage in competitive-level work (adult), and from the mental syndrome to the functional limitations (child).

Medically Determinable Impairment - A "medically determinable impairment" is a physical or mental impairment that results from anatomical, physiological or psychological abnormalities, which can be shown by medically acceptable clinical and laboratory diagnostic techniques. A mental impairment must be established by medical evidence consisting of signs, symptoms and laboratory findings - not only by the individual's statement of symptoms.

Generally, a "medically determinable impairment" is a syndrome diagnosable under the DSM-IV-TR classification system. SSA recognizes not all mental conditions are equally likely to result in mental incapacity for work. The Blue Book lists and discusses the psychiatric conditions considered by SSA most likely to result in mental disability for work. SSA makes particular mention of psychotic disorders, dementias and mental retardation as potentially disabling.

Medically Acceptable Clinical & Laboratory Diagnostic Techniques - Medically acceptable clinical and laboratory diagnostic techniques include the psychological or psychiatric clinical interview and psychological testing. SSA emphasizes use of the current DSM nomenclature and diagnostic format.

Medical evidence - This refers to evidence generated by licensed psychologists or licensed psychiatrists and in some cases other licensed physicians who are qualified to provide medically-based information on mental functioning. In child claims, medical evidence includes evidence generated by licensed pediatricians and licensed school psychologists, the latter limited to issues of intellectual capacities. The claimant's statement of symptoms alone will not suffice in establishing a mental impairment. The medical evidence in the claim must include confirming behavioral signs and clinical findings.

Continuous period - "Continuous period" does not equate to "continuous symptoms." The program recognizes that some incapacitating mental syndromes show waxing and waning severity across time. In some cases, despite periods of reduced severity, the illness imposes a continuous substrate of mental fragility rendering the claimant disabled. Treatment may attenuate the behavioral presentation of the disorder, but fail to attenuate the underlying vulnerability to decompensation on exposure to workplace demands.

Again, as remarked above, the preceding terms are shared to be broadly informative. Though you will not apply the above concepts in your evaluations, awareness of them may increase your alertness to details in a given case that could contribute to an effective evaluation.

When Are Consultative Evaluations Ordered?

In some claims, the treating clinician provides DDD with data sufficient to inform adjudication fully. In those cases, an independent evaluation is unnecessary. In other claims, treatment evidence, for one reason or another, is inadequate or there may be no known treatment history and no known psychiatric diagnosis of record. In those situations, a consultative evaluation (CE) is arranged.

Time Requirements for Scheduling Consultative Evaluations

SSA requires examining psychologists schedule at least 60 minutes for every claimant. SSA requires examining psychiatrists schedule at least 40 minutes for every claimant. Report preparation time is not included in meeting these SSA minimum requirements.

Compliance With Laws, Regulations and Rules Regulating Professional Practice

Both SSA and DDD require independent examiners of SSA claimants to function in compliance with laws, regulations and rules pertaining to their professional practice, and in compliance with the requirements of the applicable Licensing Board and other applicable professional oversight bodies. This includes compliance with requirements regarding reporting of suspected abuse of a child or adult to the appropriate protective services, duty to warn and to protect persons who are in danger of being harmed or at risk for harm by others and the protection of persons who may be a danger to self due to suicidal intentions. DDD requires a written account of actions taken in such circumstances as soon as possible. This includes, as well, compliance with requirements regarding the use of supervisees. Consulting psychologist examiners are required to notify DDD immediately of any disciplinary actions they have received by the State Board of Psychology of Ohio. Consulting psychiatrist examiners must notify DDD immediately of any disciplinary actions they have received by the State Medical Board of Ohio.

CONSULTATIVE EVALUATION REPORTS

General

The independent evaluation of an SSA claimant on referral by DDD requires the examiner to evaluate, and then discuss in a written report, clinical and functional factors relevant to claim adjudication. The first consideration for the examiner is to evaluate whether the claimant presents a diagnosable mental syndrome. If a mental syndrome is diagnosed by the examiner, then he or she is to discuss what the claimant can still do despite his or her mental syndrome and discuss any limitations in workplace mental functioning that result from the mental syndrome. More specifically, the examiner is to describe:

1. The claimant's mental abilities and limitations in understanding, remembering and carrying out instructions.
2. The claimant's mental abilities and limitations in maintaining attention and concentration, persistence and pace to perform tasks and to perform multi-step tasks.
3. The claimant's mental abilities and limitations in responding appropriately to supervision and to coworkers in a work setting.
4. The claimant's mental abilities and limitations in responding appropriately to work pressures in a work setting.

SSA identifies minimum content requirements for consultative reports and does not limit DDSs from requiring reports of higher quality. Report content required by SSA is in accord with discussions of adequate independent evaluations in the professional literature. Among SSA's requirements, reports must:

- Include all elements required within the professional discipline of the examiner;
- Be internally consistent;
- Be consistent with any background materials available to the examiner;
- Conceptually integrate the work history and psychiatric history; and
- Provide evidence that can serve as an adequate basis for decision making in the claims adjudication process.

Since work disability decision making is at issue, it follows that SSA requires reports to conceptually integrate the work history and psychiatric history.

Report Structure & Content

Including the following elements in your report will increase the likelihood of 1) adequate evaluation of the claimant; and 2) provision of a report that can aid in adjudication.

Source of Referral & Purpose of Evaluation

When the examiner accurately describes the referral source and the purpose of the evaluation, he or she shows understanding of the referral question.

Identifying Information

SSA requires the report reflect basic identifying information including the claimant's Social Security Number. A physical description of the claimant is to be included to help ensure the person under evaluation is the claimant. Some independent examiners document that they have looked at a government-issued picture ID such as a driver license or state ID presented by the claimant.

Discussion of Purpose of Evaluation, Disclosure of Non-Confidentiality, Consent to Evaluation & Authorization to Release Data

Within psychology and psychiatry, independent examiners customarily document discussing with the examinee the purpose of the evaluation, limits of confidentiality and behavioral indications that the examinee understood the discussion. Examiners customarily document the examinee's agreement to be evaluated and the examinee's agreement with data release to the referring party.

Free-Standing List of All Sources of Data Relied On & Methods Used

Listing Sources of Data

In any legal adjudication, it is important for the decision maker to know the sources of data on which the independent examiner relied in reaching his or her professional opinion. For example, an examinee may have denied any mental health history to the examiner, but the decision maker may be looking at records of a recent involuntary psychiatric admission for psychosis. If the independent examiner did not list data sources in the report, the decision maker will be unable to determine whether the examiner had access to the hospital records. Boilerplate language such as "all available background records were read" does not inform the decision maker since such statements leave unclear whether a specific record was available, and for that matter, whether any background records at all were reviewed. In listing sources of data, some examiners briefly summarize the content of background records.

Listing Methods/Procedures

Similarly, in evaluating the opinions of an independent examiner, the decision maker needs to know the methods used by the examiner. Was evaluation limited to the self-report of a clinical interview? Was the case manager accompanying the claimant interviewed with the claimant's permission? If so, was the claimant present during the inquiry? Was testing conducted? Did a supervisee participate in the evaluation? What was the supervisee's role?

If the examiner had the examinee complete an office questionnaire, the demands of the task and the claimant's response can be informative regarding the claimant's functional capacities and limitations – beyond the content of the questionnaire responses. For example, the claimant's response to the reading demands (grade level?), the means of administration (paper and pencil? laptop?) and the circumstances of administration (quiet room with door closed? reception area with TV on?) can be informative. No matter how comprehensive the questionnaire, a questionnaire cannot substitute for data gathering via direct interview and observation of the claimant. An examiner's over-reliance on a questionnaire at the neglect of direct clinical interview would fail to meet claimants' expectations of a fair and adequate mental evaluation and could not inform adjudication adequately.

Chief Complaint

SSA requires indication of the claimant's chief complaint. This is an appropriate place in the report to enter the claimant's response to inquiry regarding perceived barriers to employability. Though an examinee's allegations of disability will appear in various forms and locations throughout the report, a clearly identified quote generated by the claimant under conditions as free as possible from shaping by the examiner can be informative. The claimant's account of how he or she decided to file for disability is helpful to include as well. For example, advisement to file by a treating psychiatrist, an inpatient psychiatric social worker, or an employer, or being required to file by a private sector disability plan can have different mental functional implications than independently formulating the idea to file.

Personal History

A summary of basic developmental and adult personal history information is appropriate for this section. The individualized course of inquiry will be defined by the claimant's unique psychiatric and personality presentation. For example, if the claimant's clinical presentation, reported history, or background records suggest the presence of Schizophrenia, inquiry might explore for indications of a functional slide in young adulthood. If the claimant's presentation suggests Borderline Personality Disorder, inquiry might explore social transactions, distress tolerance and self-regulation. In all cases, any reported history of suicidal behavior and/or psychiatric admissions within the family of origin would be important information to record.

Education & Training History

Whether the claimant reportedly progressed unremarkably through a regular education curriculum or, at the other end of the spectrum, received high-intensity special education supports for learning difficulties and emotional disturbance, educational history data can provide valuable information as the claim is reviewed. Particularly informative can be accounts of special structure such as schooling within partial hospitalization, within a residential treatment facility or within Department of Youth Services (DYS). Other potentially informative details include the highest grade completed and customary marks, history of retention, the reported quality of relations with teachers and peers, reported extracurriculars and the reported basis for leaving school before completing high school. Accounts of participation in high school vocational programs, adult vocational rehabilitation educational supports and any post-secondary special supports through campus mental health services or office of disability services can be informative. Employer-sponsored education is appropriate for inclusion as well.

Physical Medical History

The claimant may have raised physical allegations in his or her claim in addition to the mental allegations you are evaluating. Referral of a claimant by DDD for mental evaluation, whether conducted by a psychologist or psychiatrist, is for mental assessment only. The psychologist or psychiatrist is not being asked to evaluate the claimant's physical symptoms or physical functioning. Formal evaluation of physical allegations is the domain of licensed physicians in two separate roles: 1) the independent physician examiner engaged by DDD to conduct a physical examination of a claimant and 2) the in-house physician consultant who reviews physical medical evidence. More broadly, however, within psychology and psychiatry it is customary for independent examiners to summarize an examinee's physical medical history including reports of serious physical injury, illness, disease, toxic exposure or medical intervention. Therefore, in mental evaluations of SSA claimants it is appropriate for psychologists and psychiatrists to include such customary medical history summaries. Physical conditions that could manifest psychiatrically warrant particular mention. It is appropriate also to include the claimant's allegations of physical incapacity for work. Formally evaluating or rendering a professional opinion regarding a claimant's physical allegations and physical functioning, however, is the province of designated examining physicians and in-house physician consultants. It is customary for clinical psychologists and psychiatrists to note observations of an examinee's physical comportment regarding, for example, gait and use of assistive devices. Such observations appropriately appear under mental status observations.

Legal History/Problems in the Community

While legal histories can include juvenile court and criminal court involvement, the notion of legal history is far broader than criminal justice matters. Claimants' legal histories can include probate court or domestic court involvements. They can include mental health court oversight or community probate. Legal histories can include Children Services Board interventions, municipal code violations, evictions or bankruptcy. They can include Workers' Compensation adjudications or other civil actions against employers. Legal histories can include a pattern of civil lawsuits initiated by the claimant. As for criminal justice histories, they can include factors suggesting possible high levels of mental deficiency such as "Not Guilty By Reason of Insanity" verdicts and forensic treatments. Inquiry into the broad scope of potential legal involvements can illuminate the claimant's functioning, particularly when the claimant has low insight into severe mental illness.

Substance Use History

The mental functional impact of reported substance use is considered in claim review. SSA indicates independent evaluations are to include the claimant's reported history of substance use and to reflect any indication of substance misuse. SSA indicates also that reports are to identify any drug or alcohol treatment history and to name the facilities where treatment was received. Response to treatment is relevant information. Also, it is helpful if the examiner includes the reported impact of both substance use and sobriety on work functioning, as well as reports of any co-variation of mental symptoms with substance use. Dates of reported periods of sobriety with a description of functioning during those periods can be helpful information. Inquiry into any reported history of arriving at work intoxicated, substance use on the job, job loss or exclusion from hiring due to failed substance screens or history of referral to drug or alcohol treatment by an employer can be informative.

Work History

Since mental capacity for work is the issue in every claim, every claimant's reported work history is of key importance. SSA requires the consultative report to include the claimant's account of the date when the mental condition began to interfere with work, how the mental condition interfered with work, any attempts to return to work and the outcome of those attempts. These SSA requirements convey the importance of integrating the work history with the behavioral health history.

A chronology of the claimant's work activity with employers named, jobs identified and employment timeframes specified is an important aspect of the work history. Of key importance is the claimant's reported history of implementing work tasks, relating to others on the job and coping with work pressures. Simply indicating a claimant endorsed limitations in these areas is minimally informative as is quoting a broad allegation of limitation without elaboration. For example, assertion that "I couldn't get along with anybody" is negligibly informative as it stands. With the elaboration, "I did okay in the back office. I just got tired of dealing with customer complaints," or "Everybody there was unfeeling. They didn't care when I talked about wanting to kill myself," the assertion would become more informative.

Since military service involves work activity, military history might be discussed in the work history section of the report or it might appear as a free-standing entry with a separate heading. The reported circumstances and nature of military discharge can be informative.

The claimant's presentation will influence the individualized inquiry into the work history. The claimant's account of how a job was obtained, whether he or she ever was rehired by an employer, whether there have been mental disability leaves and the level of treatment while on leave, and whether the claimant talked about mental health problems on the job (and with whom and how often) can help inform claim adjudication.

Reported history of special vocational supports for mental difficulties is important information as well. Special supports can include, but are not limited to, sheltered work, vocational rehabilitation services, a job coach, or follow-along services. The nature, term, and outcome of vocational supports are areas for exploration. Prevocational supports can be even more indicative of limitation, such as a psychiatric home aide. Highly limited claimants may boast to an examiner "I work," but on inquiry it comes to light the person works in fast food part-time with ADL support from a psychiatric home aide three days weekly. Indications of psychiatric disturbance and unusual employer tolerances, such as a supervisor tolerating the claimant self-cutting on the job, can emerge during the work history inquiry.

The claimant's account of why jobs were left can be informative. Leaving posts due to lost transportation, company closure, higher pay elsewhere, physical injury, or a move to a different state can have far different implications than leaving posts due to entering partial hospitalization, exhaustion of mental disability leave, being fired for angry outbursts, an employer restraining order, or refusal of a fitness for duty evaluation. If the claimant asserts history of assaulting someone on the job, details of the situation are important work history information. If the claimant reports work ceased due to incarceration, exploration of whether the reported charges were work-related would be appropriate. Also relevant would be whether the claimant was working at the time of arrest, and the nature of any work duties as an inmate while incarcerated.

Reported history of certain circumstances suggests mental health difficulties intruding into work functioning. These include reported history of employer referral into an EAP, employer referral into mental health services, employer requirement of a fitness for duty evaluation, or employer referral to the ED for psychiatric evaluation. They include reported history of employer recommendation of mental disability leave, employer recommendation of mental disability retirement, or employer recommendation to file for SSA mental disability benefits. They include also reported history of work exposure prompting psychiatric admission, partial hospital admission, or crisis stabilization services. If the consultative report identifies such accounts by the claimant, DDD then has the opportunity to seek corroborative evidence.

A consultative report reflecting "his income is from odd jobs" would be expected to describe details of the odd jobs. If the claimant reports not looking for work, the basis for no active job search warrants discussion. Reported periods of unemployment warrant discussion as does report by a claimant of no work history at all.

In cases of highly troubled claimants with low insight into their mental condition and its impact on work functioning, such as claimants with Delusional Disorder, Persecutory Type, the work history inquiry may yield more information suggesting psychiatric disturbance and mental functional limitations than direct inquiry into the mental health history.

Behavioral Health History

SSA's disability programs are medically-based. It is the claimant's responsibility to identify to SSA and DDD treating clinicians who can provide information about his or her mental syndrome and any resulting work-related mental functional limitations. The claimant's symptom allegations alone will not suffice to establish disability. Supporting clinical signs and findings are required. The claimant's reported behavioral health history is a central component of the consultative report.

SSA indicates consultative reports should include dates, names of treatment facilities, and other details of any outpatient or inpatient treatment the claimant has received for mental or emotional problems.

SSA specifies consultative reports are to reflect outpatient treatment information including:

- Names of treating sources
- Dates of treatment
- Types of treatment
- Medications
- The claimant's response to treatment

SSA specifies consultative reports are to reflect psychiatric hospitalization information including:

- Names of hospitals
- Dates of admissions
- Treatments and response

SSA indicates the examiner's account of the claimant's present mental syndrome should include:

- Detailed chronology of condition onset including dates and circumstances of onset
- Detailed chronology of progression
- Date the condition began to interfere with work
- How the condition interfered with work

Addressing the claimant's behavioral health history and work history, not as separate conceptual tracks, but in a synthesized manner can contribute to informing the referral issue. For example, in relaying the claimant's reported chronology of mental health services, the examiner might discuss any reported link between exposure to work stressors and inpatient psychiatric admissions with psychiatric leaves from work. In a given case, however, the examiner may find the behavioral health history and the work history appear only to run in parallel; there might not be a pattern of psychiatric difficulties intruding into work functioning. For example, the claimant may report history of outpatient mental health services for adjustment to an unwanted divorce with no disruption of work functioning. The claimant may emphasize physical limitations currently and report depression does not limit his or her ability to work. If the mental health history and work history do not emerge as integrated because the mental syndrome reportedly does not disrupt work, and work exposure reportedly does not exacerbate the mental syndrome, then the examiner would discuss the independence of the two in the report.

Assumption the examinee can self-report accurately relevant aspects of his or her history undergirds much of the clinical interview process. Yet the psychological ability of people to provide accurate self-report data regarding mental illness and psychiatric interference with work can vary greatly as a function of the condition. Schizophrenia, for example, generally would be considered to pose greater risk of compromising the accuracy of self-reported mental health history and work limitations than Dysthymic Disorder. Potential inaccuracy with Schizophrenia would be expected in the direction of under-reporting symptoms and functional deficiencies. To overcome possible under-reporting of illness and limitations, the examiner might ask the claimant very specific mental health history questions such as whether someone else ever has presented the claimant for treatment and whether involuntary treatment ever has been received. The claimant might be asked if he or she ever has undergone hospital-based psychiatric assessment, inpatient psychiatric admission, crisis stabilization admission, partial hospitalization, high-frequency individual outpatient treatment or received case management or drop-in center services. Discussion of circumstances precipitating mental health services is important information to include. The examiner might consider: Does the history suggest deficient responding to mental health care? Does it appear there have been frequent medication changes? Does the claimant report multiple courses of high levels of treatment such as multiple inpatient admissions? Is there a reported history of ECT? Does information suggest poor relations with mental health clinicians are due to the mental syndrome? Is there a reported history of physical self-harm? Does it include intentional overdose with prescribed medications? Does the claimant report history of antipsychotic received by injection? Does the claimant indicate history of vocational rehabilitation services through a mental health agency? Is history of physical harm to others reported? Does the description suggest affective violence or instrumental violence? Does available information suggest serious psychiatric deterioration under circumstances less demanding than work, such as while in school or while in a vocational rehabilitation program? Is there information suggesting common life events, such as a pet dying, a change of residence, or a family member going on vacation, have prompted severe deteriorations and/or need for increased services such as psychiatric admission?

In synthesizing the mental health history with the work history, just as certain information can suggest mental health difficulties intruding into work functioning (as noted under Work History), other information can suggest work difficulties emerging prominently in treatment. Work is suggested as a treatment issue when work reportedly was a consistent focus of treatment, when work exposure has prompted a higher level of treatment, or when a treating clinician reportedly has recommended mental disability leave, mental disability retirement, or the current claim. If work exposure reportedly precipitated increased symptoms requiring mental health attention, it can be clarified whether the precipitating work circumstances were unremarkable or remarkable.

If the claimant indicates history of incarceration, informative details can include report of any mental health treatment while incarcerated, history of segregations, forensic evaluations, forensic treatments, or mental health services required as a condition of community control. If any such services are reported by the claimant, DDD is able to pursue documentation.

Activities of Daily Living

This area of inquiry involves the claimant's account of how he or she spends waking hours in a typical day. The frequency, degree of independence, and effectiveness in engaging in activities to meet basic physical and psychological needs is explored.

ADLs can include:

- domestic chores and maintaining the household. SSA notes in cases of psychotic illness, periods of residing in a structured setting such as a group home need to be explored and reported
- navigating the community, including transportation modes
- procuring and managing basic resources (shopping, making change, accessing necessary treatment for severe mental illness)
- socializing at home and in the community (affiliations such as church or civic associations)
- interests, hobbies, and recreation at home and in the community
- claimants might be asked what constitute stressors in their daily lives, and how they manage stressors.

The impact of any episodes of decompensation on the claimant's ADL functioning is appropriate for discussion. Individualized ADL inquiry will be based on the claimant's presentation and any available background materials. Some presentations, for example, suggest need for inquiry into possible special mental health supports such as case management, drop-in center participation, or psychiatric home aide services.

Mental Status

Within SSA's disability programs, the claimant's statement of symptoms alone cannot establish disability. A mental status section that reiterates or emphasizes the claimant's allegations will be less informative than a mental status section emphasizing examiner observations. Examinee quotes, as opposed to examiner paraphrases or conclusions, can contribute to informative mental status data. Behavioral observations discrepant with the claimant's mental allegations and self-report can be informative as well.

In addition to customary mental status data, examiner functional observations regarding the claimant's capacity to understand and implement instructions, to relate socially, and to cope with stress are potentially informative.

Appearance and Behavior

SSA requests specific mention of the claimant's mode of transportation to the evaluation, the distance traveled, and whether the claimant arrived alone or accompanied. Additionally, if the claimant reportedly traveled by car, SSA requests notation of who drove. SSA indicates examiner observations should include the claimant's attire, grooming, posture, gait, general motor behavior, and any signs of involuntary movements. SSA requests examiner observations regarding the claimant's attitude and degree of cooperation. Behaviors suggesting the claimant's response style would be appropriate here. Odor of beverage alcohol or any signs of intoxication would be appropriate to note as well. Referral of a claimant by DDD for mental evaluation is not a request for the examiner's professional opinion regarding the claimant's physical allegations. This is the appropriate section of the report, however, for the independent psychological examiner to enter observations regarding the claimant's physical presentation including the use of assistive devices such as a cane, walker, or wheelchair. During claim adjudication, licensed physicians evaluate claimants' physical allegations, physical illnesses, and physical capacities.

Speech and Thought: Content and Structure

SSA indicates examiner observations should appear in the report regarding the claimant's speech, thought processes, and thought content. Quotations can illustrate structure and content of both speech and thought. Though difficult to capture, quotes of psychotic structure to speech are important to include. Signs of preoccupations, suspiciousness, misinterpretations, religiosity, gullibility, paranoia, or grandiosity can be illustrated with quotes and behavioral descriptions. Articulation errors, reduced intelligibility, grammatical errors, or other notable speech anomalies might be mentioned as well.

Affect and Mood

Observations regarding affective tone, affective lability, appropriateness of affect, and congruence of affect with verbal content are appropriate. Signs of prevailing mood can be described. Observed psychomotor presentation and verbal themes of loss or expansiveness may be informative. The presence or absence of suicidal or homicidal thoughts, plans, urges, or intentions should be noted as should signs of hostility and/or aggressivity.

Anxiety

Behavioral signs consistent with anxiety would appear here. If substance intoxication or substance withdrawal is suspected, indications of such would need to be described.

Sensorium and Cognitive Functioning

SSA requires the examiner indicate the claimant's functioning with regard to orientation, sensorium, and any signs of perceptual abnormalities. Additionally, SSA requires the examiner to provide information regarding the claimant's quality of cognition, memory, concentration, fund of information, and intellectual functioning.

Insight and Judgment

Behavioral indications of insight and judgment emerging during evaluation are appropriate. Responses to hypothetical judgment questions might inform this area.

Psychological Testing

DDD will provide a voucher with each scheduled evaluation, and any authorized testing will be listed on the voucher. Any changes by examiners in tests used will require preauthorization by Medical Administration at DDD.

Test Properties and Test Interpretation

SSA emphasizes the importance that any psychological test used in a consultative evaluation have adequate psychometric properties. SSA neither precisely defines the parameters of adequate psychometric properties nor endorses any specific proprietary tests, but indicates any test administered should be reliable, valid, and standardized according to accepted psychometric practices, and have normative data relating to a recent cross-section of the general population. SSA identifies the testing session as an opportunity for the examiner to observe behavioral signs of the claimant's attention, concentration, and social comportment. SSA indicates all test scores, including subtest results, need to be reported by the examiner since the details of score patterns can yield information regarding the claimant's limitations and capacities. Interpretation of validity of obtained scores need to identify any factors that may have influenced results such as the claimant's attitude, degree of cooperation, sensory problems such as visual or hearing difficulties, physical limitations, or recent exposure to the same or a similar test. SSA indicates any discrepancies between formal test results and extra-test behavior (observed or by history) need to be resolved in addressing the validity of test findings. SSA indicates the consultative examiner needs to include an interpretive narrative discussing the validity of results as well as analysis of the consistency between test results and the history, functional data, and behavioral observations in the case.

Testing Non-English Speaking Examinees

Standardized test administration procedures need to be followed in evaluation of SSA claimants. Administering an English-version test to a non-English-speaking examinee is expected to yield invalid results. SSA identifies several instruments as suitable measures of intellectual functioning in cases of claimants whose culture and background are not principally English-speaking. These include the Test of Nonverbal Intelligence Fourth Edition (TONI-4), the Leiter International Performance Scale-Revised (Leiter-R), the Peabody Picture Vocabulary Test- Fourth Edition (PPVT-IV), and Raven's Progressive Matrices. SSA indicates when appropriate standardized measures for the person's linguistic or cultural background are unavailable, data about the person's activities of daily living and social functioning are most informative. English-version instruments such as the WAIS-IV should not be administered to non-English-speaking examinees since outcomes cannot be relied on as valid. If a test has been ordered by DDD, but aspects of the examinee's presentation would impose non-standardized administration and likely invalid findings, do not proceed with testing and contact Medical Administration at DDD as soon as possible about the situation.

Screening Instruments and Methods

Use of screening instruments is discouraged. Screening instruments lack the psychometric properties emphasized as important by SSA. Use of screening instruments can misdirect adjudicators and administrative law judges who lack training in psychological testing and are unlikely to recognize the limitations of screens.

Required Scores:

Score grids follow reflecting required scores on these instruments:

WAIS-IV

Bayley-III

WJ-III

WMS-IV

WRAT-4

Vineland II

WISC-IV

GORT-4

Bender Gestalt-II

WPPSI-III

Nelson-Denny

MMPI-2

SB-5

WIAT-II

MMPI-2-RF

The grids are shown on the following pages and can be downloaded from the RSC web site at www.rsc.ohio.gov/bdd.

Diagnostic Formulation

SSA's disability programs evaluate functional limitations resulting from mental syndromes. Diagnostic evaluation and formulation are customary elements of reports within psychiatry and psychology. The independent examiner is to evaluate for the presence or absence of any diagnosable mental syndrome(s). SSA requires adherence to the DSM diagnostic system and format. SSA also requires any diagnosis provided be well-supported by data within the report.

Provisional diagnoses and rule-out diagnoses are of reduced utility in informing claim adjudication. According to DSM-IV-TR, the "provisional" diagnosis is chosen by the clinician "to indicate a significant degree of diagnostic uncertainty." The examiner may want to consider whether "significant...uncertainty" is an appropriate degree of professional certainty in the context of a psycho-legal adjudication. If the examiner lacks adequate professional certainty to establish a diagnosis, he or she may want to discuss diagnostic considerations in the Summary and Conclusions section of the report rather than render a diagnosis with "significant...uncertainty."

With regard to V-codes, though not a psychiatric condition, SSA's disability programs do consider Borderline Intellectual Functioning (BIF) in claim adjudication. "No Diagnosis" is another V-code considered in claim adjudication. Other V-codes, such as Bereavement and Adult Antisocial Behavior, are not germane and can be confusing to claim adjudicators who sometimes mistake V-codes for psychiatric syndromes. It is suggested independent examiners bear this in mind when considering entering V-codes in the diagnostic formulation.

Reliability Estimate

SSA requires the independent examiner to include an estimate of reliability regarding information provided by the claimant. SSA indicates expressly that the estimate of reliability is not to be intuited by the examiner. An examiner's statement "I feel the claimant's self-report was reliable," for example, would not reflect a reasoned basis for the reliability opinion.

Summary & Conclusions

Simply reiterating information from the preceding narrative sections of the report is of reduced usefulness. SSA indicates the consultative examiner's analysis must include detailed description of the positive and negative findings related to the major complaints, and discussion of any other abnormalities or lack of abnormalities reported or found during evaluation. SSA indicates as well the examiner must analyze whether his or her conclusions correlate with the history, clinical exam and clinical findings in the case.

Management of Funds

SSA requires as well that the examiner comment on the examinee's capability to manage funds. It is important to be mindful that many people without psychiatric limitations to manage funds handle their finances far less than optimally. The examiner needs to specify the specific psychiatric basis for concluding limitations in capacity to manage funds

Prognosis

SSA indicates the consultative examiner may comment on prognosis and treatment, if indicated. Formulating treatment and providing treatment to claimants are not part of SSA's disability programs, however.

Functional Assessment - The Consultative Examiner's Opinion on the Referral Issue

SSA states the independent examiner should not provide an opinion as to whether the claimant is disabled under the meaning of the law.

SSA indicates the examiner is to provide a statement, however, about what the claimant can still do despite any mental syndrome that may be present. SSA indicates the consultative report should include a description, based on the examiner's own findings, of the individual's ability to do basic work-related activities. Work-related mental activities are discussed by SSA as the ability to understand, remember, and carry out instructions, the ability to concentrate and persist at tasks, and ability to respond appropriately to supervision and coworkers, and the ability to respond appropriately to work pressures in a work setting. The examiner is to discuss as well any limitations in these areas that arise out of the diagnosed psychiatric syndrome(s). (Limitations arising out of non-psychiatric factors are outside the scope of the referral issue.)

In the past, DDD has requested independent psychological and psychiatric examiners to apply in their reports qualitative ratings regarding these areas of mental functioning. The ratings included "not impaired," "mildly impaired," "moderately impaired," "markedly impaired," and "extremely impaired." The functional opinions of independent examiners are no longer to include the ratings "not impaired," "mildly impaired," "moderately impaired," "markedly impaired," or "extremely impaired."

Instead, in reports the consultative examiner is to describe the claimant's functioning within the relevant areas without use of those ratings. The professional opinion statement can be framed as:

1. Describe the claimant's abilities and limitations in understanding, remembering, and carrying out instructions.
2. Describe the claimant's abilities and limitations in maintaining attention and concentration, and in maintaining persistence and pace, to perform simple tasks and to perform multi-step tasks.
3. Describe the claimant's abilities and limitations in responding appropriately to supervision and to coworkers in a work setting.
4. Describe the claimant's abilities and limitations in responding appropriately to work pressures in a work setting.

Historically, some examiners have provided opinion statements in each functional area limited to a single statement with no foundation. For example, "The claimant's ability to understand, remember and carry out instructions is limited moderately" with no further discussion. Using that approach and simply substituting synonyms for the previously used rating terms will not constitute adequate description of the claimant's functioning. For example, "the claimant's abilities and limitations in understanding, remembering and carrying out instructions are fair" – while not using the prior ratings will nonetheless be an inadequate professional opinion. Example functional assessments follow.

Functional Assessment Examples

Example I – Functional Assessment

Describe the claimant's abilities and limitations in understanding, remembering, and carrying out instructions.

He indicated he always found reading somewhat difficult, but he reported he holds a college degree in sociology with history of Bs and Cs. He reported no significant problems learning job-related tasks, though "sometimes it takes me longer than others to learn a new job." He was able to understand and follow instructions during the present evaluation, and he performed well on a short-term verbal recall task. The claimant is able to apply instructions requiring average intellectual functioning.

Describe the claimant's abilities and limitations in maintaining attention and concentration, and in maintaining persistence and pace, to perform simple tasks and to perform multi-step tasks.

He reported currently working two 10-hour shifts weekly selling major appliances for a retailer. He did not describe disruption of work historically or currently due to mental difficulties. He reported history of "working long hours" as a regional truck driver. He reported supervisor "issues with how slow I was getting product out" in a past assembly post. He reported difficulty staying focused on chores at home, though indicated he is able to maintain attention to watch entire football games on TV. The claimant is not expected to show limitations in this area.

Describe the claimant's abilities and limitations in responding appropriately to supervision and to coworkers in a work setting.

The claimant related in a business-like manner in this office setting. He reported "good" family relationships and friendships. He reported multiple close friends including enduring friendships from college. He reported no history of interpersonal problems in the workplace. He described himself as receiving favorable performance reviews from supervisors. According to the claimant, he never has been fired. The claimant is able to respond appropriately to coworkers and supervisors in a work setting.

Describe the claimant's abilities and limitations in responding appropriately to work pressures in a work setting.

The claimant reported no mental health treatment history. He indicated no current felt-need for mental health services. He made an unremarkable presentation in adjustment to the clinical interview. He did not report history of deficient response to workplace pressures and there is no information to the contrary available to this examiner. The claimant is able to respond appropriately to work pressures.

Example II – Functional Assessment

Describe the claimant's abilities and limitations in understanding, remembering, and carrying out instructions.

The claimant presented intellectual capacities consistent with functioning in the average range. Applying his reasoning abilities in a reality-based manner useful to an employer, however, would be difficult for him.

Describe the claimant's abilities and limitations in maintaining attention and concentration, and in maintaining persistence and pace, to perform simple tasks and to perform multi-step tasks.

During this evaluation, the claimant presented as fleetingly able to concentrate on the tasks at hand in a reality-based manner. In a work setting he is likely to lose sight of reality-based elements of tasks and to become consumed with psychotic mental material.

Describe the claimant's abilities and limitations in responding appropriately to supervision and to coworkers in a work setting.

On approach, the claimant was able to exchange a civil greeting. Before consenting to examination, however, he wanted to know if the examiner was an employee of XYZ Corporation and if any other tenants in the office building are affiliated with XYZ Corporation. He carried a stack of materials reflecting ramblings. His manner appeared fearful and he voiced beliefs of being targeted maliciously by XYZ Corporation. He is likely to distract coworkers with his unusual beliefs and odd social presentation. Due to psychotic illness he is likely to misinterpret benign social data on the job as malevolent. Potential for psychotic acting out in the workplace may be present. He may refuse instructions from a supervisor due to psychotic beliefs.

Describe the claimant's abilities and limitations in responding appropriately to work pressures in a work setting.

Whether there have been involuntary psychiatric assessments at some point is unclear. Exposure to work pressures may increase his psychotic interpretations, increase confusion, and elevate risk for psychotic acting out.

Example III – Functional Assessment

Describe the claimant's abilities and limitations in understanding, remembering, and carrying out instructions.

The claimant reported "I'm a slow learner" with history of special education services as the basis for disability. Available school records reflect history of learning disabilities in reading and writing. Vocationally he reported history of difficulty learning on the job with greater reliance on coworkers as workplace reading and writing demands increased due to computerization of cars. He indicated he can change oil and change tires. He arrived independently and timely for evaluation. He provided an appropriate, detailed account of using a navigator, including entering street names. The claimant can learn visual-motor tasks with low verbal loading by observing others. He can read and write simple notes, such as a list of duties for the day.

Describe the claimant's abilities and limitations in maintaining attention and concentration, and in maintaining persistence and pace, to perform simple tasks and to perform multi-step tasks.

In this setting, the claimant tracked conversation relevantly. He showed unremarkable fleeting distraction when emergency vehicle sirens were audible. He reported work disruption due to industrial injury and indicated his job was filled when he attempted to return to work after medical leave for physical injury. He reported no history of work disruption or cessation due to mental factors. He reported he has never lost work due to slow performance, but noticed peers performed faster at an assembly job. His tempo of movement and thought appeared unremarkable in this office setting. On tasks requiring rapid, timed performance, the claimant may show work pace somewhat slower than many work peers.

Describe the claimant's abilities and limitations in responding appropriately to supervision and to coworkers in a work setting.

The claimant reported no criminal justice history, and no history of workplace supervisory correction for misconduct or conflicts. He stated correction from supervisors tended to address how he was reading gauges and he tried to comply. According to the claimant, the only time he was terminated involuntarily was when he tried to return to work when he had an active industrial claim. The claimant reported history of taking breaks with coworkers and sharing in workplace joking and gossip. He presented as cooperative and maintained a business-like manner in the office environment. Coworkers may tire of his requests for assistance with reading and writing demands, though this may be offset somewhat by his personable manner.

Describe the claimant's abilities and limitations in responding appropriately to work pressures in a work setting.

The claimant reported no mental health treatment history and there are no records or other sources of information to the contrary available to the undersigned. The claimant identified financial concerns, problems with dating, frustration over not finding a job, and worries about his father's health as stressors. He reported use of humor, talking with friends, and watching TV as methods for managing distress. He did not describe periods of significant mental or emotional deterioration in response to either work pressures or personal stressors. There is no available information to suggest limitations in his ability to respond to work pressures.

Example IV – Functional Assessment

Describe the claimant's abilities and limitations in understanding, remembering, and carrying out instructions.

The claimant correctly went through a door designated by pointing and sat in a chair as directed. He showed some understanding he was undergoing an evaluative interview. Simple abstractions such as telling time accurately appear to exceed his abilities, however. Due to intellectual limitations, he would forget even simple instructions from one day to the next. He presents a lack of understanding of real-world systems relevant to the workplace. Calculating or even estimating pay, understanding the notion of tax withholding, and understanding the concept of taxable earnings are beyond his abilities.

Describe the claimant's abilities and limitations in maintaining attention and concentration, and in maintaining persistence and pace, to perform simple tasks and to perform multi-step tasks.

Though he sat in the examiner's office throughout the 50 minute interview, he appeared restless and distracted, fidgeting frequently and turning his attention to many office sounds. The valid PSI=62 predicts to problems with work pace.

Describe the claimant's abilities and limitations in responding appropriately to supervision and to coworkers in a work setting.

The claimant presented as friendly. Due to intellectual limitations, however, he would be unable to hold an appropriate adult-level conversation in the workplace. He would show significant trouble relating to people who are not on his intellectual level. He would be unaware if he was being exploited by an employer or coworker.

Describe the claimant's abilities and limitations in responding appropriately to work pressures in a work setting.

There is no known history of psychiatric admissions or other mental health services in this case. Pressures appear to have been limited, however, with history of special education supports and family oversight when outside the home. The claimant would be unable to cognitively reframe adversities to reduce distress. He would require excessive support to adjust to a new or changed task. He would be unable to problem solve to adjust to even minor unexpected changes in working conditions.

Example V – Functional Assessment

Describe the claimant's abilities and limitations in understanding, remembering, and carrying out instructions.

The claimant presented for evaluation independently and timely with no clarification of directions required from this office. He reported history of high school education in a regular curriculum with most grades Bs and Cs. During evaluation, he followed accurately all simple instructions given. These included completing a paper-and-pencil personal history questionnaire (6th grade reading level) at the request of staff and answering questions posed by the examiner. Vocabulary usage and conceptual complexity of his statements during evaluation suggested intellectual functioning in the average range and limitations in this area were not found.

Describe the claimant's abilities and limitations in maintaining attention and concentration, and in maintaining persistence and pace, to perform simple tasks and to perform multi-step tasks.

Throughout the 60-minute evaluation, the claimant required no redirection to the interview process or tasks, and did not appear distracted by ambient office sounds. He did not show signs of internal stimulation. More broadly, however, the claimant reported history of multiple inpatient psychiatric admissions. Though he claimed a pattern of intact mental functions, the reported psychiatric history and his unusual comportment here suggest likely significant periods of work disruption due to psychiatric deterioration. The claimant reported history of employers reducing his hours for reasons he did not understand while others' hours were not reduced or were increased. The claimant is likely to show a pattern of periods away from work for intensive mental health services.

Describe the claimant's abilities and limitations in responding appropriately to supervision and to coworkers in a work setting.

The claimant's interpersonal manner appeared odd and guarded in this setting to a degree likely unsettling to nonprofessionals. He was observed to pace continuously in the reception area. He denied history of social deficiencies on the job. He stated his reported history of multiple inpatient psychiatric admissions resulted from "misunderstandings." His accounts of admissions were difficult to follow, but he emphasized his family wrongly fearing him. He described antipsychotic administration by injection which suggests reduced ability to cooperate with treatment personnel; social demands of treatment fall far below social demands of the workplace. In the workplace, behavioral manifestations of his illness are likely to prompt confusion, distress, and distraction in others. His odd behaviors are likely to attract supervisory attention that might include concerns for safety of others in the workplace.

Describe the claimant's abilities and limitations in responding appropriately to work pressures in a work setting.

In denying serious mental illness during this compensation exam, the claimant behaved contrary to his own best interests. His denial of serious mental illness counters the reported history of intensive and even involuntary behavioral health services. This apparent minimization of mental difficulties by the claimant appears to arise out of psychotic illness. The claimant did not describe objectively adverse life events leading to psychiatric admissions such as the death of a family member, romantic breakup, or serious medical illness. Rather, he reported circumstances were routine when suddenly others misunderstood his beliefs and behaviors. Available information suggests vulnerability to mental deterioration even under routine circumstances and even when symptoms are reduced by treatment.

Child Consultative Evaluations

SSA indicates the consultative report needs to identify the source of the history data and the examiner's estimate of the reliability of the history provided. SSA indicates a description of pertinent symptoms by the informant should be recorded in the informant's own words.

SSA indicates the consultative report needs to include account of the history of the present illness with chief complaints, the course of the reported condition including the duration of the problem, whether it is episodic, dates of episodes, precipitating factors, and the child's level of functioning between episodes all described. Additionally, exacerbating and mitigating factors are to be identified.

Reports are to reflect the reported prescribed treatment including medications, response to treatment, and treatment compliance. Prior illnesses, injuries, operations, hospitalizations, and emergency room visits, including the dates of these events, are to be indicated. Hospitals are to be named, diagnosis or reason for services identified, dates of admission/discharge noted, and treatment described. Current medication should be listed by name of drug and dose.

SSA indicates as well the report should reflect family history, the child's developmental milestones, and his or her school performance.

Usual daily activities, including self-care, and social behavior need to be detailed including any problems and/or need for special assistance.

SSA indicates as well the report is to include observations regarding the child's behavior during the evaluation including indications of attention span, how the child relates to and interacts with the examiner and with the person who brought the child to the CE.

Mental status observations regarding appearance and grooming, signs of thought processes (with verbatim examples), cognitive functioning, including psychological test findings. Any indication of substance abuse or self-injury is to be noted. Indications of the child's judgment and insight, impulse control, orientation and memory are appropriate for inclusion as is any indication of homicidal and/or suicidal ideation.

The examiner's report needs to reflect all elements expected within the professional's discipline for an adequate report of independent evaluation of a child. Additionally, the referral issue needs to be addressed in a free-standing functional assessment section of the report. An example of a child functional assessment statement appears in the following section.

The Functional Assessment Opinion

In the past, DDD has requested the independent examiner's opinion regarding the child claimant's functioning in the following six areas: 1) cognition; 2) communication (speech and language); 3) motor abilities; 4) social and emotional skills; 5) personal and behavioral patterns and 6) concentration, persistence and pace for task completion.

Now the functional areas are amended to the four following areas:

1. acquiring and using information
2. attending to and completing tasks
3. interacting and relating with others
4. self-care

Also in the past, DDD has requested independent psychological and psychiatric examiners to rate the child claimant's functioning using the quantitative ratings: 3/4, 2/3, 1/2, or less than 1/2 of the age-appropriate level of functioning. Independent examiners no longer are to use those quantitative ratings.

Now when evaluating a child claimant, the child's functioning in each of the functional areas 1 through 4 above is to be described relative to the functioning of typically-developing children of the same age. For example:

Example of Functional Assessment (Child)

Describe the claimant's abilities and limitations in acquiring and using information relative to the functioning of typically-developing children of the same age.

The claimant is able to converse appropriately with an adult and use vocabulary that is descriptive and appropriately responsive to direct questions. He readily understands oral instructions given in basic language and does not require repetition. He can participate in all conversations and provide organized oral explanations. He is easily able to learn and retain new information presented in a one-on-one setting. In a group setting, he will have some difficulty with retention due to his distractibility and will require more redirection to sustain focus on the task.

Describe the claimant's abilities and limitations in attending to and completing tasks relative to the functioning of typically-developing children of the same age.

The claimant is able to pay attention and respond to direct questions from an adult in a one-on-one situation. He will have difficulty sustaining attention for prolonged periods of time and will need redirection from adults to refocus and complete assigned tasks. For example, he got out of his seat to look out the window in the midst of the interview but responded promptly and good-naturedly to the interviewer's instruction to return to his seat. Additionally, he interrupted the conversation on four occasions to ask about objects in the office. However, he returned to the task after getting responses to his questions. In a group setting, the claimant will be prone to interrupt peers by showing high levels of activity, distracting verbal/physical behaviors and frequent movement from his desk. Tony will need higher levels of supervision and prompting to complete daily tasks due to his shortened attention span and impulsiveness.

Describe the claimant's abilities and limitations in interacting and relating with others relative to the functioning of typically-developing children of the same age.

The claimant is capable of being cooperative and pleasant during one-on-one interactions with unfamiliar adults. He is able to sustain dialogue on topics of interest to him and also participate in conversation initiated by others. He demonstrates he is able to listen to others, initiate topics and take direction from others during conversation. He is able to sustain relationships with people who are important to him, such as his mother and close friends. He is able to follow directions and express his thoughts/memories using appropriate language. He will have difficulty with group peer interactions due to the inherently high level of stimulation in such settings. He will need frequent prompting and redirection in those settings due to his poor impulse control and high level of distractibility. In this one-on-one setting, the claimant showed no negative emotion in response to redirection. It is likely, however, that he will become frustrated with repeated redirections in settings requiring sustained attention despite environmental distractions. Neither the claimant nor Ms. Jones report incidents of disrespect or noncompliance with authority figures. It is therefore expected he will occasionally show frustration with behaviors such as stomping feet, throwing things to the floor, sighing and complaining, but will not react with defiance or physical/verbal aggression.

Describe the claimant's abilities and limitations in self-care relative to the functioning of typically-developing children of the same age.

The claimant can complete self-care independently, with some prompting to start the tasks and follow-up to ensure completion. He is independent in toileting, eating and is able to sleep alone. He is able to ask for help effectively when he needs it. He is aware of his mood states and can verbalize appropriate coping skills (e.g., knows that he can count to 10 when he is mad instead of yelling). However, like most children his age, the claimant sometimes has outbursts of temper, frustration or sadness but these are short-lived and he typically transitions to the next task without significant decompensation. The claimant has no history of explosive outbursts or emotional extremes; he shows the ability to manage acute emotional reactions without significant or prolonged distress.

Age-Appropriate Development

For your convenience, information is provided discussing the functioning of typically-developing children broken out on two dimensions: *Developmental Phase* and *Functional Area*. The information is limited and reflects only a distilled survey of current research-based findings within the child development literature regarding typically-developing children. The examiner is encouraged, however, to access the child development literature directly - including materials regarding influences of ethnic heritage, family composition and socio-economic factors - to remain current and informed in this area.

Acquiring and Using Information

Consideration should include the following behaviors:

- Comprehending oral instructions
- Understanding vocabulary
- Understanding/participating in conversation
- Providing organized oral explanations & descriptions
- Learning new material
- Recalling/applying previously learned material
- Applying problem-solving skills

Characteristics of Typically Developing Children

Infant/Toddler (approx. 12 months to 3 years)

When working with children this young, consider using child-directed speech (slow, higher pitched with fewer and simpler words than typical speech patterns) to support child's attention and engagement.

- Receptive language greatly exceeds expressive language
- Holophrasis (single word sentences – same word for multiple meanings) expected by 12-18 months
- Telegraphic speech (2-3 word sentences) is expected by 18-24 months
- Communication includes gestures & babbling
- Problem-solving
 - one step solutions with familiar & concrete materials
 - can seek help (social referencing)
- Math concepts
- Basic concepts (such as more/less) in place by age 2
 - count to 5 by age 3 (counting may not match manipulatives)
- Fund of information
 - can identify (respond to your request to point) 2 primary colors by age 3
 - can point to 2-3 body parts by age 12-18 months

Early Childhood (approx. 3-6 years)

When working with children this young, consider using child-directed speech (slow, higher pitched with fewer and simpler words than typical speech patterns) to support child's attention and engagement.

- Increased expressive language makes interviewing easier. Children show overregulation errors (misapplication of grammatical rules to irregular situations such as adding "-s" to make "foot" plural or adding "-ed" to indicate the past tense of "go") consistently.
- Strong recognition memory but recall limited to 3-4 familiar concrete items
- Little use of memory strategies decreases capacity of working memory
- Memory enhanced by use of "scripts" (generic episodic memory)
 - accurate organization and sequence
 - limited details
- Multiple problem-solving strategies but inconsistent application
- Emergent literacy
 - knows alphabet and some phonics (by age 4-5)
 - can copy or write name/part of name (by age 4)
 - can recognize printed name (by age 5)
 - reads one syllable common sight words (by age 5)
 - can "sound out" simple words (by age 6)
- Basic math concepts
 - can count to 10 by age 4, understands one-to-one correspondence
 - understands single digit addition/subtraction (can calculate by age 5-6)

Middle Childhood (approx. 7-11 years)

- Expressive and receptive language should be adequate for developmentally sensitive clinical interview, some simplification of vocabulary will still be needed at younger ages in middle childhood. Overregulation errors diminish toward the later end of this age range.
- Increased use of memory strategies and real-world experiences increase the available capacity of working memory and result in gradually increasing processing speed
- Recall memory is gradually improving
- Reading skills will gradually increase during middle childhood
- Competence in the concepts of multi-digit addition/subtraction (early) and multiplication/division (later); calculation errors expected

Adolescence (approx. 11+ years)

- More proficient in all aspects of acquiring/using information
- Consistent application of reasonably efficient problem-solving strategies is expected in familiar situations
- Increasing importance of differentiating an inability to complete tasks as compared to an unwillingness to cooperate

Attending and Completing Tasks

Consideration should include the following behaviors:

- Paying attention when spoken to directly
- Sustaining attention during play
- Focusing long enough to finish activity/task
- Refocusing to task when necessary
- Carrying out single or multi-step directions
- Waiting to take turns
- Changing activities without disruption
- Working without distracting self/others
- Working at a reasonable pace

Characteristics of Typically Developing Children

Infant/Toddler (approx. 12 months to 3 years)

Infants/toddlers have no investment in staying focused on an adult-centered activity, so statements about ability to sit in chair and remain still/quiet while a parent is interviewed are developmentally inappropriate.

- By 4 months, infants show anticipatory looking (this demonstrates attention)
- Attention becomes more efficient and more flexible over time during the first 3 years
- Infant should be able to sustain attention long enough to absorb visual and tactile elements of stimulus
- Toddler should be able to sustain attention long enough to complete self-initiated play (stack 3-4 blocks)
- Cannot sustain attention to complete a multi-step task without reminders (cannot maintain more than one step in working memory without prompting)

Early Childhood (approx. 3-6 years)

Children in this age range still have little to no investment in staying focused on an adult-centered activity, so statements about ability to sit in chair and remain still/quiet without toys/books or other developmentally appropriate distraction while a parent is interviewed are developmentally inappropriate.

- Development of the prefrontal cortex allows for gradually increasing ability to inhibit urges; will still need considerable support to wait for turns, keep hands off attractive items, etc.
- Attention is improved by suggestions/questions/comments from adults (without adult support, attention span remains short)
- Higher levels of distractibility are associated with tasks that are too complex for child's ability level
- Thinking is characterized by centration (inability to focus on more than one aspect of task), so multi-step tasks will predictably require prompting at early stages
- Planning - 6-year-old children can plan and carry out 3-4 step sequence for familiar simple tasks but quickly become disorganized if task is too complex

- Private speech (out-loud statements to self) are developmentally appropriate and serve to support sustained attention to task
 - will decrease with age and with task mastery
 - expected to increase as difficulty of task increases
 - this is also seen in older children attempting to compensate for limits in attention span

Middle Childhood (approx. 7-11 years)

- Increased efficiency in working memory results in longer sustained attention and better ability to intentionally avoid distraction
- Can now focus on more than one thing at a time, so can follow familiar multi-step directions

Adolescence (approx. 11+ years)

- Resurgence of egocentrism results in decreased attention to demands outside of oneself
 - with motivation, adolescents can focus on demands unrelated to their immediate focus
- Prefrontal cortex and basal ganglia are not fully developed until early 20s, so attention/concentration continues to improve over that time period
- Synaptic pruning of excitatory synapses continues at fast rate through age 16, at which time behavioral inhibition is expected to be present at near-adult levels

Interacting and Relating With Others

Consideration should include the following behaviors:

- Playing cooperatively with other children
- Making and keeping friends
- Seeking attention appropriately
- Expressing anger appropriately
- Asking permission appropriately
- Following rules (classroom, games, sports)
- Respecting/obeying adults in authority
- Relating experiences verbally
- Using language appropriate to the situation and listener
- Introducing and maintaining relevant and appropriate topics of conversation
- Interpreting verbal/nonverbal cues of others
- Using adequate vocabulary/grammar to express ideas in general, everyday conversation

Characteristics of Typically Developing Children

Infant/Toddler (approx. 12 months to 3 years)

Infants/toddlers have little to no investment in playing independently to avoid interrupting an adult-centered activity, so frequent attention bids (in the form of verbalizing, making loud noises, showing/asking for toys) while adults are talking are developmentally appropriate.

- Toddler may not "warm up" easily to examiner - toddlers actively seek to be near their favored caregiver(s) - follow and cling to them and often become distressed when separated from them; use them as a safe base to explore the environment; fear of strangers develops
- Toddlers may not engage in much cooperative play - toddlers chose playmates largely on convenience (i.e., who is available for play and who has the interesting toys/materials to play with)
- After 1 year of age, toddlers seek each other out, follow each other around and add verbal dialogue to their play
- Starting around age 2, toddlers engage in more coordinated imitation - take turns imitating each other and become aware they're being imitated. Toddler interactions evolve at games they repeat from earlier experiences or create on the spot. These games include taking turns imitating each other playing roles and engaging in numerous repetitions of the game sequences.
- Making and keeping friends - most play situations are arranged by caregivers; By age 2 - pairs of children begin selecting each other as mutually preferred playmates - thus prefer to play with each other more than with other familiar peers who may be present. Toddlers may identify "preferred friends" but they are not yet in a position where they actively seek out friends.
- Parents and other adults often need to help toddlers resolve their disputes - lecturing and moralizing aren't effective because toddlers don't have abstract reasoning ability (distracting with a more attractive activity is the most practical way to resolve a dispute)

- Language is in its development stages – infants learn they can use sounds to communicate needs and control the behavior of others. Between 18–24 months, begin to produce 2-3 word sentences (telegraphic speech) – can communicate egocentric wants in basic language but may still engage in grunts, sounds, gestures, behavior, etc. to communicate wants on occasion.
- Child’s sense of self-control and autonomy increases significantly with the development of cognition, language and physical mobility - child’s increased autonomy isn’t entirely autonomous with “assured self” (i.e., possession, initiative, independence) - it includes “stormy self” (i.e., strong will, tantrums, stubbornness, negativeness).

Early Childhood (approx. 3-6 years)

Young children still have little investment in playing independently to avoid interrupting an adult-centered activity, so frequent attention bids (in the form of asking questions, asking for assistance, saying “watch me”, etc.) while adults are talking are developmentally appropriate.

- As temporal lobes develop, language development increases significantly; after age 3, children absorb the structure and grammar of the language they hear around them
- Children are exercising their newfound symbolic thinking ability so they begin to use imagination and engage in fantasy and make-believe play
- Ages 3-6, the frontal lobe grows and organizing/planning ability increases; child can participate more fully in group settings like preschool/kindergarten; child becomes better able to control own emotions, inhibit first reactions and coordinate strategies to solve increasingly complex problems
- More able/willing to cooperate with others
- Develops ability to lead as well as follow - thus can engage in more cooperative play
- Hippocampus development results in the child beginning to store and process memories. More able at this age to have conversation about prior events, but due to language development, content will be basic. Due to immature use of memory strategies, recall prompting will be needed to obtain information.
- Child begins to practice individual skills and turn-taking skills – preschool and school activities and instruction “force” the practice and development of these skills
- Children can adjust their behaviors to the changing needs/desires of attachment figures
- At approximately age 5, can produce 5-7 word sentences; learns how to use the past tense (with overregulation errors) and tell familiar stories using pictures as cues
- Age 5–8, able to form peer relationships and show loyalty to peers/develop enduring friendships
- Develops a sense of right and wrong
- Has difficulty taking the perspective of others
- Events are often interpreted in “all-or nothing” thinking (e.g., may expect others to share their toys yet may be extremely possessive with their favorite toy)
- “Fairness” is determined relative to a child’s own interests

Middle Childhood (approx. 7-11 years)

- Age 5-8, child begins to be able to take the perspective of others and will begin to control their need for attention while parents/other adults are focused on another task
- Age 9-11, shows loyalty to peers
- During this phase, child’s thinking becomes more logical and child’s play follows suit
- Children form friendships and become “best friends” with special peers and playmates
- Have a growing peer orientation yet strongly influenced by family
- Concerned over group recognition and approval; becoming more conscious of self
- Progression from free play to play that may be elaborately structured by rules and may demand formal teamwork
- Child now enjoys play activities/games that involve structured rules; engages in more play that involves some physical skill mastery
- Increased efficiency in working memory results in: longer sustained attention, better ability to intentionally avoid distraction, improved ability to relate experiences and greater ability to introduce/maintain relevant and appropriate topics of conversation
- Can now focus on more than one thing at a time and engage in small group discussions
- Is more able to interpret verbal/nonverbal cues of others
- Has sufficient vocabulary/grammar to express ideas in general, everyday conversation

Adolescence (approx. 11+ years)

- Reasoning is very rule-based
- Youth develops increased competence in interpersonal and social relationships
- Due to increasing reasoning and logical thought ability, youth's ability to express ideas in general conversation reaches a new level
- Youth gains ability to think/plan about the future and meta-cognition (ability to reflect on one's thoughts)
- Youth engages in trying on new roles and new ways of thinking and behaving and exploring different ideas and values
- Increased ability to interpret verbal/nonverbal cues of others when motivated to do so
- Youth often rely on peers for direction regarding what is normal and accepted. Begin to pull away from family as source of identity and may encounter conflicts between family and peers.
- Resurgence of egocentrism results in decreased attention to demands outside of oneself
 - with motivation, adolescents can focus on demands unrelated to their immediate focus

Self-Care

Consideration should include the following behaviors:

- Handling frustration appropriately
- Being patient when necessary
- Taking care of personal hygiene
- Caring for physical needs
- Cooperating in, or being responsible for taking needed medications
- Using good judgment regarding personal safety
- Identifying and appropriately asserting emotional needs
- Responding appropriately to changes in own mood (e.g., calming self)
- Using appropriate coping skills to meet demands of the environment
- Knowing when to ask for help

Characteristics of Typically Developing Children

Infant/Toddler (approx. 12 months to 3 years)

Infants/toddlers have no investment in entertaining themselves while adults are talking or otherwise distracted; frequent interruptions (including escalating emotional expressions) are appropriate for this age range.

- This stage is characterized by helplessness and total egocentricity for the child
- Before understanding spoken language, infants participate in communication via crying, cooing, babbling and paralinguistic behaviors such as turn-taking and gaze
- Social referencing - infants and children tend to look for emotional cues from their parents/caregivers and respond accordingly
- At 15 months of age, toddlers begin comparing their behavior to what is expected of them
- By 15 months of age, self-conscious emotions begin to emerge (e.g., a toddler who spills her juice may look down and feel guilty or embarrassed by this action; may feel pride if she pours the juice successfully)
- At 15 months of age, child begins to show sympathy (concern for others who are distressed/in trouble) and empathy (sharing the same happy, sad, etc. emotions others have)
- Infants don't fully understand that they are separate from other people and don't see themselves as separate. Consequently their emotions echo the emotional state of caregivers. By age 2, children spontaneously talk about their feelings and the feelings of other people. They also begin to understand that their emotions are separate from those of others.
- At later part of this stage, child gains new found sense of control - given increased language and physical mobility
- Child experiences increased autonomy that isn't entirely autonomous with assured self (i.e., possession, initiative, independence) - it also includes "stormy self" (strong will, tantrums, stubbornness, negativeness)
- Child is not focused on, or independent in, hygiene tasks

Early Childhood (approx. 3-6 years)

Young children have minimal investment in entertaining themselves while adults are talking or otherwise distracted; frequent interruptions (including escalating emotional expressions) are appropriate for this age range.

- Ages 3-6, the frontal lobe grows and organizing/planning ability increases; children can participate more fully in group settings like preschool/kindergarten. Children become better able to control their emotions, inhibit their first reactions and coordinate strategies to solve increasingly complex problems better.
- Ages 3 and over, begin to understand the feelings/motives of caregivers and can adjust their behaviors to the changing needs/desires of their attachment figures (e.g., learn that sometimes their caregivers are busy and have other demands that interfere with caregiving). There is now a more integrated emotional relationship between child and caregiver.
- By age 5, children understand events that confirm/disconfirm their beliefs/expectations can trigger emotions. As they understand their individualized emotions, they tend to report positive emotions more than negative ones.
- Children begin to distinguish between real and ideal self and typically believe they are more capable than they really are. They don't always use good judgment regarding personal safety or know when to ask for help.
- Children learn emotions represent their own reactions to situations/events and can differ from the emotions/reactions of others
- "Fairness" is determined relative to a child's own interests
- Beginning to be able to take the perspective of others
- Due to high degree of self-focus, child has a decreased ability to handle frustration and use appropriate coping skills to meet environmental demands
- Child typically requires direction to focus on and attend to hygiene needs, as opposed to taking the initiative to do so. Child's coordination skills are continuing to develop and child begins learning and practicing independent hygiene skills. Child may still need assistance with self-care due to coordination/physical limitations.
- Development of the prefrontal cortex allows for gradually increasing ability to inhibit urges; will still need considerable support to wait for turns, keep hands off attractive items, etc.
- Attention is improved by suggestions/questions/comments of adults (without adult support, attention span remains short)
- Higher levels of distractibility associated with tasks that are too complex for child's ability level
- Thinking is characterized by centration (inability to focus on more than one aspect of task), so multi-step tasks will predictably require prompting at early stages
- Planning - 6-year-old children can plan and carry out 3-4 step sequence for familiar simple tasks but quickly become disorganized if task is too complex

Middle Childhood (approx. 7-11 years)

- By age 7, children are capable of using logical thought structures that are increasingly objective and reversible. However, their use of mental operations is still closely tied to concrete materials, contexts and situations (can relate experiences they have had directly).
- Still reason in concrete ways and have difficulty with abstract thinking
- Make several judgments about themselves and physical appearance consistently shows highest correlation with overall self-esteem
- Their self-evaluations are more realistic at this stage than at previous ages and scores on self-esteem measures may decline
- Morals – still primarily consider themselves first when deciding what they should do, but are beginning to think about society's laws and conventions
- Children learn to control and regulate their own emotional reactions and improve their abilities to accurately read the emotions of other people
- Sometimes youth engage in physical mastery skills to impress peers and may engage in dangerous play for "status"/popularity or mastery
- Self-discipline skills increase
- Begin to demonstrate initiative and can be industrious
- Begin to master the skills required for academic success
- Influenced by praise
- Puberty results in quick and significant physical body changes – hygiene is not a strong area of focus, though child knows how and is able to independently engage in hygiene skills

- From ages 6-8, youth typically want affection and acceptance, but may be embarrassed to show affection
- Moods shifts (rapid and extreme, such as between aggressive and sympathetic) are typical for this age range
- Increased efficiency in working memory results in longer sustained attention and better ability to intentionally avoid distraction
- Can now focus on more than one thing at a time, so can follow familiar multi-step directions

Adolescence (approx. 11+ years)

- By end of middle school, youth have broadened knowledge, experiences and skills and they become more mature and capable of coping with physical, cognitive and social challenges
- Hormonal fluctuations/puberty/sexual maturity results in numerous physical and emotional changes – youngster may experience significant difficulty identifying and appropriately asserting emotional needs
- Youngster experiences some amount of identity diffusion and may experiment with different roles (may experiment with minor delinquency, rebellion flourishes, self-doubts flood the youngster) and are concerned about whether they are normal
- Youth are exploring their identity and practicing aspects of independence
- Mood swings are characteristic during adolescence due to hormones and dealing with physical/ cognitive changes happening during this period
- With sexual maturity, youth become interested in own body and personality; show more focus on taking care of personal hygiene
- Seeks leadership from others (seeks to be inspired by others) and gradually develops a set of ideals (socially congruent and desirable)
- There is transition in the way youngsters think and reason about problems and ideas, youth show gradual improvement in the ability to classify and order objects, reverse processes, think logically about concrete objects, consider more than one perspective at a time and gain greater ability to think and plan about the future
- Youngster begins to be able to reflect on his/her own thoughts
- Youth evolves own self-concept within the peer context
- As youth search for identity, they confront the challenge of who they want to become and what is socially desirable

Speech and Language

Within SSA's disability programs, acceptable medical sources for diagnosing speech and language syndromes are limited to licensed or certified speech-language pathologists. Your observations regarding the claimant's speech and language should be entered in the mental status section of the report.

Exception to Not Applying the Functional Rating Scale

The single exception to not applying the functional rating scale can emerge in claims on appeal. In that situation an administrative law judge may request DDD to submit a form 1152 to the independent examiner for completion. The 1152 directs the clinician completing the form to apply the ratings "none," "mild," "moderate," "marked," and "extreme" to aspects of the claimant's mental functioning. 1152 requests, which originate with administrative law judges, are the only instance in which these ratings are to be applied.

BUSINESS PROCESS PROCEDURES

Examinee Referral Process, Vouchers & Authorized Procedures

Before receiving any evaluation requests from DDD, you will have identified to DDD available dates and times in your schedule. You also will have chosen a preferred appointment notification channel, either Electronic Records Express (ERE) or fax.

DDD Medical Administration schedulers will work from the schedule you provided. When a claimant is scheduled for evaluation, DDD generates a voucher reflecting the claimant's identifying information, the evaluation date and time, and all authorized procedures. Authorized procedures are listed on the voucher with the corresponding CPT code and payment rate. DDD will notify you of the scheduled evaluation by forwarding the voucher to you via your preferred channel.

Only evaluation procedures listed on the voucher are authorized. Only authorized procedures should be conducted. If you believe an additional or alternative procedure is essential, any change will require authorization by phone from a Professional Relations Officer (PRO) or the DDD Medical Administration Department at 1-800-282-2695. The PRO can quickly pull-up the claimant's file, consider your request, and provide a timely response. Payment will not be rendered for unauthorized procedures.

Occasionally, DDD determines need for a special alert to the examiner regarding an evaluation. The special alert might indicate a history of suicidal statements or threatening statements by the claimant. Any special alert will appear on the voucher.

The voucher serves not only to notify you of the scheduled evaluation. It serves additional important functions. The voucher is to be used by you as the cover page for your completed report when you submit the report to DDD. Via the bar code on the voucher, the report can be directed to the correct file -- whether the report is submitted by mail, fax, or electronic submission. Additionally, the voucher serves to assure the submitted report is credited for payment to your name, tax ID, and address. It is your responsibility to inspect the voucher to assure your payment name, address, and tax ID are reflected accurately. Accurate independent examiner information on the voucher is essential for prompt and correct payment. To implement a change in your billing information you must call Medical Administration 800-282-2695.

Rescheduling of Evaluations

If the location where an evaluation is to be conducted is closed due to weather or other unforeseen circumstances, the consultant is required to speak to a member of DDD's Medical Administration. A voicemail is not sufficient for this matter. The consultant is no longer permitted to contact the claimant regarding the cancellation or rescheduling of the appointment. Medical Administration will be responsible for the rescheduling of the appointment.

Signature Requirements

Acceptable medical sources in mental disability claims are defined by SSA as licensed psychologists and licensed psychiatrists. SSA indicates all consultative evaluation reports must be personally signed by the individual who actually performed the evaluation. The licensed psychologist or licensed psychiatrist must examine the claimant, sign the report, and take overall responsibility for the report.

Electronic Records Express (ERE) presents the option to sign the report electronically.

Time Requirements for Submitting Reports

Written reports of evaluations must be submitted to DDD no later than seven (7) business days following the date of the appointment.

Methods for Report Submission

Report submission methods are fax or Electronic Records Express (ERE). The voucher must appear as the first page of the report to assure the report is assigned to the correct claim and credited to your name, address, and tax ID for payment.

Payment Schedule and Payment Method

The fee schedule for independent evaluations is available through any Professional Relations Officer at 800-282-2695.

It takes approximately 14-21 days from the time payment is approved in the DDD system until the check is issued. Payment will not be made for a report submitted without the voucher as the first page. Checks are mailed, and at this time electronic deposit is not an option. If a problem with payment emerges, contact any Professional Relations Officer at 800-282-2695.

Inadequate Reports

SSA requires DDD to review the CE report to determine whether the specific information requested has been furnished. SSA directs DDD to re-contact the medical source for the missing information or to prepare a revised report when the report submitted is inadequate. When the psychological or psychiatric consultant is asked for additional information or a revised report, the additional work product will be provided by the examiner at no additional cost to DDD.

Referrals at the Appeals Level

On occasion you will evaluate a claimant whose claim is at the appeals level. In those situations, in addition to conducting a consultative evaluation and writing a report, you might be asked by DDD to complete a Form HA-1152 - Medical Source Statement of Ability To Do Work-Related Activities (Mental). Authorization for 1152 completion will appear on the voucher accompanying referral. Request for 1152 completion actually will have originated with the administrative law judge evaluating the appealed claim. The form is to be completed based on your evaluation of the claimant, and the completed form is to be signed and submitted with your report.

At-Risk Claimants

When an evaluation involves a claimant presenting a known or possible elevated risk, the consultative examiner will be notified by special alert on the voucher. Notification by the special alert might indicate the claimant has an infectious disease such as HIV+, TB, or hepatitis, or a history of making suicidal statements or threatening statements. It is important to review all vouchers for this and all other information prior to the claimant's appointment.

Occasionally in the course of conducting an evaluation an emergency may arise that requires the examiner to take action to implement professional duties to protect or report. In these situations, the examiner needs to inform DDD at the earliest opportunity by written summary of actions taken to implement the relevant professional duty.

In the event a psychiatric or medical emergency arises during evaluation, appropriate referral or transport arrangements to the necessary evaluative/treatment facility should be made by the consultant. DDD cannot and will not be responsible for any costs involved. The claimant should be advised of this.

Potential Conflicts of Interest

If you or anyone in your office discovers an existing or prior relationship to the examinee the evaluation should be brought to a close as quickly as possible while handling the matter respectfully for the examinee. DDD then needs to be informed as soon as possible.

Unusual Settings for Evaluations

In-Home Evaluations

In-home evaluations are very infrequent and only preformed when arranged and pre-approved by DDD. The consultative examiner never decides to relocate a scheduled office evaluation to the claimant's residence. If a consultative examiner discovers information suggesting the claimant is physically or psychiatrically unable to present for an office-based evaluation, the examiner should contact DDD as soon as possible with this information. DDD will determine whether need for an in-home evaluation is supported, and if so, DDD will reschedule the location of the exam. In the rare instance of an in-home evaluation, the report is expected to include the functional observations afforded by an in-home evaluation.

In-Jail/In-Prison Evaluations

Occasionally evaluation of an incarcerated claimant is required. Independent examiners willing to conduct these evaluations are needed throughout Ohio. Prior to requesting an evaluation of an incarcerated claimant, DDD will have confirmed with jail or prison staff that the facility permits external professionals to conduct mental evaluations of inmates for SSA disability claims. The independent examiner needs to confirm directly with the facility, however, that he or she will be permitted access to the claimant to conduct the evaluation. It is recommended that additional important details be clarified by the examiner such as whether or not the claimant is still in the facility, limits on dates and times for professional visits, and facility requirements for identification and documentation on the part of the examiner. Once within the facility, the examiner has an opportunity for naturalistic observations of the claimant's functioning and this information is expected to appear in the report. Details regarding whether the claimant was interviewed in a professional interview room or while in segregation and whether facility staff raised special concerns can be informative. Sometimes jail or prison staff will raise concerns about risk to the examiner in interviewing a particular inmate, or voice concerns about an inmate's mental capacity to participate informatively in evaluation. Sometimes the examiner will observe an examinee to behave remarkably differently with the examiner versus with facility staff. Inclusion of such can contribute to informing claim adjudication.

Other Facilities

At times evaluations are needed in other non-office settings such as long-term care facilities. In those situations, the independent examiner may want to phone the facility for information about accessibility to the claimant and any special requirements of the facility for professional visits.

Confidentiality of Reports & Claimant Data

Independent psychological and psychiatric examiners are to function in compliance with requirements of all applicable laws, regulations, and rules, and in compliance with the requirements of the applicable professional licensing board and other applicable professional oversight bodies pertaining to maintaining confidentiality of SSA claimant evaluations and the handling of claimant data.

For DDD purposes, records of the evaluation must be retained by the examiner for a minimum of one year. This requirement, however, does not supersede any other records retention requirements such as those established by law.

In some cases the examiner is in possession of background materials regarding the claimant. Some examiners retain background materials with the report. If the examiner does not retain background materials and instead discards them, the materials must be shredded. Background materials are not to be re-released to any party.

Two separate laws, the Freedom of Information Act and the Privacy Act, have special significance for Federal agencies. Under the Freedom of Information Act, Federal agencies are required to provide the public with access to their files and records. This means the public has the right, with certain exceptions, to examine records pertaining to the functions, procedures, final opinions, and policy of Federal agencies.

The Privacy Act permits an individual or his or her authorized representative to examine records pertaining to him or her in a Federal agency. For SSA mental disability applicants, this means the individual may request to see the medical or other evidence used to evaluate his or her application for disability benefits under the Social Security Administration disability programs.

SSA screens all requests to see medical evidence in a claim file to determine if release of the evidence directly to the individual might have an adverse effect on that individual. If so, the report will be released only to an authorized representative designated by the individual. (More information on PII may be seen on page 55.)

Requests for Release of Reports to Parties Other than DDD

At times, independent examiners receive requests from various parties for direct release of reports of evaluations they have conducted on referral by DDD. These requests can come from claimants, psychologists or psychiatrists, attorneys, or family members, for example. The party may even present the examiner with a completed authorization to release information. Reports of consultative exams conducted on referral by DDD are not to be released directly by the examiner to any party other than to DDD. Any party requesting a copy of a consultative exam needs to be directed to DDD Medical Administration at 800-282-2654, ext. 1588. If DDD retains legal jurisdiction of the claim, DDD will process the request. DDD is unable to release the report from a claim not under its jurisdiction, so if the claim is under SSA's jurisdiction, DDD will refer the party making the request to the relevant SSA office. Any background records provided to the examiner by DDD are not to be released to any party.

Subpoenas & Depositions

In the event you receive a subpoena to appear in court or at an administrative hearing, or to give deposition, contact Medical Administration immediately at 800-282-2695. Depending on the circumstance, DDD may be able to give you immediate guidance, or DDD may need to seek legal advice from SSA. In the unlikely event you receive a subpoena from an administrative law judge with SSA's Office of Hearings and Appeals (ODAR), DDD will need to contact ODAR before giving you guidance. In that situation, the professional opinion typically is provided via "interrogatory" (see below) rather than by personal appearance. In the event you must testify, your sworn testimony should be limited to your direct knowledge of the facts concerning the claimant.

Interrogatories

If you receive request for completion of interrogatories, contact Medical Administration immediately at 800-282-2695.

A Consultative Examination (CE) Provider Must Protect PII (Personally Identifiable Information)

What is PII?

PII is any personal information maintained by an agency, including

- Any information used to distinguish or trace an individual's identity, e.g., name, social security number, date/place of birth, mother's maiden name, biometric records.
- Any other information that can be linked to an individual, e.g., medical, education, financial, or employment information.

How can you safeguard PII?

- Store confidential information in locked file cabinets or desk drawers.
- Prevent others from viewing PII on your computer screen.
- Consistently lock or log off your computer when you are away.
- Ensure that PII is appropriately destroyed (e.g., shredded using a crosscut shredder) when no longer needed.
- Train and remind support staff to safeguard PII.
- Do not send PII by email.

How to transport PII?

- Store PII on computing devices that are encrypted using National Institute of Standards and Technology (NIST) standards.
- Lock PII in a briefcase or satchel.
- Do not leave briefcase, satchel, laptop, or computer in unlocked vehicle.
- Do not leave briefcase, satchel, laptop, or computer in plain view in a locked vehicle.
- Secure briefcase, satchel, or laptop in trunk or other concealed storage area.

What should CE Provider do if PII loss is suspected?

- Immediately report the PII loss to the DDS. If you suspect PII loss outside of normal business hours, leave a voicemail or email your DDS contact.
- Contact local law enforcement if theft is involved.
- Apply State laws and licensing board requirements when reporting PII loss and notifying affected claimants.

What should make up the report to DDS?

- Your contact information.
- Description of suspected loss, e.g., nature of the loss, number of records, type of equipment or media.
- Approximate time and location of loss.
- Safeguards in place at time of loss.
- Other parties involved who have been contacted.
- Details about reports made to law enforcement.
- Any other pertinent information.

For more information or to report PII loss, please contact:

- A Professional Relations Officer at (800) 282-2695.

Ohio DDD Guidelines for Independent Mental Disability Evaluations of Social Security Administration Claimants

EXAMPLE REPORTS

Example Report #1

Examiner One
1234 Main Street
Northernville, Ohio 44444

Psychological Evaluation

Claimant Name: Examinee One
SS Number: 000-00-0000
Date of Birth: 00/00/0000
Age: 00
Date of Evaluation: 00/00/0000

Source of Referral & Purpose of Evaluation

The claimant was referred by the Ohio Division of Disability Determination (DDD) for psychological evaluation relating to her claim for mental disability benefits.

Identifying Information

The claimant's identify was verified by the Ohio driver's license she presented. Her appearance resembled the license photo.

Discussion of Purpose, Disclosure of NonConfidentiality, Consent to Evaluation & Authorization to Release Data

It was discussed with the claimant that evaluation was being conducted at the request of the Ohio DDD related to her disability claim and that a report would be generated from the evaluation and released to DDD. The claimant demonstrated understanding through simple restatement of the discussion in her own words. She agreed to proceed with the evaluation and agreed to release of information to DDD.

Sources of Data & Methods

No background records or other materials were available to the undersigned. The evaluation was comprised of a clinical interview. All information provided was the claimant's self-report.

Chief Complaint

According to the claimant "I have arthritis in my knees and back pain." When asked if anything further is limiting her ability to work she added, "It's my nerves. Depression. My doctor's been giving me Prozac. I've been feeling worse in the past year." When asked the circumstances of filing her claim, the claimant reported, "It just got too hard to go to work with my knees and my back. I decided to do something about it, so I filed."

Personal History

According to the claimant, she was born and raised in Northernville by her biological parents who are married. She reported frequent interaction and "good" relations with her parents and two siblings, all of whom remain in the area. She reported no personal history of abuse or neglect and stated there is no history of mental illness in her family. She reported she divorced her husband of six years in 1988 due to his verbal abuse. She reported weekly visits with each of her three children, now adults, and indicated she has few worries about them as they "are good kids." She reportedly lives alone in a rented apartment she has leased for 12 years.

Educational & Training History

The claimant reported leaving school in 12th grade shortly before scheduled graduation for a job in fast food to contribute to the household income. She reported history of regular education curriculum with no history of retentions. She indicated she had C marks generally and adequate relations with peers and teachers. She reported no history of behavioral problems or sanctions in school. She reported receiving a GED in the early 1990s.

Physical Medical History

The claimant reported history of hospitalizations for the births of her three children. She identified arthritis in her knees and back pain as current medical concerns, both under the treatment of internist Dr. Robert Smith. She indicated he prescribes hydrocodone for pain and Prozac for depression, and that she takes medications only as prescribed. She reported she maintains her own schedule of medical appointments and arrives at appointments timely and independently.

Legal History/Problems in the Community

The claimant reported her legal history includes divorce she initiated in 1988. She reported no history of arrests and no history of other legal matters such as bankruptcy, eviction, or code violations. She reported no history of involvement with probate court. She reported she never has been involved with Children Services Board. She indicated no history of difficulties with neighbors or others in the community. She reported no history of perpetrating violence.

Substance Use History

According to the claimant, she drinks "a beer or two" occasionally in social situations such as family gatherings or outings with friends. She reported no history of problematic alcohol consumption, no history of recreational drug use, and no history of abuse of prescribed medications. She stated she uses hydrocodone as prescribed by Dr. Smith. She reported no history of treatment for substance use problems, no history of work problems from use, no history of legal problems from use, and she indicated no one has complained to her that she uses substances excessively.

Work History

According to the claimant, she worked for ABC Burgers on leaving high school during the 12th grade to contribute to the family income. She indicated she worked there for two years, taking on assistant manager duties ultimately. She reported no complaints about her work quality, no significant conflicts with coworkers, but tiring of "customers' attitudes" by the time she left for higher pay through Giant Retailer. According to the claimant, she staffed the customer service desk at Giant Retailer for four months until she left the post due to "my mom got sick and my dad couldn't handle everything by himself. I needed to help them out." She stated she had not been on the job long enough for performance reviews, but she believes she got along well with others and completed her work to standard. The claimant reported she then became pregnant and did not look for work until after her first child was born. She indicated at that point she was soon hired by XYZ Department Store where she worked for three years in house wares. The claimant indicated she was able to meet responsibilities generally, but she added, "there were times I had to leave work and go home because I was crying so hard." She elaborated this occurred within a brief period at the time of her divorce in 1988. She reported she shared with coworkers and her supervisor that "I was depressed, and they understood. Some had been through a divorce themselves." She reported accessing outpatient counseling for several months at the time. As for social relations on the job, she stated, "I got along good with everybody." She said she took breaks with peers and sometimes enjoyed small talk with customers though "they can get on your nerves." According to the claimant, she left XYZ Department Store for Bargain Chain Store in 1989 due to rumors XYZ Department Store might be closing. She reported she cashiered at Bargain Chain Store for 21 years until going on medical leave last year due to "my knees and my back." According to the claimant, while at Bargain Chain Store she did not have difficulties completing her work, relating to others, or coping with work demands due to emotional or mental difficulties. She indicated she has not returned to work since going on medical leave last year for physical problems. The claimant reported she never has been involved in workplace violence or referred by an employer to mental health services or an EAP. She reported no military history and no vocational rehabilitation history.

Behavioral Health History

The claimant reported several months of voluntary outpatient counseling through Counseling Professionals in Northernville in 1988. She reported the counselor, Bob Jones, "helped me see it wasn't

all me. I hadn't failed." According to the claimant, treatment focused on coping with her divorce. She reported work functioning was not discussed during sessions. She reported ending treatment after several months because "I felt better. The kids were going to be okay and I saw it was the right thing that I divorced him." The claimant reported her internist, Dr. Robert Smith, began prescribing Prozac "for my nerves" approximately seven years ago. She reported taking Prozac during much of that period. She reported ceasing the medication, however, on two occasions when she was feeling better, but each time depression returned and she resumed the medication. She indicated Dr. Smith has not referred her to mental health services. On inquiry she endorsed depressed mood, lost interest in activities she once enjoyed, feeling hopeless and helpless, feeling guilty and worthless, insomnia, increased appetite, and fatigue and loss of energy as symptoms targeted by prescribed Prozac. She reported these symptoms wax and wane, and they have intensified during the past year. She indicated discussions with Dr. Smith about difficulties at work have been limited to physical concerns. She reported no further services addressing mental or emotional difficulties. Specifically she reported no history of involuntary mental health assessments or treatments, and no history of high levels of care such as inpatient psychiatric admission or partial hospitalization.

Activities of Daily Living

The claimant reported she rises around 6 a.m. and "I take the cover off my parakeets' cage and turn on the TV for company." She reported she lives alone. She indicated she is limited in household chores and errands by her physical conditions. She did not mention mental or emotional difficulties in conducting domestic or community-based activities. She presented a current driver's license and reported she drives in the community for errands and appointments, and that she keeps her own schedule of commitments. She reported she is able to manage money, calculate correct change, and pay bills with checks. She reported she participates socially with "a group of ladies from church and I'm really good friends with some of them." She reported talking with friends by phone daily and exchanging visits at least weekly. She reported frequent phone calls and visits with her parents, siblings, and adult children. She reported she deals with stress and pressure by "spending time with my friends and my family."

Mental Status

Appearance & Behavior

The claimant presented timely and independently for the 8:30 a.m. appointment. She reportedly drove from the suburb of Lake Breeze approximately 20 miles away. On arrival, she described some confusion with one-way streets in the area. She reported her height as 5'6" and her weight as 165 pounds, consistent with the undersigned's impression. She was dressed appropriately for weather and setting in clean appearing casual wear. No odor of alcoholic beverage was noted nor were signs of intoxication. She presented as polite and cooperative in a manner appropriate for the office setting. She did not manifest any bizarre behavior.

Speech & Thought: Content & Structure

Her thought processes as reflected in speech were well-organized and logical. There were no overt indications of delusional beliefs. She reported concerns about "my health and my bills."

Affect & Mood

The claimant described her mood as depressed. She smiled on approach, in describing her children as "good kids," and when the meeting closed. Her affect visibly brightened in discussing her children, friends and pet parakeets. She did not cry at any point. She did not present themes of loss beyond reporting physical limitations. She did not endorse suicidal thoughts or homicidal thoughts. She did not show signs of anger or irritability.

Anxiety

She clarified her complaint of "nerves" as "depressed." She stated, "I worry about my health and my bills." She reported she distracts herself from worries by "I call somebody or I might watch TV." She added, "Some people my age still have their kids at home or they're raising their grandkids. At least I don't have those worries." Manifest signs of anxiety were not observed.

Sensorium & Cognitive Functioning

She presented as fully oriented to time, date, setting, and circumstance. There were no overt indications of delusional beliefs or behavioral manifestations of hallucinations. Across the 55-minute

interview she tracked the flow of conversation adequately. She did not show distraction by ambient office sounds. She correctly added 32+32 and multiplied 10X11. She recalled six digits forward and four in reverse. She correctly named the countries in which Rome, Paris, and London are located. She correctly provided the opposites of high, big, dark, sweet, and hard. Her intellectual functioning appeared to be in the average range.

Insight & Judgment

During evaluation, she self-reported depression and there is no indication of inability to self-identify or self-report mental difficulties. She described accessing mental health counseling in the past and continuing in treatment until her distress abated. She reportedly requests antidepressant medication from her internist as needed. Available information suggests the claimant is maintaining herself in the community adequately and accessing essential resources without unusual supports. There is no indication of excessive vulnerability to exploitation or that the claimant has come to the attention of the authorities for deficient judgment.

Psychological Testing

No psychological testing was requested or conducted.

DSM-IV-TR Multiaxial Classification

| | |
|----------|--|
| Axis I | 296.32 Major Depressive Episode, Recurrent, Moderate |
| Axis II | V71.09 No Diagnosis on Axis II |
| Axis III | Deferred to physician opinion |
| Axis IV | Inadequate finances |
| Axis V | Symptom GAF 60, Functional 65, Overall GAF 60 |

Prognosis

The claimant's reported history suggests onset of major depression remotely at the time of divorce. Available information suggests that although the initial episode resolved with treatment, symptoms returned and the claimant has experienced waxing and waning depression subsequently. Despite report of recent increase in depression, the claimant is maintained in the community and has never required a high level of mental health care. Neither significant resolution of symptoms nor significant deterioration in mental functioning is expected.

Reliability Estimate

Though the claimant's self-report of symptoms exceeded observed signs of illness, her complaint of depression was consistent with her report of several courses of antidepressant medication within the last seven years. She did not show significant inconsistencies in self-report information across the interview. She did not report unusual symptoms or improbable combinations of symptoms. She reported areas of intact functioning in addition to reporting symptoms. Self-report data appear reliable.

Summary & Conclusions

The claimant emphasized physical concerns, but reported depression as well. Major Depressive Episode, Moderate, Recurrent is supported by the available information. The claimant reported remotely initiating and benefiting from a brief course of outpatient counseling at the time of the end of her marriage in 1988. The claimant reported talking about personal problems on the job and leaving work on occasion due to tearfulness during that time. She did not report any subsequent disruption of work activity by emotional difficulties. She reported commencing antidepressant medication through her internist seven years ago when she was feeling depressed, with symptoms waxing and waning since then. She indicated discussions with the internist about difficulties at work have been limited to physical concerns. She reported recent resurgence of depression. Available information suggests she accesses antidepressant medication through her internist. She identified financial and medical concerns as current stressors. She reported no history of a high level of mental health care. Available information suggests she is able to access personal supports effectively and she does so routinely.

Management of Funds

Available information suggests the claimant is accessing resources in the community adequately. She reported history of work duties involving financial transactions. There is no indication she is unable to manage personal funds.

Functional Assessment

Describe the claimant's abilities and limitations in understanding, remembering and carrying out instructions.

The claimant reported history of "C" grades in a regular education curriculum up until leaving high school in the 12th grade for non-psychiatric reasons. Her presentation on interview supported intellectual functioning in the average range. She is expected to be able to understand and apply instructions in the work setting consistent with average intellectual functioning.

Describe the claimant's abilities and limitations in maintaining attention and concentration, and in maintaining persistence and pace, to perform simple tasks and to perform multi-step tasks.

The claimant reported a period in 1988 during which she left work in distress over domestic stressors. There is no indication of a pattern of this behavior, however. The claimant reported an uneventful 21 years of continuous work in her most recent post which she left due to physical reasons. In this setting, she tracked the flow of conversation adequately across the 55-minute interview and did not show distraction by ambient office sounds. Though the claimant may experience the subjective sense of reduced effectiveness in this area when depressive symptoms increase, objective changes at a level prompting performance concerns by others are not be expected.

Describe the claimant's abilities and limitations in responding appropriately to supervision and to coworkers in a work setting.

The claimant made an unremarkable social presentation in this office setting. She described frequent enjoyable and emotionally fortifying phone calls and shared visits with multiple good friends. Though she reported retail customers at times "can get on your nerves," no information was provided to suggest inappropriate comportment during more than 20 years of customer contact. No limitations in ability to conform to social expectations in a work setting are found.

Describe the claimant's abilities and limitations in responding appropriately to work pressures in a work setting.

The claimant described remote history of accessing counseling for support during domestic problems and reported benefiting from services. She reported she currently deals with stress and pressure by spending time with her friends and family. She did not report a pattern of inability to adjust to workplace demands. She indicated work was not a topic during past counseling and that when she speaks of work matters with her internist, they discuss only physical matters. There is no reported history of mental or emotional deterioration in response to work exposure. She is expected to respond appropriately to workplace pressures.

Example Report #2

Examiner Two
123 Main Street
Anytown, Ohio 43210
000-555-0000

Psychological Evaluation

Name: Examinee Two
DOB: 00/00/0000
Age: 00
SSN: 000-00-0000
Date of Evaluation: 00/00/0000

Identifying Information

The claimant was referred by the Ohio Division of Disability Determination for evaluation of the possible presence of a mental disorder, and for evaluation of any resulting limitations in mental activities required for work.

Source of Referral & Purpose of Evaluation

The claimant was referred by the Ohio Division of Disability Determination for evaluation of the presence or absence of a mental disorder, and for evaluation of any resulting limitations in mental activities required for work.

Disclosure of Purpose and Limits of Confidentiality

The claimant was provided with the examiner's full name. The examiner explained a treatment or doctor-patient relationship was not being established. The examiner explained the clinical evaluation process and procedures, and that a written report of the results of the evaluation will be sent directly to the Division of Disability Determination for consideration within his disability application. Before consenting to examination the claimant wanted to know if any tenants in the building in which the examiner's office is located are affiliated with XYZ Corporation and asked whether the examiner is an employee of XYZ Corporation. It was explained the examiner is not an employee of nor in any other way affiliated with XYZ Corporation. By his questions and statements the claimant demonstrated understanding the evaluation was related to his disability claim. After considerable discussion, he agreed to proceed with evaluation and to release of information to DDD and SSA.

Methods & Sources of Data

1. A 45-minute clinical interview of the claimant was conducted by Dr. Examiner without the use of supervisees.
2. No background materials were provided by DDD.
3. The claimant permitted the examiner to glance at a stack of hand-written notes he claimed to be the basis for a planned legal case against XYZ Corporation.

Statement of Disability & Reported Circumstance of Filing

When asked the nature of his disability, the claimant responded, "A bad back. Depression, too. They said I should apply." When asked who said he should apply, the claimant responded, "Dr. Green and others." On inquiry, he stated Dr. Green is his treating internist and "others" are his wife and adult son.

Personal History

The claimant reported he is the older of two children, raised in Centertown, Ohio, by his biological parents. He reported no history of physical, emotional, or sexual abuse. He reported his current close relationships with his mother and brother have persisted since childhood. He indicated he never felt ease around his father who died of heart failure in 1991, though his father "was a good man." When asked about family history of mental illness, he reported, "Aunt Mary had schizophrenia" requiring state hospital admissions. He added, "I think they did shock therapy back then." The claimant reported he is in his first marriage, commencing at age 24. He described the marriage as "good," and indicated they have a 22-year old son who is self-supporting and lives independently.

Educational History

The claimant reported graduation from Centertown public schools in a regular curriculum with grades mostly Bs and Cs. He indicated no history of repeating grades or disciplinary sanctions. He reported no history of attendance problems. According to the claimant, he had no significant difficulties relating to classmates or educational staff, though he had few friends. He reported no extra-curricular participation. He indicated he had no education beyond high school.

Medical History

The claimant reported no history of serious illness, accident, medical intervention during childhood. He reported current back pain and identified Dr. Walter Green of Centertown as his treating internist. He indicated "I think he gives me Cymbalta for pain." The claimant reported Dr. Green has prescribed Seroquel in the past which he refuses to take due to sedation. He added, "I need to be alert."

Legal History/Problems in the Community

The claimant reported history of threatened eviction in 2006. When asked the circumstances he stated, "It was just a misunderstanding with the landlord" regarding him stuffing towels in the heating vents in his apartment. When asked about the situation further, he reported he had placed towels in the vents to interfere with others listening in on his conversations. When asked who, he indicated he could hear sounds in the vents from devices that had been planted. He said he was not evicted, but he and his wife decided to move anyway. According to the claimant he is monitored when out in the community and when in his home by the security division of XYZ Corporation. He reported he is "building a case against" XYZ Corporation related to the organization's plots "to take out people on Wall Street." He reported the police and prosecutors have not responded yet to the evidence he has presented about XYZ Corporation. He stated the authorities appear to be somehow involved with XYZ Corporation. He reported no history of being arrested or criminally charged. He reported only minor traffic citations. He indicated no history of code violations and no history of Children Services Board involvement. Additionally, he indicated no history of Workers Compensation claims.

Substance Use History

The claimant reported consuming approximately three beers during weekends through his 20s and 30s, but no consumption of beverage alcohol currently. He said he has no history of recreational drug use, and no history of abusing prescribed medications. According to the claimant, no one has complained to him about his substance use and he has no history of treatment for drug or alcohol use problems.

Work History

The claimant reported no military history. He indicated he first worked ages 19 to 39 as a cashier for Value Stores. According to the claimant he received "good" performance reviews, though he never was promoted. He indicated he understood tasks "as well as everybody else," had several friends among coworkers, and his absences, generally for back pain, did not exceed allowed sick days. He reported accepting correction without significant distress, and indicated he accepted changes in assignments without complaint. He reportedly left the post for "more money" as a cashier and clerk at Biggs Auto, a car dealership, where he worked for 10 years until June 2009. He reported he was laid-off and told his position was no longer needed due to the economic downturn. The claimant elaborated "the owner's brother-in-law wanted me out, though. It was because of him. He was a plant by XYZ Corporation. I knew he was imbedding coded messages in car registration documents, and he knew I knew. He altered my entries on paperwork. He was rearranging the numbers and letters. The messages were about plots to take out people on Wall Street. Bad stuff. He would readjust his glasses to signal the monitors. They had cameras watching all of us." According to the claimant, initially he enjoyed good relations with the owner and coworkers, but ultimately "they accused me of making mistakes because they didn't know what he was doing. My boss never would have believed me over his brother-in-law. I tested it out and it was clear he preferred to blame me over seeing the truth." The claimant gave a rambling largely incomprehensible explanation of the link between XYZ Corporation and the owner's brother-in-law. He reported "I just stumbled onto all of this when I discovered the tampering with the car documents." When asked how he coped with the situation at Biggs Auto the claimant said, "I was scared, actually. With what they were planning to do to other people, why would I be safe with what I knew?" He reported he feels no better being away from Bigg's Auto because "corporate security goons" continue to monitor his communications, his movements, and his home. He reported applying for jobs subsequently, but that he cannot land work due to "my name in the data base. They threaten the companies where I apply. No one has the guts to hire me." When asked if depression keeps him from working, the claimant responded, "I'm not too

depressed to work and I never was. I'd feel better if I could just get hired." When asked if he ever took disability leave from any job or if any employer ever recommended mental health care he stated, "it hurt when the boss said I should get counseling. I just bit my lip." He reported he did not pursue treatment at that time because "Yes, I was depressed, but I could handle it. Lots of people get depressed." He stated he never has taken mental disability leave from any job.

Behavioral Health History

When asked about family history of mental illness, he reported, "Aunt Mary had schizophrenia" requiring state hospital admissions. He reported no history of receiving formal mental health services himself. He reported his internist, Dr. Green of Centertown, prescribed Seroquel for "depression," but he does not take it because "I need to be alert to deal with these people." He indicated his recent employer of 10 years recommended "counseling." He relayed the impression services were advised for depression. He identified his mental health difficulty as "depression" that he attributes to "fear of corporate factions." He indicated the brother-in-law of his recent employer was involved with the factions. According to the claimant his wife recently took him to the emergency department at Centertown General "for of my stress," but he did not stay for evaluation because "there was a man from XYZ in the ER. He was acting like he was reading a magazine, but I saw him signal."

Activities of Daily Living

The claimant reported he and his wife live in a home they own. He reported, "We share the work mostly. I run the sweeper and drive her to the grocery. I do the yard stuff mostly." He reported only physical limitations in daily chores. He reported weekly visits from his son. He stated he can talk openly with his wife, and she is supportive. He said he takes the dog for walks and watches TV for recreation. He reported daily spending time on "paperwork," checking matters on the computer, and going over his notes about XYZ Corporation.

Mental Status

Appearance and Behavior

The claimant arrived timely for the 9:00AM appointment. He reportedly drove alone from Timber Borough, a suburb of Centertown. He estimated the drive at 14 miles which is in accord with the examiner's estimate. Basic material needs appear to be met; he drove a late model car and indicated he lives in a home he owns with his wife. He was dressed casually and appropriately for the weather in newer-appearing clothes, and his grooming and hygiene appeared adequate. He reported his height at 5'11" and his weight as 215 pounds, both consistent with examiner estimates. Before consenting to examination, the claimant wanted to know if any tenants in the building in which the examiner's office is located are affiliated with XYZ Corporation and whether the examiner is an employee of XYZ Corporation. He was observed to look out the office windows in an excessive and nervous-appearing manner. He carried a stack of writings he permitted the examiner to review only briefly. The writings appeared rambling. He reported he carries a camera in his pocket to photograph "XYZ monitors and goons." No disorganized behavior was observed.

The claimant did not present clear signs of intoxication. No odor of beverage alcohol was detected. His speech was not slurred or highly pressured. From the view of this nonphysician examiner, the claimant's pupils did not appear dilated or pin-point, and he was not observed to show abnormalities of movement such as staggering. He did not show signs of physical agitation.

Eye contact at times appeared interrupted by scanning the office environment, settling in particular on documents bearing the examiner's identifying information. Relational style appeared highly guarded.

Flow of Conversation and Thought

The claimant's speech was mildly pressured. Speech content related largely to notions of monitoring by and threat to him from XYZ Corporation. He did not report physical aggression within his plans to assure his personal safety. He reported no history of physical aggression.

Mood and Affect

His mood appeared depressed and his affect intense and distressed, particularly when describing his perceived plight with XYZ Corporation. He did not show psycho-motor slowing. He reported thoughts last year of drowning himself in the bathtub. He reported no history of self-harming behavior and no current thoughts, plans or intentions of self-harm.

Anxiety

He appeared fearful. His guarded inter-personal style seemed to arise from anticipation of threats to his personal safety. He said he continuously worries about risk from XYZ Corporation.

Mental Content

The claimant did not allege psychotic mental processes. Conversationally he was not diverted long from his accounts of perceived threat from XYZ Corporation. He described electronic monitoring of his actions within and outside of his home by XYZ Corporation. He reported at home he must whisper to his wife about the actions of the company's agents. He appeared to construe himself as ignored by the authorities whom he indicated are somehow collaborating with XYZ Corporation.

Sensorium and Cognitive Functioning

The claimant scanned the office in a manner suggesting hyper-vigilance. His attention appeared to rest in particular on documents bearing the examiner's name. He did not appear to be responding to hallucinations at the time of evaluation. He reported at night "I can hear the clicking of the recording and sometimes they are in the attic or in the vents listening. My hearing is really good. I've heard their breathing at night." He stated, "I see them switch off following me. The black Toyota. The silver Buick." He recalled three of three words after a brief delay. He calculated serial seven subtractions accurately to 58 and stopped. His phraseology, grammatical structure, and vocabulary suggested intellectual functioning in the average range.

Insight and Judgment

The claimant showed poor insight into his mental illness and poor insight into his need for treatment. He appears able to cooperate sufficiently with his wife such that his basic material needs are being met. By his account, he sees his internist routinely, and although the physician apparently has been unable to persuade the claimant to take an antipsychotic, the claimant is able to maintain an ongoing doctor/patient relationship for medical care.

Diagnostic Formulation

| | |
|----------|---|
| Axis I | 297.1 Delusional Disorder, Persecutory Type |
| Axis II | V71.09 No Diagnosis |
| Axis III | Deferred to physician opinion |
| Axis IV | Psychosocial problems due to psychosis |
| Axis V | GAF=40 (current) |

Reliability Estimate

The claimant emphasized a physical basis for disability, though he mentioned depression as well. He gave account of near-eviction in 2006 for stuffing towels in apartment heating vents to block eavesdropping by XYZ Corporation. His relational style in this setting appeared guarded, and writings he showed briefly suggested delusional processes. The claimant presented as actively psychotic with poor insight. Due to his mental illness, he showed a response bias to under-report his mental difficulties and his functional problems.

Summary & Conclusions

The claimant reported predominantly a physical basis for disability, though he indicated the presence of depression. His account of work circumstances at his most recent job suggests psychotic illness contributed significantly to social difficulties on the job (though the claimant attributed difficulties to others) and perhaps to unwanted lay off. The claimant reported his internist has prescribed Seroquel for "depression." Though no records by the internist were available for review, Seroquel is an anti-psychotic medication. The claimant reported he does not take the medication because "I need to be alert" to social danger. The claimant's reported legal history includes near-eviction in 2006 due to stuffing towels in heating vents to muffle the efforts of XYZ Corporation to eaves-drop on him. The nature and time-frame of his account of mistreatment by others suggests long-standing psychotic processes with low insight. The pages of writings at which the claimant permitted the examiner a brief glance reflected a rambling psychotic quality to his thought.

The claimant did not present detectable behavioral signs of intoxication. There are no available records suggesting substance misuse. There were no indications his psychotic presentation arose out of intoxication.

The reported history of prescribed antipsychotic, the nature of his accounts of persecution by others, the rambling writings he permitted the examiner to see, and his apparent scanning of items bearing the examiner's identifying information combined in a manner suggesting bona fide psychotic illness.

Prognosis

The time-line of the claimant's portrayal of persecutory events suggests long-standing psychotic illness. He reported he will not take Seroquel prescribed by his internist because he needs to "be alert" to threat. There is no reported formal mental health treatment history and, as a function of psychotic illness, he does not appear agreeable to services.

Management of Funds

The claimant shows intellectual capacity to manage funds. If he is granted benefits, however, due to the scope of people who can become encompassed by his psychotic beliefs, he may be unable to respond to government personnel as required to maintain benefits.

Functional Assessment

Describe the claimant's abilities and limitations in understanding, remembering, and carrying out instructions.

The claimant presented intellectual capacities consistent with functioning in the average range. Applying his reasoning abilities in a reality-based manner useful to an employer, however, would be difficult for him.

Describe the claimant's abilities and limitations in maintaining attention and concentration, and in maintaining persistence and pace, to perform simple tasks and to perform multi-step tasks.

During this evaluation, the claimant presented as fleetingly able to concentrate on the tasks at hand in a reality-based manner. In a work setting he is likely to lose sight of reality-based elements of tasks and to become consumed with psychotic mental material.

Describe the claimant's abilities and limitations in responding appropriately to supervision and to coworkers in a work setting.

On approach, the claimant was able to exchange a civil greeting. Before consenting to examination, however, he wanted to know if the examiner was an employee of XYZ Corporation and if any other tenants in the office building are affiliated with XYZ Corporation. He carried a stack of materials reflecting ramblings. His manner appeared fearful and he voiced beliefs of being targeted maliciously by XYZ Corporation. He is likely to distract coworkers with his unusual beliefs and odd social presentation. Due to psychotic illness he is likely to misinterpret benign social data on the job as malevolent. Potential for psychotic acting out in the workplace may be present. He may refuse instructions from a supervisor due to psychotic beliefs.

Describe the claimant's abilities and limitations in responding appropriately to work pressures in a work setting.

Whether there have been involuntary psychiatric assessments at some point is unclear. Exposure to work pressures may increase his psychotic interpretations, increase confusion, and elevate risk for psychotic acting out.

Example Report #3 (Child)

Name: Tony Marcus Jones
Social Security Number: 000-00-0000
Date of Birth: March 1, 2003
Date of Evaluation: March 4, 2011
Age at Testing: 8 years, 3 days

Identifying Information

Tony is an 8-year-old male who arrived on time for his appointment accompanied by his mother, Ms. Jones. She presented a picture ID in the form of an Ohio Driver's License.

Discussion of Purpose of Evaluation, Disclosure of Non-Confidentiality, Consent to Evaluation, & Authorization to Release Data

Ms. Jones accurately stated the purpose of evaluation as, "It's for disability for Tony." The examiner explained a report will be written based on the evaluation and sent to DDD for consideration in Tony's claim. Ms. Jones agreed to evaluation of her son and agreed to release of data to DDD and SSA.

Sources of Data and Methods Used

1. Collateral source interview of the claimant's mother in the claimant's presence.
2. Clinical interview of the claimant both in the presence of his mother and independently.
3. No background records were available for review.
4. No psychological testing was requested or conducted.
5. There was no supervisee participation in this evaluation.

Presenting Complaint

When asked the claimant's disability, Ms. Jones reported, "Teachers diagnosed him with ADHD." She indicated in past years she has been phoned by teachers reporting the claimant's high activity level and difficulty participating in small groups. She indicated she filed for benefits on the suggestion of her sister.

Background Information

According to Ms. Jones, Tony resides with her and his two younger siblings in a rented home. She reports Tony's father is currently incarcerated and Tony has not had contact with him since age 5. Ms. Jones reported she has "depression" and is a single parent with no family or friends to assist her with childcare demands.

Developmental History

Ms. Jones reports that Tony was born via vaginal birth after an uneventful pregnancy. Tony was born at term and had no immediate post-natal complications. He went home from the hospital with his mother. Based on Ms. Jones' report, Tony's early development milestones were within expected limits and she had no concerns about his development prior to his entry to preschool.

Health History

Tony reportedly had the usual childhood illnesses but Ms. Jones denied any sustained high fevers or any illnesses requiring hospitalization. Ms. Jones reports that Tony has no history of head injuries, loss of consciousness or broken bones. Ms. Jones reported Tony has had no surgeries and has not required stitches or other emergency treatment for injuries. She reported as well he has mild asthma that developed around age 3 and is related to seasonal allergies. Ms. Jones indicates that Tony's asthma symptoms are well controlled with medication.

Educational History

According to Ms. Jones, Tony attended Headstart beginning when he was 4 years old. Ms. Jones reported that the teachers complained about his high activity level and difficulty participating in small group activities. Ms. Jones reports that she frequently got calls during preschool about Tony's behavior and states that the "teachers diagnosed him with ADHD."

According to Ms. Jones, Tony is currently in the 2nd grade at East Summerfield Elementary School. He has not been retained in any grade. He attends a regular education class and Ms. Jones reports that the school has not made a referral for special education assessment. Ms. Jones indicates that Tony has some

behavioral problems in school but these are not interfering with his grades and she does not intend to request special education services. Ms. Jones describes "behavioral problems" as being out of his seat, talking back to teacher, talking to other kids when he's supposed to be listening, not following instructions, touching things that don't belong to him, taking other people's property, doing work before hearing all instructions and getting out of line while the class is walking in the hallway. Tony says that he acts just like all the other kids but the teacher is picking on him because she does not like him. Ms. Jones reports that Tony also loses school supplies and frequently forgets to bring home his homework assignments.

Mental Health History

When initially asked, Ms. Jones stated that Tony is "hyper." With additional clarifying questions, Ms. Jones was able to provide the following descriptive information. Ms. Jones states that Tony is "constantly moving" and "is into everything" at home. She reports that he often does not listen to what she tells him to do, does not follow instructions, forgets what he is doing in the middle of his chores, does not always complete his chores or homework and needs constant supervision in order to get anything done. She states that his mood is generally good but that his siblings irritate him easily. She says that he does things without thinking and is "sloppy and lazy" when doing tasks that are asked of him. She said he wanders away when they are in the grocery store and does not always look both ways when he crosses the street. Ms. Jones reports that Tony will "wash up" only when told and usually needs multiple reminders. She says that he cannot sit still during church but can pay attention for several hours at a time when playing video games. She reports that Tony has no friends because he "gets on their nerves." She states that friends say he is "too bossy, wants his own way all the time and will not listen."

Tony states that he's "not hyper" but does report getting bored easily. He says that his mom gives him too many instructions and does not give him time to finish one thing before "getting on him" about doing something else. Tony reports that he usually does his homework but "it's boring" and he's "tired of schoolwork" after being in class all day. Tony reports that he has three good friends in the neighborhood and that they usually get along with occasional arguments. He likes to play football and video games with his friends. He stated that he gets along "OK" with the children at school, but does not have close friends in that setting. He reports that his siblings "touch my toys and stuff in my room" and that "makes me mad, because mom won't do anything about it."

Ms. Jones reports that she took Tony to Anytown Community Mental Health Center and was placed on a waiting list. He has no history of assessment or treatment by any mental health professional. Tony has never been prescribed any psychotropic medication by his pediatrician.

Mental Status and Behavioral Observations

Tony was dressed in clean, casual clothing and had no detectable body odor. Tony knew the day of the week, the month and the year, but not the exact date. He stated that he lives in Columbus, Ohio and he was here to find out about his "attention problems."

Tony smiled during introductions and made direct eye contact with the examiner. Mood was pleasant throughout the interview. His affect was appropriate to the content of speech. He was able to separate from Ms. Jones during part of the assessment process without exhibiting emotional distress. He was receptive to interacting with the interviewer and responded to questions directly and without hesitation. He allowed the interviewer to finish questions and did not interrupt. Tony understood 5-7 word questions without repetition and did not require simplification to understand the questions. Tony responded with 1-6 word answers that were well organized and focused on the topic.

Although Tony was cooperative with the interview, he showed almost constant physical movement. He tapped his feet on the floor, swiveled in his (stationary) chair, frequently looked at the ceiling and out the window and played with some marbles that he pulled out of his pocket by rolling them in his hands. On one occasion, he got out of his seat to look out of the window but did respond promptly to interviewer's request that he return to his seat. He showed no frustration or other negative emotional reaction to the redirection. Tony interrupted the interview on four occasions to ask questions about various objects in my office. He accepted brief answers to his questions and willingly refocused on the task at hand.

Activities of Daily Living

Tony reports that he showers independently on a daily basis and brushes his teeth without reminders at least twice per day. He says that his room is "fine" but admits that his mother is not satisfied with his cleaning; he alleges that she is a "neat freak". Tony says that his mother wakes him up in the morning but he is able to get himself ready for school in a timely way and also assists with getting his younger siblings dressed. He was able to describe his daily chores (making his bed, keeping his room picked up, taking out the trash as needed and unloading the dishwasher). He says that he sometimes needs a reminder but generally does his chores well.

According to Ms. Jones, Tony needs repeated prompts to accomplish any self-care task, and even then sometimes gets distracted when he is in the middle of the activity. She says that she has to check up on him every few minutes in the morning to ensure timely completion of hygiene tasks and getting dressed for school. In the evenings, Tony needs frequent reminders and redirection to complete his chores and homework. Ms. Jones states that it took him approximately 90 minutes the previous evening to empty the dishwasher, as he was repeatedly distracted by both internal (stopping to tell her a story about what happened after school) and external (stopping to watch the TV when he heard a commercial for a new video game) stimuli. Ms. Jones also reported that, despite frequent reminders and redirection, Tony frequently leaves chores half completed. Ms. Jones reports that she has always attempted to keep a daily regimen for Tony regarding wake-up time, meals and bed-time, but Tony has still not acquired the ability to follow-through with these daily expectations independently.

Summary and Conclusions

The claimant's mother reported that the claimant's "teachers diagnosed him with ADHD." According to Ms. Jones, she took Tony to Anytown Community Mental Health Center for evaluation and he is on a waiting list. She reported he has no history of assessment or treatment by any mental health professional. She reported he never has been prescribed psychotropic medication.

According to Ms. Jones, Tony is in the 2nd grade with no history of special education services or retention. She reported the school has not made referral for a special education assessment and she does not intend to request assessment.

Based on reported history data and direct observation, the claimant appears to show a pattern of easy distraction by extraneous stimuli, excessive movement, frequent forgetfulness in daily activities, difficulty sustaining attention on tasks, inattention when spoken to directly and difficulty waiting his turn. Additionally, he interrupted the examiner four times and his mother reported behaviors suggesting impulsivity including failure to look both ways when crossing the street. Available information supports ADHD, Combined Type.

Diagnostic Impressions

Axis I: 314.01 ADHD, Combined Type

Axis II: V71.09 No diagnosis

Axis III: Asthma (per maternal report)

Axis IV: problems with primary support group (absence of father), educational problems (behavioral problems at school), problems with peer relationships

Axis V: GAF 58 (current)

Functional Assessment

Describe the claimant's abilities and limitations in acquiring and using information relative to the functioning of typically-developing children of the same age.

Tony is able to converse appropriately with an adult and use vocabulary that is descriptive and appropriately responsive to direct questions. He readily understands oral instructions given in basic language and does not require repetition. He can participate in all conversations and provide organized oral explanations. He is easily able to learn and retain new information presented in a one on one setting. In a group setting, he will have some difficulty with retention due to his distractibility and will require more redirection to sustain focus on the task.

Describe the claimant's abilities and limitations in attending to and completing tasks relative to the functioning of typically-developing children of the same age.

Tony is able to pay attention and respond to direct questions from an adult in a one on one situation. He will have difficulty sustaining attention for prolonged periods of time and will need redirection from adults to refocus and complete assigned tasks. For example, he got out of his seat to look out the window in the midst of the interview but responded promptly and good-naturedly to interviewer's instruction to return to his seat. Additionally, he interrupted the conversation on four occasions to ask about objects in the office. However, he returned to the task after getting responses to his questions. In a group setting, Tony will be prone to interrupt peers by showing high levels of activity, distracting verbal/physical behaviors and frequent movement from his desk. Tony will need higher levels of supervision and prompting to complete daily tasks due to his shortened attention span and impulsiveness.

Describe the claimant's abilities and limitations in interacting and relating with others relative to the functioning of typically-developing children of the same age.

Tony is capable of being cooperative and pleasant during one on one interactions with unfamiliar adults. Tony is able to sustain a dialogue on topics of interest to him and also participate in conversation initiated by others. Tony demonstrates that he is able to listen to others, initiate topics and take direction from others during conversation. He is able to sustain relationships with people who are important to him, such as his mother and close friends. He is able to follow directions and express his thoughts/memories using appropriate language. He will have difficulty with group peer interactions due to the inherently high level of stimulation in such settings. He will need frequent prompting and redirection in those settings due to his poor impulse control and high level of distractibility. In this one on one setting, Tony showed no negative emotion in response to redirection. It is likely, however, that he will become frustrated with repeated redirections in settings requiring sustained attention despite environmental distractions. Neither Tony nor Ms. Jones report incidents of disrespect or noncompliance with authority figures. It is therefore expected that Tony will occasionally show frustration with behaviors such as stomping feet, throwing things to the floor, sighing and complaining, but will not react with defiance or physical/verbal aggression.

Describe the claimant's abilities and limitations in self-care relative to the functioning of typically-developing children of the same age.

Tony can complete self-care independently, with some prompting to start the tasks and follow-up to ensure completion. He is independent in toileting, eating and is able to sleep alone. He is able to ask for help effectively when he needs it. Tony is aware of his mood states and can verbalize appropriate coping skills (e.g., knows that he can count to 10 when he is mad instead of yelling). However, like most children his age, Tony sometimes has outbursts of temper, frustration or sadness but these are short-lived and he typically transitions to the next task without significant decomposition. Tony has no history of explosive outbursts or emotional extremes; he shows the ability to manage acute emotional reactions without significant or prolonged distress.