Fresh Perspectives: Improving the Adult Disability and Function Reports through Behavioral
Science and Claimant Feedback

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Abstract

The initial claims process for Social Security disability benefits is complex and often misunderstood by applicants. Claimants for both SSI and SSDI benefits have to fill out numerous forms and recall detailed medical information in order to complete the claims process. This research study used both qualitative and quantitative data to explore ways to improve two important forms: SSA 3368, the Adult Disability Report, and SSA 3373, the Adult Function Report. Using focus group data and feedback, this study proposes revisions to language on both forms based on measured changes in participant understanding. Changes were made to make the forms easier to understand and more inclusive of non-physical disabilities, while encouraging an increase in accurate form completion.

**Background**

According to the 2015 Annual Statistical Supplement to the Social Security Bulletin, there are currently over 8.9 million disabled workers receiving payments from the Social Security Administration (SSA) through the Social Security Disability Insurance (SSDI or DI) program. Additionally, there are another 7.1 million people receiving Supplemental Security Income (SSI) benefits due to disability. This means that roughly five percent of the United States population is receiving disability benefits from the SSA. The 2010 census showed that "approximately 56.7 million people living in the United States had some kind of disability. This accounted for 18.7 percent of the civilian non-institutionalized population" (Brault, 2012, p. 5). With the disabled population growing and aging, it has become more and more pertinent that the path to benefits for qualified claimants is as efficient as possible- both for the applicant and the SSA.

**Research Problem**

As the spectrum of disabilities widens, the forms used by the SSA need to be reexamined to ensure that they encompass a vast array of disability types, and also to make them more efficient for disability examiners in adjudicating cases. This study acknowledges that there is a changing tide in the disabled population, as well as the challenges of those who support claimants in filling out their applications, and proposes new strategies for improving two of the initial application forms. The intent of this research is to find ways to make the material more understandable and more inclusive of all types of disability, while still providing the necessary information for SSA field offices and disability examiners. Improving these forms can lead to claimants providing more accurate functional information that will aid disability examiners, thereby reducing the average adjudication period.

Applying for SSI/SSDI benefits can be a confusing and arduous process for many individuals, especially those applying without the help of family members, professionals, or advocates. According to Social Security Administration Outcomes of Applications Report, from 2001-2010 an average of only 28 percent of initial disability applications were approved (SSA, 2011). While claimants who have been denied can request reconsideration, and eventually a hearing if they continue to be denied, each of these stages is time consuming for the claimant, SSA field offices, and disability examiners. A 2006 study states that "many applicants who eventually prove to be eligible must go through a very long period—a year or more is not uncommon—when they do not know even whether they will receive benefits" (Stapleton, O'Day, Livermore, & Imparato, 2006, p. 709). A long waiting period has effects not only on the budget of the SSA, but on the finances of claimants and their families.

Understanding and improving the disability application process is important for multiple stakeholders. Through better understanding of how to fill out necessary forms, applicants can give more complete reports with more accurate functional information, in turn reducing the amount of time examiners at Disability Determination Services (DDS) will have to spend on the case. This will also reduce the wait time for the claimant and anyone who may be dependent on their income and benefits.

**The Importance of Behavioral Science in Form Design**

Throughout businesses and government agencies, the field of behavioral science has helped us understand how we can build more intuitive programs and forms. In September of 2015, President Obama signed an executive order mandating government agencies to use behavioral science insights to "better serve the American people" (Gino, 2015, para. 1). Through this executive order, the President formed the Social and Behavioral Sciences Team (SBST)- a group of behavioral science experts that work to simplify program and form design to best fit the needs of the American people. Their mission statement follows closely with the premise of the research in this study: "accessing and using programs should be intuitive. Information and choices among program options should be clear. Forms should be simple and easy to complete" (SBST, 2016, para. 2).

The principles behind this research study align with the newfound policy trend of using behavioral science to guide program and form design; specifically, using feedback from claimants and disability advocates to understand the barriers in accurately completing these forms. The SBST team, in explaining why their work matters, states:

> Americans can only realize the benefits of these programs if the programs are easy to access, understand, and use. Research from behavioral science demonstrates that seemingly small barriers to engagement, such as pages of unstructured information, burdensome applications, or poorly presented choices, can prevent programs from effectively reaching the people they are intended to serve. An effective and efficient government must, therefore, reflect our best understanding of human behavior — how people engage with, participate in, and respond to policies and programs. (2016, para. 5)

The goal of this study is to understand how feedback provided by claimants, advocates, and professionals in the field can inform the SSA of ways in which they might improve the disability application process to better reflect the needs of the people, and also create a more efficient process for the SSA.

**The Role of Poverty**

In a September 2015 data report, the SSA noted the importance of DI (disability insurance) benefits in keeping recipients out of poverty. The report stated that "as part of the social safety net, DI benefits help keep some individuals out of poverty. If DI benefits were removed from their income, half of disabled beneficiaries would have been in poverty in 2013 based on their family income level" (Characteristics of Non-institutionalized DI and SSI Program Participants, 2013). Similarly, a study on disability policy notes that "working-age people with disabilities are much more likely than people without disabilities to live in poverty" (Stapleton et. al, 2006, p. 701). The outlook is even worse for SSI recipients. The most recent data show that 41.9 percent of SSI recipients had family income less than 10 percent of the poverty line in 2013. Without SSI payments, the poverty rate for SSI recipients would have been 63.4 percent (Social Security Administration, 2015). In 2014 over 1.7 million children of disabled workers received disability benefits (Social Security Administration, 2014). These

figures paint a picture of how many people, and their families, depend on disability benefits to keep them out of poverty.

There is also a high correlation between low education and low-income for recipients and applicants, which, while unsurprising, highlights the likelihood for continued poverty without these benefits (Social Security Administration, 2015). This means that the stakes are quite high for these claimants, and that filling the application forms out completely and accurately the first time is essential in ensuring that they get benefits as soon as possible. Applicants could face shorter adjudication periods if the application forms can be made more efficient and understandable.

It should also be noted that these claimants living in poverty are often dependent on multiple federal and state assistance programs. During the adjudication period, these benefit amounts are likely to increase to ensure that a claimant's basic needs are met. Stapleton et. al (2006) note that "adding federal expenditures for housing, food assistance, rehabilitation, income assistance for families, assistance for veterans, and other programs for people with disabilities brings the total federal spending to approximately $226 billion: 11.3 percent of total federal outlays in FY2002 and 2.2 percent of the gross domestic product" (p. 705). Therefore, longer wait times can lead to an increase in spending not only by the SSA, but multiple other assistance programs.

**Relevant Studies**

While there have been studies that acknowledge the hardships involved in applying for disability benefits, from the vulnerability of applicants, to lack of social support and, ultimately, a lack of understanding as to how the process works, there is a dearth of data about how people understand the overall process and the necessary forms. Though the available research often focuses on specific groups- the psychiatrically impaired, cognitively impaired, or physically disabled- they all recognize that "applying for disability benefits can be a difficult experience for individuals with disabilities, not only because of the complexities of the program, but also because of their disabilities" (Green, Eigen, Lefko & Ebling, 2005, p. 29). Echoing this sentiment, a study considering how to redesign the disability process began by stating that "a claimant for disability benefits from SSA faces a lengthy, bewildering process" (Social Security Bulletin, 1994, p. 51). The literature has not, however, proposed concrete changes to the application process or forms themselves that could improve the process for both SSA and the claimant.

Throughout the literature there is an understanding that it is important to streamline the application process so that examiners may quickly review cases and gather necessary information. However, this has led to an application process not reflective of the vast array of disabilities and impairments experienced by claimants. In a 2004 study on how to research the disability process, the authors stated that "it is important to remember that disability encompasses varying types of conditions with tremendous differences in needs, capabilities, and limitations" (Olkin, 2004, p. 333). To this end, Green et. al (2005) point out that "in the early years of the SSDI and SSI disability programs, most individuals qualified because they had medical conditions that were included in the Listing of Impairments (the listings), a list of physical and mental medical conditions included in the regulations that are used to award the

most obviously disabled individuals" (p. 30). However, "the percentage of claims involving mental impairments and combinations of physical and mental impairments has increased dramatically over the years. These claims are more complex and difficult to adjudicate" (Green et al., 2005, p. 30). Similarly, the Stapleton, et. al (2006) study finds that "despite the emergence of the social/environmental model of disability, the two largest income support programs for working-age people with disabilities, SSDI and SSI, continue to reflect their historical roots and the discredited medical model" (p. 707).

This understanding that claims have become harder to adjudicate because of a shift in the characteristics of claimants highlights the need for more effective, understandable, and inclusive forms. Coupled with the President's executive order to utilize behavioral science and the creation of the SBST, there is a growing sense of urgency that we must improve the claims process for claimants, field offices, disability examiners, and the SSA as a whole.

## Research Design

### Recruitment Strategy

Recruitment for this study occurred in Montgomery County, Maryland. As one of the counties bordering Washington, DC, there is a great deal of diversity in the population. The recruitment period lasted for 30 days and included sending emails to contacts in the Department of Health and Human Services, posting fliers in public places throughout the County, and speaking briefly about the study at a local homeless shelter. Ultimately, 47 people were recruited and 18 were chosen to participate. The final selection was determined by compatibility of schedules, ability to meet twice during the study period, and demographic characteristics (to ensure representative groups). The participants were all put into a coded database that excluded names or any identifying information to guarantee that the final selection was based solely on the above listed factors. Participants that were chosen for the focus groups were sent emails with information about the sessions, what was expected of them, and forms for consent to participate in a research study and consent to be audio recorded.

### Group Characteristics

The 18 selected participants were split into three groups- persons with disabilities (also referred to as the claimant group), service providers, and informal disability advocates or family members of someone with a disability. These groups were meant to be illustrative of the types of people who often come into contact with the forms being studied. Since many claimants have trouble filling out these forms either due to their disability, a lack of understanding, or feeling overwhelmed, it was important to also capture feedback from service providers and family members. All groups had a mix of participants representing physical health disabilities and mental health or cognitive disabilities. Providers were asked to identify which group they most often worked with and to proceed through the focus groups with that population in mind. Participants were informed during recruitment that they would get a $50 Visa gift card at the end of the second meeting. This was designed to decrease attrition issues. As illustrated in the charts below, there was an overall diverse mix of race, gender, and education levels among participants. There was a higher percentage of females and those with college degrees, though this was expected as a majority of social service providers are female (Department of Labor, 2015).

**Table 1**- Participant Demographics

|  | **Gender** | **Race** | **Education Level** |
|---|---|---|---|
| **Group 1**- persons with disabilities | Male- 3 | Caucasian- 2 | Diploma/GED- 3 |
|  | Female -3 | African American- 3 | Bachelors Degree- 2 |
|  |  | Asian- 1 | Some Graduate School- 1 |
| **Group 2**- service providers | Male- 1 | Caucasian- 3 | Bachelors Degree- 2 |
|  | Female- 4 | African American- 2 | Graduate Degree- 3 |
| **Group 3**- advocates and family members | Male- 2 | Caucasian- 1 | Some College- 1 |
|  |  | African American- 3 |  |
|  | Female- 4 | Asian- 1 | Bachelors Degree- 3 |
|  |  | Latino- 1 | Graduate Degree- 2 |

**Table 2-** Participant Education Levels
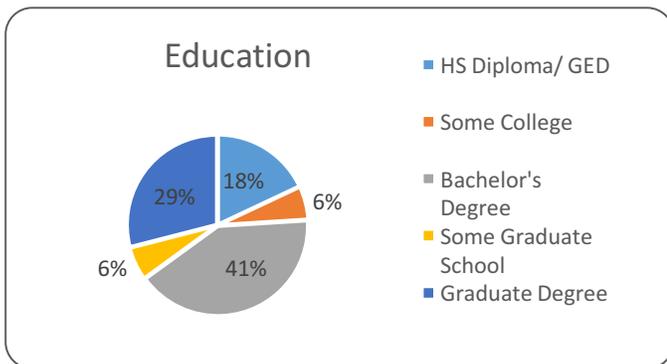


**Table 3-** Participant Gender
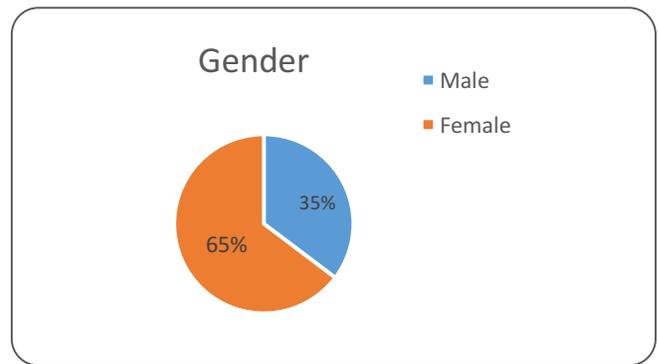


**Table 4-**

Participant Race
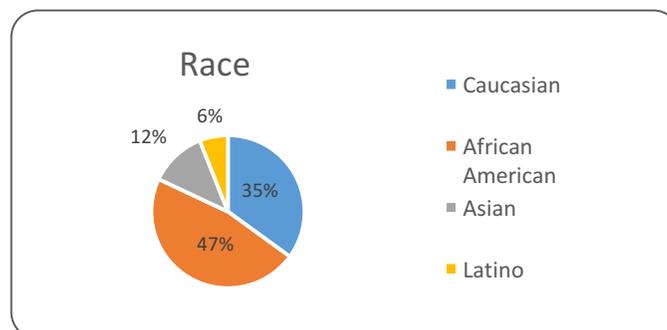
**Form Review**

The focus group participants were tasked with reviewing two important forms- SSA 3368, the Adult Disability Report, and SSA 3373, the Adult Function Report. The purpose of each focus group was to gather data on two issues: how well the participants understood the questions being asked, and whether or not they felt that the questions in each section adequately addressed their disability (for providers, the common disability type they worked with).

Participants were given instructions, both written and verbal on how to fill out the forms. They were asked to rate understanding for each section using a scale of 1-4. For the purpose of this study, 'understand' means not just comprehending the language used in the question, but also recognizing the purpose of the question as it relates to the disability application process. Essentially, to 'understand' means to grasp both the literal question and the intent in asking it. This was reviewed several times to make sure participants had a clear understanding of what they were scoring. The scale read as follows:

*1- I do not understand any of the questions*
*2- I understand some (less than half) of the questions*
*3- I understand most (more than half) of the questions*
*4- I understand all of the questions*

This scale was chosen as it was easy to divide the two middle values between less than half and more than half, and took away a default middle value for participants to use. The second question for each section read:

*Do you feel that the questions in this section adequately addressed your disability?*
Answer options: *yes, no*, or *unsure*

Participants were also asked to give feedback for any sections that they rated a one, two, or three. This meant that for any section with questions they did not understand, they were expected to write or give verbal feedback on what they did not understand. Overall, participants gave a large amount of feedback, though they did not always follow the instructions listed on the scoring sheet. The sessions were audio recorded so that both verbal and written feedback was captured. In most cases the verbal feedback matched the written feedback since participants shared what notes they wrote at the end of the meeting.

**Two Phase Design**

The focus groups were scheduled to happen in two waves. Each of the three groups would meet initially in the fall of 2015 (September or October) to do the initial scoring and feedback for both forms. During this time, all sections of both forms, 3368 and 3373, would be rated using the above scale. The researcher would read out loud each question while participants followed along. This was to ensure that all participants received the same information, as there may be some literacy or vision impairments with some participants. After scoring was completed, the researcher and participants would discuss questions they had and any sections that they felt needed more explanation.

        After the first phase of meetings concluded, the researcher aggregated the data to find the mean (average) score for each section. Sections that averaged a 3.5 or lower would be revised based on the feedback given during the group sessions and the revised versions would be presented during phase two. During phase two, the same scoring system was used and the data was analyzed to see if there was an overall increase or decrease in scores (understanding).

## Project Details

### Phase 1

        The premise of the study was explained to participants during the first meeting, though they had already gotten background information via informational phone calls and emails. Each group met for approximately two hours in September or October 2015 at a location in Montgomery County. While all groups initially had six participants, one person from the provider group became ill and was unable to attend, bringing the number of total participants to 17. There was one person in the claimant group whose impairment was blindness, so a research assistant was utilized to write down her feedback and scores, which were also audio recorded.

        In observing the groups, it was noted that there were two members of the claimant group who did not seem to fully comprehend the directions. While the directions were explained several times, these two participants filled out their scoring forms immediately, without hearing or reading any of the material and scored each item as 'four', meaning they understood all the questions. Both of these participants identified having mental health or cognitive disabilities in their initial participant information form. One of these participants seemed extremely agitated during the first meeting, which likely inhibited his ability to follow the directions. While this led to some skewing in the quantitative data, it is notable that these are some of the challenges claimants face in filling out the SSI/SSDI application forms, which are considerably longer and have more content to comprehend. This highlights the need for changes in form design to better accommodate people with cognitive and mental health disabilities.

### Feedback and Scoring

        After the groups met for the first time, the quantitative and qualitative data was aggregated and mean scores for each section were noted. There were originally four sections that met the scoring criteria for revision (3.5 or lower). However, since the data was skewed in the first group, the researcher noted that there were several sections that the other two groups rated consistently lower. Taking the average of all scores minus the two participants known to have struggled, there were a total of six sections that rated low enough for revision. Since there was also a large amount of feedback given on these two additional sections, even by those who rated them highly, it was decided that all six sections would be revised and re-scored. The six sections were as follows: SSA-3368 sections 3, 4, 6, and 8, and SSA-3373 sections C and D.

Examples of the feedback given for these sections is listed in the table below. This does not encompass all feedback, but captures common issues brought up by participants.

| SSA 3368-3 | If you have mental health disability, may be confused about "conditions causing pain" | The term "mental" condition is confusing…does this include intellectual disability and MH? | Pain should be clarified as psychological and physical (i.e. trauma). |
|---|---|---|---|
| SSA 3368-4 | With MH there is difficulty remembering dates. Should be a slot to say "do not remember" | I understand the questions but "work" has not been adequately defined. | 4B- language is confusing if you never worked; how can one know when the conditions prevented them from working? |
| | Asking for month/day/year is absurd. I would suggest more guidelines for determining month and year. Skip the exact date. No know knows that. | It doesn't cater to people with mental disabilities who may can't remember or even barely estimate the date of their disability. | Hard to understand "when did you make changes". Clients can have short-term memory and may forget actual dates. |
| SSA 3368-6 | What if one is still working (even to a minimal extent)? No Section to fully address work accommodations | Don't understand why they ask these questions…with my disability it doesn't matter | Questions seem to be primarily concerned with physical disabilities. Little to no relevance to functional limitations of MH disability. |
| SSA 3368-8 | Most clients don't know dates of visit- usually guess even month and year. | Change the language "mental condition" and "emotional and learning problems". Mental condition might sound like a brain tumor. | Formatted ostensibly to account for medical conditions; lists of tests don't include psychosocial (orientation to person/place/time), IQ tests. |
| SSA 3373-C | #6- Very general question- should be a little more specific. Routines could change based on that day (Mont, Tues, sun, etc.). | I'm surprised there is no question about drug or alcohol use<br><br>Nowhere does it ask can you read, write, or use a computer. | Daily routines can vary dramatically for persons with MH disabilities, particularly because they may lose time or be unable to recall activities. How specific should one answer? |
| SSA 3373-D | Need to include a release or explain why they need to have this information<br><br>Why are you asking these questions? Would make your stressful not knowing. | "how well do you…" is too open-ended. The applicant may not necessarily know whether to answer truthfully and it could lead to very subjective answers or extreme responses. | Q 20a- "get along with others"- come on, there are political figures and CEO's who are not disabled and can't get along with others- getting along has nothing to do with a disability. |

**Form Revisions**

Feedback given during the focus groups, including the examples listed above, served as the basis for revisions made to the previously noted sections. Even though language changes were made, the integrity of the questions remained and no pertinent material was removed that disability examiners would need in order to make a determination. Instead, most of the revisions added in language to better accommodate mental health disabilities, gather more functional information, and clarify expectations for providing dates. For example, several participants noted that it seemed one-sided for Question 3D in the Adult Disability Report to ask *"do your conditions cause you pain or other symptoms?"*, as they felt this was mainly geared towards physical disabilities. The revision in this case changed the wording to *"do your conditions cause you pain or distress that limits your ability to work?"*. A full list of changes is available in the Appendix, and significant changes are described below.

A key area of the forms that caused confusion was the amount of detail that had to be provided in answering questions and providing dates. Some participants signaled that they, or those they help with these forms, often leave dates blank when they do not know the full month/day/year. On the initial page of both forms instructions are given stating: "**ANSWER EVERY QUESTION,** unless the report indicates otherwise. If you do not know an answer, or the answer is "none" or "does not apply," please write: "don't know," or "none," or "does not apply.""

While these are clear instructions, they are listed on page one, which people often flip past without fully reading. This is similar to how we often accept electronic user agreements without fully reading them (Newitz, 2005, para. 3). In speaking to a behavioral science White House fellow on the SBST, she suggested that the instructions be broken down and offered in pieces for relevant sections. In this case, changes were made to add specific directions at the top of Section 8- Medical Treatment directing applicants to fill in dates (month/year) or write "unknown" if they are unsure. Applicants are more likely to see and remember this reminder at the beginning of this section, where they are asked several important dates, than if the directive was only given on the first page. Repeating and breaking down instructions can ease anxiety and confusion for claimants, hopefully decreasing how many questions are left blank, which can lengthen the time it takes a disability examiner to adjudicate the claim.

There were several major revisions which had a large impact on the study. Based on feedback given, the following improvements were made to improve understanding:

- "Mental conditions" was changed to **"mental health conditions (including issues with learning, comprehension, or development)"**.
- Dates were changed from "Month/Day/Year" format to **"Month/Year".** The feedback consistently noted that asking for the day is unlikely to garner accurate results and that the first of the month should be assumed to ensure that the examiner obtains all records.
- Guidance was given around f**ull-time work (30+ hours/week) and part-time (less than 30 hours/week)**. The questions about current work also included volunteer activities.
- A list of tasks/hours performed in SSA-3368 #6D was amended to add in several functional limitations of non-physical disabilities. These included: **interacting with others, maintaining focus on one task, and providing customer service**. Instead of hours/day

performed, applicants check how often each day they did these activities: **Never, rarely (less than 1 hour/day), Sometimes (less than half your workday), Often (more than half your workday).** This gave concrete guidance for those who may not remember the exact amount of hours, while still giving disability examiners information about how often tasks are performed.

- SSA 3368-8 was changed to give specific instructions at the beginning of the section regarding dates (answering to the best of your ability, asking others for help) as this was a main concern for participants. **IQ tests and psychological evaluations were also added under the "tests performed" checklist**. Treatment information formatting was also simplified.
- SSA 3373-C #6 was a prominent area of concern for participants. This was changed from "describe what you do from the time you wake up to the time you go to bed" to **"describe any activities you engage in, or places you go, on a typical day at the following times: morning, afternoon, evening/night".** This was a specific recommendation given by participants who found it overwhelming to ask such an open-ended question, and noted that for those with mental health disabilities there is a difference in a 'typical day' and their worst days. Asking the time of day is meant to prompt memory recall for typical activities.
- On SSA 3373- 20a, three items were added to the list of affected tasks: **Writing, Reading, Using a computer**. This was reflective of what participants felt were necessary tasks in most jobs, and reflected limitations for multiple types of disability.
- Most questions on SSA 3373 were revised to add the following at the end of the question: **"Has this changed because of your illnesses, injuries, or conditions? Yes (what changes did you make?) or No".** This information helps a disability examiner quickly discern if the yes/no answer is due to the applicant's disability, or an existing condition unrelated to disability.

**Phase 2 Results & Findings**

The groups all met again approximately six months from the initial meeting and were given the revised forms to rate (using the same scoring sheets and same directives). There were three participants who did not come to the second phase of meetings. Two are believed to have moved out of the area and one was a homeless male staying at the shelter who found employment and was unable to take time off from work. The 14 remaining participants were given a $50 Visa gift card at the end of the second meeting.

Overall, the participants were very receptive to the changes, with several people noting that it "felt less overwhelming" and "seems easier than before". They also noted that the changes addressed physical and mental health disabilities and made the limitations for people with mental health disabilities clearer. The change that was most commented on was the shift from month/day/year to month/year in questions asking for dates. Providers felt like this was easier for them to help clients with, and claimants felt that it took the pressure off of them. Several noted that they worried about giving false information when they had to list the specific day and did not know it, and this change made them feel more at ease.

In comparing the average scores for each section before and after revisions, five of the six sections saw a positive change (an increase in understanding). Of these five, the largest change was for section 3368-8, Medical Treatment. Again, the feedback noted the change in date format

and also the addition of IQ test and psychological evaluation. The average for this section went from 3.44 to 3.92, signaling almost complete understanding.

Another area of significant positive change was SSA 3368-6, Job History. The average scores for this section went from 3.13 to 3.57. The main changes in this section, which were noted in the feedback, were the addition of several items to the task list that would be more related to mental health or cognitive disabilities, and the breakdown of time (never, rarely, sometimes, often) for how often the tasks were performed. Again, this gave more guidance and participants felt that they were more likely to give correct answers than having to guess how many hours/day they performed tasks.

In breaking down the scores by group, several findings were noted. The provider group saw the biggest changes in average score (twice that of other groups) and rated each section higher after revision. This is likely because of how frequently they come into contact with the forms and their intimate knowledge of even small changes, where claimants may have only seen these forms once before.

The claimant group saw the smallest increases in understanding, and two sections showed a decrease. This could be related to the two participants who had comprehension issues during the first meeting; however even when their scores are omitted there is still a decrease in understanding in sections 3368-3 and 3368-4. Little feedback given on these two sections by this group, though they noted that they did not understand why the form (section three) asked for the stage and type of cancer, but not any other condition. This was a common theme throughout all of the groups, with at least one participant in each group mentioning the issue. Interestingly, this was not a revision and the language remained unchanged from the original form. It is possible that when initially reviewing the forms the participants were taking in more information and did not notice this, but noticed it more once their focus was narrowed to six sections.

The following graphs show the change in average scores by section for the entire participant pool, and then by gender and education level.



Average Section Scores- All Participants

(Legend: Before Revisions, After Revisions)

**Average Scores- Female Participants**
n=11

**Average Scores- Male Participants**
n=6
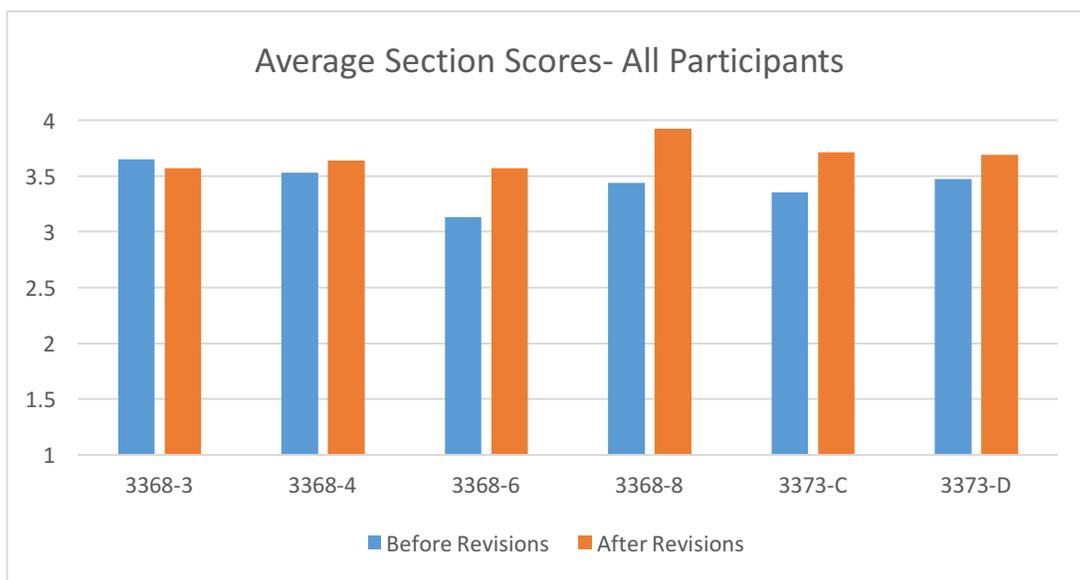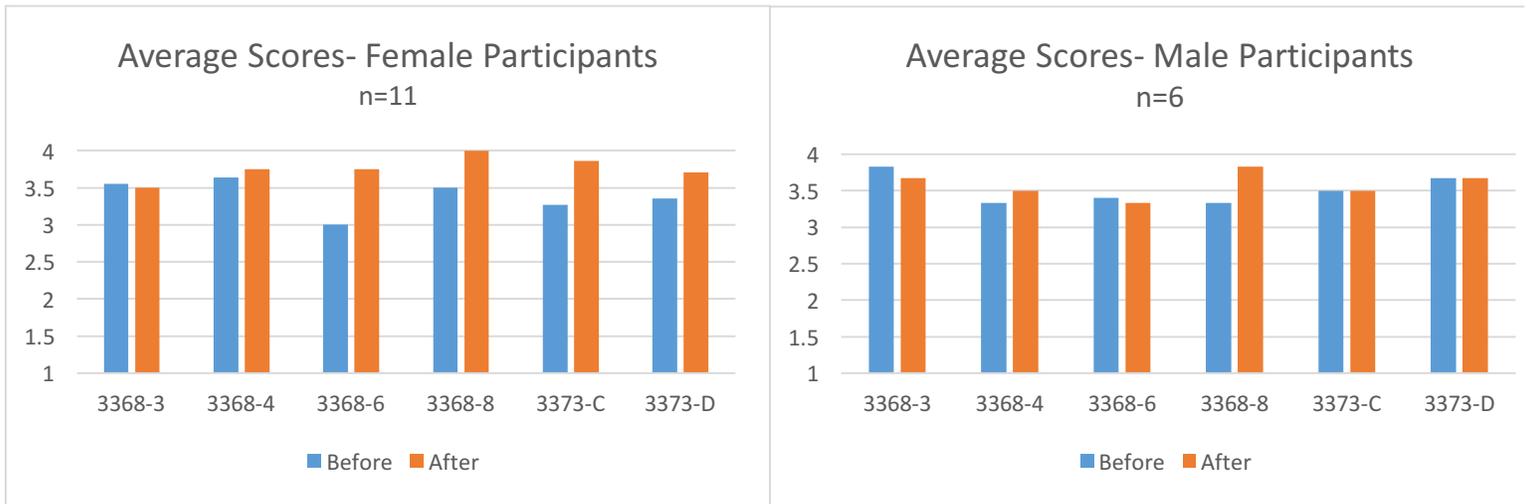
In the comparison of average scores between males and females, there is a clear distinction that females rated the revised "after" version higher consistently, while males showed very little change, with the exception of 3368-8. It should be noted that there were almost twice as many females, and that two of the six males were the participants who had comprehension difficulties, potentially skewing the data.

**Average Scores by Education- Less than Bachelor's Degree**
n=4

**Average Scores by Education- Bachelor's Degree and Above**
n=13
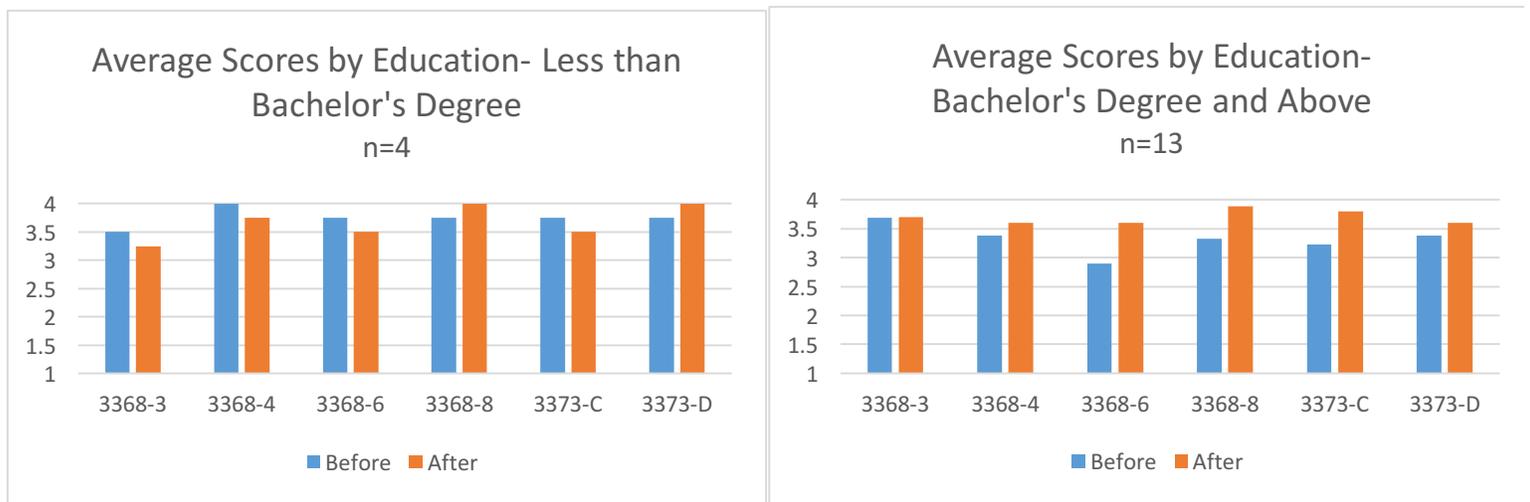
Again, there is a notable difference between these two groups. While those with lower education levels rated almost every section lower, or with no change, this only represented four of the 17 participants. Again, two of these four were the males with comprehension issues. There is a clear correlation between low education males and lower rated understanding.

Most importantly, there are trends that show up in each of these breakdowns. In every analysis SSA3368-8 shows improved understanding after revision. This was also the section with

the largest overall improvement in understanding. SSA 3373-D also shows consistent improvement on a smaller scale.

Analyzing the before and after data in this study shows that participants valued the revisions and had an overall increase in understanding in five of the six sections. While there were variations between groups and demographics, there was a significant positive change for SSA 3368-8, where the major changes included changing the date format, simplified instructions, and expanded test options. The changes in 3373 were also generally positive, which reflects a greater understanding when the form prompts more detailed information about changes in abilities, and when tasks related to mental and cognitive health disabilities are explicitly addressed.

**Recommendations**

The focus group format was extremely helpful in this study as it gave a basis for quantitative but also substantive qualitative data. The communication within the groups was free flowing, which led to participants feeling comfortable offering feedback and suggestions. The following recommendations for future policy changes stem from participant feedback and other relevant studies:

- Since this was a small study, it would be extremely valuable to run more focus groups to see if similar results occur. While having a small group can be a limitation, a substantial amount of feedback was given. Large groups may not be conducive to the intimate discussions that this allowed, so groups should remain small (less than 10).
- There are some questions that the SSA will legally not be able to change, so it should be noted that not all suggested revisions will be plausible. Additionally, it will be important to get feedback directly from the SSA regarding what questions they can or cannot change and reactions to proposed revisions. A final product that includes contributions by the SSA should then be rigorously evaluated to measure the same outcomes as identified in this study.
- Participants often noted that the revisions made things clearer by giving more concrete language that claimants can understand (i.e. saying "before taxes" instead of "gross wages"). A form review by adult education specialists would be helpful in determining which language is too complex for basic readers. This is especially pertinent given that 55.3 percent of DI beneficiaries have 12 or less years of education (Social Security Administration, 2015).
- Throughout the study, in all groups, there was consistent feedback that mental health needs to be considered more when developing these forms. This is a group that already feels marginalized for having 'invisible disabilities'. First steps can include the suggested revisions to the task and functioning lists to incorporate non-physical functional limitations, like not being able to focus for long periods or interact with others.
- With the push by the Obama administration to utilize more insights from behavioral science in program design, it is recommended that the SSA partner with the SBST or similar behavioral science firm to review ways to make the forms more user-friendly and efficient for SSA and DDS workers.
- The study applied behavioral science by breaking down instructions into smaller pieces and placing them at the beginning of the sections (especially for complex sections such as 3368-8) instead of only at the beginning of a form. Repeated, simple instructions help prompt applicants and focus their efforts. Since 3368-8 was the largest improvement this study saw,

it is highly recommended that this change be incorporated by the SSA into these and other forms of this length and detail.

- While there are many possible changes, any revisions in language or the applicant process that make the forms easier to fill out accurately and completely will save both time and resources for SSA, DDS, and the claimants.

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