SSA

Moderator: Doug Walker
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12:00 pm CT

Operator: Good day and welcome to the National Disability Forum Conference Call. Today's call is being recorded. We will be going live momentarily.

Douglas Walker: Good afternoon, and hello everyone and welcome to our Fourth National Disability Forum. Thank you for being here this afternoon, whether you're here in the room or joining us by phone. We appreciate you being here. The Forum is getting bigger and better and it's because of your participation. I'm Doug Walker, the Social Security's Deputy Commissioner for Communication. The National Disability Forum offers a valuable opportunity for us to connect and communicate with stakeholders such as yourself and we greatly appreciate that opportunity.

Staff at Social Security are working hard every day to improve disability policies and procedures. However, we need you to share your expertise, your experience, and your ideas so that we can continue to provide world-class customer service to people who rely on our programs. I'd like to extend a huge thanks to everyone here and on the phone for your commitment, diligence, and work that you do day in and day out to support people with disabilities. Your efforts and support help us tremendously.

I'd like to emphasize that your input is very valuable and contributes to developing and improving our policies and procedures. I have an exciting announcement to share with you. Our national my social security week begins on April 4th and will end on the 13th. April 4th through 13th is kind of

my social security week and a half. During this week, we're encouraging people to create a my social security account for a host of reasons, but the two main ones are first, we need to increase awareness about planning for retirement and how social security fits into every person's retirement plan.

Today, many people are entering retirement without complete and adequate information. If people start planning earlier, they'll be better prepared for life financially after employment. Second, we want people to check and verify their earnings history on their social security statement. Our benefit calculations are based on information in that statement and inaccurate earnings information in the statement could negatively impact workers and their families. Also, by checking their personalized statement, more workers will learn the about their other lifelong social security protections, including disability and survivor's insurance. And how often do you hear federal agencies to check us. Check us to let us know whether we have the information about you accurately on your statement.

And a third reason let me just toss in since it's tax time, you hear me say that the best way to make sure that someone doesn't hack your tax return is to file early. If you sign up for my social security account someone can't hack your account because you'll already be in it and have it secured. So secure your own my social security account as soon as you can and encourage your clients to do so as well.

Now, I'd also like to highlight a particular day during my social security week - Thursday, April 9th is Check Your Statement Day. So we invite you to check your statement that day. We're also organizing a thunderclap social media outreach on that dat. Thunderclap is a social media blitz where we ask you to sign on using your Facebook, Twitter, or Tumblr account and we will send a message out to everyone on that day, Thursday, April 7th that will go through your account if you do sign up. We do -- Thunderclap collects your account information. It doesn't keep it and we never get it. So we encourage you to sign up and join us on Thunderclap. We ask you to join that

Thunderclap and share information with your constituents, networks, and family members about my social security week. If your colleagues later want information on how to join the thunderclap, it's in your package. It's simple to sign up and again, we don't keep your information.

Now, to the reason we're here today. Today's forum focuses on assessing and developing medical evidence for extreme limitation and the ability to focus on tasks. We are exploring ways to improve how we develop and assess medical evidence for claims that indicate extreme limitations in attention, concentration, and persistence that result in ability to do work. This forum is related to and a continuation of the forum we held here last November on the role of vocational factors of age, education, and work experience in the adult disability determination process. The comments here by participants during the forum in November were very helpful.

In addition, we thank those of you who provided comments regarding vocational factors for our advanced notice of proposed rule-making. Shortly, you will hear from a panel of experts who have a wealth of knowledge and expertise on the employment and medical aspects of our topic today. The speakers represent government, academia, medicine, labor and we thank our panelists for being here today. And by the way, we want to wish one of our panel members, Kevin Liebkemann, a happy birthday and anniversary. Kevin, raise your hand. Thanks so much for taking your time to be here today and we certainly urge you to get out of here and get home as soon as possible. Don't get caught in the rush hour traffic getting out of downtown.

After the panel discussion, there will be a question and answer segment and for those of you on the phone, you can email your questions to us at nationaldisabilityforum@ssa.gov -- nationaldisabilityforum, all one word, at ssa.gov.

Following the Q&A, my colleague, Virginia Reno, the Deputy Commissioner for Retirement and Disability Policy, will provide some closing remarks. For those here in the room, there is Wi-Fi. You can log onto the Wi-Fi networks to access the internet. The name of the guest network is

GuestNEA, all one world. It's the guest network, GuestNEA. The password is diamond like the gem, D-I-A-M-O-N-D. Next, we will be live tweeting from today's forum, which includes taking pictures and posting them on our Twitter account. Does anyone here object to having your photo taken and posted on Twitter? Okay, thank you. I encourage you also to tweet and post throughout the event using the hashtag ssandforum, all one form, hashtag ssandforum. And also the hashtag disability.

We also invite you to follow us on Twitter at @socialsecurity -- I'm sorry, @socialsecurity, and also @ssaoutreach -- @socialsecurity and @ssaoutreach. We encourage you to retweet our messages as well. And lastly, I invite you to comment on this topic today on our idea scale engagement site. Now, through April 15th, idea scale website is accessible from our NDF home page and the website address is socialsecurity.gov/ndf -- socialsecurity.gov/ndf. The web information is in your packet as well. I'm going to go off message here for just a second.

We heard you. We know this is idea scale is not ideal for everyone and I heard you and I know I'm not the only social security staffer that did hear that. Let me encourage my colleagues to always have an alternative. We created one for at least for today. We invite you to go to blogsocialsecurity.gov to see the blog. You can help enhance our disability process and add comments to that blog there. But I encourage us to be sensitive on getting that out.

With that, I'll turn the forum over to our moderator, Dr. Howard Goldman, Professor of Psychiatry at the University of Maryland School of Medicine. Thank you very much.

Dr. Howard Goldman: Thank you to Douglas Walker. Let me add to his welcome and get down to business very quickly. My job as the moderator is to keep everyone on task. I noted earlier there's a certain irony in that since that's the focus of our session today, about keeping people on task, and thinking about the relationship between medically determinable impairments that effect the

ability to attend or to concentrate and functional limitation in work and work like settings that keep people from being able to stay on task.

I've been interested in this very challenging and difficult area for 35 years, which in and of itself tells us something both about task persistence and also something unfortunate about pay. We've been at this a long time and as you'll see, there's much to be learned from our panelists about it. I just want to say a special thank you to the agency, the Social Security, for holding these forums. Every opportunity that the public, particularly an informed public, has to share with leadership and federal agencies is a great opportunity for doing a better job at policy making and over the years, social security has done a very good job in my estimation of providing such forums.

I'm pleased to also chair one of those forums at the Institute of Medicine, a standing committee providing advice to Social Security, and we have enjoyed our relationship and we think it's quite a productive relationship. I'm now going to get out of the way and other than keeping people on task, you'll hear little from me. Your binders already have introduced all of the speakers, given you sort of the playbook, and I'll just turn it over to our first speaker, Kevin Liebkemann.

Kevin Liebkemann: Hello, everybody. Can you hear me well enough through here? Let me get -- I'll just hold it then. All right, better. Okay, so I'm an attorney. I've represented hundreds and hundreds of disability claimants, and in the process of doing that I hear a lot about people going off task and I'm here to share with you the perspective of an advocate for people with disabilities, not only disability claims, but I also enjoy helping people find accommodations for work, people with disabilities, where it's possible to do so.

So what can make a person go off task? The list is longer than we could recite if we started today and ended at 3 o'clock. Many physical conditions, many mental conditions can cause a person to go off task. I give you a dozen examples on page two of my materials. Just to give you an idea, obviously somebody who loses consciousness goes off task. A person with a seizure disorder, a

person who can't -- who uncontrollably goes to sleep, someone who has severe pain, while they're experiencing that severe pain. And some of them, like the two examples I just gave you, are intermittent. They're not always present.

But there's other conditions which can cause a person to lose focus and go off task that are static. Certain mental disorders may impair a person's ability to maintain attention and concentration. Certain cognitive and developmental disorders can do that and so this gets to be a tricky problem. For the ones that are static, it's fairly easy sometimes to do testing. You can test a person with a static problem like that any time and you're going to get a pretty similar or close result, especially if you're testing attention and concentration.

Where the problem comes in, in disability adjudication, is what about those cases where the loss of attention and concentration are intermittent like the examples I gave you. Let me give you a few more, chronic bouts of nausea, someone who experiences episodes of severe mania. While they're having it, their attention and concentration might be extremely limited. When they're not having it, they might have no impairment of attention and concentration or very little. And so how do you catch that? The other thing is, people can be off task at work secondary to problems that aren't related to attention, concentration, or focus and on page 10 of my materials I give you some examples there.

What if a person needs to periodically administer medical treatments during work hours, like nebulizer treatments for asthma or a diabetic checking their blood sugar? Or what if they need to leave work unexpectedly for medical treatment? What if they have a medical treatment regimen that wouldn't fit into a five day a week, eight hour a day job and they'd be missing work? They're off task, maybe not because of attention or focus, but they're off task.

There's certain symptoms that might not affect attention and focus that can take you off task, urinary frequency and urgency, if they can't fit it into regularly scheduled work breaks. Someone

who needs a sit, stand, or walk option and they have a fixed workplace and they have to get up and move away from it. They're off task when that happens. So there's just all of these things, some of them related to attention and concentration, some of them not, that can take a person off task in the workplace.

So what are the challenges then with these intermittent off task cases? You can do psychometric testing, but if the test occurs when the person isn't experiencing that intermittent system will it accurately capture how impaired the person is when they're experiencing that system? Probably not, so that's a big problem. That means you can't rely solely on test results in these cases. Also, most treating sources don't directly document the fact that a person has an intermittent problem with being focused and on task. If someone's getting treated for a back problem that sometimes produces severe pain, you're not going to find off task in the medical progress treatment notes. You're going to find a note about the severe pain and that needs to be somehow translated into whether the person would be off task during certain times.

Also, the current rating system that the agency employs for the ability to maintain attention and concentration on task uses a scale that goes from new impairment to mild, moderate, marked, or extreme and that's very useful for the static cases. But for cases where you're going off task intermittently, it doesn't track how often you're going off task so it currently is not sufficient to really track how often some of these symptoms would cause a person to go off task. In other words, my example of a person having an anxiety attack. Maybe that happens frequently and the person is off task during the anxiety attacks, but when they're not having the anxiety attacks, they may have very little focus problem. How do you rate that on this scale of none, mild, moderate, market, extreme? It's not easy to do so because none of these categories specify how much time a person will be off task.

So what's been happening? How is Social Security handling this problem? At least at the hearing level, adjudicators are sometimes coming up with a percentage of time off task due to symptoms

like this, in addition rating the deficit on this scale and that's happening at the hearing level but it's not happening really at the initial and reconsideration levels, the first two claim levels. But one of our recommendations has certainly been that it should be incorporated there as well.

So next I'm going to move on to what are the employer tolerances and limits for time off task. It's important to recognize when we say what's the standard for disability for Social Security. It's whether you can do substantial gainful activity, okay. That's going to be relevant to this because what does that mean? That basically means competitive non-accommodated, non-sheltered work that's full-time with one small exception. That's what it means. So what we're talking about there is can a person hold down and sustain a five-day a week, eight hour a day job.

So when we're talking about employer tolerance and limits for that kind of work there's actually a lot of information out there. What I was able to find, and it's in my materials, is literally I think over 1,000 reported federal cases where there's vocational expert testimony cited in the cases, and you can look them up on the internet freely, citing vocational testimony about what the employer tolerance limit is for time off task.

And when I went through a lot of these cases, what I found is the majority opinion is basically that 10% to 12% of time off task is the employee tolerance limit, especially in an unskilled workplace, and most cases come down to whether you can do unskilled work -- 10% to 12%. There was some outliers that put the percentage as high as 20% if you look at the cases and analyze them. And there's some that put it a little bit lower, but 10% was the substantial majority of vocational expert opinion.

There's also a line of cases that point out that if you're caught off task in non-break times that some employers will employ progressive discipline. In other words, there's certain times that you would be working that's not during the scheduled break times and if employers see you often enough off task during those times, they'll start a progressive disciplinary process, which at its

most lenient might be an oral warning, a written warning followed by a follow warning and then job termination. So the other thing we look at is, is this process getting triggered by people who are off task.

Finally, there's another way of looking at it and that is how often would a person actually experience a day absent from work and there's numerous cases reported, hundreds of them if you look them up, citing vocational expert testimony on this threshold. And that threshold is that it's about two days or more per month if a person on average was absent two days or more per month, they likely could not sustain employment, especially in unskilled work. And there were some outlier opinions that said more than one day per month, some that said three or more days per month, but most cases it was two days per month.

All right, in that tolerances are particularly strict for unskilled and non-exempt work as you might expect. It's particularly troublesome if the time off task or day absent cannot be scheduled and a lot of the symptoms, you can't schedule when you're going to have an anxiety attack or you're going to suffer severe pain. Things like that which can't be scheduled are much harder for employers to tolerate. Actually, in my materials I found some policies on some of these things, which actually seem to -- from large employers -- which actually indicate it seems to be more strict.

So our conclusion, to sum up and finish, basically Social Security and claimants could benefit by using this time off task and days absent analysis if it was extended to initial and reconsideration claims as it's currently being done with administrative law judges, it would be helpful for disability claimants and also allow Social Security to adjudicate these cases and approve the meritorious ones at earlier claims levels helping to relieve the backlog at the administrative law judge level.

Dr. Howard Goldman: Thank you, Kevin. Thanks for staying right on time. We will, as has been noted,

have plenty of opportunity to ask questions and we'll have formal responses to these remarks but

we'll move right along to hear from Kristen Monaco.

Kristen Monaco: I don't think I can hold the mic, and the clicker, and my notes. So I will try to lean in. If

there's problems hearing just raise your hand. So we have limited amounts of time today. I was

asked to sort of talk about the challenges and process for obtaining data from employers on

occupational requirements and I'm going to focus primarily on questionnaire design principles and

use some examples from the occupational requirements survey, which is the newest survey

conducted by the bureau of labor statistics under contract to the Social Security Administration.

So let's talk about the survey response process and I will admit that these next two slides are

entirely the intellectual property of my colleague, Scott Fricker, who's sitting over there. You can

wave. Tricky questions will be assigned to him. He's a senior research psychologist at the Bureau

of Labor Statistics. So let's say for now that we want to use a questionnaire or survey to collect

data from establishments. There's lots of work involved in setting up a new survey, sampling,

mode determination, et cetera. But for right now, let's focus on questions and questionnaire

development.

When we're thinking about a question and someone goes out and asks a representative from an

establishment a question, the responding goes through all these phases, right. So in encoding

we'll start with that, before the response actually gets back. So what we mean by encoding is, is

this information the respondent actually has registered either mentally, so does the respondent

know what you're talking about? Do they have access to that information either in their brain, or in

records, or some other form.

Comprehension -- does the respondent know what you're asking them and do all respondents

sort of understand this question in the same way. Retrieval -- can the respondent find this

information. Judgment -- so once the respondent retrieves the information, they have to sort of judge is this complete information they have to give to the interviewer, is their incomplete information, and how do I then translate this into a response where response is the process of mapping judgment onto a response category or giving an open ended response.

And so any time you think about the fact that you have a question you want to ask an establishment, you need to sort of work your way through this process and ask yourself the question, have I been able to identify the appropriate respondent and am I asking the right question in the right way. What are the constructs I'm trying to measure. Understanding all of these filters that happen before the response comes back from the respondent because if there's errors in this process, this is going to lead to data that might be unusable, even though you've thought carefully about the question that you want to ask.

And so here on the slide is a list of lots of problems that arise in answering survey questions and I'm not going to go through all of these. I'll highlight a couple. First if failure to encode the information ((inaudible)). So when we go out to establishments and we ask them information, we have to keep in mind that the person who's responding is in fact a proxy respondent, right. They are not the establishment. They are the representative of the establishment and they are answering on behalf of the establishment.

So think about if there's gaps in the information they have. Have they -- are they the right source to be going to. Then the second question you want to ask yourself about asking questions of establishments is that the respondents at establishments may think really differently about how to answer official survey questions. So for example, you're asking them questions about jobs at the company and they're very concerned possibly in the back of their mind about how this might impact OSHA enforcement process or how it effects firm policy as to how jobs should be performed, or just generally the reputation of the company.

So let's talk a little bit about the occupational requirement survey as a way of illustrating some of these sort of challenges and how we try to deal with them. The occupational requirement survey is an establishment survey. It's collected by trained surveyors who we call field economists. These are BLS employees and they're highly skilled. They're one of their training areas is to establish rapport with the respondents so they spend a lot of time trying to figure out how to get entry into companies, identify the right respondents, and how to approach them. They're trained in subject matter areas, but they're also trained intensely in conversational interviewing. So the type of interviews we do are not sort of what you generally would think of where there's a questionnaire, like when a survey calls you up at home, and we all answer those surveys when the people call at home, yes. Yes, good.

And so they're asking a question and we answer and then we check a box. What we're talking about is conversational interviewing where there's a back and forth between the respondent and the field economist, which can yield very good results because if the respondent is answering inconsistently of there seem to be errors, the field economist is trained to go back and probe, and make sure that they're understanding the question properly and the responses are sensible.

When we go out for the occupational requirement survey, we don't ask about every job performed at the establishment. We ask about a subset of jobs to keep respondent burden at a reasonable level, but we're asking about a lot of questions. So there's about 70 elements in the survey. They cover the gamut from the physical requirements of jobs, postural standing, sitting, kneeling, crouching, crawling, environmental conditions, extreme heat, extreme cold, humidity. Are you outdoors? Are you in high places. Specific vocational preparation, education, training, licensing, certification, and cognitive requirements.

And even among these constructs that seem sort of very quantitative in nature and well understood, there's still challenges that exist. And so I'm going to sort of give you some examples as we've been going through testing and production in the occupational requirement survey of

challenges that pop up and how we try to reconcile them. Sort of again things to keep in the back of your mind when you're thinking about questions that you may want to ask establishments about tricky aspects of work.

So the first we'll talk about is the physical requirements. So in addition to asking about whether the physical requirements for the job are present, do you have to kneel, crouch, crawl, we want to know the duration, okay. And ultimately the duration here is going to be translated into categories that are going to be needed by the -- potentially by the social security administration but we want to keep them as quantitative as possible because we don't want a lot of editing in the judgment and response phases. So if you go back to that original slide and we go through all the filters, we want the respondent to answer to the best of their ability the duration of these physical elements, and we want to be as flexible as possible in collection but keep them very quantitative in nature.

So we ideally want to know what -- how much time in a typical work day is involved in these activities, and they may know that. They may not know that. They may know percent. So instead of saying I know it's two hours in the typical work day, they might say it's 25% of a typical work day, right. We need to be flexible in collection to allow for that. If they can't give us an exact amount but they can give us a range, we let them give us the range, right. So we work with them. Ultimately, these are going to categories such as occasional frequent, or constant but instead of offering those categories to the respondent and letting them sort themselves and use their judgment that way, we want their quantitative response that we can then source into those categories.

The cause and developments also pose challenges. There's a question on pace of job, how fast is the job performed, low, moderate, or fast. As you can imagine, all of these have definitions associated with them but perhaps categorizing a job as low has negative social bias, which even though the intent and the measure is solid, if a respondent is unwilling to say that their job is slow, this can be a problem and lead to problems in data collection. So as we have gone through, we

have come up with strategies to make sure we're not using loaded terms, terms that have response bias. So ask yourself as you want to construct new questions is there social bias inherent. Is that going to pose a problem in collection.

A second example, which is an example of the comprehension is a question on level of supervision. So there is a question about how -- what level of supervision is required of this job and it wasn't immediately clear to either the respondent or the field economist whether that meant do I in this job have to give a lot of supervision or do I receive a lot of supervision, right. So there's a comprehension problem. We want to make sure the respondent understands the questions and they all understand them in the same way. And once we cleared that up, the question then becomes what does supervision mean? What are the dimensions or the features of most relevance when we say supervision? Are we really asking about is the work checked? Are we asking about does your supervisor give you feedback, right. Thinking about how to define these as specifically as possible given what is needed for the data element to actually be used.

So basically, the goal here was to give you a little food for thought on the process and challenges involved in collecting information from establishments, especially what I would call challenging information that they're not typically used to answering. Thanks.

Dr. Howard Goldman: Well, thank you to both our presenters for staying on course. Gives you a challenge, Melanie. You're up next.

Melanie Whetzel: Okay, thank you and I do have a lot of slides and I have a lot of information. I wanted to make that available to you all. I'm going to be kind of zipping through it pretty quickly and just do some highlights. I'm going to be talking about the Americans with Disabilities Act. I appreciate what Kevin was saying about progressive discipline because under the ADA, an employer does not have to reduce a performance or a production standard. They can if they choose to but

they're not required to do that. But what they are required to do is accommodate someone to help meet that production or performance standard.

And my job here today is to talk about accommodations, and so I chose eight different areas that would be a problem with people who have difficulty with attention, focus, and the first one is concentration. And of course, people are going to have difficulty with distractions. That's the main thing I want to talk about under concentration. If you can reduce distractions in the workplace, auditory and visual, a private office would be the best thing if that's possible. That's not always possible. So you think about what would be the next best thing. The next best thing would be maybe a cubicle with taller walls. Sometimes people have low walls. They can see everybody walking past. It doesn't keep the sound from coming in. Maybe taller walls. Maybe a cubicle with a roof or a lid, sound absorption panels can help.

Is the person located in the middle of a sea of cubicles, can they be moved to the outskirts where they don't have people surround them, where they don't hear all of that? Can they be moved somewhere else entirely? And here's a good place to talk about working from home. Even if an employer doesn't have a formal telework policy, they can allow an employee to work from home as an accommodation, and all accommodations are done on a case by case basis.

And so you can do that for one person that you don't do for others. You can make a policy change for someone with a disability and allow them to work from the home. You can do that on a trial basis, say, you know, we're not sure if this is going to work. Let's try it for six weeks, two months, however long would be a good opportunity to see if the person can work from home. A lot of people -- statistics show people can be up to 20% -- 27% more effective in working at home because they can control their environment.

Okay, memory. If you can't concentrate and focus, you can't process information, you're not going to be able to remember either. So let's look at some accommodation ideas for memory. Provide

written as well as verbal instructions, a lot of written notes for someone to go back to. Written minutes from a meeting can be very helpful. Written checklists to just check off, you know, when they've done tasks that they need to do. The use of a calendar can be very helpful to people and have other people have access to that calendar as well to help them manage that calendar. Allowing additional time for training, having a job coach or a mentor, someone that can answer questions for someone can be very helpful as well. The use of notebooks or sticky notes. I had a colleague once who had so many sticky notes they started across his computer and ended up clear across the wall. Of course, that's not going to be effective. But the use of strategic sticky notes can really be helpful.

Okay, here we have organization and prioritization. Of course, if you have difficulty staying on task and attention issues, you're going to have difficulty with organization and prioritization. And so a lot of visual accommodations can be helpful. Developing a color code system and that can be as simple as colored folders, colored paperclips, markers, sticky notes, and it's advised to use the same color coding system throughout so the person gets used to that and can recognize it quickly. Charts, a weekly chart, a daily chart if the job changes from day-to-day. If you do the same exact thing every day, you may just need one chart, one task list. If you have different jobs on different days then you may need more than one type of a list.

A job coach can be really helpful. A workplace mentor as well can be really helpful, someone to help the person show them how they do their job, how they -- some tricks they might have, maybe some short cuts. Provide a cheat sheet of high priority activities, projects, and here's a really important thing too. Identify areas of improvement for employee in a fair and consistent manner and be concrete. We talk to employees who will say my employer told me I need to improve. Well, if you don't know what you're doing wrong or you don't know what you're having trouble with, you can't really correct that. And so you really need to be concrete with someone and say, for instance, your reports needs to be done on the 15th of every months instead of saying you need to improve on your report writing.

Okay, and here we have some ideas for multitasking and multitasking can be really difficult. If you have difficulty with focus and attention, and you have difficulty doing one task, multitasking is going back and forth with attention and that can be very difficult. If it's possible to separate tasks and only do them one at a time. That's not always possible in jobs and so maybe creating a flow chart where somebody -- and color coding that so somebody can see what tasks they're supposed to be doing. And even training them specifically. I know these maybe sound like simple answers, but just training someone on how to answer the phone and talk on the phone at the same time they're doing something else, and maybe allowing them to become competent at one task before you add another task into that.

All right, paperwork. Paperwork can be very difficult and very overwhelming. If you can automate the paperwork by having electronic file. If someone can do a text to speech -- or speech to text and input data by dictation that can be a lot quicker. They can sustain their attention a lot better. Maybe just a checklist. Instead of having to write out a lot of different things can there be a check list they can go down and check. Redesign commonly used forms so they're easier to read and easier to use, and even color coding those forms can be helpful as well.

And time management can be a nightmare for people with attention problems. Sometimes they can't measure how fast time goes. They can't estimate how long it's going to take to do a job. Even with help, saying okay, you're going to need 20 minutes to get this finished, they may have difficulty staying within that timeframe. So dividing large assignments into smaller tasks can be helpful. Setting a timer with an alarm. There's an app called Time Timer that goes around in red and it's very helpful for some people and other people it kind of just freaks out because they see the time disappearing and they're not getting their work finished. But there are lots of apps that can help with that, wall calendars. Again, color coding can be very helpful.

And heightened stress and emotions, that can really affect people in getting their work done, tasks completed, and some accommodation ideas for that are to allow a call to support people. Maybe encourage the use of stress management techniques. Assign a supervisor or a mentor to help in times of stress and here I want to mention this is listed several times in the slides, a flexible work environment can be really important to people. It can give them flexibility. It can give them a short break. They can get up, move around, they can refocus their attention. And then fatigue -- of course, fatigue is caused by a lot of different things and reducing, eliminating physical exertion can be helpful, ergonomic workstation. And again, flexible scheduling, working from home.

Okay, I have a couple of examples I want to go through of some accommodation. These are real life situations that these are the kind of things that we deal with at JAN. We get calls and we come up with solutions. This is a retail employee with ADHD who forgot closing and cash out procedures, which resulted in missed printouts of daily sales reports. And so the employer created a numbered checklist that identified each step for proper closing procedures and identified which reports to run from the cash register. And the good thing about this accommodation was that it helps all employees, not just the employee with ADHD.

Here we have a newly hired financial aid counselor at a college who felt she could perform the essential functions of her job, but she was going to have difficulty with the training and she had short-term memory and focus issues due to a traumatic brain injury, and she didn't think she could get through the training. And so she was accommodated with extended training, a more relaxed schedule. She was provided extra time with a trainer as well as materials to take home to study, and then she had an extended timeframe to complete each module.

Here we have an employee who worked outside and he was trying to help himself use his phone and it was successful, but his employer came by, saw him on the phone, thought he was being off task and says no, you can't do that. And so we came up with a -- there's a watch -- there are lots

of watches with timers, but there's one in particular that you can set like 29 times. He could set the watch that the task that he needed to do would come up on the face of the watch. He could have a task list of what he needed to do, estimated time of how long it was going to take, and use that watch and be very successful.

Here we have an administrative aide with PTSD who had difficulty taking notes in meetings while trying to focus on what was being said. And for some of us taking notes is no problem, but when you think about it you're listening, you're writing, you're listening to what's coming up next. It takes a lot of concentration. And so she was provided with a smart pen that recorded the meetings and then she took brief notes.

Okay, and I've just got one more quick one and this is a housekeeper with obsessive compulsive disorder so just checked and repeatedly checked each room for supplies, and so she wasn't getting the number of rooms done that she needed to. And the employers provided her with a computerized checklist for each supply listed and the type of room, and she was able to go over that and look at that, it helped speed her up and gave her confidence in order to get her work completed.

Okay, and here's our information if you have questions, if there's any situation that JAN can help you with. That information is included in my information.

Dr. Howard Goldman: Thank you very much. I really hadn't expected to learn so much about how to do my own job better in these presentations and nobody was freaked out by the time clock. You may have noticed that the focus of these three presentation was on job performance, issues of limitations, and a way to accommodate the limitations. The challenge for Social Security and the disability determination process is relating job related functional limitations and performance problems with medically determinable impairments. The next set of presentations will begin to

introduce thinking about linking up conditions and medically determinable impairments to functional limitation.

We'll hear first from Debra Lerner who has done quite a lot of work with interventions to improve workplace performance and we'll give her a chance to comment on the three presentations. Debra?

Debra Lerner: Hello, and thank you for the opportunity to address the audience. I would like to talk about -- I'm not really talking about the perspective of the employer, but rather the perspective of the workplace and what I've observed over the years. Much of the research that I've been involved with has addressed the impact of depression on working people and how we can help people to continue to function in the workplace more effectively and to be able to hold onto their jobs for as long as they would like to work.

And so there are two points that I would like to talk about. One is the validity of using this concept of off task, on task as an indicator of ability to work, and secondly, to talk a bit about what I've observed about employer responses to off task behavior. And I appreciate all of the presentations today because I think they were very effective in pointing out the great deal of variability that occurs in different jobs and in different workplaces and how hard it is to really evaluate what might work for someone and when being off task is a problem and may not be such a big problem, and how to support people.

So it's not an easy issue to deal with. So first I'd like to start out by saying that from my point of view there's no question that deficits in attention, concentration, and persistence are obviously related to mental disorders. But these sorts of problems make it very difficult for people to function in a wide range of job roles and work situations. And so how do I know that? Well, for years we have been measuring the impact of health problems on people's ability to work in a wide variety of occupational roles and also industries, all kinds of job arrangements and we see

across the board that when people have problems with attention, concentration, and persistence that they are affected on at least four levels.

And one of those is time management, being able to sort of keep the pace of the work day, to work and take breaks at appropriate times, to sort of maintain the routine that has to be done in your allotted time period. The second thing is it actually also affects -- these kinds of problems also affect ability to perform physical work demands. For example, attention might limit a person's ability to hold a stationary position or to use a computer mouse, or whatever it is that has a physical dimension to it.

The next area is obviously mental demands of work, being able to work carefully, without distraction, to carry on a task from beginning to end when it's not really appropriate to interrupt that task and so on. Interpersonal demands, concentration, attention, persistence are related to difficulties working as part of a team, interacting with customers, interacting with peers, and so on. And finally, we see deficits such as these related to problems meeting output demands, and by that I mean meeting requirements for work quantity, quality, and timeliness.

And as somebody mentioned earlier, it's not only these problems sort of functioning while you're at work, which we call presenteeism, by the way, but the same sort of concentration, attention, persistence problems are also related to work absences. So from the standpoint of on task, off task measurement when you're absent from work you're clearly off task. When you're at work and having difficulty performing some of your functions at work you may be partially on task, partially off task, and it may be much more intermittent.

So from my point of view, the reason that off task performance is important and valid, and is because employers will see it as related to things that they value. And those things are job performance, work productivity, and safety. So from the employer point of view, I think that measuring off task performance just capture some of their concerns about the person's ability to

hold the job and perform well in the job. And so performance, productivity, and safety are three things that employers are going to be concerned about.

So I generally agree that this idea of having some indicator of time off task or off task behavior is certainly an important work limitation that can have a variety of adverse employment outcomes both for the individual who has this particular health problem, but also for the employers. So one of the concerns that I have is that it's not necessarily the most important indicator of work limitations, or is it sufficient to capture all of the problems that people may have.

So for example, when you have cognitive behavioral deficits of the type we've been talking about, they may affect your ability to commute or to fit into a team, or to work without necessarily doing things that others would regard as counterproductive during the work day. So I would just say that if off task behavior is included in some kind of assessment, it shouldn't overtake the others in terms of importance. That's sort of one thing.

So it's an imperfect indicator. So next point I'd like to make related to that is despite what I heard about some of the legal tests of what's a tolerable level of a time off task or off task behavior, whatever we want to call it, I do not know of any research that would directly support a cut point or an acceptable or unacceptable level of off task behavior. I do not think that there are any criteria right now that would suggest the person could not do any job in the U.S. economy. So I am pretty firm about that. There just is not any research that could tell us that. There may be some legal cases that provide some guidelines but in and of themselves, they are not going to provide the answer that Social Security I think might need in order to implement this.

And however though, as others have said, common sense tells us that the extremes of these cognitive behavioral impairments, these are going to affect time off task and that will make it very difficult for a person either to get a job or to keep a job. The bigger problem in implementing time off task as a criterion for workability or the ability to get a job or keep a job is that big middle

group, some of whom who have less severe manifestations or intermittent waxing and waning manifestations of the problem.

So it is also difficult to apply it as a criterion because many jobs are highly variable in their demands. They can be seasonal variability, daily variability, weekly variability. So we don't really know what's a good cut point for different types of jobs or a standard that we need to hold to, to say some level of time off task would be a problem and make it impossible for someone to work.

Now, the next question I want to address is how much off task behavior are employers willing to accept. And again, I cannot speak for employers but I can only tell you what I've observed. And so the first point I'd like to make is there's a difference between the official position most companies will have and the realistic actual situation that occurs. And again, I have many decades of experience observing what goes on in the workplace when people have mental disorders and are trying to hang in there and do their jobs, and sort of what happens and what it looks like.

So I want to say very clearly that there is a great deal of off task behavior due to health problems, including mental and physical conditions, impairments, and health risk factors. Obviously, given the choice, most employers would like to have high performing reliable employees, however the fact of the matter is that there is a great deal of off task behavior going on all the time in the workplace. And again, I want to refer to our questionnaire, which is called the work limitations questionnaire, which is a highly validated tool that's used all over the world to measure what we call presenteeism, in other words at work, functional problems that are related to health. And we also measure absences, which again as I said is a pretty good indicator of off task behavior.

So to give you some specifics here, we know for example that for employed people with major depression, the amount of the time employees with this disorder are limited in their work performance, for example time management, mental tasks, interpersonal tasks, output

requirements, is about 45% to 50% of the time with people to moderate -- with employees with moderate to severe depression symptoms. And those include things like difficulty concentrating. We also know that those performance limitations are associated with about 5% to 10% less output on average. So there's a large amount of productivity loss associated with that and that's tolerated every day by employers because roughly 7% of the U.S. -- of the working population will have major depression on any given day of the week. So those people are not necessarily being fired, they're not necessarily leaving their jobs. I mean they do have higher rates of negative employment consequences and more turnover, for example, and so on. They may earn lower salaries. There are consequences to be sure on average, but they are a large portion of the working population is off task for significant portions of the work week when they have chronic illnesses.

So while this is going on, however, it would be a mistake to conclude that employers are willing to tolerate off task behavior, because given the choice, obviously, they would elect to do something else. However, we also need to realize that there are some work situations, jobs and organizational settings, that it's much easier to be off task without serious repercussions for the employee or the employer and we've done quite a lot of work looking at specific jobs.

So I'll give you one example. We work with -- we have a project right now going on in the VA medical centers where we're working with veterans who are currently employed and have major depression, many of whom also have PTSD and some of whom have traumatic brain injury. And one of the very common jobs that we see is security guard. And we see very often that unless there's a challenge like a crisis situation where the person has to get up and intervene, and maybe stop someone from harming other people, or stealing something, or whatever it is, that in a security guard job, many people have the opportunity to be off task for long periods of time and nobody really knows. They can clock in or they can remind themselves to get back on task, but the consequences aren't as great in certain types of jobs.

And this is also true of jobs where people have a lot of autonomy to decide when and how to do things, what the routine should be like, and so on. So being off task in and of itself is not a problem. It's a problem when it relates to poor performance and productivity loss. And then the issue is so how much. And again, so much of this depends on the nature of the job demands, the amount of autonomy or control the person can work -- exert over their work, and the available supports. So when work is highly time sensitive or error sensitive, or there's a large human factor that can't be reduced by technology, being off task is going to be a bigger problem than in other situations.

The last thing I think I'd like to close with is to say that employers are putting quite a lot of money, and time, and effort into programs to help prevent health related losses and ability to work. And I have a role in evaluating these programs. I'm involved with awarding corporations who do a very good job in promoting employee health and functioning -- of the C. Everett Koop Award every year -- and so we look at a lot of different programs and try to find those programs that really are role models and can be quite effective.

At the same time, most of the day I spend talking to working people and counselors who are working with them to help people to function more effectively when they have depression. And what we've learned through many clinical trials and direct experience is that the types of programs that are currently available to employees with these problems in the work place -- where functional performance is limited and where we are trying to intervene to help people to function more effectively and to hang in on the job -- the current programs are not very effective. People need highly tailored strategies to help them address cognitive behavioral issues, they need modifications to their work routines and the work environment. Such as the kind that were described earlier.

However, what we have learned the generic one-sized fits all programs are not effective. That people need one-on-one kind of intervention and the intervention has to respond to the particular

conditions of the job and the work environment and the person. And so these are things that we already know. We know we can help people stay on the job, we don't know at what point that off task behavior is going to be a problem except at the very extreme levels. So, in closing -- I would just say that -- this something that I think is worth pursuing but will be very challenging to operationalize in terms of realistic standards. Thank you very much.

Dr. Howard Goldman: Thank you Debra. Before we go onto Beth Twamley's presentation -- Beth is the neuropsychologist -- and I want to kind of T up her presentation a little bit with the question back to you Debra Lerner. I thought I heard you say something that stoned me a bit. That you couldn't imagine a test of impairment of attention or concentration that would be extreme enough to preclude work?

Debra Lerner: No. No. I think that at the extremes that it would preclude working. I think the difficulty is when it's less than the extreme situation. And that's where it does become difficult because -- partly because -- it's difficult to measure how much off task behavior or time off task is related to those deficits. But also because we don't' really know whether that off task behavior is really going to be consequential to people in all jobs and all work situations.

So, there's a lot of sort of translation of what that off task behavior means. But at the extremes, I think we can come up with some standard. Yes.

Dr. Howard Goldman: Okay. I'm glad I pushed you to clarify because I thought you said something different than that. It threw me quite a bit.

Debra Lerner: No. No. Thank you for giving me that opportunity.

Dr. Howard Goldman: Let's turn it over to Beth Twamley. She's giving us a presentation about measurement. Beth?

Beth Twamley: Sure. Thanks Howard. And good afternoon everyone. Thanks for allowing me to join you by phone. And I'm a little under the weather so if I sound a little funny or cough that's why.

So, I was asked to talk about assessment of some of the medical evidence for extreme limitations and the ability to focus on tasks. And just to introduce myself a little bit, I'm a professor of psychiatry at UC San Diego and I also work at the VA in San Diego. And so I do research on cognitive training and supported employment. And then I also, I have a monthly neuropsychological assessment clinic at a very large homeless shelter in San Diego where we assist a lot of people in obtaining SSA benefits. And I was also part of the IOM report that I put a little picture of on my title slide -- which was last year -- called Psychological Testing in the Service of Disability Determination. So I'm going to be quoting from that report a couple times in this presentation.

So, let's go to the first slide and -- just broadly -- I think it's obvious from what we've heard so far that cognitive impairments can limit life functioning including the ability to work and that measured neurocognitive functioning is strongly related with employment status -- whether people are working or not -- across many, many disorders.

And if you look at the affect sizes though, they're not huge. They're medium sized in fact. So, executive functioning has an affect size of .6, same with learning and memory. And then attention and concentration affect size of .5. So, we often know that even if someone gets hired, if they have difficulty learning their job tasks or distractibility on the job or slowness in job performance, that can lead to job failure in terms of someone getting fired, or leaving a job in anticipation of being fired.

Let's go to the next slide. So I wanted to have one slide where we just talked about some definitions of some of the words that we've been using in the past hour or so. And we've used

words like attention, concentration, persistence and so forth. And so I wanted to just define those in terms of how we as neuropsychologists think about those terms.

Dr. Howard Goldman: Sorry to interrupt you but we're having a little trouble with the volume. I don't know whether you can get closer to the mic or whether you have a volume control. We're trying to do something on this end.

Beth Twamley: I am actually talking right into the...

Dr. Howard Goldman: I hate to do this because I know you've got a...

Beth Twamley: ...handset. I'll just try to talk louder.

Dr. Howard Goldman: All right. Sorry about that.

Beth Twamley: Can you hear me now?

Dr. Howard Goldman: Yes.

Beth Twamley: Okay.

Dr. Howard Goldman: I happened to be in a privileged position. The speaker is right above my head. So I....

Beth Twamley: Got you. So yes. I'll just try to be as loud as I can but interrupt me again if you lose me.

Dr. Howard Goldman: That's better. Thank you.

Beth Twamley: Okay. So, attention -- from a neuropsychological perspective -- is the ability to focus on a task for brief periods of time. Whereas concentration or vigilance would be the ability to sustain attention over a longer period of time -- which could be a relatively passive activity in the face of normal levels of distraction -- or persistence is really what we think of as a more active persistence or ability to sustain attention while completing a task and it also may involve shifting attention between two different tasks and we've discussed multi-tasking already in this session.

So quoting from the Institute of Medicine Report, "Attention and vigilance refers to the ability to sustain focus of attention in an environment with ordinary distractions." And that was actually a quote from the occupational Information Development Advisory Panel in 2009.

I also wanted to point out that -- from a neuropsychological perspective -- we think of these abilities sort of in a hierarchical way, where attention is really a building block and you would need attention for concentration and then you would need concentration for persistence. And so if you had a failure of attention you would expect downstream effects of that.

So, let's go to the next slide. One of the questions I was asked to address is, at what level do impairment related limitations and concentration and persistence cause off-task behavior? To the extent that someone couldn't do any job in the national economy. And then what research would support that threshold? There's really not a lot of research in this area so, you know, I don't know whether there's a specific cutoff that would indicate total un-employability. I don't think we know that. But -- from a neuropsychological perspective -- certainly any performance that's three standard deviations or more below the mean would be considered an extreme impairment.

Let's go to the next slide. And so the next slide concerns what evaluation instruments are available for assessing some of these constructs. There are many. There are probably too many to mention here and I'll list a few of them. But there are many standard performance based tests for attention, concentration and persistence. And just quoting from the IOM report where we listed

a few of them, these included, "The Conners Continuous performance test, the Test of Variables Attention or the TOVA, the WAZE four Working Memory Index, a test called Digit Vigilance and another test called the Paced Auditory Serial Addition Test."

So, there are many of them. I do want to point out a couple of things. One is that in neuropsychological assessment we really rely on performance based tests. These are considered objective tests rather than asking someone to tell us more subjectively -- in a self-report format -- what they have difficulty with. We have loads of data showing that self-report measures are not reliable because people are just not very good raters of their own cognitive abilities.

And so, again, we do rely on performance based tests. And I know that SSA is very concerned with performance validity and we can maybe talk about that a little bit further later on. But there are many tests of performance validity that would be administered typically throughout a neuropsychological evaluation that would allow us to be comfortable in drawing conclusions about the validity of someone's performance and whether they were effortful in their test taking.

So, let's go to the next slide. Now who should we ask for help with determining whether someone has a limitation in capacity to focus on job related tasks? So, I think neuropsychologists are very good potential candidates to answer these questions. We have specialty training that would be appropriate to interpret measures of attention, concentration, persistence and so on, within a broader profile of tests performance and neuropsychologists are psychologists but typically psychologists don't receive the level of training that neuropsychologists do. So, the sub-specialty of neuropsychology is really the highest level of measurement of these abilities.

Okay. Let's go to the next slide on employers. And so what does the research tell us about what employers expect about off task behavior and do they make accommodations? I don't think there's much research about that. I'm certainly familiar with it if there is. But I think Kevin's point

about 10% to 12% of leeway for off task behavior probably sounds about right to me -- but again -- I think employer reactions to that off task behavior are likely to be really variable.

And also in many work settings, off task behavior is not particularly obvious and so for example, in a clerical office setting, which we've been kind of talking about, with many of these examples, you know, someone can be on their Facebook account or checking their private email or something like that and that would definitely be off task behavior that an employer may or may not know about.

All right and let's go the final slide. I was asked are there related limitations besides attention, concentration and persistence that could affect someone's ability to focus on tasks? And how severe would they need to be to prevent someone from being employable? And so, I think the one area that I would mention here is processing speed.

So, we know that processing speed or -- how quickly someone can do something -- is strongly related to attention. And in fact, many of our tests it's very hard to parse out processing speed from attention. And so we would need to examine processing speed as well because if someone can't process information at a normal pace, they're not going to be able to pay attention to it. And then that's going to have downstream effects on concentration and persistence. So again, a level for extreme impairment would be considered more than 3 standard deviations below the mean. So I think I'll end there. And thanks so much.

Dr. Howard Goldman: Yes. Thanks Beth. Particularly given your upper respiratory infection. We'll see if we end up having some questions for you or you want to make further comments but for now we'll let you rest your voice. We'll go to our final presentation from Michael and then we'll have the Panel see if they have any questions for each other. I might have a comment and then we'll go the floor for and to the phone for further questions.

Michael Schoenbaum: Thank you. So, in a way, I'm going to cover ground that was already covered by some of the previous panelists. Maybe I'll add some value, maybe I'll be off task.

Dr. Howard Goldman: That's my job.

Michael Schoenbaum: I'll start with one housekeeping comment -- which is to say I work at the National Institute of Mental Health but -- I want to emphasize the comments I'm going to make are my own. And are not necessarily those of my employers. Please take my word for that.

So, I'm going to comment in two parts. First, I can't overstate the potential value to the Social Security Administration -- for this conversation and in general -- of the effort by the Bureau of Labor Statistics that Kristen Monaco described earlier.

The Social Security Administration needs to assess if a given applicant can meet the requirements for actual jobs in the US economy, but historically the Social Security Administration is only had access to systematic information on the physical requirements of particular occupations because historically that's all that's been assessed. Now, they in partnership with the Bureau of Labor Statistics or maybe the other way around, are assessing the mental requirements of work along with the physical requirements of particular occupations across six domains of mental requirements that are listed on this slide.

The NIMH has been working with SSA and BLS kind of informally on this with a guiding rule from our perspective. What's most important to assess is the requirements for a given occupation when those requirements are most challenging.

So, you know, just as people's capabilities vary, the requirements of occupations also vary. Debra mentioned that earlier. And also what could constitute challenging could arise at both ends of the spectrum if you will.

So for instance, with pace, some people have impairments that keep them from sustaining effort for long periods. Others may struggle if the pace is too slow or intermittent or unpredictable because then they'll create work for themselves or they'll get anxious or they'll go off task in some other way. So again, you know, both ends of the spectrum.

Some similarly control the pace, some people have trouble pacing themselves. Others may struggle if they unable to pace themselves. And the latter may relate to adaptability. Some people need a predictable schedule and/or control of their schedule and pace in order to maintain self-care routines. As Kevin described, that's often important for people with lots of medical or mental impairments. And the self-care routines could -- in some cases -- require very structured schedules of self-care and in other cases require ad hoc flexibility to respond as symptoms present or exacerbate.

So, again, ideally -- and I may be putting too much in this BLS effort -- there are at least going to be a starting point relative to what we currently have, which is zero. Systematic information about the requirements of different occupations in these different mental domains. As a labor economist I know that there is very considerable heterogeneity across occupations in all of these requirements and we will know more in a formal sense as the BLS does its work in the next couple years.

Two final notes on this part. It's one thing to ask an employer -- and Debra actually mentioned this maybe better than I will describe it -- it's one thing to ask an employer if they would tolerate or accept X, Y, or Z and it's another thing what they actually tolerate or accept in practice. You know, what is actually objectively required of people doing these jobs. Now I would argue what matters is the latter.

Now, BLS is going to HR departments or whatever and getting people to report about their requirements of jobs. So, in a sense they're assessing the former, what the employers say about their jobs. So, this overlap between what BLS is doing and the literature that Debra was summarizing I think is really important.

The second issue is that there may also be differences between the requirements for getting a job versus the requirements for keeping a job. It, you know, or performing the job given that you have it. Debra actually mentioned a situation where somebody might be hired but not be able to keep the job. I've been focusing on the other side, which is that somebody presents with a certain set of limitations that would keep them from getting hired in the first place. But if they were already hired and the employer knew them and so on then they would actually -- in practice -- probably be able to keep the job. I believe that at the state statute is not focused on whether they could get hired but focused on the question of whether they could do the job -- whether they get hired to do the job or not. That's a question of law that I am not going to speak to.

All right. So, the other part of this of course is that the Social Security Administration needs to assess the capability of a given individual applicant's. For mental impairments -- where I work -- it is definitely the case as Kevin described that limitations may be episodic. In lots of different ways of episodic, you know, days, weeks, minutes, hours. And of course, assessment of people's limitations should focus on limitations when those limitations are most substantial. In the same sense, job requirements should focus on the job requirements when they are most challenging because the mode or the most common, or whatever, isn't the point. It's not enough to be able to do the job. It's not enough, you know, if you can't do the part when its hardest because you're too limited or because hardest is too much for you, you can't do the job. So, that's the part that needs to be assessed.

My sense and -- I'm not an expert in this -- is that SSA's rules already provide for this, at least at a conceptual level. For some impairments, it may be enough for SSA to have information on that

somebody has a valid diagnosis to be confident that the applicant will be sufficiently limited to meet the disability criteria. They have a whole program called compassionate allowances full of diagnoses that meet exactly that standard I just described and NIMH has done work in the past with the Social Security Administration in which we assembled evidence that we would interpret as saying that people with a valid diagnosis of schizophrenia who make it to the point of applying for disability benefits probably also -- in general -- could be assumed to be sufficiently limited that they would meet SSA's criteria. Even though also for schizophrenia the symptoms of schizophrenia present episodically for most people.

The more general case is the one that Beth Twamley was just describing, which is the diagnosis isn't enough and then SSA actually has to be able to assess people's particular capabilities across different dimensions. Beth described certain standardized tests of performance that may help the Social Security Administration. Currently they don't use neurocognitive testing in general. That is applicants can present with it but the only test they order on any large scale is the intelligence test, which is not what we're talking about here.

So, NIMH is actually working actively with the Social Security Administration -- exactly in this space -- to identify existing standard tests of performance along different mental or cognitive domains where those tests as Beth was describing weren't necessarily developed, tested, validated, normed for the particular question SSA needs to answer. That is where on a performance spectrum is a cutoff so as SSA can say this person can't work. But -- even though the tests weren't necessarily developed for that purpose, and maybe they haven't currently been normed for that purpose -- our effort with SSA is to identify tests where it might conceivably be the case that some maybe the evidence already exists or maybe some additional evidence could be developed. Where we could give SSA guidance based on standardized assessment methods that if somebody falls below some benchmark on the test it is equivalent to marked or extreme limitation the way the listings are defined.

And -- of course -- to come back to Kevin's central point here, it is essential to consider performance in relation to the (episodicity) of symptoms - and I want to - I mean that's an easy thing to say and maybe it's a hard thing to do. I do want to emphasize that that is true also in the clinical settings for which these various performance tests were originally developed. So it's not just for SSA's applications that this is important.

So, you know -- I want to acknowledge it's important -- and the imperial question I guess will be under what circumstances can one find tests that add value along these different dimensions that, you know, address this issue that people are not constantly 24/7 limited by, you know, particular issue. Not for mental problems, not for medical problems. I mean pain doesn't present 24/7 in most people either.

So, finally, you know, I guess I see lots of challenge and opportunity as the Social Security Administration works to strengthen these two complimentary parts, right? The getting better maybe -- more extensive -- data on the requirements, particularly mental requirements of different occupations, improving the ability -- ideally via standardized assessments of performance -- in part to assess people's capabilities. The challenge and opportunity then for SSA -- once they accumulate all of that -- will be actually to develop some kind of internal crosswalk that maps the requirements of different occupations to the limitations associated with particular impairments and that work remains to be done. But, you know, but SSA, I think, is working on assembling the building blocks for it, which I think is very exciting.

Dr. Howard Goldman: Great. Thank you Michael. What I'd like to do is make a comment myself and then ask whether the rest of the Panel have questions for each other.

The observation that I wanted to make is that it took us an hour and twenty-five minutes before someone mentioned a listing. And it occurred to me both from my own thinking about social Security's problem and how the disability determination process is structured and also from a

question that came to us early in the presentations over Twitter that asked whether there was a listing that was relevant here and -- I'm not sure I actually have the question correct -- but it does make me feel the need to contextualize this. I

hope most people in the room already appreciate that the issues of attention, concentration, task persistence and pace are words that are found in a whole set of listings of medical impairments. And while they were first introduced in the mental impairment standards and -- this is a little pointy headed -- but they are in the B section of the listing and they are particular B3. There are regulations and guidances that would help people to link up a medically determinable impairment. Whether it's a mental impairment or a neurologic impairment or even HIV/Aids -- which has central nervous system manifestations -- to hook up that impairment to this functional limitation.

And even the issues -- if I'm not mistaken -- of the episodic nature of these functional limitations are addressed in some guidances that would help so that -- I think Kevin referred to technically the psychiatric review technique -- from the PRTF and instructions for assessing concentration I believe also include issues of how often and over what period. Not only severity of it with respect to the marked or extreme or moderate level. That's something that I think we should look into and people who should hear more about it and know more about that.

In any case, I still want to put up the challenge because I think the central issue is not only to be able to assess functional limitations in work like settings -- which many of us have devoted most of our careers to trying to make sure is part of the disability determination process -- but we do have to recognize that it's imperative to still be able to link a problem with task persistence or staying on task to a medically determinable impairment. and that's where the comments from Michael Schoenbaum and from Beth Twamley talking about measurement tools are particularly useful.

So, I don't know whether anybody on the Panel or on the phone wants to respond at all to my own comment or ask their own question. There's no need to respond to me, I just wanted to put it out there. Go ahead, Kevin, go ahead.

Kevin Liebkemann: Okay. You certainly right. If you look at the B criteria of the mental listings. A single extreme impairment in one of those three categories -- which include concentration and attention and pace -- which might be satisfied by three standard deviations below the norm. Might satisfy the B criteria of some of the mental listings.

One thing I mentioned in my materials but I didn't say -- which is also important -- is that Social Security has listed the ability to maintain attention and concentration for two hour segments as an essential function for any job in the palms and in some of the Social Security rulings. So, that could also inform the debate a little bit. In other words, if you could show that someone couldn't do that, that's something Social Security already recognizes as something that would preclude the ability to work. So that's my comment.

Dr. Howard Goldman: Great. Thanks for that clarification Kevin. Michael do you have a question?

Michael Schoenbaum: Well. I was just going to comment briefly -- and this is somewhat of a tangent about this thing about three standard deviations -- because that's mentioned and Kevin just invoked it again. In the three standard deviations equals extremes comes out of the standards -- the listings I think -- for assessing intellectual disability. So, if you're three standard deviations below on an IQ test, that equals extreme and two standard deviations below it -- I think -- is marked.

That framework, I would say from where I sit, that framework can be carried into some kinds of standardized assessment of performance but maybe not for all kinds of standardized assessment of performance. That is because there may be some tests of performance where three standard

deviations below the standard on a standard normal distribution or whatever is just not

conceptually the right metric. It may be that some item is dichotomies or it may be that it follows

some - the performance -- follows some distribution for which two or three standard deviations is

just not the right conceptual framework.

So, I mean, in some cases, it's right. In other cases, I think it's more maybe a metaphor where the

requirement in the listings is to come up with cut points or benchmarks or guidance for what is

marked and what is extreme.

Dr. Howard Goldman: Thanks Michael. You and I have discussed this on many occasions. So, the fact

that it might be useful in normally distributed functions that are routinely measured and on which

we have data --that's very good -- and I know that Beth Twamley understands these issues so I

don't' think she used the three standard deviations...

Michael Schoenbaum: Oh. Yes, Yes, right.

Dr. Howard Goldman: ...routinely but to apply it to all conditions and also to even use standard deviations

like that for the B criteria when two are required would lead to very, very small parts of the

population that would ever meet the criteria for being disabled. Anything from either from

((inaudible)) or Kristen or anyone else?

I did say that at the beginning of Kristen's presentation about what it takes to cognitively design a

survey would also be a useful test of someone making a claim of problems related to

concentration and attention. And then at first I thought once again, we had an irony here between

the methodology of the survey and our task here today and our focus.

Are there any questions from people on the floor or do we have anything coming over the line? In

our set up (Gina Clemons) who's here walking us over, leads The Office of Disability Policy said

that she doesn't worry when there is a latency of questioning or responses. That sometime they come in hours and days later. And one of the things that is wonderful about not only the policy forum but just the posture that Social Security has taken of late and that is it doesn't matter when, if you have an idea that you want to share, there are multiple vehicles for doing that.

(Gina Clemons): So, I'm...

Dr. Howard Goldman: Go ahead.

(Gina Clemons): ...going to bring you a few things. All right this actually on. So, if you're wondering why I'm walking across the room with white paper, we are on Twitter and we are getting comments through Twitter. We are getting comments in writing and we are getting them on the phone. So, I'm trying to convey what we are getting. So that's what the white paper is. This is the follow-up to what...

Dr. Howard Goldman: And then the limitation is I don't understand the questions.

(Gina Clemons): ((Inaudible)).

Dr. Howard Goldman: All right. This one.

(Gina Clemons): That follows up the other one.

Dr. Howard Goldman: All right. Third-party reports should require a previous employer or non-family member to compare validity of the ability to remain on task. So, I don't know. Does this person care that we mention the name?

(Gina Clemons): I think that's fine.

Dr. Howard Goldman: Okay. This is Lisa Lawson, who's offered this on Twitter -- it's a follow up. And I gather that this is also an attempt to raise the issue of the need to present evidence from a variety of sources about functional limitations but to also be able to present them in the context of a validly assessed medically determinable impairment. And this goes to the heart of the statutory definition of disability and this I think is the biggest challenge that Social Security faces.

To do a good job of getting valid data about both areas; functional limitation and medically determinable impairment but being able to link them up logically so that the one explains the other. And there seems to be a problem that we have in educating people to be able to make those connections. I mean, I eluded to 35 years of this. This was one of the big problems in the early 80s and it remains a major problem. Not just in the mental impairments but in the whole of the disability determination process. Did I stall enough to get more questions?

(Gina Clemons): Well, I think that actually Lisa had two questions. And her first question was does SSA have a current process for assessing this? And I think you might have answered that but I turn that to the Panel to add in. That was her first part of the question ((inaudible)).

Kevin Liebkemann: I'll comment a bit on that. In my materials I touch on this point that Lisa made -- which is a very good one. A lot of times if you have someone who has the episodic impairments -- and they're going to get assessed at times when those impairments aren't active -- it's not captured too well. But what you can do is get third-party statements, non-medical evidence -- which an adjudicator can consider -- using the symptom analysis that's already provided in the regulations.

And what happens in that process is an adjudicator not only looks at what the test results in the medical evidence show but they also look at third-party and non-medical evidence and as long as that is consistent with a medically determinable impairment, they can make a finding that the

symptom report is credible and might -- for instance, in a certain circumstance -- lead it to a

finding of a certain time off task as a result.

The other thing I wanted to touch on briefly is the idea of pace being sometimes different -- very

much -- from the attention and concentration issue. The comparison I use in my papers is

someone who goes off task is like a runner who stops in the middle of a race. Okay? They're off

task, they're not doing what they should be doing at work and then they start again. Obviously

someone who stops too often is not going to finish the race in good time. That might not meet

employer expectations.

There's other types of impairments however, where a person's pace is just slower. Certain

intellectual impairments, cognitive impairments -- where they're not stopping during the race so to

speak but they're running slower -- and if they don't' meet employer expectations as far as

productivity as a result, that can lead to a difficulty sustaining work.

Dr. Howard Goldman: Thank you for that additional comment. Still waiting on questions.

(Gina Clemons): ((Inaudible)).

Dr. Howard Goldman: Okay. Please.

(Margee Mesker): Living in a rural area with mostly manufacturing or service work, restaurants, fast food,

et cetera and no access to neuro PhDs, how am I able to get testing for my clients that would

assist them with their claims? Even with their MDs, psychiatrist or PhD therapist's notes saying

that they're mental health issues are severe enough to keep them from working? EDU will

eventually send them to paid PhD. These tests have been as simple as, "Do you know the

alphabet? Do you know the president of the United States? Do you know what medicines you are

taking?" This has nothing to do with pace, concentration or staying on task. Most of my clients

have had 15 to 20 jobs and have had, due to mostly mental illness, haven't been able to maintain employment. Any suggestions? Thank you. Marjorie Mescar.

Dr. Howard Goldman: Great. Thank you for that question. I don't know whether anyone on the Panel - Michael might and then I may ask Beth - who I can't see -- if she has something she wants to add to that.

Michael Schoenbaum: Well, in this case -- I think what I'll do only -- is to acknowledge the reality of the problem that was being described. So 50% of counties in the United States do not have a single mental health specialty clinician. Never mind a neuropsychologist.

So, I mean, this really is a, I mean, you know, this is a world that NIMH lives in -- in overlapping that with the world of Social Security Administration lives in -- it's a real problem. I mean, I guess, the SSA may actually have standards about this. I don't know if the requirement is that they can order tests for people only if those tests are available everywhere in the United States. I guess since we aren't yet at the policy making stage, we're still at the developmental like identifying candidate tests and how they might be used stage, we're prepared to defer the practical. I mean -- like I said -- we don't have candidate tests yet to tell SSA they should be using. That's the work we're doing right now.

Dr. Howard Goldman: But there are neuropsychological tests that are validated that look at the issues that....

Michael Schoenbaum: Oh. Yes. Yes.

Dr. Howard Goldman: ...address with respect to attention and coding, concentration and persistence, as Beth outlined. And she outlined a number of very specific tests.

Michael Schoenbaum: Right.

Dr. Howard Goldman: But the question is, when they're not so readily available, or if a battery of them is very expensive, it's very difficult to imbed them in the requirements in Social Security. I know that from a wide range of testing situations. I don't know, Beth Twamley, do you have any comment about how people might be able to have attention, concentration and task persistence validly measured in a rural area?

Beth Twamley: It's a real problem if there's not a trained psychologists or neuropsychologists that knows how to administer and interpret these tests -- I think -- you know, that's a - it's a right question for SSA to maybe consider doing some research about whether consultative examiners could be trained in doing some of these tests. I'm sure - I think they could be. But certainly right now, they wouldn't always have the requisite training to interpret the tests.

Dr. Howard Goldman: Thank you. I have two specific follow-up questions for you Beth -- if you hang on the line -- that would be helpful. One is to what extent are basic tests of intelligence the WAZE for example, available everywhere? And are there sub-tests that would give an examiner a valid clue as to attention, concentration or task persistence? In the context of an IQ test.

And then a related question is what confidence if any do you have in standardized mental status examinations which after all, also have been developed to provide recordable results about concentration and attention and short-term memory? That's a double-barreled question for you. Take either one or both or neither. Beth?

Beth Twamley: Yes. No, I'll take both. Those are great questions. So, your first question was what can we use from the WAZE and I think there's actually a lot that we can use from the WAZE. It's a great starting point and a real advantage to the WAZE is that all psychologists are ostensibly trained in how to administer it and other people can be trained too.

So, on the WAZE we've got things like digit span, that's a great test of basic attention and working memory. It also has a built in sort of imbedded performance validity measure associated with it which is reliable digit span. So, someone that's below cutoff on that, you know, that they're not, they're likely not putting forth their best effort. So that's a great candidate test right there.

The WAZE also has really very good highly reliable, valid measures of processing speed. And processing speed is again a building block of attention and also really important in its own right. Processing speed is the best overall indicator of general cerebral integrity and you can get a very good indication of processing speed in two minutes with the Digit Symbol Coding Test on the WAZE. And so the WAZE I think is a great starting point. And so, I would encourage any sort of research on using the WAZE as a starting point for assessment of some of these ability areas.

Your other question was on a standardized mental screening test. Like, I'm assuming you're talking about the Mini Mental Status Exam and the mod....

Dr. Howard Goldman: But there are even more sophisticated ones of the neuropsychiatry that are used.

Beth Twamley: Sure. So, I think you know you get out of those what you put into them and there are some that are pretty good. I like the MOCA. It's a good screening test and it gives you some sense of whether someone can pay attention and you know, there are tests like immediate registration of words and, you know, spelling words backwards or serial seven subtractions and so on that are a good screener for attention impairments.

The problem is that these tests are very brief. And when someone is really, really impaired, they're probably going to be low across the board on almost everything and these tests can capture that quite well. However, you know, I've seen people -- with particularly frontal lobe impairments -- who can get a perfect score on these tests because the tests really don't assess

what their weaknesses are. And so, it's really hard to have a broad ranging assessment of

impairment across ability areas, you know, in a test that only takes a few minutes to give.

Dr. Howard Goldman: Great. Thank for that.

Beth Twamley: There's also they don't' tend to be performance validity metrics associated with those

particular tests. So, it's very difficult to know if you give that test alone whether someone's

performance is effortful or not.

Dr. Howard Goldman: Great. Well, thanks very much.

Beth Twamley: Sure.

Dr. Howard Goldman: The push that I - my question was designed to elicit was not only the specifics but

I have a general concern that sometimes with respect to testing, we let the perfect be the enemy

of the good and the availability of the WAZE and virtually everywhere in the country and the fact

that you can make deductions about attention and concentration from it is a -- I think -- a very

useful learning in this particular Panel. We do have a question here at the microphone. You want

to ask your question?

(Woman 1): Yes. I'm just an intern so I don't really know a lot about what Social Security -- but I do hear

the word impairment a lot -- and I was wondering how do we get the use of Social Security and

back into the workforce that are on Social Security Supplemental income?

Dr. Howard Goldman: Well, I'm glad that you mentioned that. I spend a good part of my time trying to

assist people in supportive employment who have impairments and -- in spite of their impairments

-- are able to do competitive work and the sooner we intervene with individuals, provide them with

treatment and vocational opportunities to return to work, it's amazing how many people

participate and are included socially. That doesn't always mean that they either come off benefits but it is a very important part of social participation. So, in spite of impairment, a lot of people can work. Thank you for your comment and your question. James, did you have a question for me?

(James Edrington): Again, I want to thank the presenters today. My name's (James Edrington) from Social Security and I'm also with the Office of Disability Policy and we have a few questions on how to access materials.

We just want to make sure that everyone on the phone and that is joining us is able to access the material. Just a quick review, if anyone on the phone is able to access the internet, you can reach our materials from all the presenters today and you can access that by www.ssa.gov/ndf.

Once you reach that main Web site, the banner that says National Disability Forum, if you would click on that banner, it takes you directly to the 3/30/2016 tab. You will see all of our previous forums but the current forum; you will see the current topic as well as all of the materials presented today.

The agenda, the overview of the National Disability Forum as well as all of the Panel presentations today. All of the materials are in pdf form so if you click on those pdfs you'll be able to access those. If you have any further questions, feel free to email us at the National Disability Forum at ssa.gov.

Dr. Howard Goldman: Thank you very much James.

Beth Twamley: James. This is Beth. Most of those links aren't' working quite yet.

Dr. Howard Goldman: Okay. All right. We'll double check on that. We have another questioner at the microphone. Go ahead please.

(Woman 2): Hi. This is a question for Kristen. I know Michael was talking about how jobs vary a lot day to day. How does the ORS elicit information about the most demanding parts of the job? For example, I worked at an ice cream store. It was really different pace wise in January than July. How does the ORS ask about that?

Kristen Monaco: That's a good question. So under pace now what we ask for is the fastest pace that's performed. This is new as of last week and a lot of this came out of we think of these cognitive elements as, you know, always being tested and developed and improved and so in the newest iteration -- which is going through OMB clearance now for release, hopefully, in May and June -- the pace question is specifically asked for the fastest pace performed. The other physical requirements we now will ask for the job is that is generally performed.

Dr. Howard Goldman: Thanks very much. Were there any questions on the phone. I know you have to go through the operator to communicate them but, we've gotten some by email, some by Twitter.

Operator: As a reminder, to ask a question by the phone, it's Star then the number 1 on your telephone keypad. We'll take just a moment to assemble the queue.

Dr. Howard Goldman: Thanks very much.

Operator: And there appear to be no phone questions.

Dr. Howard Goldman: An empty queue. We do have a question at the microphone. Go ahead please.

(Woman 3): Hi. I have a question for Kristin also. You were mentioning the process of questioning people in the field. Who exactly is it that are getting these questions? Is it the individual who is actually performing the job? Or a supervisor? Or the CEO? How do you determine that?

Kristen Monaco: It really depends on the company. It's never the incumbent, right. So this is not an incumbent survey. We're asking representatives at the establishment. And so, the field economist spends a lot of time trying to figure out who the right respondent is and sometimes it's the HR manager. Sometimes it's the workplace safety coordinator or the risk assessment coordinator because they have the information. Sometimes, it multiple people, right.

So, a lot of times the physical requirements, environmental conditions, the workplace safety people know very well. And some of the other questions about the education and specific vocational preparation are best known among the HR professionals at the company and so they really focus their attention on finding the right respondent. Also keeping in mind that most establishments in the US are actually quite small. Sometimes it's -- in fact -- the owner of the company and they only have one or two jobs reporting to them.

Dr. Howard Goldman: Great. Thank you. Use my training once as a therapist and say I think we have to stop now. But I do have a comment I want to read.

One commenter -- this will be a segue to a future item - it comes from Melanie Mitchell in DC Government. She's affiliated with the program called Soar. I don't know whether everyone in the room is really very familiar with it but it's a program of outreach to individuals to help us facilitate passing through the oftentimes difficult disability determination process.

The social workers are available in the program to help potential beneficiaries who want to make claims. It is focused -- to my knowledge -- mostly on individuals with mental impairments, which is how I happen to know about this program.

And this questioner actually wants to make sure that people understand the Soar program, be aware that there are some problems in its implementation and working with field offices and I'm

assured by (Gina Clemons) that it's going to be the focus of future activity. At least be considered for that. And I wanted to get that on the record, even though it's not about our focus today.

And so what we want to do now is turn to Virginia Reno to make a few concluding remarks. Pleased to have the opportunity to see my good friend.

(Virginia Reno): Thank you very much Howard. This really has been an outstanding discussion and I think we're really thrilled to have the speakers that we have today. It's really - these forums are really important for us at the Social Security Administration as we try to update the criteria that we use to determine disability for people who are applying for Social Security or Supplemental Security income disability benefits. It's critically important that we keep these programs up to date, consistent with new developments in medicine, new developments in the world of work and new developments in the demands of work. So, this is a very important piece of that effort. I want to thank all of the members of the Panel.

Again, just to remind you all of the materials that were presented today are available on the Web site at ssa.gov/ndf. In addition, please submit whatever comments you would like to offer at the ideas scale that is also available at the same location. We take all ideas to explore for further improvements in developments in the disability program.

With that, I would also just like to thank each of our speakers. Kevin Liebkemann, Kristen Monaco from the Bureau of Labor Statistics, Melanie Whetzel from the Job Accommodations Network, Debra Lerner from the Tusk Medical Center Institute, Beth Twamley from the University of California San Diego on the telephone, and Michael Schoenbaum from the National Institute of Mental Health. And I would also like to thank Howard Goldman of the University of Maryland School of Medicine for staying on task and keeping us on tasks for the entire afternoon.

Dr. Howard Goldman: Can we do something about that pace problem?

Operator: And that does conclude today's conference call. We appreciate your participation.

END