

Enhanced Claimant Participation for Veterans with Mental Health Disabilities in Evaluating
Functional Limitations and Severity

Mackenzie Dezieck

Assumption College

This research will report on a qualitative examination of the real experiences of veterans with mental health disabilities and their interactions with the Social Security Administration's (SSA) disability determination process. Semi-structured interviews will be conducted at the Veterans Inc. location in Worcester, Massachusetts with a total of twenty-two veterans who have applied for social security benefits for a mental disability within the last five years. The interviews will focus on the participants' experience in applying for Social Security Benefits, what they found to be most challenging in expressing how their disability has impacted their lives. The aim of these interviews will be to gain an understanding on these veteran's views of how the systematic assessment of severity of a mental disability is carried out during the disability determination process, and how accurate the claimants feel the severity of their disability is presented in this evaluation. A pilot self-report instrument will also be distributed to participants after the initial interview for them to fill out and discuss during a second interview administered a couple weeks later. Implications for improving the validity and efficiency of this evaluation process will also be discussed.

Background and Importance of the Problem

In today's society, it is common that American veterans become Social Security beneficiaries. Almost one-fourth of adult Social Security beneficiaries have served in the military, adding up to approximately 9.4 million military veterans receiving benefits (Olsen, 2006). Many of these veterans are receiving Social Security benefits due to a mental health disability. In fact, twenty percent of the 1.7 million veterans who served in Iraq and Afghanistan have been diagnosed with post-traumatic stress disorder or major depression (Tanielian, 2008), and 13,000 have been diagnosed with alcohol dependence syndrome (Department of Veteran Affairs, 2009).

The evaluation of an individual's level of functioning and the prediction of future capabilities ultimately include some subjective decision making. What can increase the accuracy of this evaluation process? While medical evidence, psychological testing and mental health evaluations can reveal an extensive amount of information, personal information from the claimant is also important. There are certain abilities or barriers that claimant's face that only they could express to Disability Determination Services (DDS). Processes for guiding the claimant in developing a functional self-report may increase the validity of this information.

In order to determine if a mental health disability is a medically determinable impairment, there is an electronic manual with listings of different diagnostic categories, each with its own methods of determination. These listings are designed to be an expedited way of determining if an individual meets the threshold of severity, thus is not realistically expected to engage in substantial gainful activity. However, there are times when an individual has a medically severe mental impairment that does not fulfil the diagnostic description or the requirements of the listing. It is in these cases where a further evaluation is critical for an accurate determination. Even if an individual's impairment does not meet the severity criteria of any listing, the claimant may still not retain the mental residual functional capacity (MRFC) to

do substantial gainful activity (SGA). The determination of MRFC is vital to the evaluation of an individual's ability to do SGA when his or her impairment does not fulfill the criteria of a listing. Returning veterans in particular face unique challenges in re-adapting to the demands of daily functioning, and this must be taken into particular consideration through the SSA evaluation (Beckham, 2012, Covert, 2013).

During the disability assessment discussed above, DDS must determine that a medically determinable impairment exists by analyzing medical evidence consisting of signs, psychiatric symptoms, and laboratory findings. The second part of this process is an assessment of severity. This is where the strictly objective evaluations diminish and some subjectivity comes into play, which is my point of focus for this research. Severity is measured through evaluating the functional limitations imposed by an individual's medically determinable mental impairment. In assessing a claimant's functional limitations, DDS utilizes four criteria that have been deemed sufficient for fully illustrating one's impairment: activities of daily living; social functioning; concentration; and episodes of decompensation. However, these determinations sometimes involve difficult judgments. The more information that can be provided for an examiner to consider, the more accurate the determination assessment can be.

One of the elements evaluated by DDS is activities of daily living. In short, DDS determines the extent to which an individual is able to participate in and complete these tasks independent of supervision or direction. The second component of the criteria is based on social functioning, which refers to an individual's capacity to effectively interact with other individuals in an appropriate and effective manner on a consistent basis. Concentration is the third factor within the criteria, and refers to the ability to maintain focused attention long enough to complete tasks commonly found in work settings in a timely and appropriate manner. The fourth category of the severity assessment criteria is decompensation, which are temporary intensities of symptoms or signs that decrease the ability of adaptive functioning. Incidents of decompensation may be expressed through an increase in symptoms or signs that would normally require increased treatment or a less stimulating situation (Social Security Administration, 2014).

The evaluation of mental health impairment requires enough evidence to determine the presence of medically determinable disability, assess the extent of functional limitation that is imposed by the disability, and predict the disability's probable duration. SSA policy indicates that there are other sources of evidence of a psychiatric impairment and requires adjudicators to gather information from the claimant and collateral sources (e.g. friends, family or employers) about symptoms, activities of daily living and of his or her social and work adjustment. Evidence from these sources can be beneficial in determining a claimant's functional limitations. However, when the objective realm of medical evidence is abandoned, how is it guaranteed that a claimant's disability is accurately presented? When personal aspects of a claimant's life are considered by a disability determination examiner in a controlled setting, this data may not possess a strong external validity (Fox, 1994). In other words, data collected within a controlled setting may not be considered generalizable to real work environments.

Some of the resources utilized by DDS in assessing a mental disability's severity include psychological testing or mental health evaluations. The external validity of these evaluations may be questionable because they often involve laboratory settings or tasks and situations that may not be generalizable (Fox, 1994). In these cases, DDS is making conclusions about a claimant's capability to complete tasks under the stresses of everyday life based on a time-

limited examination of a clinician. Anthony (2012) found that a person's ability to function in one environment has little leverage on their ability to function in a different type of environment. Therefore, the testing situation may introduce an unacceptable level of error into the assessment process (Lee, Reynolds & Willson, 2003).

Moreover, making decisions based on these types of resources is not universally accepted across the psychological field. In fact, Anthony (2012) found that psychiatric symptomology and diagnostic category are poor predictors of future work performance. Furthermore, while there is a set criteria looking to be evaluated (e.g. social functioning, concentration), how validly do mental evaluations or psychological assessments predict vocational success in Social Security clientele? According to Williams (2013), the results of personality tests, one of the types of evaluation assessments used by DDS, have almost nothing to do with vocational success. Another psychological testing resource that clinicians may use for DDS evaluations is an intelligence test. However, intelligence and aptitude tests have also been found to be poor predictors of future work performance (Anthony, 2012).

Thus, it is important for DDS to have access to information about a claimant's actual functioning in relation to daily living tasks, social functioning, concentration, and episodes of decompensation, that are based on observations in real-life situations and over time.

Methodology

Design and Procedure

In order to most effectively understand the "lived" experiences of the participants in this research, a narrative study will be conducted. This type of research methodology reveals specific data about individuals, provides a systematic technique of approaching data, and broadens the perspective beyond that of typical research collection. Narrative research offers a systematic analysis of complex data and because the most frequent data collection instrument are interviews, narratives provide a "window into cognitive processes of the individual" (Bruner, 1986). This study will use a qualitative methodology focusing on storytelling to understand a mental health disability as a phenomenological concept. Interviews will be conducted with participants individually and in person through semi-structured interviews (see appendix E).

The eligibility criteria for participation in this study include (a) being at least 18 years of age, (b) has a documented psychiatric diagnosis and history of treatment, and (c) being an United States Veteran, and (d) has applied for Social Security benefits within the last five years. This time interval is recent enough for participants to recall accurately their experiences with the disability determination process, yet large enough of a time range to represent a diverse range of experiences.

Participants will be referred to participate by their supervisor or self-referred by learning about the study through advertisements (See Appendix B). The qualitative methodology will require 30 participants to speak about their experiences with SSA and other associated services. Interviews will be approximately 40 to 60 minutes long.

Data Collection and Analysis

Participant recruitment will begin July 2014. An informed consent agreement (See Appendix C) and a brief demographic survey (see Appendix D) will be administered immediately before the interviewing. No questions about the participants' disabilities will be asked in order to maintain the participants' rights to confidentiality. However, participants may explicitly or implicitly mention the nature of their medical and/or psychological concerns voluntarily during the course of the interview.

The interviews will be held in a private space within the Veteran's Inc. building in Worcester, Massachusetts (see attached letter of proof of access to data). They will be guided by a series of open-ended questions about the disability determination process. Participants will be asked about their experience with applying for Social Security, how they felt about the determination process and their views on how accurately the process presented their functional limitations. Lastly, the participants will be invited to suggest ways in which the disability determination process can improve the way personal information is collected from claimants in relation to activities of daily living, social functioning, concentration, and decompensation.

Interviews will be audio recorded and transcribed as needed by the investigator. Pseudonyms will be assigned to each participant and identifying details will be removed from the transcripts to maintain confidentiality. Transcript files will be created with Express Scribe Transcription Software (Free Edition). Data will be analyzed for recurring themes across participants, aided by Atlas.ti (version 7) analysis software. Additional data will include a brief demographic survey and interviewer summaries detailing context, self-reflection and notes from interviewer debriefing sessions. Dependability will be established by open dialogue throughout the research process in order to minimize inconsistencies and reach a logical documentation. Credibility will be maintained by representative quotations from the transcribed text and discussions with an advisor concluding in a general agreement on the reasoning of classifications. Transferability will be presented through a thorough description of the research procedure. Confirmability will be presented in that interpretations of the findings are clearly based on the data.

After interviewed once, a pilot test of a newly designed self-report tool will be distributed to each of the participants to fill out (See Appendix A). Behavioral checklists have been found to be a good way of capturing functional information from individuals with disabilities (Watson, & Steege, 2003). This tool is based on the World Health Organization Disability Assessment Schedule (WHODAS) version that has been used in the European Study of the Epidemiology of Mental Disorders (ESEMED), which includes 22 severity items and 8 frequency items (Buist-Bowman, 2007).

Then, two weeks later I will plan to meet with each veteran to discuss their views of the instrument through a second semi-structured interview (see Appendix G). The aim of the second interview is to learn about the participants' experience with the self-report tool, including how easy it was to fill out, how long it took them to complete, how beneficial it was for them to use, and what kinds of changes they would recommend around the structure of the questions. I will then compare the initial interview results with the completed instruments, and based on an analysis of all three sets of data, I will ideally create a final recommended guide for Disability Determination Services to consider implementing. Lastly, following the second interview, participants will be debriefed about their participation in the research and provided with contact information for additional information (see appendix H).

Statement of Project Completion Feasibility

Completing this research within one year is more than feasible. A detailed work plan will be completed by July 2014, followed by participant recruitment, and participant interviews will take place between August 2014 - March 2015. Beginning December 2014, I will be organizing and analyzing my data for the first round of interviews so that I can begin writing a 10-15 page draft of my research project in March of 2015. Because I have no other great commitments for this time, this allows me a sufficient amount of time to complete this draft by May 2015, and finalize my research project by June 2015.

As a rehabilitation counselor, working with the Social Security Administration is a significant aspect of my career. It is a major part of my job to connect individuals with disabilities with any types of resources that may be beneficial towards their rehabilitation goal. Social Security benefits help thousands of people with their financial needs to meet create a successful and healthy life for themselves. Rehabilitation counselors strive to assist individuals with disabilities in their rehabilitation plan in any way they can, including with the Social Security process. My background includes experience with conducting interviews, including interviews with individuals with mental health impairments (see attached resume). This research has already greatly broadened my knowledge about the disability determination process, including the details of assessing the extent of a claimant's disability. I look forward having the opportunity to learn even more about the Social Security process through first-hand information. In the end, having the chance to work with the SSA to improve the process of disability determination will ultimately assist the clients with whom I will work in the future.

Anticipated Outcomes and Usefulness

Examining and reporting on the experiences and concerns of veterans with mental health disabilities who underwent the SSA disability determination process will provide an important consumer perspective, and it is hoped will result in significant improvements in the DDS process. Feedback from veterans who have experience with applying for Social Security applications may provoke potential improvements in the disability determination process specifically towards gaining a fuller understanding on a claimant's functioning.

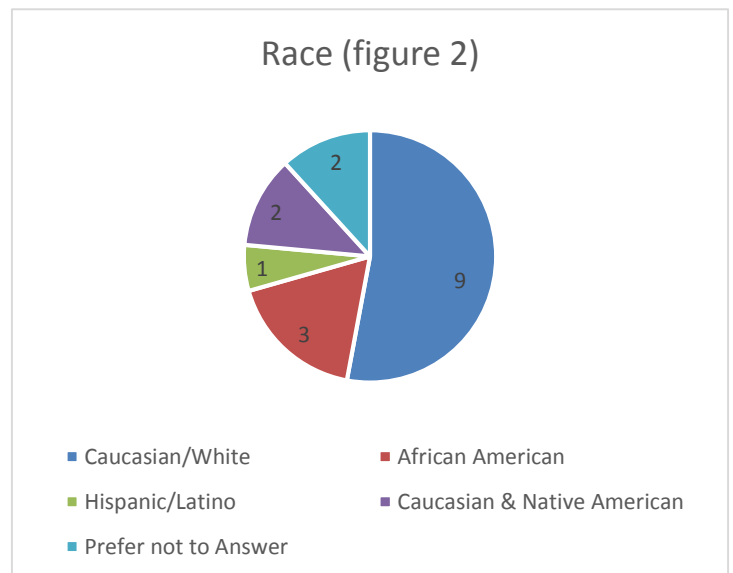
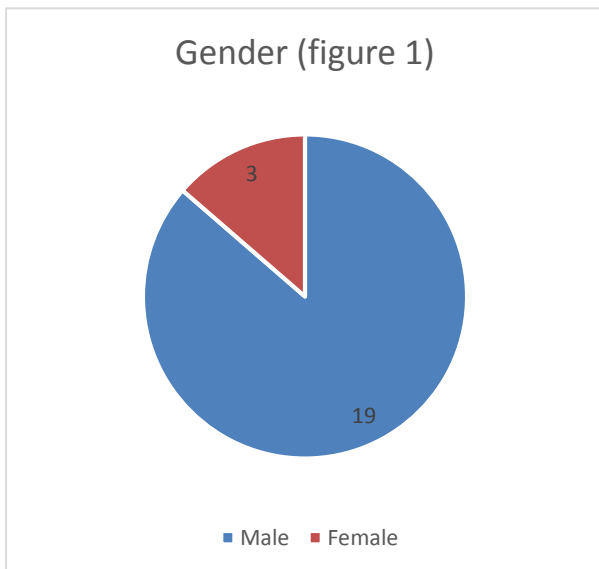
With the large number of Social Security claimants that require a deeper evaluation of their mental health disability, it is difficult to ensure that all relevant information is sufficiently considered. However, it seems almost impossible for a disability determination examiner to always fully understand the extent that a disability affects each individual's life completely accurately. In fact, the only people who wholly understand the impact of a mental health disability may be the claimants themselves. Conversely, most often a claimant's word would not be adequate to justify a beneficiary determination for a variety of reasons. That's not to say that the inclusion of an individual's personal description of his or her impairment alongside the other evaluating materials may contribute to a more holistic consideration of the claimant's disability.

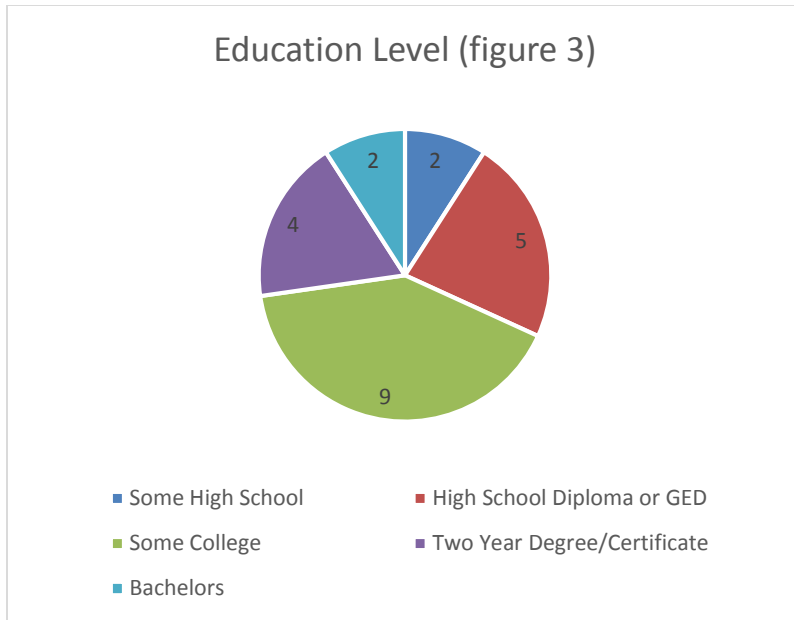
Specifically, this information is expected to lead to the development of a self-reporting tool that could be used by claimants during the disability determination process to allow them to more accurately and more thoroughly report their functionalities, impairments, and the help they receive to complete daily tasks. As an instrument that is filled out by the claimant before the disability evaluation process begins, this tool would ensure that the claimant has the chance to

express every challenge that is imposed by their disability. A checklist or listing of questions considered by the claimant, based on the draft provided as an appendix, might increase the amount of information the claimant can provide about his or her regular functioning and supports. The claimant would have the time to reflect upon the reference questions throughout his or her day to most accurately report the extent of impairment his or her disability inflicts. Making a record of what functions an individual can and cannot perform independently while carrying out his or her day enhances the validity of their report. For example, a claimant may recollect that they eat breakfast alone every morning, and note that they can independently serve themselves a meal. However, when the individual is completing this self-report tool, he or she may realize that it is actually their spouse that prepares most of the meal each day. It could also increase the probability that DDS has collected as much data as possible to make the most accurate evaluation of an individual’s disability.

Findings and Results

The final participant pool included twenty-two United States veterans with psychiatric disabilities who have applied for social security benefits within the past five years. Of this sample, three participants were female veterans and nineteen were male veterans (See figure 1). Fourteen participants identified as being solely Caucasian, while two participants identified as being both Caucasian and Native American. Three participants identified as African American, one as Hispanic or Latino, two chose not to answer (See figure 2). Lastly, most of the participants of this study indicated that they attended “some college”, while only two stated that have their bachelors. No participants marked that they attended further education past the bachelor’s level (See figure 3).





At the beginning of each interview, participants were asked to rate from zero to ten on a Likert scale the friendliness of the claims representative (CR) in the field office, the effectiveness of the methods used to evaluate their disability, the easiness of the questions asked of them and the extent that they felt their disability was appropriately understood. These variables’ maximum, minimum and mean ratings are presented in Table 1 (note: data units are rounded to nearest whole).

Table 1

Variable	Minimum	Maximum	Average
Friendliness	0	10	6
Effectiveness	0	10	5
Easiness	4	10	8
Extent Appropriately Understood	0	10	4

The remainder of the interview consisted of open-ended questions that were analyzed qualitatively that focused on the veterans’ experience with their initial meeting SS personnel and their experiences with the psychiatric examination process. In relation to the initial meeting, there were three major themes that were presented to a significant extent through the interviews. First, a large majority of participants admitted that when they went in to complete the initial SSDI paperwork, the manner of the individual they met with was extremely disruptive to the process. Several veterans stated that the “cold and unfriendly” tone of the field office staff provoked a high level of anxiety and stress throughout the meeting. Participants explained that,

because they felt so uncomfortable and patronized, they struggled to effectively remember and discuss their disability to the upmost extent. Secondly, many veterans admitted to not fully understanding the questions, but not feeling comfortable enough to request a further explanation. The complexity of the application process as a whole was frequently brought up by participants. Many participants mentioned feeling overwhelmed and lost by the density of the documents and release forms. Several veterans reported that they felt the need to hire a lawyer to assist in deciphering the numerous legal documents and forms that were included in the process. The third and last significant finding related to this portion of the SSDI application process relates to the veterans' struggle with working with several Social Security staff members at one time. Numerous participants claimed that they would meet with one staff member, be telephoned by another and be e-mailed by a third. The veterans explained that this lead them to be confused and overwhelmed. Some of the participants also stated that they never knew who to contact with questions or concerns at any given time.

Consultative examinations with psychiatrists are completed if insufficient evidence is received from the claimant. When interviewing the participants about their experience with this evaluation, four significant themes surfaced throughout the interviews. One of the ideas that many of the participants discussed with me was the issue of medication side effects. Several veterans posited that the disruptive side effects from medications that they were prescribed for their primary disability were severe enough to be considered a secondary disability. However, participants explained Social Security Disability benefits application did not sufficiently take into account this aspect of their disability. Furthermore, many veterans did not feel that the personal records (i.e. medical records, counseling records, etc.) that they consented to release would not accurately present the impairing side effects as well. A second finding that was frequently mentioned throughout the research interviews was the issues related to veterans feeling that they needed to "front" their disability's symptoms when meeting with the psychiatrist. One participant stated that, while he knew his PTSD was severe, he "wasn't going to go into a room with a complete stranger and start flipping over chairs because of flashbacks." A large majority of the participants stated that they felt the need to embellish their disability in order to receive the appropriate financial assistance. While all of the participants in this study have applied for SSDI for a psychiatric disability, the idea that there was a major focus on medical impairments during the psychiatric assessment was patterned throughout my findings as well. A large amount of participants stated that the psychiatric concentrated too heavily on the medical aspects of disability instead of the psychological or cognitive manifestations of their disabilities. Lastly, the issue of direct versus indirect questions was raised throughout numerous of the research interviews with veterans. Participants explained that the psychiatric assessment contained a high number of indirect questions, such as "are you able to shower by yourself?" or "are you able to grocery shop independently?" but a very minimal amount of direct questions about a claimant's disability, such as "how does your disability affect your daily routine?" The was a high volume of concern on the part of participants relating to the psychiatrist not attending to all of the different domains of daily life that are affected by their disabilities.

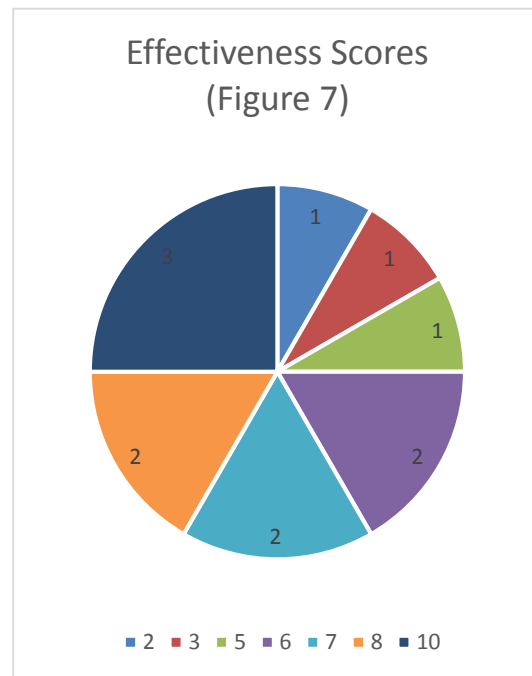
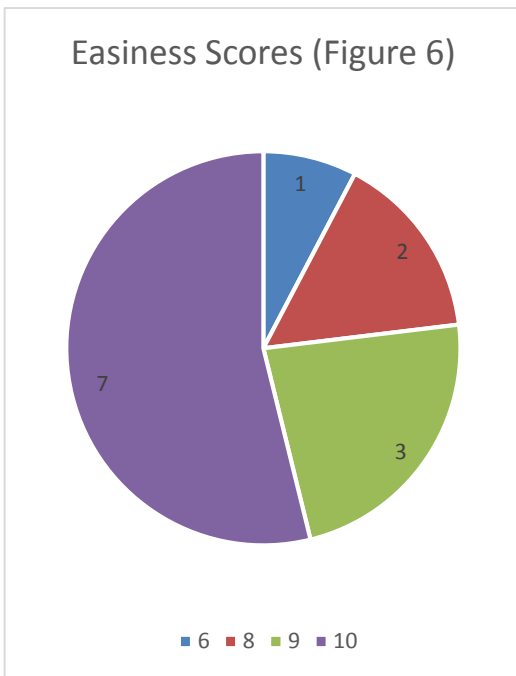
Of the twenty-two veterans that completed the first round of interviews, thirteen were able to return for the follow-up meeting. The questions that addressed participants' ratings of four variables related to their application experience (the friendliness of the evaluator, the effectiveness of the methods used to evaluate their disability, the easiness of the questions asked

of them and the extent that they felt their disability was appropriately understood) from the first interview were asked a second time during the second interview. The data revealed several discrepancies between many of the participants' two ratings of the four variables. For example, one participant offered an easiness score of 10 during the first interview, and a second easiness score of 3 in the follow-up interview. See Table 2 for comparison (note: data units are rounded to nearest whole).

Table 2

Variable	Minimum	Maximum	Average
Friendliness	0	10	8
Effectiveness	0	9	5
Easiness	0	10	7
Extent Appropriately Understood	0	8	5

The second round of interviews focused on receiving feedback from participants about the self-report tool that was distributed to them during the initial interviews. Again, participants were asked to rate the tool on a Likert scale from zero to ten their opinions of how easy the tool was to understand and how effective the tool was in addressing one's functional ability. The average easiness score was a rating of 9, with the highest score being 10 and lowest score being 6. The data distribution is represented in figure 6. The average effectiveness score was a rating of 7, with a maximum rating of 10 and minimum rating of 2. This data is represented in figure 7 below.



In addition to asking participants to rate the self-report questionnaire on these two variables, qualitative data was also collected related to participants' feedback on how completely

the tool addresses all of the aspects of their disability. Specifically, the interviewees were given the opportunity to propose additions or alterations to the questions included on the tool. Several of the veterans discussed their struggles with concentration and memory as a result of their psychiatric disability, particularly when attempting to be successful in the work field. Many participants emphasized the importance of the cognition and memory domains on the tool, expressing how these sections dominantly applied to the manifestation of their disability. While no participants offered any specific recommendations in terms of taking out any of the tool's questions, a majority of the interviewees suggested adding more questions to cognition segment, or even adding a completely separate division that assesses memory and concentration.

Discussion and Implications

The three significant themes presented in the data related to participants' initial experience with the Social Security field office personnel were their disruptively unfriendly manner, the complexity of the application process, and the issues related to multiple parties being involved. As noted above, many veterans discussed how the unease resulting from the field office personnel's temperament may have impacted the effectiveness of the claimant's presentation of his or her disability. Because some of the veterans did not feel comfortable asking questions when they were unclear, or were just too anxious to remember all of the components of his or her disability, it is possible that the field office staffs' assessment was hindered. Having a pre-developed, self-reported illustration of one's disability, such as the proposed tool, may be extremely beneficial in these cases. A claimant is able to complete the tool prior to the application meeting at his or her own comfort and include all of the disability information that he or she believes to be relevant. This increases the likelihood that claimants have the opportunity to provide as much detail they feel necessary. In regards to the two other major findings, the complexity of the application process and the issue of having multiple parties involved in a claimant's case, the disability determination service is mandated to follow a set procedure in relation to the required paperwork and legal process of interacting with claimants. While these findings are considered significant due to their presented frequency, eliminating or altering these components of the SSDI process is unrealistic due to mandated and legal obligations.

The four major findings in relation to veterans' experience with the Social Security evaluating psychiatrists include the consideration to medication side effects, the inclination to exaggerate symptoms, the over-focus on medical components of disability and the issue of direct versus indirect questions about a claimant's disability. Medication side effects, such as fatigue, weakness or dizziness, can be extremely debilitating for individuals. It is crucial to take side effects into consideration when assessing the severity of an individual's disability. They significantly impact a person's functional ability. Therefore, I would suggest adding a domain on the proposed self-report questionnaire that address a claimant's medication's side effects if applicable. The inclination to exaggerate symptoms during a psychiatric assessment derives from the notion that an evaluator is likely unable to gather a holistic understanding of a claimant's disability, including exacerbations. However, in utilizing the proposed self-report tool, a claimant is able to provide a more in-depth explanation of his or her disability, and can specifically outline the severity of a disability and how it impacts his or her functional ability on a day to day basis. This tool will ideally remove the necessity of feeling obligated to embellish

disability symptoms in efforts to receive the deserved social security benefits. In regards to the participants' concerns on the medically focused portion of the assessment, this as well is likely a legally mandated procedure for Social Security psychiatric evaluators during the assessment process. While removing this step in the assessment process is unrealistic, utilizing the proposed tool may also help reassure claimants that their psychiatric disability is being presented and assessed in addition.

One of the most significant findings of this research relates to the extent that a disability evaluator is knowledgeable about veterans. The idea that the evaluating psychiatrists assigned to assess psychiatric disabilities may not have experience with veterans was frequently patterned in the responses from participants. As noted earlier, veterans are a unique population that require particular considerations when working with them. They are more prone to develop substance abuse disabilities along with many other types of disabilities that are co-morbid with post-traumatic stress disorder (PTSD) (Saxon, 2011). An evaluating psychiatrist who understands these risks may be better prepared to work with veterans and address the impact of their disabilities more effectively throughout an assessment.

A second important point of discussion relates to the finding that a large portion of participants expressed concerns related to not understanding the application and evaluation process. Several veterans mentioned that after they left their initial application meeting with the case worker in the SSA office, they were unclear about the next steps of the process. They explained that if they could be better "kept in the loop," then they would feel more confident that their disability has been properly understood and that their effort towards applying for Social Security Disability benefits was worthwhile. Throughout these discussions with veterans, many admitted that at some point throughout the application process, an evaluator provided some details about the claims process. However, it was reported that this information was difficult to grasp and not thorough enough for claimants to fully understand the next steps. It is important to note that the lack of understanding on the veterans' part could be a result of their psychiatric disability (i.e. cognitive impairments affecting memory or processing). A beneficial step to decrease this issue may be to provide claimants with an easy-to-understand, written description of the disability determination process. This information could be included with the initial application, and/or mailed out with any other documents sent to claimants. The detailed explanation may also include a "Frequently Asked Questions (FAQ)" section, along with the appropriate SSA employee contact information for claimants to reach out to with any questions or concerns. With this addition, claimants will likely feel more comfortable with their experience applying for Social Security Disability benefits, thus will ease the application process.

Lastly, the final data collected related to the participants' experience with the proposed self-report tool revealed significant implications for the development of an effective addition to the disability determination process. The two average ratings evaluating the tool's effectiveness of assessing one's functional ability and tool's easiness to understand were both above average (the effectiveness score mean was 7 and the easiness score mean was 9). Therefore, it can be concluded that the sample at hand found this self-report tool a beneficial contribution to the disability evaluation application process. However, the issue of how participants' mental illness symptoms impact their concentration and memory capabilities was consistently mentioned by veterans throughout the interview. These two aspects of cognition may be difficult to assess

through an isolated disability evaluation. For example, in responding to my interview questions, there were a few participants who seemed to remember their experience applying for social security benefits better at some times than at others. I also found that maintaining focus on the general interview subject matter was difficult, as interviewees would frequently insist on discussing less relevant experiences throughout the interviews. An example that illustrates this scattered thinking is revealed in the quantitative data. There are four questions that were asked during the initial interview with participants that are repeated in the second interview that require a numerical rating of certain aspects of participants' experiences applying for disability benefits. Several of the participants produced responses to these quantitative questions that varied significantly between the two interviews. If a client struggles with concentration and memory, the very nature of these variables may decrease the likelihood that a claimant is able to remember and effectively express the extent that they interfere with activities of daily living (ADL) or common work skills. It may be beneficial to divide the "Cognition" section of the tool into smaller subdivisions address memory and concentration abilities. This will ensure that the severity of how a claimant's memory and concentration is impaired is fully expressed during the disability determination process. While considering a claimant's memory and concentration ability, a self-report tool that can be filled out throughout one's daily routine may be valuable for those who are more impaired. Claimants will be able to respond to the questionnaire as the issues arise throughout their day, and then would ideally be able to bring the tool to their disability assessment to resource as they present their disability's manifestations. Therefore, claimants and evaluators would need to rely less on memory and estimations throughout the disability determination evaluation process.

One of the major limitations of this research relates to the sample for this research. The participant eligibility requirements were United States veterans over that age of eighteen who had applied for social security disability benefits for a mental health disability within the past five years. There were four locations within Veteran's Inc. where I conducted interviews, all of which are in Massachusetts. There is a possibility that, because the participant state of residence is limited to only one state and one service agency, the results are not generalizable to veterans across the country. I recommend that future research geographically widen the sample pool to increase the validity of this research.

Three of these Veteran Inc. sites are located in Worcester, Massachusetts. This city struggles with 23.6% of its residents living below the poverty level in 2009, compared to 13.4% of Massachusetts residents living below the poverty level (Worcester, Massachusetts Poverty Rate Data, 2015). In addition, two of these locations are homeless shelters, while the third was a transitional housing organization for veterans. Because a majority of the data that was collected derived from interviewees living in these forms of housing in this city, the economic status of participants may have been a confounding variable of the research outcomes. Participants may have felt a more significant necessity to receive disability benefits due to their financial situations than those who resided in a more financially supported environment. Therefore, the surfacing of biases against Disability Determination Services (DDS) from those who were not deemed eligible for disability benefits may impact the data collected through participant responses. Conversely, it is possible that those participants who *were* determined eligible for disability benefits may also have a bias in favor of Disability Determination Services due to the financial assistance they are receiving.

One last limitation of this research relates to the difficulties associated with recruiting a sufficient sample size. As previously mentioned, I distributed \$5.00 Dunkin' Donut gift cards to each participant at each interview as an incentive for participation (i.e. a participant received a \$5.00 gift card at the first interview and a second \$5.00 gift card after the second interview). However, recruiting eligible participants became more complex than anticipated, even with these gift cards. Due to the privacy regulations at Veterans Inc., I was required to work through case managers to seek out eligible participants. I did not have access to the veterans' personal records, thus I relied on case managers to seek out and inform qualified veterans about the research interviews. However, I provided no incentive to case managers to put in the effort to assist in participant recruitment, other than informing them of how they will contribute to beneficial research. I attempted to be persistent in contacting case managers to maintain communication with them throughout the interview periods; however, there were not many that actively and consistently supported my efforts to identify and meet with eligible individuals. In the end, I was only able to meet with twenty-two veterans for interviews, which is eight short of my initial intentions. If this research was conducted a second time, I would suggest considering ways to motivate case managers to become more involved with the research process, or configure a way to have direct access to participant records evidencing eligibility.

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References

- Anthony, W. (2012). Predicting the vocational capacity of the chronically mentally ill: Research and policy implications. *American Psychologist*, 39(5), doi: 10.1037/0003-066X.39.5.537
- Beckham, J. C. (2012). Financial Well-Being and Postdeployment Adjustment Among Iraq and Afghanistan War Veterans. *Military Medicine*, 177, 669-675.
- Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press
- Buist-Bowman, M. (2007). *Functional limitations associated with mental disorders: Inescapable fact or avoidable reality?* Gronigen, Netherlands: University of Gronigen Medical Center.
- Covert, B. (2013, 11 11). The four biggest economic challenges veterans face. Think progress, Retrieved from <http://thinkprogress.org/economy/2013/11/11/2922311/veterans-economy/>
- Department of Veteran Affairs. (2009). *National center for veterans analysis statistics*. Retrieved from <http://www.va.gov/>
- Fox, D. (1994). Observations on disability evaluation in the social security administration. *Journal of Social Behavior and Personality*, 9, 237-246. Retrieved June 2, 2014, from <http://www.dennisfox.net/papers/ssa-disability.html>
- NCH software. (2014). Express Scribe Transcription Software (Free edition) [Software]. Available from <http://www.nch.com.au/scribe>
- Olsen, A. (2006). Military veterans and social security. *Social Security Bulletin*, 66(2), Retrieved from <http://www.ssa.gov/policy/docs/ssb/v66n2/v66n2p1.html>
- Lee, D., Reynolds, C. & Willson, V. (2003). Standardized test administration: Why bother? *Journal of Forensic Neuropsychology*, 3, 55-81.
- Saxon, A. (2011). Returning veterans with addictions. *Psychiatric Times*.
- Scientific Software Development. (2014) Atlas.ti (version 7) [Software]. Available from <http://www.atlasti.com/qualitative-data-analysis-softw.html>.
- Social Security Administration. (2014). *Mental disorders: Adults*. Retrieved from <http://www.ssa.gov/disability/professionals/bluebook/12.00-MentalDisorders-Adult.htm>
- Studwell, K. (2014). *The critical need for mental health professionals trained to treat post-traumatic stress disorder and traumatic brain injury*. Retrieved from <http://www.apa.org/about/gr/issues/military/critical-need.aspx>
- Tanielian, T. (2008). *Invisible wounds of war*. Santa Monica CA: RAND Corporation. Retrieved from http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf
- Watson, T. S., & Steege, M. W. (2003). *Conducting school-based functional behavioral assessments: a practitioner's guide*. New York: Guilford Press.

Williams, D. W. (2013, July 2). Personality tests? they rarely predict an employee's job performance. Retrieved from <http://www.tlnt.com/2013/07/02/personality-tests-they-rarely-predict-an-employees-job-performance/>

Worcester, Massachusetts Poverty Rate Data. (2015). Retrieved April 23, 2015, from <http://www.city-data.com/poverty/poverty-Worcester-Massachusetts.html>

Appendix A

Complete the following questions while they occur throughout your day. For the multiple choice questions, circle the most appropriate response. There is a comments area under every question to note your individual observations or explanations along with your responses.

Role Functioning

1. Beginning yesterday, and going back 30 days, how many days out of the past 30 days were **totally unable** to carry out your normal daily activities?

2. Beginning yesterday, and going back 30 days, how many days out of the past 30 days did you require more than usual assistance with your daily activities?

Self Care

3. How much assistance do you require when you go out? (e.g. shopping, library, bank)

(Consider transportation, financial support, supervision, carrying items, etc.)

4. How efficiently can you use household tools? (E.g. telephone, computer, stove, microwave)

(If you don't own one of the follow, write N/A)

- a. Completely independently
- b. Some supervision
- c. Requires assistance
- d. Cannot use

Comments:

5. How independently can you manage your personal hygiene routine? Consider using the toilet, taking a shower/bath, appropriately dressing self, etc.

- a. Completely independently
- b. Some supervision
- c. Requires assistance
- d. Cannot manage my personal hygiene and grooming routines myself.

Comments:

6. How much assistance do you require in maintaining a residence? Consider appropriate housekeeping, organization, paying bills, etc.

- a. Completely independently
- b. Some supervision
- c. Requires assistance
- d. Cannot maintain home appropriately alone.

Comments:

7. How often do you meet with your friends or family?

- a. More than once a week
- b. About once a week
- c. Two to three times a month
- d. Once a month
- e. Less than once a month
- f. I don't meet with friends or family every

Comment:

8. How effectively would you say your interactions in the community are? (E.g. checking out with a cashier, ordering food at a restaurant)

- a. Completely normal alone, no issues
- b. Require some assistance/supervision to clearly convey myself
- c. Often has issues interacting with people in the community
- d. Always has issues interacting with people in the community

Comment:

14. In the past 30 days, how much difficulty have you had concentrating on something for ten minutes?

1 2 3 4 5

No difficulty

Extreme difficulty

15. In the past 30 days, how much difficulty have you had remembering to do important tasks?

1 2 3 4 5

No difficulty

Extreme difficulty

16. In the past 30 days, how much difficulty have you had learning new tasks?

1 2 3 4 5

No difficulty

Extreme difficulty

Participation

17. In the past 30 days, how disruptive would you say your psychiatric disability has been to your general mood?

1 2 3 4 5

Not at all

Extremely

18. During the past 30 days, how much of a problem did you have in joining in community activities (e.g., religious or other activities) because of your psychiatric disability?

1. 2 3 4 5

No difficulty

Extreme difficulty

Appendix B

Have you ever applied for Social Security benefits?

Be part of a movement.

We are looking for veterans to be interviewed about their experience with the disability determination process in order to improve the effectiveness of benefits eligibility evaluation.

Participant eligibility includes:

- a) Being a United States veteran
- b) Being 18 years old or over
- c) Having a psychiatric diagnosis or history or treatment
- d) Having applied within the past 5 year

For more information or to sign up, please contact your case manager

Appendix C

Informed Consent

Principal Investigators: Mackenzie Dezieck, Rehabilitation Counseling Graduate Student, Assumption College

1. Purpose of the Study: This study will examine the systematic intake challenges of the disability determination process for veterans with mental illness.

2. Procedures Experienced by Participants: First, you will be asked to answer some demographic questions. Next, you will be interviewed about your experience of the disability determination process. You will then be given a type of questionnaire at the end of the interview to review over the following few weeks. Then, you will be interviewed a second time about your opinions and feedback about the questionnaire and its effectiveness of its inclusion in the disability determination process. Both interviews will be audio recorded for the exclusive purpose of ensuring accurate data collection. Participation should take approximately 40 to 60 minutes per interview.

3. Confidentiality and Anonymity: Only the investigator listed above will have access to your responses, which will ensure your confidentiality. Additionally, identifying information will be separated from your responses, thereby ensuring that your responses remain confidential. Audio recordings will be summarized in writing using a pseudonym, and the recording deleted. All written documents will use a pseudonym, and any identifying information will be removed. A list of participant names and pseudonyms will be kept in a separate locked cabinet. All data, including audio recording and questionnaires, will be locked in a cabinet. In the end, the only information being shared with the Social Security Administration is a report with a summary of the recurring themes from interviews and a proposed format for a pre-interview checklist for claimants.

4. Your Rights: You have the right to decline participation without any penalties or prejudice because participation is strictly voluntary. Additionally, at any point in the study if you do not feel comfortable or no longer want to participate, you have the right to withdraw from the study without prejudice or penalty. You may choose to skip or not answer any of the questions without penalty. You may also contact the primary investigator (whose name, email address and telephone number appear at the bottom of this form) at any time with any questions regarding the study.

5. Risks and Benefits of being a Participant: No physical, psychological, or emotional risks are associated with this study. At any time during your participation, you are allowed to withdraw from this study without facing any penalties. Participation in the study will not impact your relationship with your case manager, Veterans Inc., or the Social Security Administration, and will not have an effect on the benefits or services that you receive. A potential benefit is that you might have a better understanding of how psychological research is conducted. If participation in the study causes you distress at any time, you are able to seek out support from the counselors at Veterans' Inc.

SYSTEMATIC EVALUATION CHALLENGES & MENTAL DISABILITIES

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More Information:

If you have any questions or concerns, you may the following resources:

The principal researcher: Mackenzie Dezieck Mackenzie.dezieck@assumption.edu

The faculty advisor: David Hagner, David.Hagner@unh.edu

IRB chair: Dr. Alison Cares, 508-767-7608, a.cares@assumption.edu

By signing my name below, I certify that I have given my full consent to participate in this study. I am at least 18 years of age or older, have a documented psychiatric diagnosis and history of treatment, am a United States Veteran, and have applied for Social Security benefits within the last five years. I have read this form and fully understand the content.

Signature

Date

Appendix D

Thank you for participating in the following interview. Please answer the following questions by checking the box that most closely reflects you.

Your gender:

- Male
- Female
- Other _____
- Prefer not to answer

What do you identify your ethnicity as?

- White/Caucasian
- African American/Black
- Hispanic/Latino
- Native American
- Asian
- Other _____
- Prefer not to answer

What is your highest level of education?

- Some high school
- High school diploma or equivalent degree
- Some college
- Associates/Certificate or two year equivalent
- Bachelors
- Masters
- Other _____
- I prefer not to answer

Appendix E

Interview Questions: Phase One

1. In what year did you apply for social security benefits?
2. How were you feeling during your first meeting with the disability determination evaluator?
3. How was your psychiatric disability evaluated?
 - Did you meet with an evaluator through the disability determination department?
 - Did they rely on medical records about your disability?
4. What types of questions were you asked throughout the different meetings you have with the disability determination evaluator?
5. How would you describe the examiner? (e.g. friendly, cold, etc.)
6. How would you describe how you were feeling throughout the evaluation process? (e.g. stressed, relaxed, dehumanized, etc.)
7. Did you complete any standardized testing during the disability determination process?
8. Did you attend the evaluation process alone or did somebody accompany you?
9. Did you feel like your disability was presented to the upmost extent?
10. How long did it take to hear back from the social security administration?
11. Overall, how easy and effective was your experience with the disability determination evaluators?
12. On a scale from 1 to 10, 1 being “not at all”, and 10 being “very much”:
 - How friendly was the examiner?
 - How effective do you believe their evaluation was of your disability?
 - How clearly do you believe that the disability determination evaluation understood the complete impact of your disability?
 - How easy were the questions they asked to answer?
13. Is there any other information that you can tell me about your experience with the disability determination process?
14. What suggestions might you have for the social security administration in terms of bettering the process for you?
 - To ensure that your disability is properly presented?
 - To make the process as easy as possible for you?

Appendix G

Interview Questions: Phase Two

1. On a scale from 1 to 10, 1 being “not at all”, and 10 being “very much,” when you applied for social security benefits:
 - How friendly was the examiner?
 - How effective do you believe their evaluation was of your disability?
 - How clearly do you believe that the disability determination evaluation understood the complete impact of your disability?
 - How easy were the questions they asked to answer?
2. What was your initial impression of the questionnaire tool?
3. How fully do you think this questionnaire tool grasped your functional ability?
 - From 1 to 10?
4. How easy were the questionnaire questions to answer?
 - From 1 to 10?
5. Were there any questions on the questionnaire you would take out?
 - Why?
6. Which questions did you find to be particularly important?
7. What questions, if any, would you add to the questionnaire?
8. How do you think distributing this questionnaire to individuals applying for social security benefits would affect the evaluation process?
9. Do you have any further suggestions for the questionnaire tool?

Appendix H

Debriefing

Thank you for participating in the interview process of this research project. The aim of this research is to evaluate and ideally improve the disability determination process in evaluating the eligibility of veterans with mental health disabilities for social security benefits. The questionnaire that you were given is a sample tool that was developed to assist individuals in better presenting the severity and limitations that are present due to his or her mental health disability during the disability determination process.

If you have any further questions, comments or concerns, please contact the research director, Mackenzie Dezieck

Mackenzie.dezieck@assumption.edu