Rating Mental Impairment with AMA Guides 6th edition: Practical Considerations and Strategies

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Outline

- Focus on implementing the new mental WPI determination method
- Assumptions before you start
- Overview of the method and scoring
- Details of the GAF, the PIRS, and the BPRS
- Implications and Expected Controversies
- Report Format
- Summary and Recommendations
- (Worked Case Example)

The Revised SABS Definition

- “Subject to subsections (2) and (5) a mental or behavioural impairment, **excluding traumatic brain injury**, determined in accordance with the rating methodology in Chapter 14, Section **14.6 of the American Medical Association’s *Guides to the Evaluation of Permanent Impairment*, 6th edition**, 2008, that, when the impairment score is combined with a physical impairment described in paragraph 6 in accordance with the combining requirements set out in the Combined Values Table of the American Medical Association’s *Guides to the Evaluation of Permanent Impairment*, 4th edition, 1993, results in 55 percent or more impairment of the whole person.”

Assumptions before you start

- Use section 14.6 only, not the rest of Chapter 14 of the 6th edition:

  - The New SABS definition does not refer to the whole chapter
  - There are problematic sections of Guides 6, Chapter 14
  - For example, Guides 6 Chapter 14 excludes Pain Disorders, Substance Abuse Disorders and Conversion Disorder from consideration → likely conflicts with SABS impairment definition

Assumptions before you start

- The general principles of rating impairment from Guides 4th edition Chapter 14 apply to completing ratings using Section 14.6 (especially for the PIRS and GAF):

  - Diagnosis one factor to be considered, but not sole criterion
  - Assessing motivation (impairment) is crucial
  - Need to thoroughly review the impairment history, rehabilitation, treatment
  - What constitutes “permanent” (Chapter 2)
  - Effects of Structured settings
  - Effects of Medications, Rehabilitation
  - Special Impairment Categories: Substance abuse, pain, malingering

Overview of Method: 6th ed. Chapter 14.6

1. The rating method is to be embedded in a normal complete examination procedure: “Clearly, interview, review of records, mental status exam, along with assessment of these 3 scales will provide an excellent basis for arriving at a strongly supportable impairment rating.” (Page 355)

2. Derive **three scores** using three different scales:
   a. **Brief Psychiatric Rating Scale (BPRS)**
   b. **The Global Assessment of Functioning Scale (GAF)**
   c. **The Psychiatric Impairment Rating Scale (PIRS)**

3. **Transform (weight)** each of the scores to obtain three mental (whole person) impairment scores according to the Chapter 14.6 tables

4. **Choose the Median** (middle) Value of the 3 impairment scores

The Global Assessment of Functioning scale (GAF)

- Constituted Axis V of the DSM-IV and DSM-IV-TR
- Dropped by the DSM-5
- A 100-point single item rating scale for evaluating overall symptoms, as well as social and occupational/school functioning
- Decreasing scores denote greater impairment

The GAF

- Reliability was acceptable for research studies with rater training, but is likely no better than acceptable in routine clinical use (icc ~0.6)

- Major limitation has always been rating symptom severity and functional impairment on one scale

- However, the direction of AMA Guides 6, section 14.6 (despite typo): "**The GAF is based only to psychological, social and occupational <u>functioning</u>.** Do not include impairment in functioning due to physical or environmental limitations." (Page 356)

The GAF Impairment scale

5-point jump in mental WPI for every 10 point decrease in the GAF

Text anchors for every 10 points on GAF

For the vast majority of persons in motor vehicle accidents, the maximum WPI score will be 20%

TABLE 14-10

Impairment Score of Global Assessment of Functioning Scale (GAF)

GAF	Description	GAF Impairment Score
91–100	No symptoms; superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities	0%
81–90	Absent or minimal symptoms (eg, mild anxiety before an exam); good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (eg, an occasional argument with family members)	0%
71–80	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (eg, difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (eg, temporarily falling behind in school work)	0%
61–70	Some mild symptoms (eg, depressed mood and mild insomnia) *or* some difficulty in social, occupational, or school functioning (eg, occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships	5%
51–60	Moderate symptoms (eg, flat affect and circumstantial speech, occasional panic attacks) *or* moderate difficulty in social, occupational, or school functioning (eg, few friends, conflicts with coworkers)	10%
41–50	Serious symptoms (eg, suicidal ideation, severe obsessional rituals, frequent shoplifting) *or* any serious impairment in social, occupational, or school functioning (eg, no friends, unable to keep a job)	15%
31–40	Some impairment in reality testing or communication (eg, speech is at times illogical, obscure, or irrelevant) *or* major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (eg, depressed adult avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school)	20%
21–30	Behavior is considerably influenced by delusions or hallucinations *or* serious impairment in communication or judgment (eg, sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) *or* inability to function in almost all areas (eg, stays in bed all day; no job, home, or friends)	30%
11–20	Some danger of hurting self or others (eg, suicide attempts without clear expectation of death, frequently violent, manic excitement) *or* occasionally fails to maintain minimal personal hygiene (eg, smears feces) *or* gross impairment in communication (eg, largely incoherent or mute)	40%
1–10	Persistent danger of severely hurting self or others (eg, recurrent violence) *or* persistent inability to maintain minimal personal hygiene *or* serious suicidal act with clear expectation of death	50%

The GAF: rating recommendations

- Given the direction provided in Section 14.6, complete the GAF based upon **functioning only**, discarding symptom severity

- In considering functioning, the GAF should be completed based upon "psychological, social and occupational/school functioning" only

- Indirect methods for assessing occupational functioning may be necessary for person who have never returned to work (due to physical impairments, environmental limitations, no work history)

The GAF: rating recommendations

- **Expected problems/complications in rating with the GAF:**

- The choice between symptom severity and functional impairment will continue to arise

- Due to the translation table for GAF impairment, GAF ratings that fall at the intersection between 10-point ratings are problematic, and the choice made by the assessor affects the GAF impairment rating by 5%

- There can be a divergence between social and occupational functioning that makes choosing the right 10-point range difficult

The Psychiatric Impairment Rating Scale (PIRS)

- Originally developed in New South Wales
- Captures behavioural/functional consequences of mental disorders on **6 subscales** that each measure a domain of functional impairment on a **5-point scale**
- Psychometric properties not well established in research or clinical practice settings

The PIRS

- The six domains measured:

  - Self-care, Personal Hygiene, and Activities of Daily Living
  - Role Functioning, Social and Recreational Activities
  - Travel
  - Interpersonal Relationships
  - Concentration, Persistence, and Pace
  - Resilience and Employability

The PIRS

- Each of the 6 subscale scores are ordered (least to greatest), and **the middle two scores are added, then transformed** to the PIRS impairment score

- The score range of each scale is 1 to 5, and hence (combining the 2 middle scores) the **combined score range is 2 to 10**.

- The sum of the two median scores is transformed into the PIRS impairment score according to a Table in Section 14.6:

The PIRS Impairment score derivation

As will be seen in the rating of individual domains, scores above 6 (and especially above 7) will be infrequent

TABLE 14-17

Impairment Score of Psychiatric Impairment Rating Scale (PIRS)

Sum of PIRS Middle Scores	PIRS Impairment Score
2	0%
3	5%
4	10%
5	15%
6	20%
7	30%
8	40%
9–10	50%

TABLE 14-11

Self-Care, Personal Hygiene, and Activities of Daily Living

1	No deficit, or minor deficit attributable to the normal variation in the general population.
2	Mild impairment. Able to live independently; looks after self adequately, although may look unkempt occasionally; sometimes misses a meal or relies on take-out food.
3	Moderate impairment. Can't live independently without regular support. Needs prompting to shower daily and wear clean clothes. Does not prepare own meals, frequently misses meals. Family member or community nurse visits (or should visit) 2–3 times per week to ensure minimum level of hygiene and nutrition.
4	Severe impairment. Needs supervised residential care.
5	Totally impaired. Needs assistance with basic functions, such as feeding and toileting.

TABLE 14-12

Role Functioning, Social and Recreational Activities

1	No deficit, or minor deficit attributable to the normal variation in the general population. Regularly participates in social activities that are age, sex, and culturally appropriate. May belong to clubs or associations and is actively involved with these.
2	Mild impairment. Occasionally goes out to such events without needing a support person but does not become actively involved (eg, dancing, cheering favorite team).
3	Moderate impairment. Rarely goes out to such events, and mostly when prompted by family or close friend. Will not go out without a support person. Not actively involved, remains quiet and withdrawn.
4	Severe impairment. Never leaves place of residence. Tolerates the company of family member or close friend but will go to a different room or place when others come to visit family or flat mate/roommate.
5	Totally impaired. Cannot tolerate living with anybody, extremely uncomfortable when visited by close family member.

TABLE 14-13

Travel

1	No deficit, or minor deficit attributable to the normal variation in the general population. Can travel to new environments without supervision.
2	Mild impairment. Can travel without support person but only in a familiar area such as local shops or a neighbor.
3	Moderate impairment. Cannot travel away from own residence without support person. Problems may be due to excessive anxiety or cognitive impairment.
4	Severe impairment. Finds it extremely uncomfortable to leave own residence even with trusted person.
5	Totally impaired. May require 2 or more persons to supervise when traveling.

TABLE 14-14

Interpersonal Relationships

1	No deficit, or minor deficit attributable to the normal variation in the general population. No difficulty in forming and sustaining relationships (eg, partner, close friendships lasting years).
2	Mild impairment. Existing relationships strained. Tension and arguments with partner or close family member, loss of some friendships.
3	Moderate impairment. Previously established relationships severely strained, evidenced by periods of separation or domestic violence. Spouse, relatives, or community services looking after children.
4	Severe impairment. Unable to form or sustain long term relationships. Preexisting relationships ended (eg, lost partner, close friends). Unable to care for dependents (eg, own children, elderly parent).
5	Totally impaired. Unable to function in society. Living away from populated areas, actively avoiding social contact.

TABLE 14-15

Concentration, Persistence, and Pace

1	No deficit, or minor deficit attributable to the normal variation in the general population.
2	Mild impairment. Can undertake a basic retraining course or a standard course of education or training at a slower pace. Can focus on intellectually demanding tasks for up to 30 minutes, then feels fatigued or develops headache.
3	Moderate impairment. Unable to read more than newspaper articles. Finds it difficult to follow complex instructions.
4	Severe impairment. Can read only a few lines before losing concentration. Difficulties following simple instructions. Concentration deficits obvious even during brief conversation. Unable to live alone or needs regular assistance from relatives or community services.
5	Totally impaired. Needs constant supervision and assistance in an institutional setting.

TABLE 14-16

Resilience and Employability

1	No deficit, or minor deficit attributable to the normal variation in the general population. Can work full time. Duties and performance are consistent with the injured worker's education and training. Able to cope with the normal demands of the job.
2	Mild impairment. Can work full time but with modifications, or can work in the same position a reduced number of hours per week.
3	Moderate impairment. Cannot work at all in same position. May be able to work in a less stressful occupation.
4	Severe impairment. Cannot sustain work over time in any position.
5	Totally impaired. Cannot work at all.

The PIRS

- For most persons examined under the SABS, the maximum PIRS rating for each scale will be as follows:
  - Self-care, Personal Hygiene, and Activities of Daily Living: 3
  - Role Functioning, Social and Recreational Activities: 3
  - Travel: **3**
  - Interpersonal Relationships: **4**
  - Concentration, Persistence, and Pace: 4
  - Resilience and Employability: 5

- Therefore, **the typical maximum PIRS score will be = 3 + 4 = 7, corresponding to 30% WPI**

The PIRS: Rating recommendations

- Rating with the PIRS requires **multiple** sources of information regarding functioning:

  - Patient's self-report
  - Collateral history
  - Functional testing and observations
  - History to adjudicate **functional independence**
  - Work history and rehabilitation attempts
  - Details regarding social functioning
  - Observed mental status
  - Information from File Documentation

The PIRS: Rating recommendations

- The key principle of impairment rating: base the ratings upon **convergent evidence** of a particular level of functioning/impairment that has **clinical plausibility**

- **Clinical plausibility** is determined by:
  - The expected impairments for a given diagnostic profile
  - The severity of the identified mental disorders
  - The degree of motivation impairment

- There is no substitute in this this rating process for appropriate clinical specialty mental health expertise and experience

The PIRS: Rating recommendations

- **Expected Complications from rating with the PIRS:**

- Rating Resilience and Employability in persons with no post-MVA work experience (e.g., due to physical impairments, no pre-MVA work)
  - Situational testing, work simulation, formal cognitive testing
  - Ultimately, clinical judgment with limited data will sometimes be necessary

- Using the examples/anchors for each score: must *all* conditions/examples be met, or just some?
  - Probably examples rather than necessary conditions;
  - Not an issue for all tables, some are very directive, ambiguities unlikely to arise

The Brief Psychiatric Rating Scale (BPRS)

- The BPRS measures major psychotic and non-psychotic symptoms in patients with major mental disorders
- Can be applied to outpatient or inpatient populations
- May be the most researched instrument in psychiatry
- The 24-item version used in Chapter 14.6 has excellent reliability

The Brief Psychiatric Rating Scale (BPRS)

- The expanded version of the BPRS used in Chapter 14.6 has symptom definitions, and specific anchor points for rating each BPRS symptoms

- Sample/suggested interviewing questions are also offered, but these are suggestions and some may be problematic

- Each of 24 items is rated on a 7-point scale (1. not present; 2. very mild; 3. mild; 4. moderate; 5. moderately severe; 6. severe; 7. extremely severe); the BPRS is the sum of scores of the 24 items

TABLE 14-8

BPRS Form[a]

Symptom Construct[b]	Scoring[c]						
1. Somatic concern	1	2	3	4	5	6	7
2. Anxiety	1	2	3	4	5	6	7
3. Depression	1	2	3	4	5	6	7
4. Suicidality	1	2	3	4	5	6	7
5. Guilt	1	2	3	4	5	6	7
6. Hostility	1	2	3	4	5	6	7
7. Elevated mood	1	2	3	4	5	6	7
8. Grandiosity	1	2	3	4	5	6	7
9. Suspiciousness	1	2	3	4	5	6	7
10. Hallucinations	1	2	3	4	5	6	7
11. Unusual thought content	1	2	3	4	5	6	7
12. Bizarre behavior	1	2	3	4	5	6	7
13. Self-neglect	1	2	3	4	5	6	7
14. Disorientation	1	2	3	4	5	6	7
15. Conceptual disorganization	1	2	3	4	5	6	7
16. Blunted affect	1	2	3	4	5	6	7
17. Emotional withdrawal	1	2	3	4	5	6	7
18. Motor retardation	1	2	3	4	5	6	7
19. Tension	1	2	3	4	5	6	7
20. Uncooperativeness	1	2	3	4	5	6	7
21. Excitement	1	2	3	4	5	6	7
22. Distractability	1	2	3	4	5	6	7
23. Motor hyperactivity	1	2	3	4	5	6	7
24. Mannerisms and posturing	1	2	3	4	5	6	7

[a] BPRS indicates Brief Psychiatric Rating Scale.

[b] Construct items 1 to 14 are rated on the basis of the individual's self-report; items 5 to 24, on the basis of observed behavior and speech. Sum the total of the 24 scores.

[c] 1 indicates not present; 2, very mild; 3, mild; 4, moderate; 5, moderately severe; 6, severe; and 7, extremely severe.

The BPRS

- Because the BPRS also covers symptoms found primarily in psychotic disorders and bipolar disorder, several items will often be scored as 1. (none) in SABS cases:

  - Elevated mood
  - Grandiosity
  - Hallucinations
  - Unusual thought content
  - Bizarre behavior
  - Conceptual disorganization (i.e., thought disorder)
  - Mannerisms and posturing

Items of the BPRS: an Overview

(**bold** = most relevant to SABS cases; * = rate by observation; ∞ = key items)

- **Somatic concern∞**
- **Anxiety∞**
- **Depression∞**
- **Suicidality∞**
- **Guilt∞**
- **Hostility**
- Elevated mood
- Grandiosity
- Suspiciousness
- Hallucinations
- Unusual thought content
- Bizarre behavior
- **Self-neglect**
- **Disorientation**
- Conceptual disorganization*
- **Blunted affect***
- **Emotional withdrawal*∞**
- Motor retardation*
- **Tension*∞**
- **Uncooperativeness***
- Excitement*
- **Distractibility*∞**
- Motor hyperactivity*
- Mannerisms and posturing*

BPRS

- Recommendations for using the BPRS:
  - The combination of direct observation, direct questions, and psychological test data used to score each item may vary, **but having an organized approach to assess each item in is crucial; rating some items will require additional direct interview questions**
  - The semi-structured format of the BPRS provides detailed symptom/sign definition for each item and extensive text anchors → implies that **the expanded version should be consulted to rate some items during the examination;** other items can be scored afterwards

1. Somatic Concern

Degree of Concern Over Present Bodily Health

Rate the degree to which physical health is perceived as a problem by the individual, whether complaints have realistic bases or not. Somatic delusions should be rated in the severe range with or without somatic concern. Note: Be sure to assess the degree of impairment due to somatic concerns only, and not other symptoms, such as depression. In addition, if the individual rates 6 or 7 due to somatic delusions, then you must rate Unusual Thought Content (symptom 11) at least 4 or above.

Symptom Severity	Symptom
1. Not present	
2. Very mild	Occasional somatic concerns that tend to be kept to self
3. Mild	Occasional somatic concerns that tend to be voiced to others (eg, family, doctor)
4. Moderate	Frequent expressions of somatic concern or exaggerations of existing ills ***or*** some preoccupation, but no impairment in functioning. Not delusional.
5. Moderately severe	Frequent expressions of somatic concern or exaggerations of existing ills ***or*** some preoccupation and moderate impairment of functioning. Not delusional.
6. Severe	Preoccupation with somatic complaints with much impairment in functioning ***or*** somatic delusions without acting on them or disclosing to others
7. Extremely severe	Preoccupation with somatic complaints with severe impairment in functioning ***or*** somatic delusions that tend to be acted on or disclosed to others

BPRS Somatic Concern

- “Somatic Concern” as defined appears to capture somatic ruminations, but also somatic delusions at the extreme
- Pain ruminations might be capture by instruments such as the Pain Catastrophizing Scale or the P3, but adjudicating the frequency of expressions of somatic concerns requires observation or direct questioning
- Despite reputation of BPRS as focused in symptoms, functional considerations influence the ratings
- This items illustrates the requirement for a custom examination procedure to rate some items

BPRS: Anxiety

2. Anxiety

Reported apprehension, tension, fear, panic, or worry. Rate only the individual's statements, not observed anxiety, which is rated under Tension.

Symptom Severity	Symptom
1. Not present	
2. Very mild	Reports some discomfort due to worry ***or*** infrequent worries that occur more than usual for most normal individuals
3. Mild	Worried frequently but can readily turn attention to other things
4. Moderate	Worried most of the time and cannot turn attention to other things easily but no impairment in functioning ***or*** occasional anxiety with autonomic accompaniment but no impairment in functioning
5. Moderately severe	Frequent, but not daily, periods of anxiety with autonomic accompaniment ***or*** some areas of functioning are disrupted by anxiety or worry
6. Severe	Anxiety with autonomic accompaniment daily but not persisting throughout the day ***or*** many areas of functioning are disrupted by anxiety or constant worry
7. Extremely severe	Anxiety with autonomic accompaniment persisting throughout the day ***or*** most areas of functioning are disrupted by anxiety or constant worry

Sample Questions

- Have you been worried a lot during [*mention time frame*]? Have you been nervous or apprehensive? (What do you worry about?)
- Are you concerned about anything? How about finances or the future?
- When you are feeling nervous, do your palms sweat or does your heart beat fast (or shortness of breath, trembling, choking)?
- [*If individual reports anxiety or autonomic accompaniment, ask the following*] How much of the time have you been [*use individual's description*]?
- Has it interfered with your ability to perform your usual activities/work?

BPRS: Anxiety

- Assessing the presence of anxiety could be measured as disorders, or more dimensionally (e.g., with the DASS-21), but excluding observable dimensions of anxiety

- However, to derive the precise rating, additional interview questions related to the time duration and frequency are probably required

- Without careful review and acquaintance with the definition and rating anchors, deviance from the recommended scoring would be common

- This item illustrates the need for a prospective organized assessment approach to completing the BPRS

BPRS Depression

3. Depression

Include sadness, unhappiness, anhedonia and pre-occupation with depressing topics (can't attend to TV or conversations due to depression), hopeless, loss of self-esteem (dissatisfied or disgusted with self or feelings of worthlessness). Do not include vegetative symptoms (eg, motor retardation, early waking, or the amotivation that accompanies the deficit syndrome).

Symptom Severity	Symptom
1. Not present	
2. Very mild	Occasionally feels sad, unhappy, or depressed
3. Mild	Frequently feels sad or unhappy but can readily turn attention to other things
4. Moderate	Frequent periods of feeling very sad, unhappy, moderately depressed, but able to function with extra effort
5. Moderately severe	Frequent, but not daily, periods of deep depression *or* some areas of functioning are disrupted by depression
6. Severe	Deeply depressed daily but not persisting throughout the day *or* many areas of functioning are disrupted by depression.
7. Extremely severe	Deeply depressed daily *or* most areas of functioning are disrupted by depression

Sample Questions

- How has your mood been recently? Have you felt depressed (sad, down, unhappy, as if you didn't care)?
- Are you able to switch your attention to more pleasant topics when you want to?
- Do you find that you have lost interest in or get less pleasure from things you used to enjoy, like family, friends, hobbies, watching TV, eating?

[*If individual reports feelings of depression, ask the following*]:

- How long do these feelings last?
- Has it interfered with your ability to perform your usual activities?

BPRS Depression

- Assessing the presence and significance of depressive symptoms can be accomplished with many standard approaches

- Examples include diagnostic interviewing, use of one or two of many standard depression rating scales

- However, determining the frequency and persistence of depressed mood throughout a day, and/or the degree of functional impairment directly attributable to depression, will require direct interviewing

The BPRS: Issues arising from use

- Interviewer and response burden may be high, particularly if added to a comprehensive psychiatric or psychological examination
- Most items cannot be completed based upon the self-reported answers to one or two interview questions or response items
- Thoughtful completion of the BPRS in many cases requires considerable specialty mental health experience in diagnosis and phenomenology

Maximum BPRS scores in most SABS cases
(total = 88)

- **Somatic concern 7**
- **Anxiety 7**
- **Depression 7**
- **Suicidality 4**
- **Guilt 5**
- **Hostility 5**
- Elevated mood 1
- Grandiosity 2
- Suspiciousness 2
- Hallucinations 1
- Unusual thought content 1
- Bizarre behavior 1
- **Self-neglect 4**
- **Disorientation 4**
- Conceptual disorganization 1
- **Blunted affect 6**
- **Emotional withdrawal 5**
- Motor retardation 2
- **Tension 6**
- **Uncooperativeness 5**
- Excitement 4
- **Distractibility 5**
- Motor hyperactivity 2
- Mannerisms and posturing 1

TABLE 14-9

Impairment Score of Brief Psychiatric Rating Scale (BPRS)

BPRS Summed Score	BPRS Impairment Score
24–30	0%
31–35	5%
36–40	10%
41–45	15%
46–50	20%
51–60	30%
61–70	40%
71–168	50%

Report Format

- Section 14.6 of the AMA Guides 6th edition provides no example of the format for the impairment rating report, but there is no reason to deviate from the normal comprehensive report format

- AMA Guides 4th edition, Chapter 14 provides a sample report format

- There is no doubt that Section 14.6 of the 6th edition intended to be part of a comprehensive exam process, as indicated on Page 355: “Clearly, interview, review of records, mental status exam along with assessment of these 3 scales will provide an excellent basis for arriving at a strongly supportable impairment rating”

Report Format

- Given that the mental WPI score is directly derived from the specific scores of three rating scales, the rating rationale will not be transparent without **detailed rating disclosure** in reports:

  - At a minimum, documentation of the individual item scores in the report (or Appendix)

  - Should also include **rationale and evidence for the ratings** (possibly some details in an Appendix), as well as actual rating calculations

Implications of Using Chapter 14.6, 6th edition

- The AMA Guides 6th Tables that transform the scores from the 3 rating scales to mental impairment scores will result is a significant **discounting** of mental WPI compared to the current SABS methods

- The magnitude of the discount is complicated to calculate due to the fact that only the Median (middle) score of the three scales is chosen using Chapter 14.6

Implications of using Chapter 14.6, 6th edition

- If the maximum feasible WPI scores for the MVA population with the 3 scales are:
  - GAF: 20% WPI
  - PIRS: 30% WPI
  - BPRS: 50% WPI

- Then the median score of 30% WPI will be maximum.

- More realistically, Mild mental impairments will be 5% WPI, Moderate 10-15%, and Marked 20% → implying **a 50 to 66% discount**

Implications of using Chapter 14.6, 6th edition

- Pain, a ubiquitous symptom of most persons completing catastrophic impairment examinations, is measured indirectly:

  - The explanation of an illustrative example (page 364) of Chapter 14.6 states that for the ratings in the 6th edition of physical impairment, “the psychological issues are encompassed within the rating for physical impairment”, and separate mental impairment ratings should not be made!

  - This comment likely conflicts with 4 edition Chapter 14 pain guidance

  - Only one item on the BPRS potentially captures pain (Somatic Concern)

  - The functional influences of pain likely reflected in the GAF and PIRS

Implications of using Chapter 14.6, 6th edition

- Because the rating system of Chapter 14.6 is more determinate and concrete (when compared to 4th edition methods), **apportionment** may be more feasible (for cases with pre-existing mental impairments with detailed pre-MVA psychological or psychiatric reports).

- Although the choice of the three constituent scales used in Chapter 14.6 may be questioned, the principle of measuring an abstract concept (“mental impairment”) in different ways and then taking the median value does adhere to sound measurement theory principles

Implications of using Chapter 14.6, 6th edition

- The time required to complete a report and gather the clinical evidence to complete the ratings will be considerable, and in several respects separate from the determination of ordinal mental impairment ratings using Chapter 14 of the 4th edition

- Realistically, the WPI determination report for Criterion 7 will be a separate examination and report.

Summary

- Implementing the rating method of Chapter 14.6 of the 6th edition will require considerable re-configuration of the examination process compared to the Chapter 14, 4th edition examination

- Completing the BPRS will likely require examination procedures that involve direct patient interviewing and other structured assessment procedures

- Obtaining ratings using the GAF and PIRS will be best accomplished utilizing multiple data sources, and examining for convergent evidence supporting a particular level of functioning that has clinical plausibility

Summary

- Adequate transparency for catastrophic impairment reports will require disclosure of individual item scores and the rationale for at least the most important items within reports

- While the more structured and direct rating methods of Chapter 14.6 may offer opportunities (increased reliability, opportunities for apportionment analysis), there will be significant complications