



Office of Hearings Operations

Recent Updates to SSA's Mental Listings and Assessment of Mental Impairments

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Disclaimer

- The written content of the presentation has been approved by the appropriate authorities within SSA.
- Any comments I make beyond what is written or responses I may give to questions asked during the presentation have not been approved – I do not speak on behalf of SSA during these times.
- I am not attempting to speak on behalf of the Agency, nor am I in any way trying to influence VE or ME testimony, except to encourage you to follow existing law and policy.

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Goals and Objectives

- Goals
 - Discuss the updated mental disorder listing
 - Review the revised "paragraph B and C criteria" in each listing
 - Discuss the definition of a severe mental impairment
 - Discuss assessment of RFCs
- Objectives
 - MEs will better understand the updated mental disorder listings
 - VEs and MEs will better understand mental functioning definitions in the mental disorder listings and RFCs
 - VEs and MEs will leave this session with increased knowledge of how to incorporate the updated listings and definitions into hearing testimony

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Background

- On September 26, 2016, the agency published final rules revising the medical criteria for evaluating mental disorders ([81 FR 66138](#)).
- The revisions became effective January 17, 2017, and include changes regarding how we evaluate the severity of mental impairments.
- The changes to the mental disorder listings reflect our evolving understanding of mental disorders.

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Overview of Notable Regulation Changes

- **Updated medical language:** Listing titles and language updated to reflect the terminology used in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5)
- **Intellectual disorder:** Substantial changes to the structure of 12.05/112.05 (discussed in detail later)
- **New listings:** Neurodevelopmental disorders (12.11/112.11), post-traumatic stress disorder (12.15/112.15), eating disorders (12.13/112.13), and developmental disorders in infants and toddlers (112.14)
- **“B” criteria:** Changes to the “B” criteria paragraph titles (discussed in detail later)

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Overview (cont.)

- **“C” criteria:** Simplified “C” criteria, for applicable listings (discussed in detail later)
- **Test scores:** The agency removed all references to using standardized test scores for rating degrees of functional limitations for adults, *except* for the intellectual disorder listing

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Overview (cont.)

- Listing 12.09: Listing 12.09 removed, but we note that the materiality standard for drug and alcohol addiction cases still applies
- Definitions of effects of mental disorders: The new rules provide definitions for the five-point scale used to evaluate the effects of mental disorders (discussed in detail later)
- “Mild,” “Moderate,” and “Severe”: To preclude any misunderstanding by claimants, these terms should not be used to describe a claimant’s mental residual functional capacity (RFC)

Changes to the B Criteria

- In the new listings, the “Paragraph B” criteria are the four broad areas of mental functioning that a person uses in a work setting, and in everyday life:
 - B1: understand, remember, or apply information;
 - B2: interact with others;
 - B3: concentrate, persist, or maintain pace; and
 - B4: adapt or manage oneself.
- A claimant has to demonstrate a limitation in only *one* part and not in each of the three parts of “understand, remember, or apply information” and “concentrate, persist, or maintain pace.”
- The greatest degree of limitation in any part of a paragraph B1, B3, or B4 will be the degree of limitation for that *whole* area of functioning.

Changes to the B Criteria (cont.)

- Paragraph B1, “understand, remember, or apply information,” is new to the listings, and concerns learning, recalling, and using information to perform work activities.
- Paragraph B2, “interact with others,” has remained largely the same as social functioning from prior listings. Likewise, Paragraph B3, “concentrate, persist, or maintain pace,” has remained largely the same as concentration, persistence, or pace, from prior listings.
- Paragraph B4, “adapt or manage oneself,” is also new to the listings, and comprises regulating emotions, controlling behavior, and maintaining well-being in a work setting.

Changes to the B Criteria (cont)

- Paragraph B no longer includes activities of daily living (ADLs) or episodes of decompensation as separate areas of functioning. However, we still consider evidence regarding a person's daily activities and the chronic nature of his or her impairments when rating the degree of limitation in the new Paragraph B areas of mental functioning.

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Paragraph B1 – Understand, Remember, or Apply Information	Paragraph B2 – Interact with Others	Paragraph B3 – Concentrate, Persist, or Maintain Pace	Paragraph B4 – Adapt or Manage Oneself
Examples of this area of mental functioning include:			
<ul style="list-style-type: none"> Understanding and learning terms, instructions, and procedures Following one- or two-step oral instructions to carry out a task Describing work activity to someone else Asking and answering questions and providing explanations Recognizing a mistake and correcting it Identifying and solving problems Sequencing multi-step activities Using reason and judgment to make work-related decisions 	<ul style="list-style-type: none"> Cooperating with others Asking for help when needed Handling conflicts with others Stating one's own point of view Initiating or sustaining conversation Understanding and responding to social cues, including physical, verbal, and emotional cues Responding to requests, suggestions, criticism, and challenges Keeping social interactions free of excessive irritability, sensitivity, argumentativeness, or suspiciousness 	<ul style="list-style-type: none"> Initiating and performing a task that the person understands and knows how to do Working at an appropriate and consistent pace Completing tasks in a timely manner Ignoring or avoiding distractions while working Changing activities or work settings without being disruptive Working close to or with others without interrupting or distracting them Sustaining an ordinary routine and regular attendance at work Working a full day without needing more than the allotted number or length of rest periods 	<ul style="list-style-type: none"> Responding to demands Adapting to changes Managing psychologically based symptoms Distinguishing between acceptable and unacceptable work performance Setting realistic goals Making plans independently of others Maintaining personal hygiene and attire appropriate to a work setting Being aware of normal hazards and taking appropriate precautions

Paragraph B1 – Understand, Remember, or Apply Information	Paragraph B2 – Interact with Others	Paragraph B3 – Concentrate, Persist, or Maintain Pace	Paragraph B4 – Adapt or Manage Oneself
Types of Evidence – Medical and Mental Health Treatment Records			
<ul style="list-style-type: none"> Short-term and long-term memory function and the ability to follow through with medical advice and a prescribed treatment regimen Whether the person has adequate insight about his or her impairment and prognosis 	<ul style="list-style-type: none"> Information about the person's interactions with medical providers and staff Diagnoses for the person's mental disorders Information the person provides about his or her relationships 	<ul style="list-style-type: none"> Diagnoses for the person's mental disorders Prescriptions for medications to improve concentration 	<ul style="list-style-type: none"> Observations about the person's ability to maintain appropriate hygiene and attire Discussions about how the person isolates and manages difficult situations Whether the person has conflicts with medical staff
Types of Evidence – Psychological Evaluations			
<ul style="list-style-type: none"> Details of the background information the person provided the examiner, particularly about his or her employment and medical histories Information about the person's performance during the mental status examination 	<ul style="list-style-type: none"> How easy or difficult it was to establish rapport with the person Whether the person maintained appropriate eye contact and demeanor Whether the person exhibited indications of discomfort Information the person provided about the types and frequency of his or her social activities 	<ul style="list-style-type: none"> Whether the person can perform simple math calculations, such as serial 7s and serial 9s If the person is able to stay on task during the evaluation Whether the person can maintain a conversational exchange with the examiner 	<ul style="list-style-type: none"> Information about the person's ability to manage symptoms and control his or her moods Medical source statements about the person's ability to adapt to changes

Changes to the C Criteria

- Redefined at 12.00G2
- Your mental disorder in this listing category is "serious and persistent;" that is, you have a medically documented history of the existence of the disorder over a period of at least 2 years, and there is evidence of both:
 - C1: Medical treatment, mental health therapy, psychosocial supports, or a highly structured setting(s) that is ongoing and that diminishes the symptoms and signs of the mental disorder; and
 - C2: Marginal adjustment, that is, minimal capacity to adapt to changes in the environment or to demands that are not already part of daily life

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Changes to the Psychiatric Review Technique

- The Psychiatric Review Technique (PRT) is the process of evaluating mental impairments in adults in Steps Two and Three of the sequential evaluation process.
 - At Step Two, we use the four Paragraph B areas of mental functioning to assess whether an adult's mental impairment is severe.
 - At Step Three, we use the Paragraph B areas of mental functioning to assess whether an adult's mental impairment meets a listing.
- The introductory text to the mental listings defines each of the five points on the scale for rating the extent of the claimant's limitations in the Paragraph B areas of mental functioning. Those ratings are: no limitation, mild limitation, moderate limitation, marked limitation, and extreme limitation.

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Changes to the PRT (cont)

- The Paragraph B areas of functioning and the Mental Residual Functional Capacity (MRFC) are similar, though not exactly the same, and the Paragraph B ratings should be internally consistent with the degree of limitation assessed in the MRFC.
- While the Paragraph B ratings are not a substitute for and do not direct the MRFC, they should inform it.

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The Five Points on the Rating Scale

- No limitation (or none): You are able to function in this area independently, appropriately, effectively, and on a sustained basis.
- Mild limitation: Your functioning in this area independently, appropriately, effectively, and on a sustained basis is slightly limited.
- Moderate limitation: Your functioning in this area independently, appropriately, effectively, and on a sustained basis is fair.
- Marked limitation: Your functioning in this area independently, appropriately, effectively, and on a sustained basis is seriously limited.
- Extreme limitation: You are not able to function in this area independently, appropriately, effectively, and on a sustained basis.

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PRT: Severe Impairment

'B' Criteria of the Listings

12.02 – Neurocognitive Disorders

Understand, Remember, or Apply Information:	mild
Interact With Others:	mild
Concentrate, Persist, or Maintain Pace:	none
Adapt or Manage Oneself:	moderate

Impairment is severe 

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PRT: Severe Impairment

'B' Criteria of the Listings

12.02 – Neurocognitive Disorders

Understand, Remember, or Apply Information:	mild
Interact With Others:	none
Concentrate, Persist, or Maintain Pace:	mild
Adapt or Manage Oneself:	mild

Impairment is not severe

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Non-Severe Impairments - Children

Definition:

- 20 CFR 416.924(c)
- POMS DI 25220.005
- "A slight abnormality . . . that causes no more than minimal functional limitations."

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Changes to Listing 12.05 Intellectual Disorder

- The medical definition of Intellectual Disorder has three parts:
 - Significant deficits in general intellectual functioning
 - Significant deficits in adaptive functioning, and
 - Onset during the developmental period
- Revised Listing paragraphs 12.05A and 12.05B each have subparagraphs for each element of this medical definition, and Listing 12.05 is satisfied by the criteria in 12.05 A or 12.05 B.
- We only evaluate Intellectual Disorder under listing 12.05. The diagnosis *intellectual disability* describes a very specific type and degree of deficits in general intellectual functioning and deficits in adaptive functioning that are first apparent in childhood. Intellectual disability is NOT the same as borderline intellectual functioning or a learning disorder.

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Changes to 12.05 (cont)

- Intellectual Disorder is a static impairment, so the person's functioning will not change much over time. Some people with Intellectual Disorder can and do perform SGA. If the claimant's impairment satisfies the criteria for listing 12.05 at the time of adjudication, and all other requirements for disability are met, then the established onset date will be the date that the person stopped earning SGA.

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Questions?
