



Desk Reference To Assist With Interpretation of Psychological Evaluations

by Vincent Greenwood, PhD

Executive Director Washington Center for Cognitive Therapy

Copyright © 2014 by Washington Center For Cognitive Therapy

Table of Contents

Preface	1
Description of Sections	2
Section 1: Purpose of the Evaluation	4
Benefits of the Psychological Evaluation	4
Reasons for Referral	5
Section 2: Wechsler Adult Intelligence Scale-IV	7
Description of WAIS-IV Indexes	7
Description of WAIS-IV Subtests	8
Table One — IQ Levels & Descriptions	10
Section 3: Description of the Woodcock-Johnson-III Tests of Academic Achievement (WJ-III)	11
Sample Questions from Each Test	13
Explanation of Statistics	14
Table Two: Relationship between the Standard Score, Percentile Rank and Classification	15
Table Three: Criterion Referenced Interpretation of RPI Scores	15
Sample Compuscore Report	17
Sample Proficiency Profile Report	18
Section 4: Mood & Personality Inventories	21
The Burns Depression Inventory	22
The Burns Anxiety Inventory	23
Attention Deficit Disorder Symptoms Self-Report Form	25
Young Lifetrap Inventory	26

Section 5: Functional Assessment Measures	27
Functional Rating Scales	27
Limitations in Functional Capacity	27
Cognitive Domain Scale	30
Cognitive Impact Table	31
Section 6: Functional Limitations Associated with Different Client Groups	35
Functional Limitations for Students with Learning Disabilities	35
Learning Disabilities: Functional Limitations in the Work Arena	35
Functional Limitations in Individuals with Substance Abuse Disorders that might Pose Barriers to Employment	39
Functional Limitations Due to Psychiatric Disability	41
Section 7: Vocational Strategies and Accommodations for Different Psychiatric Groups	43
Section 8: Relevant Changes in DSM-5, including the Introduction of World Health Organization Disability Schedule	46
Changes in Specific Diagnostic Groups in DSM-5	47
World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0)	51
WHODAS 2.0	52
Section 9: Handouts	52
Request for Psychological Evaluation	53
The Psychological Evaluation	54
Directions to Office	55
Notification of Appointment	56
WHODAS 2.0 (Handout)	57

Preface

The Psychological Evaluation Desk Reference is designed to help the rehabilitation professional secure the maximum amount of useful information from the evaluations provided by the psychologist. The material in the Desk Reference is based on work with customers referred for evaluations by Rehabilitation Services Administration (RSA) or non-profit social service organizations whose mission is to serve disabled and/or disenfranchised citizens of the District of Columbia. The hoped-for-outcome is that the Desk Reference will be a useful tool for rehabilitation professionals in the following ways:

- Assist in the interpretation of the tests administered by explaining the statistics generated by the various tests. Also, qualitative descriptions of the tests are presented to provide an in-depth understanding of what is being measured in the tests. Hopefully, this might generate more specific recommendations and rehabilitation strategies for a particular client.
- Highlight the relevant changes in DSM-5 (updated version of the Diagnostic and Statistical Manual that all mental health professionals should be referencing by the end of 2014). This section includes a description of the World Health Organization Disability Assessment Schedule (WHODAS 2.0), which is now the instrument required in making a formal diagnosis. This standardization results in a shared vocabulary for mental health and rehabilitation professionals to communicate about functional limitations.
- Pinpoint the common functional limitations for the most frequently seen customers seeking help from RSA and/or other social service organizations. Accommodations and possible rehabilitation strategies are also suggested for these various groups of disabled citizens. This material might serve as a useful starting point to generate ideas for the rehabilitation planning for a particular customer

Description of Sections

The purpose of this desk reference is to provide a user-friendly guide to help vocational rehabilitation counselors interpret and take full advantage of the psychological evaluation. There are nine sections to the desk reference.

SECTION 1: BENEFITS OF THE PSYCHOLOGICAL EVALUATION

In this section, the basic benefits of the psychological evaluation are noted. Various reasons for referral are offered. Counselors are encouraged to suggest additional reasons for referral that can be added to the desk reference. While determining eligibility for services is often the primary reason for referral, pinpointing other questions to be addressed can only help the psychologist conduct a more useful evaluation.

SECTION 2: WECHSLER ADULT INTELLIGENCE SCALE

This section is devoted to a description of the Wechsler Adult Intelligence Scale-IV. The four basic intellectual indexes comprised in the WAIS-IV are described. This is an advance over WAIS -III which only had two indexes, a verbal IQ and a nonverbal IQ. Greater refinement in identifying different dimensions in intelligence enhances our ability to understand a particular client's intellectual strengths and weaknesses.

Each of the four indexes contains a number of subtests. Each of these subtests is described and what each subtest attempts to measure is outlined. Finally, a table with IQ levels, their accompanying descriptive classifications and percentile ranks is provided.

SECTION 3: WOODCOCK-JOHNSON TESTS OF ACHIEVEMENT

This section describes the Woodcock-Johnson Tests of Achievement (WJ-III), with a particular emphasis on explaining the statistics generated by the WJ-III. The test consists of four broad areas of academic functioning (reading, writing, math and oral language). The specific tests and what they measure in each of these areas is noted. A sample from each test is provided to give a sense of how the test is administered.

The subsection of statistics describes the critical statistics generated by the WJ-III. These include levels of development (age and grade equivalencies), standard scores, percentile ranks, and relative proficiency index. Classification schemes for these statistics are also provided. Finally, samples of the compuscore report and the proficiency profile report — typically included in the report sent to rehabilitation counselors — are offered, along with explanations of the abbreviations used in these forms.

SECTION 4: MOOD AND PERSONALITY INVENTORIES

This section provides reprints of some of the inventories that are typically administered to clients referred to me. They include measures of mood, attention and personality.

SECTION 5: FUNCTIONAL ASSESSMENT MEASURES

This section highlights the assessment of functional limitations. Assessment of functional limitations is essential to help determine eligibility for services; pinpoint barriers to employment; set realistic vocational, training and educational goals; and develop rehabilitation strategies tailored to functional limitations. Included in this section: a listing of the functional limitations domains emphasized in recent legislation by state rehabilitation agencies; and (2) a sample of functional assessment scales that may help the counselor “key in” to specific behaviors in the important domains of functioning.

SECTION 6: FUNCTIONAL LIMITATIONS WITH DIFFERENT CLIENT GROUPS

This section lists functional limitations that are common with different psychiatric and learning-disabled groups. The emphasis is on the impact of these functional limitations in the work arena.

SECTION 7: VOCATIONAL STRATEGIES FOR DIFFERENT PSYCHIATRIC GROUPS

Vocational strategies and accommodations for various psychiatric groups are outlined.

SECTION 8: DSM-5 AND WORLD HEALTH ORGANIZATION DISABILITY ASSESSMENT SCHEDULE

Relevant changes in DSM-5 are outlined. The World Health Organization Disability Assessment Schedule is presented.

SECTION 9: CLIENT HANDOUTS

Handouts to promote client understanding and compliance.

Section 1: Purpose of the Evaluation

BENEFITS OF THE PSYCHOLOGICAL EVALUATION

- Identifying any psychiatric or cognitive disability and suggesting a course of action. It is useful to ascertain the impact of the disability on the client's behavior. This enables the client and referral source to pinpoint obstacles to goal attainment.
- Providing an objective picture of the client's functional capacities and potential. This enables the client and referral source to generate realistic training, vocational and personal goals.
- Enhancing client self-understanding. The evaluation is a collaborative investigation of strengths and weaknesses. This can lead to an emotional and intellectual acceptance of the limitations imposed by the disability and/or identifying untapped and unrealized potential.
- Increasing access to community resources. The psychological evaluation is a formal, legal document that highlights the services needed by the client. Having such a document facilitates entry into and coordination with local health care providers and community resources.
- The evaluation can be instrumental in applying for certain entitlements, such as a reduced Metro fare card and social security disability benefits.

REASONS FOR REFERRAL

Below is a list of possible referral questions counselors might want addressed in the evaluation. This list is not exhaustive and is offered to help counselors pinpoint concerns they would want addressed in the psychological examination.

REFERRAL QUESTIONS:

A. Vocational/Training Issues

1. What is the best vocational/training “fit” given the clients’ intellectual strengths weaknesses?
2. Does the client possess certain skills or capacities that limit the vocational impact of the the disability?
3. Does the client’s disability present difficulties in any of the following areas of functioning?
 - Energy level Appearance
 - Concentration
 - Motivation to work
 - Productivity
 - Response to supervision
 - Hazard awareness
 - Decision-making
 - Travel to work
 - Relationship to peers/co-workers
 - Maladaptive or odd behaviors

B. INTELLECTUAL/ACADEMIC ISSUES

1. What is the general level of the client’s intellectual abilities?
2. What is the upper level of the client’s intellectual abilities?
3. Is the client’s educational record an accurate reflection of his capacity?
4. Is there a particular academic strength that suggests training or a vocational direction?
5. Does the client have a particular difficulty in reading, spelling, or arithmetic? If so, is that the result of an academic deficit or a learning disability?

PSYCHIATRIC/PERSONALITY ISSUES

1. Does the individual display a psychiatric disorder? What is the diagnosis and recommended treatment?
2. How disabling is the condition? Is there evidence of psychosis or poor reality testing? Is the client a risk to self or others?
3. Has the client developed undesirable psychological reactions to his disability? Has he overestimated or underestimated the impact of the disability? Is there a fear of social exposure of the disability? Is the disability used as a justification to not fulfill his potential?

4. What kind of work environment is the best fit with the client's personality style? (e.g. work alone or with others; responds well or poorly to supervision?)
5. What accommodations are appropriate for different psychiatric difficulties?

C. ATTENTION/CONCENTRATION

1. Does the client have difficulty concentrating or sustaining attention? If so, what is the source of the problem? (e.g. ADD vs. other psychiatric disorder vs. neurological dysfunction)
2. What are the vocational/training implications of the client's attention capacities?
3. Is the client easily distracted? Lose track of task?
4. Is there a difference between the client's visual and auditory attention capacities?

D. MEMORY ISSUES

1. What are the client's memory functions in terms of immediate, recent and remote memory? If there is a problem, what is the source of difficulty?
2. Vocational impact of memory problem
 - Immediate memory (e.g. difficulty retaining individual instructions for simple tasks)
 - Recent memory (e.g. requires reinforcement to retain information from day to day)
 - Remote memory (e.g. requires retraining of skill acquired years ago)

E. RECEPTIVE AND/OR EXPRESSIVE LANGUAGE ISSUES

1. Is there difficulty understanding messages, instructions, memos, etc?
2. Is there difficulty in expressing self and being understood by others?

F. EXECUTIVE FUNCTIONING ISSUES

1. Does the client have difficulty determining vocational goals?
2. Does the client have disorganized or unfocused job search strategies?
3. Does the client have difficulty scheduling time? Is he often tardy or miss deadlines?

G. SUBSTANCE ABUSE ISSUES

1. How severe?
2. Is there a coexisting psychiatric disorder?
3. Risk of relapse?
4. Relapse triggers?
5. What kind of environment is needed to support sobriety?

H. ANY OTHER SPECIFIC REFERRAL QUESTION OR CONCERNS

Section 2: Wechsler Adult Intelligence Scale-IV

DESCRIPTION OF WAIS-IV INDEXES

Verbal Comprehension Index

This index reflects an individual's ability to understand, use and think with spoken language. It also demonstrates the breadth and depth of knowledge acquired from one's environment. It measures the retrieval from long-term memory of such information.

Perceptual Reasoning Index

This index reflects an individual's ability to accurately interpret, organize and think with visual information. It measures nonverbal reasoning skills and taps into thinking that is more fluid and requires visual perceptual abilities.

Working Memory Index

This index reflects an individual's ability to take in and hold information in immediate awareness and then perform a mental operation on that information. It also measures the mental manipulation of number operations.

Processing Speed Index

This index reflects an individual's ability to process simple or routine visual information quickly and efficiently. It measures visual and motor speed.

DESCRIPTION OF WAIS-IV SUBTESTS

VERBAL COMPREHENSION SUBTESTS

Similarities

The subtest consists of 18 pairs of words. The client is asked to identify the qualitative relationship between the two words. This subtest reflects:

- abstract thinking skill
- concept formation skills
- verbal reasoning

Vocabulary

The vocabulary subtest requires the client to try to define up to 30 words. This subtest assesses the client's understanding of words and reflects:

- language development
- expressive language skills
- cultural and educational experiences
- ability to use words appropriately
- retrieval of information from long-term memory

Information

The information subtest consists of 26 questions aimed at determining how much general knowledge the client has accumulated from their environment. The subtest reflects:

- ability to learn and recall facts
- intellectual curiosity
- quality of education
- alertness to the environment
- retrieval of information from long-term memory

PERCEPTUAL REASONING SUBTESTS

Block Design

This subtest consists of two-dimensional designs which the client tries to copy using three dimensional blocks. This subtest can reflect:

- visual-motor skills
- ability to analyze geometric patterns
- part-whole recognition skills

PERCEPTUAL REASONING SUBTESTS (CONTINUED)

Matrix Reasoning

This is a nonverbal reasoning task in which individuals are asked to identify patterns in designs. This subtest measures:

- non-verbal reasoning skills
- broad visual intelligence
- perceptual organization skills

Visual Puzzles

In this subtest individuals view a completed puzzle and then select three response options that can be combined to reconstruct the puzzle. This subtest reflects:

- visual processing skills
- attention to details
- thinking with visual patterns
- fluid reasoning skills

WORKING MEMORY SUBTESTS

Digit Span

This test has three parts:

- Digit Span Forward (individual tries to repeat digits forward)
- Digit Span Backward (individual tries to repeat digits backward)
- Digit Span Sequencing (individual tries to repeat digits in ascending order)

This test measures:

- auditory recall
- short term memory
- working memory

Arithmetic

This subtest consists of 22 timed arithmetic problems to be solved without the use of pencil and paper. This subtest measures:

- calculation skills
- problem-solving skills
- mental manipulation of number operations
- working memory

PROCESSING SPEED SUBTESTS

Symbol Search

The client, under time pressure, scans a search group and indicates whether one of the symbols in the target group matches. This test measures:

- processing speed
- working memory with visual stimuli

Coding

In this subtest individuals are asked to record associations between different symbols and numbers within time limits. This subtest reflects:

- psychomotor speed
- ability to absorb new material
- visual motor speed
- drive for achievement

TABLE 1 — IQ LEVELS & DESCRIPTIONS

WAIS-IV IQ LEVELS, DESCRIPTIVE CLASSIFICATION AND PERCENTILE RANK

IQ Level	Descriptive Classification	Percentile
130+	Very Superior	98 - 99.9
120 to 129	Superior	91 - 97
110 to 119	High Average	75 - 90
90 to 109	Average	25 - 73
80 to 89	Low Average	9 - 23
70 to 79	Borderline	2 - 8
69 & below	Intellectual Disability	.01 - 2

Section 3: Description of the Woodcock-Johnson-III Tests of Academic Achievement (WJ-III)

The WJ-III is a comprehensive measure of individually administered educational tests. The Comprehensive Report provided to counselors captures a broad range of qualitative, developmental, proficiency, and peer-comparison information in a detailed narrative. The WJ-III is the instrument of choice that enables colleges to provide accommodations and develop academic remedial programs for students with learning disabilities.

The WJ-III contains a number of specific tests in four distinct academic areas. The four basic clusters with their accompanying tests are:

BROAD READING

This cluster includes:

■ **The Letter-Word Identification Test.**

This test measures an individual's ability to identify and correctly pronounce words.

■ **The Reading Fluency Test.**

This test measures the individual's ability to read simple sentences rapidly and smoothly with comprehension.

■ **The Passage Comprehension Test.**

This test measure the individual's ability to comprehend short passages.

BROAD WRITING

This cluster includes:

■ **The Spelling Test**

This test measures the individual's spelling skills.

■ **The Writing Test**

This test measure an individual's ability to write simple sentences rapidly and smoothly with comprehension.

■ **The Writing Samples Test**

This test requires the individual to write more complex sentences which are then evaluated with respect to the quality of expression.

BROAD MATH

This cluster includes:

■ **The Calculation Test**

This test measures the individual's ability to solve mathematical computations.

■ **The Math Fluency Test**

This test measures the individual's ability to rapidly perform simple math calculations.

■ **The Applied Problems Test**

This test measures the individual's ability to solve real world math problems.

ORAL LANGUAGE

This cluster includes:

■ **The Story Recall Test**

This test measures the individual's ability to listen to and recall details of stories.

■ **The Understanding Directions Test**

This test measures the individual's ability to listen to a sequence of instructions and then follow the directions.

■ **The Story Recall-Delayed Test**

This test measures the individual's ability to recall previously presented story details.

SAMPLE QUESTIONS FROM EACH TEST

Test 1: Letter-Word Identification

The task requires identifying and pronouncing isolated letters and words.

g r cat palm

Test 2: Reading Fluency (timed)

The task requires rapidly reading and comprehending simple sentences.

The sky is green.

You can sit on a chair.

A bird has four wings.

YES NO
 YES NO
 YES NO

Test 3: Story Recall (taped)

The task requires listening to passages of gradually increasing length and complexity and then recalling the story elements.

Martha went to the store to buy groceries. When she got there, she discovered that she had forgotten her shopping list. She bought milk, eggs, and flour. When she got home she discovered that she had remembered to buy everything except the butter.

Test 4: Understanding Directions

The task requires pointing to objects in a picture after listening to instructions that increase in linguistic complexity.

Point to the man on the bike. Go.

Before you point to the third car, point to the tree closest to a corner. Go.



Test 5: Calculation

The task includes mathematical computations from simple addition facts to complex equations.

$$2 + 4 =$$

$$3x + 3y = 15$$

Test 6: Math Fluency (timed)

The task requires rapid recall or calculation of simple, single-digit addition, subtraction, and multiplication facts.

8	7	6
-3	+7	-9

Test 7: Spelling

The task requires the written spelling of words presented orally.

Spell the word "horn." She played the horn in the band. Horn.

Test 8: Writing Fluency (timed)

The task requires quickly formulating and writing simple sentences using three given words and a picture prompt.

books

likes

read



Test 9: Passage Comprehension

The task requires reading a short passage silently and then supplying a key missing word.

The boy _____ off his bike. (Correct: fell, jumped)

The book is one of a series of over eighty volumes. Each volume is designed to provide convenient _____ to a wide range of carefully selected articles.

(Correct: access)

Test 10: Applied Problems

The task involves analyzing and solving practical mathematical problems.

Bill had \$7.00. He bought a ball for \$3.95 and a comb for \$1.20. How much money did he have left?

Test 11: Writing Samples

The task requires writing sentences in response to a variety of demands. The sentences are evaluated based on the quality of expression.



Write a sentence to describe the picture.

Test 12: Story Recall-Delayed

The task requires the student to recall, after a 30-minute to 8-day delay, the story elements presented in the Story Recall test.

Yesterday you heard some short stories. I am going to read a few words from the story and I want you to tell me what you remember about the rest of the story. "Martha went to the store..."

EXPLANATION OF STATISTICS

Three types of statistics or scores are generated by the WJ-III (A. level of development: B. comparison with peers and C. degree of proficiency) as detailed below:

LEVEL OF DEVELOPMENT

A. Age equivalents

An age equivalent (AE) or age score, reflects the client's performance in terms of age level in the norming sample at which the average score is the same as the client's score. For example, if a client named Sam is 18 years old and receives an AE of 12.1 on a particular test, the correct interpretation would be, "Test results indicate that Sam's performance on this test is comparable to that of an average 12 year old."

B. Grade equivalent

A grade equivalent (GE), or grade score, likewise reflects the client's performance in terms of the grade level of the norming sample at which the average score is the same as the client's raw score. For example, if a client named Rita, an 11th grader, received a GE of 6.5 on the Reading Fluency test, the correct interpretation would be, "Rita is an 11th grader who currently performs at the mid-sixth grade level in reading fluency."

COMPARISON WITH PEERS

A. Standard Score

The standard score (SS) on the WJ-III describes a client's performance relative to the average performance of the comparison group. The scale is the same as the IQ test. In other words, the average standard score is 100 with a standard deviation of 15. (See Table Two) For example, if a client named John had a standard score of 85 in the calculation test, he would be functioning in the low average range for that particular skill.

B. Percentile Rank

A percentile rank (PR) describes a client's relative standing to his or her peers on a scale of 1 - 100. Thus, a percentile rank of 6 would indicate that only 6 clients out of a hundred in a comparison group (similar age and education level) would score as low or lower.

TABLE TWO: RELATIONSHIP BETWEEN THE STANDARD SCORE, PERCENTILE RANK AND CLASSIFICATION

Score Range	Percentile Rank Range	Classification
131 and above	98 to 99.9	Very Superior
121 to 130	92 to 97	Superior
111 to 120	76 to 91	High Average
90 to 110	25 to 75	Average
80 to 89	9 to 24	Low Average
70 to 79	3 to 8	Low
69 and below	0.1 to 2	Very Low

c. Degree of Proficiency

Relative Proficiency Index (RPI) This statistic is particularly useful in predicting the client's adjustment to a particular academic program. The RPI predicts a client's level of proficiency on tasks that typical age or grade peer would perform with 90% proficiency. For example, suppose a particular client generated a RPI of 55/90 on the calculation test. This means that, on similar math tasks, the client would demonstrate 55% proficiency, whereas the same age or grade peer would demonstrate 90% proficiency. Please note the denominator in the RPI is always 90 (representing 90% efficiency on the test or task) whereas the numerator varies from 0 - 100 and represents how proficient the particular client tested is on that task. Table two presents the interpretations of RPI scores.

TABLE THREE: CRITERION REFERENCED INTERPRETATION OF RPI SCORES

Reported RPIs	Functionality	Implications For Academic Achievement
100/90	Very Advanced	Extremely Easy
98/90 to 100/90	Advanced	Very Easy
95/90	Within Normal Limits to Advanced	Easy
82/90 to 95/90	Within Normal Limits	Manageable
67/90 to 82/90	Mildly Impaired to Within Normal Limits	Difficult
24/90 to 67/90	Mildly Impaired	Very Difficult
3/90 to 24/90	Moderately Impaired	Extremely Difficult
0/90 to 3/90	Severely Impaired	Impossible

While each RPI score only measures a narrow slice of academic functioning, it provides a direction for specific remedial suggestions and strategies. It also “red flags” academic skill sets that might be a real struggle for a particular client. If the RPI is between 1/90 and 24/90 on a particular subtest, that means the client is quite impaired on that skill set compared to his peers. Therefore, this is a particularly useful statistic on predicting how one might fare in college.

An example of the compuscore report that is included in the psychological evaluation is on the next page. The compuscore report includes all of the statistics provided in the “Explanation of Statistics” section of this desk reference. Interpretation of the abbreviations in the compuscore report as well as a brief definition of the key statistics is provided below.

AE = Age Equivalent

The client’s performance on a particular task is presented in terms of the age level of an average performance on that task.

GE = Grade Equivalent

The client’s performance on a particular task is presented in terms of the grade level of an average performance on that task.

Easy to Diff = Easy to difficult

This statistic provides the age range of what the client would find easy to very difficult on a particular academic task.

RPI = Relative Proficiency Index

This statistic provides the level of proficiency on a particular task.

SS = Standard Score

This statistic compares the client’s performance to others of his age (average standard score is 100).

SAMPLE COMPUSCORE REPORT

Woodcock-Johnson III Normative Update Tests of Achievement (Form A) Woodcock Interpretation and Instructional Interventions Program, Version 1.1

Cluster/Test	Raw	W	AE	EASY to DIFF	RPI	SS (68% Band)	GE	
Oral Language (Std)	-	489	7-5	5-7	10-1	54/90	68 (63-73)	2.1
Brief Achievement	-	450	7-2	6-11	7-6	0/90	45 (43-47)	1.9
Broad Reading	-	453	7-0	6-9	7-5	0/90	43 (41-45)	1.7
Broad Math	-	471	7-4	6-8	8-0	1/90	43 (40-46)	2.0
Broad Written Lang	-	469	7-2	6-9	7-8	2/90	35 (31-40)	1.8
Brief Reading	-	435	6-10	6-7	7-1	0/90	33 (31-36)	1.5
Brief Math	-	461	7-3	6-9	7-9	0/90	45 (41-48)	1.9
Math Calc Skills	-	470	6-10	6-3	7-8	2/90	24 (19-29)	1.5
Brief Writing	-	465	7-1	6-10	7-6	1/90	52 (48-56)	1.8
Written Expression	-	475	7-4	6-10	8-0	5/90	49 (43-54)	2.0
Academic Skills	-	443	6-11	6-7	7-3	0/90	25 (23-28)	1.6
Academic Fluency	-	486	8-0	7-0	9-7	12/90	55 (52-58)	2.6
Academic Apps	-	464	7-1	6-9	7-6	1/90	45 (41-48)	1.8
Letter-Word Identification	28	423	7-0	6-10	7-3	0/90	43 (41-46)	1.7
Reading Fluency	33	490	8-11	7-7	11-2	14/90	72 (69-75)	3.5
Story Recall	-	492	6-7	3-10	11-7	69/90	66 (56-77)	1.3
Understanding Directions	-	487	7-8	6-5	9-7	38/90	71 (65-76)	2.4
Calculation	6	451	6-7	6-4	7-0	0/90	27 (21-33)	1.3
Math Fluency	36	490	7-11	5-11	10-4	26/90	46 (43-49)	2.6
Spelling	20	456	7-0	6-8	7-4	0/90	46 (42-50)	1.7
Writing Fluency	7	477	7-5	6-8	8-4	4/90	51 (46-57)	2.1
Passage Comprehension	13	446	6-7	6-4	6-10	0/90	49 (45-53)	1.3
Applied Problems	27	471	7-10	7-5	8-5	0/90	63 (60-66)	2.5
Writing Samples	10-A	473	7-3	6-11	7-9	6/90	53 (44-62)	1.9
Story Recall-Delayed	-	493	5-8	4-2	13-8	73/90	64 (47-81)	K.4
Handwriting	50	-	9-0	-	-	-	85 (78-91)	3.6

SAMPLE PROFICIENCY PROFILE REPORT

The report is included for all customers who are administered the Woodcock-Johnson Tests of Achievement. The report includes the percentile rank and a description (e.g. “limited”; “average”; “advanced”) of how difficult or easy the customer would find a particular academic task (e.g. reading, math). The statistics are based on a comparison of others to the customer’s age. The following is provided to help interpret the proficiency profile report:

Negligible	Impossible (to handle that particular academic skill)
Very Limited	Extremely Difficult to Impossible
Limited	Very Difficult
Limited to Average	Difficult but Manageable
Average	Manageable
Average to Advanced	Easy
Advanced	Very Easy
Very Advanced	Consider Greater Challenge

SAMPLE PROFICIENCY PROFILE REPORT (CONTINUED)

Task	Negligible	Very Limited	Limited	Limited to Average	Average	Average to Advanced	Advanced	Very Advanced
Oral Language (Ext)					x			
Oral Expression					x			
Listening Comprehension					x			
Pre-Academic (Ext)			x					
Total Achievement			x					
Broad Reading				x				
Broad Math			x					
Broad Written Language			x					
Basic Reading Skills			x					
Reading Comprehension				x				
Math Calculation Skills			x					
Math Reasoning			x					
Basic Writing Skills			x					
Written Expression			x					
Academic Skills			x					
Academic Fluency					x			
Academic Applications			x					
Academic Knowledge					x			

SAMPLE REPORT

Listening Comprehension is a measure of listening ability and verbal comprehension.

Pre-Academic (Ext) provides information on academic knowledge and skills development.

Total Achievement is a comprehensive measure of reading, math, and writing achievement, including basic reading skills, reading comprehension, math calculation skills, math problem-solving, spelling, and production of written sentences.

Broad Reading is a broad measure of reading achievement, including word identification, reading speed, and the ability to comprehend reading passages.

Broad Math is a broad measure of math achievement, including math calculation skills, problem solving, and the ability to solve simple addition, subtraction, and multiplication facts quickly.

Broad Written Language is a broad-based measure of written language achievement, including spelling, quality of written sentences, and speed of writing.

Basic Reading Skills is a combined measure of Henry's word identification and phonics skills.

Reading Comprehension is a combined measure of reading vocabulary and passage comprehension skills.

Math Calculation Skills is a combined measure of math computational skills and the ability to do simple math calculations quickly.

Math Reasoning is a measure of mathematical knowledge and reasoning.

Basic Writing Skills is a measure of Henry's ability to spell words and to identify and correct writing errors.

Written Expression is a combined measure of meaningful writing and writing speed.

Academic Skills is a combined measure of letter and word reading, math calculation, and spelling skills.

Academic Fluency is a measure of Henry's ability to quickly read short sentences, do simple math calculations, and write simple sentences.

Academic Applications is a measure of Henry's ability to apply his skills to solve academic problems.

Academic Knowledge provides an overall measure of scientific knowledge, social studies knowledge, and cultural knowledge.

Section 4: Mood & Personality Inventories

The personality section of the report includes findings from projective tests (e.g. Thematic Apperception Test, Rorschach Exam), mood inventories (e.g. The Burns Depression Inventory, The Burns Anxiety Inventory) and personality scales.

The Burns Depression Inventory and Burns Anxiety Inventory are reproduced in this manual. These instruments have impressive reliability and validity. They help determine whether a psychiatric disability is present, as well as pinpointing symptoms that may be barriers to employment and thus targets for treatment. The Attention Deficit Disorder Checklist is also included. This checklist, in conjunction with other assessment strategies, is used to help determine if the client suffers from ADD.

The Young Lifetrap Inventory, a personality measure, was designed to help identify painful themes in the individual's life, such as fears of abandonment, feelings of low self-esteem, difficulties with discipline, etc. Pinpointing such vulnerabilities can help anticipate difficulties a client might have adjusting in a work or training setting.

THE BURNS DEPRESSION INVENTORY

The following is a list of symptoms that people sometimes have. Put a check in the space to the right that best describes how much that symptom or problem has bothered you during this past week.

	0	1	2	3
	Not at all	Somewhat	Moderately	A lot
Sadness Have you been feeling said or down in the dumps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discouragement Does the future look hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Self-Esteem Do you feel worthless or think of yourself as a failure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inferiority Do you feel inadequate or inferior to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guilt Do you get self-critical and blame yourself for everything?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indecisiveness Do you have trouble making up your mind about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritability and Frustration Have you been feeling resentful and angry a good deal of the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Interest in Life Have you lost interest in your career, your hobbies, your family, or your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Motivation Do you feel overwhelmed and have to push yourself hard to do things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Self-Image Do you think you're looking old or unattractive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appetite Changes Have you lost your appetite? Or do you overeat or binge compulsively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Changes Do you suffer from insomnia and find it hard to get a good night's sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Libido Have you lost your interest in sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypochondriasis Do you worry a great deal about your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal Impulses Do you have thoughts that life is not worth living or that you might be better off dead?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THE BURNS ANXIETY INVENTORY

Instructions

The following is a list of symptoms that people sometimes have. Put a check in the space to the right that best describes how much that symptom or problem has bothered you during the past week. If you would like a weekly record of your progress, record your answers on the separate "Answer Sheet" instead of filling in the spaces on the right.

0 = Not At All
1 = Somewhat

2 = Moderately
3 = A Lot

Symptom List		0	1	2	3
Category I: Anxious Feelings					
1	Anxiety, nervousness, worry, or fear.				
2	Feeling that things around you are strange, unreal or foggy.				
3	Feeling Detached from all or part of your body.				
4	Sudden unexpected panic spells.				
5	Apprehension or a sense of impending doom.				
6	Feeling tense, stressed, "uptight", or on edge.				
Category II: Anxious Thoughts					
7	Difficulty concentrating.				
8	Racing thoughts or having your mind jump from one thing to the next.				
9	Frightening fantasies or daydreams.				
10	Feeling that you're on the verge of losing control.				
11	Fears of cracking up or going crazy.				
12	Fears of fainting or passing out.				

THE BURNS ANXIETY INVENTORY (CONTINUED)

	Symptom List	0	1	2	3
13	Fears of physical illnesses or heart attacks or dying.				
14	Concerns about looking foolish or inadequate in front of others.				
15	Fears of being alone, isolated, or abandoned.				
16	Fears of criticism or disapproval.				
17	Fears that something terrible is about to happen.				
	Category III: Physical Symptoms				
18	Skipping or racing or pounding of the heart (sometimes called "palpitations")				
19	Pain, pressure, or tightness in the chest.				
20	Tingling or numbness in the toes or fingers.				
21	Butterflies or discomfort in the stomach.				
22	Constipation or diarrhea.				
23	Restlessness or jumpiness.				
24	Tight, tense muscles.				
25	Sweating not brought on by heat.				
26	A lump in the throat.				
27	Trembling or shaking.				
28	Rubbery or "jelly" legs.				
29	Feeling dizzy, light-headed, or off balance.				
30	Choking or smothering sensations or difficulty breathing.				
31	Headaches or pains in the neck or back.				
32	Hot flashes or cold chills.				

ATTENTION DEFICIT DISORDER SYMPTOMS SELF-REPORT FORM

Instructions: Please check the response next to each item that best describes your behavior during the past week.

	Never or Rarely	Sometimes	Often	Very Often
1. Fail to give close attention to details or make careless mistakes in any work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fidget with hands or feet or squirm in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have difficulty sustaining any attention in tasks or fun activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Leave my seat in situations in which seating is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Don't listen when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feel restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Don't follow through on instructions and fail to finish work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have difficulty engaging in leisure activities or doing fun things quietly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have difficulty organizing tasks and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Feel "on the go" or "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Avoid, dislike, or am reluctant to engage in work that requires sustained mental effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Talk excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Lose things necessary for tasks or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Blur out answers before questions have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Am easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have difficulty awaiting turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Am forgetful in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Interrupt or intrude on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUNG LIFETRAP INVENTORY

Think about how much you agree with each statement below-both as a child and currently. Put a number (1-6) in each box that reflects your degree of agreement.

- 1. completely untrue of me
- 2. mostly untrue of me
- 3. slightly more true than untrue of me
- 4. moderately true of me
- 5. mostly true of me
- 6. describes me perfectly

Child	Now	Description
		1. I find myself clinging to people I'm close to because I'm afraid they'll leave me.
		2. I worry a lot that the people I love will find someone else they prefer and leave me.
		3. I am usually on the lookout for people's ulterior motives; I don't trust people easily.
		4. I feel I cannot let my guard down around other people or they will hurt me.
		5. I worry more than the average person about danger... that I will get sick or that some harm will come to me.
		6. I worry that I (or my family) will lose money and become destitute or dependent on others.
		7. I do not feel I can cope well by myself, so I feel I need other people to help me get by.
		8. My parents and I tend to be overinvolved in each other's lives and problems.
		9. I have not had someone to nurture me, share him/herself with me, or care deeply about what happens to me.
		10. People have not been there to meet my emotional needs for understanding, empathy, guidance, advice and support.
		11. I feel like I do not belong. I am different. I do not really fit in.
		12. I'm dull and boring; I don't know what to say socially.
		13. No one I desire who knew the real me, with all my defects exposed, could love me.
		14. I am ashamed of myself. I am unworthy of the love, attention, and respect of others.
		15. I am not as intelligent or capable as most people when it comes to work (or school).
		16. I often feel inadequate because I do not measure up to others in terms of talent, intelligence, and success.
		17. I feel I have no choice but to give in to other people's wishes; otherwise they will retaliate or reject me in some way.
		18. People see me as doing too much for others and not enough for myself.
		19. I try to do my best; I can't settle for good enough, I like to be number one at what I do.
		20. I have so much to accomplish that there is almost no time to relax and really enjoy myself.
		21. I feel that I shouldn't have to follow the normal rules and conventions other people do.
		22. I can't seem to discipline myself to complete routine, boring tasks or to control my emotions.

Section 5: Functional Assessment Measures

FUNCTIONAL RATING SCALES

This section highlights the assessment of functional limitations. Assessment of functional limitations is essential to help determine eligibility for rehabilitation services; pinpoint barriers to employment; set realistic vocational, training and educational goals; and develop rehabilitation strategies tailored to functional limitations. Included in this section are:

- A listing of the functional limitations domains emphasized in recent legislation.
- A sample of functional assessment scales. Familiarity with such scales may help the counselor “key in” to specific behaviors in the important domains of functioning.
- Typical functional limitations and associated rehabilitation strategies for various psychiatric or learning disabilities will be presented. A hoped for outcome in this desk reference is to suggest relevant and practical applications in vocational rehabilitation that are associated with the common psychiatric diagnoses identified in the psychological evaluation.

LIMITATIONS IN FUNCTIONAL CAPACITY

In Terms of an Employment Outcome, Emphasized by State Rehabilitation Agencies

MOBILITY

Overall Definition

The physical, cognitive and psychological ability to move from place to place inside and outside the home.

Definition of serious functional limitation

A serious limitation exists if the person requires assistance from others to get around in the community; or if the individual requires modifications, adaptive technology, or accommodations (not typically made for other workers) in order to move around the community; or if the person needs specialized training to learn to move around in the community.

SELF-DIRECTION

Overall Definition

The ability to plan, initiate, problem solve, organize, or independently carry out goal-directed activities related to self-care, socialization, recreation, and work.

Definition of serious functional limitation

A serious limitation exists if the individual is confused or disoriented, or requires assistance or intervention on an ongoing basis or during episodes in order to perform tasks, monitor own behavior and make decisions.

SELF CARE (INDEPENDENT LIVING SKILLS)

Overall Definition

The ability to manage self or living environment (including but not limited to eating, toileting, grooming, dressing, money management, and medication compliance) as they affect the individual's ability to participate in training or work-related activities. Limitations may occur because of physical, cognitive, or emotional impairment and could extend to all tasks or only to specific tasks.

Definition of serious functional limitation

A serious limitation exists if the individual is dependent upon other individuals, services, or devices to manage themselves or their living environment.

INTERPERSONAL SKILLS

Overall Definition

The individual's ability to establish and maintain personal, family, and community relationships.

Definition of a serious functional limitation

A serious limitation means that an individual has no or limited ability to interact with others in a socially acceptable manner or is unable to relate to peers or co-workers without exhibiting inappropriate behaviors.

COMMUNICATION

Overall Definition

The ability to effectively exchange information through words or concepts (writing, speaking, listening, sign language, or other adaptive methods). The emphasis is on limitations resulting from a disability-related communication difficulty, not from a communication problem resulting from a language or cultural difference.

Definition of serious functional limitation

A serious limitation exists if the individual has severely impaired expressive or receptive communication, either oral or written, and is not able to communicate effectively, without modifications not typically made for other workers. Upon first contact, the person may not be readily understood by others or may not understand others.

WORK TOLERANCE**Overall Definition**

Capacity to perform effectively and efficiently jobs that require various levels of physical and/or psychological demand. Perform effectively and efficiently jobs that require various levels of physical and/or psychological demand.

Definition of serious functional limitation

A serious limitation indicates that the individual will require modification, adaptive technology, or accommodations (not typically made for other workers) in terms of capacity or endurance. For example, the individual may not be able to sustain an 8-hour workday, meet production standards, or perform at a consistent pace without frequent rest stops.

WORK SKILLS**Overall Definition**

The ability to perform specific tasks required to carry out job functions, the capacity to benefit from training in the necessary skills, and the capacity to practice the work habits needed to stay employed.

Definition of serious functional limitation

A serious limitation exists if the individual is not able to obtain or maintain employment normally available to persons of equivalent age, education, training, or experience. In order to acquire work skills, the person requires modifications, adaptive technology, or accommodations not typically made for other workers.

COGNITIVE DOMAINS SCALE

(Developed by McCue, et. al)

McCue et.a. (1994) at the Center for Applied Neuropsychology in Pittsburgh developed a manual for the functional assessment of individuals with cognitive disabilities. They proposed six cognitive domains to be assessed as follows:

Executive Skills

Executive skills involve a number of fundamental abilities that allow an individual to appraise a problem, formulate and initiate a plan of action, and monitor and make adjustments in that plan on the basis of feedback. Executive functioning includes the following skills: problem/goal identification, organization and planning, implementation and evaluation.

Attention

Attention is defined as the ability to maintain alertness to a task.

Learning and Memory

This domain includes: the ability to encode, store and retrieve information from a variety of contexts (e.g. conversations, classes, book reading, telephone calls, computer applications, etc.); the ability to call on knowledge to problem solve; and the ability to use learning strategies to organize and recall tasks or information in the future.

Language and Communication Skills

This domain includes both receptive and expressive skills. It spans communication that may occur in spoken, written or digital forms.

Sensory/Perceptual/Spatial Abilities

This ability involves the basic awareness (sensation) and interpretation (perception) of external stimuli through a sensory modality (e.g. visual, tactile, hearing, etc). Spatial skills involve the ability to perform analysis of complex visual information such as two and three dimensional designs and models, perform spatial operations mentally (rotate images, visualize), accurate sense of direction and time analysis and are also linked to constructional (e.g. drawing, building) abilities.

Motor Skills

Motor functioning involves carrying out some purposeful activity requiring fine motor or gross motor skills. Assessment can address speed or rate of activity (psychomotor skills), coordination and sensor motor integration (eye-hand, auditory motor

Social/Emotional

This domain includes social skill and emotional regulation. Ability to relate appropriately to others and regulate one's emotions in the workplace area are among the capacities assessed.

COGNITIVE IMPACT TABLE

The table below gives examples of some of the vocational impact of functional limitations in each of the above domains.

Cognitive Domain	Everyday and Vocational Impact of Deficits
Executive Functioning	<ul style="list-style-type: none">■ disorganized or unfocused job search strategies■ confusion over how to register for classes■ excessive time and stress when grocery shopping■ unable to determine vocational goals■ chronic tardiness or missed deadlines■ unable to schedule own time or projects effectively■ unaware of how supervisors assess their work■ often surprised and unprepared for problems on the job■ unrealistic expectations■ slow to "catch on" to office procedural changes■ poor follow-through on direction or assignments
Attention	<ul style="list-style-type: none">■ loses track of current task■ frequently observed to be "off-task"■ unable to sit through a lecture at school■ difficulty proof-reading■ excessive socialization■ distracted by outside noise
Language and Communication	<ul style="list-style-type: none">■ difficulty with telephone use, misunderstands messages■ poor or very slow report writing■ does not catch on to "hints" from others■ talks too slowly for others■ confuses other staff when attempting to explain or teach job tasks■ frequently misinterprets supervisor memos
Sensory Perceptual	<ul style="list-style-type: none">■ may get lost easily■ unable to learn how to read blueprints■ requires repetition/simplification of messages■ incorrect recording of telephone messages■ unable to recognize differences between similar work materials■ problems assembling items from a diagram
Motor Skills	<ul style="list-style-type: none">■ clumsiness or slowness handling equipment■ frequent accidents/injury on the job■ messy work samples due to poor dexterity■ slow or inaccurate typing, data entry, or handwriting■ problems with mobility or lifting
Social/Emotional	<ul style="list-style-type: none">■ history of conflict with supervisors or coworker■ unable to "connect" with customers or deal with complaints■ problems accepting constructive feedback■ highly distressed or agitated over everyday work demands■ perceived as cold or unhelpful by retail customers■ shares personal life details with clients or coworkers

APPENDIX 5: RATING SCALE OF FUNCTIONAL LIMITATIONS

Directions

This checklist may be completed during an interview or given to parents, teachers or other professionals to complete. Informants should rate each item according to the frequency of the behavior. Specific examples or comments should be provided when possible.

- 1 Seldom or Never**
2 Often

- 3 Very Often**
4 No Opportunity to Observe

Specific examples or comments should be provided whenever possible.

Counselor Use Only: Circle the number of any characteristic which could be considered a possible vocational handicap.

ATTENTION/CONCENTRATION

- | | |
|--|--|
| 1. Excessive nonpurposeful movement (can't sit still, stay in seat) | 5. Difficulty completing assignments |
| 2. Easily distracted by auditory and/or visual stimuli | 6. Verbally or physically interrupts others |
| 3. Does not respond appropriately to questions or directions as if not listening | 7. Loses place when reading orally |
| 4. Does not stay on task for appropriate periods of time | 8. Sits and does nothing (day dreams) |
| | 9. Rushes through work with little regard for detail |
| | 10. Does not pay attention to most important stimuli |

Comments/Other Attention/Concentration Deficits:

REASONING/PROCESSING

- | | |
|--|--|
| 11. Makes poor decisions | 18. Has difficulty getting started |
| 12. Makes frequent errors | 19. Has difficulty understanding social expectations |
| 13. Has trouble using previously learned information in a new situation | 20. Has time management difficulties (e.g., attendance, meeting deadlines) |
| 14. Has delayed verbal responses | 21. Requires concrete demonstrations |
| 15. Takes longer to do a task than others | 22. Requires extra practice sessions |
| 16. Has difficulty adjusting to changes (schedule, personnel steps in a task, work conditions) | 23. Has difficulty following oral instructions |
| 17. Request too much supervision | 24. Has difficulty following written instructions |
| | 25. Has difficulty following a map or diagram |

Comments/Other Reasoning/Processing Deficits:

MEMORY

1. Has difficulty answering questions regarding personal history
2. Has difficulty repeating information recently heard
3. Has difficulty repeating information recently read
4. Has difficulty retaining learned information for more than six months
5. Has difficulty following multiple directions
6. Has difficulty performing tasks in correct sequence

Comments/Other Memory Deficits:

EXECUTIVE FUNCTION

7. Has difficulty planning/organizing activities
8. Has difficulty attending to several stimuli at once
9. Has difficulty grasping complex situations
10. Appears unaware of possible consequence of physically dangerous activity(ies)
11. Has difficulty inhibiting inappropriate responses (talks, acts without thinking)
12. Has difficulty sustaining appropriate behavior for prolonged periods
13. Has difficulty generating strategies to solve a problem (social/academic)
14. Has difficulty self-monitoring
15. Has difficulty independently adjusting behavior (self-regulation)
16. Has difficulty identifying strengths and limitations

Comments/Other Executive Functioning Deficits:

INTERPERSONAL SKILLS/EMOTIONAL MATURITY

17. Interacts inappropriately with supervisors/ teachers of same sex
18. Interacts inappropriately with supervisors/ teachers of opposite sex
19. Responds inappropriately to nonverbal cues
20. Difficulty understanding social expectations
21. Has difficulty accepting new tasks without complaint
22. Frequently upset, irritated
23. Sits and does nothing (hypoactive)
24. Easily led by others
25. Uses eye contact ineffectively
26. Appears unmotivated
27. Is aggressive verbally
28. Is too aggressive physically
29. Is withdrawn; Avoids social function
30. Does not follow classroom or workplace "rules"
31. Has difficulty making and keeping friends
32. Displays a lack of awareness of social consequences of behavior
33. Has difficulty accepting constructive criticism
34. Has difficulty getting help from others
35. Exhibits signs of poor self-confidence
36. Has difficulty working in a group
37. Has difficulty working in isolation

Comments/Other Interpersonal Skills/Emotional Maturity Deficits:

COORDINATION/MOTOR FUNCTION

1. Has difficulty performing gross motor tasks (e.g. driving, lifting)
2. Has difficulty performing fine motor tasks
3. Confuses left-right
4. Has difficulty keeping balance
5. Has slow reaction time
6. Has limited endurance/stamina for motor activity

Comments/Other Coordination/Motor Function Deficits:

COMMUNICATION: ORAL LANGUAGE

7. Substitutes words inappropriately
8. Uses short simple sentences
9. Has difficulty explaining things coherently
10. Has difficulty communicating on the phone

Comments/Other communication: Oral Language Deficits:

READING

11. Has difficulty reading aloud
12. Has difficulty reading newspaper want ads
13. Has difficulty reading job applications
14. Has difficulty reading signs in the environment
15. Reading comprehension is below expected level

Comments/Other Reading Deficits:

WRITING/SPELLING

16. Has difficulty writing legibly
17. Has difficulty copying
18. Displays poor spelling skills
19. Has difficulty communicating through writing
20. Has difficulty with paragraph writing

Comments/Other Writing/Spelling Deficits

MATH CALCULATION/APPLICATION

21. Has difficulty managing money
22. Has difficulty balancing checkbook
23. Has difficulty performing math calculations
24. Math skills are below 9th grade

Comments/Other Math Calculation/Application Deficits:

Section 6: Functional Limitations Associated with Different Client Groups

FUNCTIONAL LIMITATIONS FOR STUDENTS WITH LEARNING DISABILITIES

Generally speaking students may be diagnosed with learning disabilities if they are of average or above-average intelligence and there is a significant discrepancy between their academic achievement and their intellectual ability.

There are many types of learning disabilities; they often impact student abilities in one or more of the following categories:

- Oral language: Student may have difficulty processing information communicated through lectures in class discussions.
- Reading: Student may have difficulty with reading accuracy, comprehension or fluency.
- Writing: Student may have difficulty with spelling, syntax, grammar or organizing ideas to be written.
- Mathematics: Student may have difficulty with basic computational skills or converting word problems to mathematical expressions.
- Nonverbal processing: Student may have difficulty distinguishing subtle differences in shape and processing information communicated via overhead projectors, video, or in graphs and charts.
- Executive functioning (planning and time management): Student may have difficulty breaking larger projects into smaller sub-projects, creating and following a timeline and meeting deadlines.

LEARNING DISABILITIES: FUNCTIONAL LIMITATIONS IN THE WORK ARENA

Individuals with learning disabilities may have an array of functional limitations in the work arena. Common Functional limitations along with possible accommodations and rehabilitation strategies in five domains are listed below:

Communication

- Following oral and/or written instructions
- Interpreting written material, particularly job manuals, work orders, diagrams and signs.
- Understanding complex sentences and/or language subtleties, including work related items such as instructions for tools.
- Completing job application

- Learning new tasks or procedures from written materials or verbal instructions
- Remembering information, especially multi-step directions
- Differentiating important information from unimportant information
- Illegible handwriting
- Inability to prepare a written report or letter due to spelling, grammatical or organizational difficulties
- Inadequate ability to describe skills, work or educational experiences on a job application or during employment interviews
- Difficulties in using the telephone
- Inability to repeat or relay instructions to co-workers and others
- Talks too slowly for others

POSSIBLE ACCOMMODATIONS

Reading from a paper copy

- Convert text to audio
- Have someone read the document aloud to the employee
- Scan the documents into a computer and use Optical Character Recognition (OCR), which will read the information aloud
- Use a reading pen, which is a portable device that scans a word and provides auditory feedback

Reading from a computer screen

- Use screen reading software, which highlights and reads aloud the information from the computer screen

Spelling

- Allow use of reference materials such as dictionary or thesaurus
- Provide electronic and talking dictionaries
- Use word completion software that displays sample words after someone starts typing part of a word
- Allow buddy, co-worker or supervisor to proofread written material

Writing (difficulty in organizing a written project, identifying themes or ideas, structuring sentences or paragraphs, or identifying grammar errors)

- Use computerized graphic organizers
- Use software that identifies spelling and grammar errors
- Provide electronic dictionaries
- Allow employee to create a verbal response instead of a written response

Interpersonal

- Inappropriate behavior and language
- Lack of inhibitions
- Explosiveness
- Withdrawal
- Sudden shifts in mood and attitudes
- Low frustration tolerance
- Task avoidance
- Unpredictability
- Problems accepting constructive feedback
- Unable to “connect” with customers or deal with complaints
- Difficulty getting along with co-workers

POSSIBLE ACCOMMODATIONS

- A job coach to provide guidance and feedback on getting along with co-workers and supervisors, handling difficult feelings at work, etc.
- Provide diagrammatic instruction

Behavior on the job:

- To reduce incidents of inappropriate behavior, thoroughly review conduct policy with employee
- Provide concrete examples to explain inappropriate behavior
- Provide concrete examples to explain consequences in a disciplinary action
- To reinforce appropriate behavior, recognize and reward appropriate behavior

Working effectively with supervisors:

- Provide detailed day-to-day guidance and feedback
- Offer positive reinforcement
- Provide clear expectations and the consequences of not meeting expectations
- Give assignments verbally, in writing, or both, depending on what would be most beneficial to the employee
- Establish long term and short term goals for employee
- Adjust supervisory method by modifying the manner in which conversations take place, meetings are conducted, or discipline is addressed

Interacting with co-workers:

- Provide sensitivity training to promote disability awareness
- If feasible, allow employee to work from home
- Help employee “learn the ropes” by providing a mentor
- Make employee attendance at social functions optional
- Allow employee to transfer to another workgroup, shift or department

Mobility (Functional Limitations):

- Reading problems may interfere with the ability to read a bus or train schedule, to determine how to transfer, or to read road signs and maps
- Calculation and number concept problems may interfere with the ability to pay for public transportation or budget for transportation
- Spatial orientation and perceptual problems influencing directional sense may result in frequently getting lost and an inability to navigate within the environment be it traveling within the community or finding one’s way around the inside of a building, plant or complex
- Time sense deficits may result in chronic lateness or serious problems in reading, planning, and/or comprehending public transportation schedules
- Directional confusion may also pose significant safety problems because of the individual’s difficulties in the integration of visual information
- Limitations in organization, sequencing, and planning resulting from attention and higher level conceptual deficits may preclude an individual’s ability to make arrangements for transportation, particularly if these involve modification of simple routines; one or more transfers; or coordination of connections
- Problems with comprehension or attention may result in errors, such as taking the wrong bus or getting off at the wrong stop,

consistently taking wrong turns while driving and/or accident proneness

- Memory difficulties may interfere with the individual's ability to navigate due to

inability to recall landmarks and direction. In addition, language deficits related to LD may interfere with the ability to understand spoken directions

POSSIBLE ACCOMMODATIONS

- Have consumer ride bus with counselor or peer
- Teach specific transportation skills require

Self-Direction:

- Unable to determine vocational goals
- Disorganized or unfocused job search strategies
- Failure to follow through with and complete assignments
- Chronic tardiness
- Requiring a higher degree of supervision than typically available at most worksites
- Unrealistic expectations

POSSIBLE ACCOMMODATIONS

- Rehabilitation counselor provides guidance and tools to identify appropriate job
- goals and accompanying job search strategies
- Hire job coach to teach organizational skills on the job site
- Use calendars (paper, electronic or both) to remind employees of deadlines,
- meeting and upcoming tasks
- Use flowchart to describe steps to a complicated task
- Provide additional training time on new information or tasks
- Remind employees verbally of important tasks or deadlines
- Work close to peer or supervisor

Work tolerance difficulties in:

- Attending work consistently and timely
- Sustaining work 40 hours per week
- Focusing on and performing repetitive tasks
- Willing to attempt difficult tasks
- Managing frustration
- Separating work and personal life
- Accepting others' personalities, races, cultures

POSSIBLE ACCOMMODATION STRATEGIES

- Break tasks into short segments
- Schedule breaks between tasks
- Present new information slowly
- Make a special effort to introduce new staff to customer and orient new supervisors to employee's needs
- Provide praise and positive reinforcement

FUNCTIONAL LIMITATIONS IN INDIVIDUALS WITH SUBSTANCE ABUSE DISORDERS THAT MIGHT POSE BARRIERS TO EMPLOYMENT

- Inability to perform certain job functions
- Inability to perform essential job functions
- Termination of employment related to the substance use disorder
- Poor attitude toward work
- Cognitive challenges
- Low educational level
- Lack of marketable skills

Psychological Symptoms of Depression

- Anxiety
- Stress because of poor health
- Cravings and physical need for a drug
- Depression because of depletion of neurotransmitter activity
- Mental confusion, lethargy, difficulty concentrating memory loss, physical aches, unsteady gait, and anxiety due to post acute withdrawal from alcohol and/or drug use
- Lack of coping mechanisms to deal with life challenges
- Insufficient cognitive ability to make healthy decisions
- Compromised level of self-control in acting on decisions
- Either high risk taking or high risk avoidance
- Below normal levels of working memory
- Inadequate social support
- Stigma regarding a substance use disorder

Physical Mobility

- Transportation, such as lack of access to transportation resulting never having obtained a driver's license or from loss of license due to driving infractions (DUIs for example)

Dexterity and Coordination

- Balance
- Physical coordination problems may be present during post acute withdrawal or as a result of neurological damage caused by excessive drug abuse.
- Unsteady gait due to post acute withdrawal from alcohol and/or drug use

Physical Tolerance

- Endurance
- Lethargy due to post acute withdrawal from alcohol and/or drug use
- Fatigue
- Stress because of poor health
- Depression because of depletion of neurotransmitter activities

Personal Behaviors

- Poor interpersonal relationships
- Questionable friendships
- Alienation from family
- Marital/domestic trouble
- Family history of abuse of substances and dysfunction
- Separation from children
- Attendance/Punctuality
- History of work termination due to absences and tardiness
- Social irresponsibility
- Evidence of criminal history
- Grooming/Hygiene
- Overdressed
- Sloppy and disheveled
- Showy
- Poor dental care

- Display of inappropriate behaviors
- Late or missed appointments with no reason
- Not following through on work assignments
- Excuses for everything
- Stress sensitivity as part of post acute withdrawal as well as lasting effects
- of drug abuse
- Economic irresponsibility Overspending
Unexplained expenditures
- Residing in high drug areas
- Lack of a stable living situation
- Poor communication with others
- Vagueness in answering questions
- Lack of eye contact
- Glazed look
- Slurred speech
- Lethargy
- Long and rambling disclosure

Capacity to Learn

Excessive substance use may disrupt the cognitive and motivational processes that are critical in self-control and decision making. These deficits in decision making appear to be due to structural changes and functional impairments in the frontal lobe of the brain, resulting in:

- Difficulties with visual or auditory processing
- Poor cognitive integration
- Retention or retrieval of information
- Below normal levels of working memory when compared to individuals who do not abuse substances
- Mental confusion, difficulty concentrating and memory loss due to post acute withdrawal from alcohol and/or drug use

Medical Problems

- Severity of impairment-related repeated hospitalizations
- Significant health problems requiring emergency medical care or hospitalization
- Medical interventions
- Requirement for methadone maintenance
- Requirement for medical detoxification under the care of medical professionals

Communication

- Safety issues related to communication problems
- Accurate interpretation of sensory intake

Self Direction

- Limited ability to think through choices to a logical conclusion
- Difficulty in formulating plans dealing with employment, evidenced by: education not completed; vocational programs started and not completed; gaps in knowledge; poor concentration at educational tasks; poor performance in school
- erratic grades
- Other problems relating to awareness or adjustment as evidenced by: depression/helplessness; sense of isolation; low self esteem; hostility, belligerence; over-use of defense mechanisms

FUNCTIONAL LIMITATIONS DUE TO PSYCHIATRIC DISABILITY

The following is a list of some of the activities that people with psychiatric disabilities may have trouble doing:

Screening and Environmental Stimuli

— an inability to block out sounds, sights, or odors which interfere with focusing on tasks

Ex. An employee may not be able to work next to a noisy printer or in a high traffic area.

Possible solutions: Move printer away from work area, allow employee to wear headphones playing soft music, install high partitions around desk.

Sustaining Concentration

— restlessness, shortened attention span, easily distracted, trouble remembering verbal directions.

Ex. An employee may have trouble focusing on one task for extended periods.

Possible solutions: Break large projects into smaller tasks, allow brief but more frequent breaks to stretch, walk around, get fresh air, assign tasks one at a time.

Maintaining stamina

— having energy to work a full day, combating drowsiness due to medications.

Ex. An employee may not be able to work a full 8 hour day.

Possible solutions: Part time hours, rest breaks in middle of day, job sharing.

Handling time pressures & multiple tasks

— managing assignments and meeting deadlines, prioritizing tasks

Ex. An employee may not know how to decide which tasks should be done first, or be able to complete tasks by the due date.

Possible solutions: Break larger projects down into manageable tasks, meet regularly to help the employee to prioritize tasks or to estimate time to complete project.

Interacting with others

— getting along, fitting in, talking with coworkers, reading social cues

Ex. An employee may not talk with coworkers at breaks, or may have trouble reading the subtle social cues of the workplace.

Possible solutions: Establish a mentor or coworker buddy relationship to introduce the employee to others or to show the employee “the ropes.”

Responding to negative feedback

— understanding and interpreting criticism, knowing what to do to improve, initiating changes because of low self esteem

Ex. An employee may not seem to understand the feedback given, or becomes upset when criticism is delivered.

Possible solution: Arrange a meeting with the job coach and employee to facilitate feedback, use a feedback loop (ask employee's perspective of performance, describe both strengths and weaknesses, suggest specific ways to improve), give employee the chance to read written feedback privately, and then discuss.

Responding to change

— coping with unexpected changes in work, such as changes in the rules, job duties, supervisors or coworkers.

Ex. An employee may take longer to learn new routines, or feel stressed when new supervisors or coworkers start work.

Possible solutions: Prepare employee for changes that will be happening, explain new rules or duties, make a special effort to introduce new staff to employee and orient new supervisors to employee's needs.

Section 7: Vocational Strategies and Accommodations for Different Psychiatric Groups

To optimize the chances for vocational success, a person with major depression needs:

1. A referral for medication and psychotherapy to help reduce symptoms.
2. Simple, straightforward tasks and expectations to aid memory and concentration and help develop a sense of mastery.
3. Predictability, little change in tasks and expectations from day to day.
4. Clear guidelines and protocols, possibly written out and posted.
5. Flexibility with regard to pace of work, timing of breaks, exact hours worked, and possibly days worked, to accommodate medication effects and fluctuations in energy level.
6. To work as part of a team or work unit, in order to minimize loneliness.
7. To disclose history of depression to supervisor, if supervisor is likely to be supportive, in order to be provided with necessary accommodations and social support.

To optimize the chances for vocational success, a person with agoraphobia or social phobia needs:

1. As much control as possible over work environment to reduce anxiety about the unknown.
2. To work unobserved by others to the extent possible, to minimize self-consciousness.
3. To work at his or her own pace, without judgment by others, to minimize self-consciousness.
4. Flexible scheduling to accommodate medication effects and fluctuations in symptom severity.
5. To have the option of working with a partner on some tasks, to reduce loneliness and increase social support.
6. Ongoing positive feedback about things done well.
7. A referral for cognitive-behavioral psychotherapy, and perhaps medication, to help cope with social discomfort.
8. To disclose problems to coworkers who are likely and able to be supportive, in order to reduce self-consciousness and embarrassment when symptoms increase.

To optimize the chances for vocational success, a person with post-traumatic stress disorder needs:

1. Help in identifying skills, abilities, and workplace needs, due to vague sense of future and poor planning ability.
2. Predictability and structure in the work setting to help reduce fear of the unknown.
3. To have the option of working independently, but not in isolation, in order to feel in control of personal space.

4. The opportunity to arrange work space as needed.
5. Flexible scheduling to accommodate medication effects and fluctuations in symptoms.
6. Social support at work and outside of work to increase sense of psychological and physical safety.
7. An understanding of the nature of post-traumatic stress disorder and help from a rehabilitation professional in disclosing it to appropriate supervisors or coworkers, to help engender support and to provide necessary accommodations if symptoms increase.

To optimize the chances for vocational success, a person with borderline personality disorder needs:

1. Help from a rehabilitation or mental health professional, in explaining to a supervisor the need for unusual interpersonal flexibility, in order to reduce tensions and receive necessary accommodations.
2. Strong support for vocational strengths, rather than constant emphasis on inappropriate interpersonal behaviors.
3. Flexible scheduling to accommodate mood swings.
4. Clearly spelled out behavioral and work expectations, unambiguous interpersonal and job-related boundaries, and unambiguous methods of evaluation, to help reduce arguments and disagreements.
5. Firm supervision with concrete consequences for misbehavior, to help control potential danger to self or others.
6. A direct and straightforward approach on the part of the supervisor, firm but supportive, focused on work and on concrete behaviors.
7. Social support both within and outside of the workplace to help reduce attention-seeking and self-destructive behaviors.

To optimize the chances for vocational success, a person with antisocial personality disorder needs:

1. To be supervised closely, persistently, and at times forcefully, to help prevent violent, illegal, or unethical behavior.
2. Frequent reminders about limits, expectations, and job requirements, to help ensure compliance with workplace needs and procedures.
3. Very little flexibility with regard to hours, scheduling, and other requirements, to avoid manipulation and exploitation of policies perceived as lenient.
4. To understand clearly the consequences for noncompliance or misbehavior; to have such consequences be concrete, such as docked pay, suspension, or firing; and to have them carried out quickly.
5. Extended periods of external monitoring, such as court supervision, to help enforce consequences and maintain workplace stability.
6. Monitoring with regard to drug or alcohol use, including periodic drug tests if necessary.
7. Work that involves physical activity or is in some way fast-paced and exciting to help prevent boredom.

To optimize the chances for vocational success, a person with dependent personality disorder needs:

1. An unusual level of emotional support, reassurance, and recognition of work well done, to offset feelings of low self-confidence.
2. The opportunity to work as part of a team, not alone, to help offset fears of abandonment and feeling of inadequacy.
3. Little expectation of functioning independently or autonomously, to avoid triggering feelings of abandonment or resentment.

4. Encouragement to be as assertive as possible in requesting appropriate help in accomplishing work-related tasks.
5. Help from a mental health or vocational rehabilitation professional in explaining interpersonal needs to supervisors and coworkers, in order to avoid misunderstanding and misinterpretation of behavior and to ensure optimal vocational performance.

To optimize the chances for vocational success, a person with schizophrenia needs:

1. Flexible scheduling, to accommodate fluctuations in symptoms and effects of medication, along with structure, routine, and predictability, to help reduce stress and maintain mental health stability.
2. Little expectation to work at a fast or variable pace, to help maintain stability and concentration.
3. Little expectation to work as part of a team or to interact with coworkers or the general public, because of interpersonal difficulties and unusual interpretation of ordinary conversation and events.
4. Social support both outside of work and on the job, possibly being assigned a workplace “buddy,” to help ease isolation and maintain stability.
5. Incentives, such as breaks or payment, based on piecework, to help improve motivation.
6. Open and direct communication, especially with regard to any upcoming changes, to allow adjustment to the change and to avoid the impression of being singled out or talked about.
7. Help from a vocational rehabilitation or mental health professional in informing supervisors and coworkers of workplace needs, in order to avoid misunderstandings and receive necessary accommodations

Section 8: Relevant Changes in DSM-5, including the Introduction of World Health Organization Disability Schedule

In DSM-5, The five part multiaxial system of DSM-4 has been scrapped.

- A. The primary diagnosis (Axis I), possible personality disorder (Axis II) and contributing medical problems (Axis III) are no longer split up.**

For example, using the guidelines in DSM-4, a hypothetical client might have the following diagnosis:

AXIS I 296.32 Major depression, recurrent, moderate
AXIS II 301.6 Dependent personality disorder
AXIS III Anemia

Using the guidelines from DSM-5, this same client would be presented in the diagnosis section of the report in the following manner:

296.32 Major depression, recurrent, moderate Anemia, a possible contributing factor
301.6 Dependent personality disorder

- B. In DSM-4, Axis IV provided an identification of a “psychosocial stressor” (e.g. health problems, marital problems, etc) and a rating of their severity. In DSM-5 this has been replaced by the use of “V Codes.”**

A V code is defined as a “condition that may be a focus of clinical attention.” V codes are stressful situations — in the past or present — that affect the course, prognosis or treatment of the primary disorder. There are 133 V codes are listed in the DSM-5 manual. The V codes are separated into ten categories (listed below with one example from each category).

1. Problems related to family upbringing (e.g. V61.8 Upbringing away from parents)
2. Other problems related to primary support group (e.g. V61.10 Relationship distress with spouse or intimate partner)
3. Child maltreatment and neglect problems (e.g. V15.42 Past history of neglect in childhood)

4. Adult maltreatment and neglect problems (e.g. V15.41 Personal history of spouse of partner violence, physical)
 5. Educational problems (e.g. V62.3 academic problem)
 6. Occupational problems (e.g. V62.29 other problems related to employment)
 7. Housing problems (e.g. V60.0 Homelessness)
 8. Economic problems (e.g. V60.2 Extreme poverty)
 9. Problems related to access to medical and other health care (e.g. V63.9 Inaccessibility to health care facilities)
 10. Nonadherence to medical treatment (e.g. V40.31 Wandering associated with a mental disorder)
- c. In DSM-4, Axis V provided a Global Assessment of Functioning Rating (scale of 0 - 100). This has been replaced by the WHODAS2.0 (The World Health Organization Disability Assessment Schedule 2.0) This is an inventory to be filled out by the client or a third party (if necessary). The WHODAS2.0 is described in more detail below.**

Please note: the inclusion of V codes and WHODAS 2.0 certainly seem desirable and in line with the type of information that should be helpful to counselors. The V codes promote pinpointing specific psychosocial situations that are likely to be important in rehabilitation planning. The WHODAS 2.0 promotes functional assessment of key areas of functioning.

CHANGES IN SPECIFIC DIAGNOSTIC GROUPS (PARTIAL LIST) IN DSM-5

A. Autism spectrum disorders

1. Asperger's syndrome as an independent diagnosis goes away. It is now considered to be a mild form of autism and is typically coded as 299.00 Autism spectrum disorder - mild.

B. Specific learning disability

1. 315.00 — Reading disorder (asked to specify if problem is reading accuracy, fluency and/or comprehension. Note: need Woodcock-Johnson to secure this level of specificity.)
2. 315.2 — Writing disorder (asked to specify if problem is in spelling, grammar, punctuation, and/or clarity and organization. Note: need Woodcock-Johnson to secure this level of specificity.)
3. 315.1 — Math disorder (asked to specify if problem is in number sense, memorization of math facts, accurate calculation and/or numerical reasoning.
Note: need Woodcock-Johnson to secure this level of specificity.)
4. A severity rating (mild/moderate/severe) has been included for the diagnosis of learning disability.

c. Schizophrenia

Subtypes (e.g. paranoid, simple, etc) have been dropped. Replaced by severity and a number of specifiers (e.g. in partial remission; with significant overlapping mood disorder, etc.)

D. Disruptive Mood Dysregulation Disorder

1. This is a new diagnostic category for children and adolescents who have significant temper difficulties.
2. Onset around age 10. If first onset after age 18, other disorders (e.g. Bipolar) must be considered.
3. Main diagnostic criteria are chronic irritable mood and outbursts three plus times per week.

E. Post Traumatic Stress Disorder

1. Definition of trauma has been expanded. The new criteria:
 - Exposed to actual/threatened death, injury, violence:
 - Directly
 - Witness
 - Learning it happened to family member or close friend (must be violent or accidental)
 - Repeated exposure to aversive details of event

F. Substance Use Disorders

1. No longer a distinction between substance abuse and substance dependence. Now combined into “substance use disorder” — either mild, moderate or severe.
2. The criteria for making a diagnosis of substance use disorder (need at least two in the preceding 12 months) are the following symptoms:
 - Taken in larger amounts or over longer period of time than intended
 - Persistent desire or efforts to cut down or control use
 - Much time taken obtaining, using or recovering from substance
 - Cravings or a strong desire or urge to use a substance
 - Recurrent use resulting in failure to fulfill role obligations (work, school or home)
 - Continued use despite social and interpersonal problems
 - Social, occupational or recreational activities reduced due to alcohol
 - Recurrent use in hazardous situations
 - Continued use despite physical or psychological problems due to substance
 - Tolerance
 - Withdrawal
3. Severity
 - Mild (2-3 symptoms)
 - Moderate (4-5 symptoms)
 - Severe (6 or more)

G. Neurocognitive Disorder

1. A range of diagnoses in DSM-4 (e.g. Dementia) have now been combined into one basic diagnosis of Neurocognitive Disorder. The clinician is asked to specify:
 - mild or severe,
 - with or without behavioral disturbance, and
 - cause (e.g. Alzheimer’s, stroke, etc) if known.

WORLD HEALTH ORGANIZATION DISABILITY ASSESSMENT SCHEDULE 2.0 (WHODAS 2.0)

The WHODAS 2.0 is a disability assessment instrument based on the conceptual framework of the International Classification of Functioning, Disability and Health (ICF). The WHODAS 2.0 was developed through a collaborative international approach with the aim of developing a generic instrument for assessing health status and disability across different cultures and settings. The widespread use of the WHODAS 2.0 will promote clear communication among professionals in the health and disability fields across the globe.

Description

The WHODAS 2.0 provides a global measure of disability by assessing day-to-day functioning in domain-specific areas, as follows:

- Understanding and communication (six items)
- Getting around (five items)
- Self-care (four items)
- Getting along with people (five items)
- Life activities (school and/or work) (eight items)
- Participation in society (eight items)

This WHODAS 2.0 provides a picture of the day-to-day functioning of the client in their current living situations. It pinpoints functional limitations that might suggest rehabilitation strategies. It has strong validity and reliability, supported by a wide range of empirical studies.

WHODAS 2.0

World Health Organization Disability Assessment Schedule 2.0 | 36-item Version | Self-Administered

Client Name: _____ Age: _____ Sex: Male Female Date: _____

This questionnaire asks about difficulties due to health/mental health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the past **30 days** and answer these questions thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

RAW ITEM SCORE
RAW DOMAIN SCORE
AVG. DOMAIN SCORE

Understanding and communicating		1	2	3	4	5
D1.1	Concentrating on doing something for 10 minutes?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.2	Remembering to do important things?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.3	Analyzing and finding solutions to problems in day-today life?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.4	Learning a new task, for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.5	Generally understanding what people say?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.6	Starting and maintaining a conversation?	None	Mild	Moderate	Severe	Extreme or cannot do
Getting Around		1	2	3	4	5
D2.1	Standing for long periods, such as 30 minutes?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.2	Standing up from sitting down?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.3	Moving around inside your home?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.4	Getting out of your home?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.5	Walking a long distance such as a kilometer (or equivalent)?	None	Mild	Moderate	Severe	Extreme or cannot do
Self-care		1	2	3	4	5
D3.1	Washing your whole body?	None	Mild	Moderate	Severe	Extreme or cannot do
D3.2	Getting dressed?	None	Mild	Moderate	Severe	Extreme or cannot do
D3.3	Eating?	None	Mild	Moderate	Severe	Extreme or cannot do
D3.4	Staying by yourself for a few days?	None	Mild	Moderate	Severe	Extreme or cannot do
Getting along with people		1	2	3	4	5
D4.1	Dealing with people you do not know?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.2	Maintaining a friendship?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.3	Getting along with people who are close to you?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.4	Making new friends?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.5	Sexual activities?	None	Mild	Moderate	Severe	Extreme or cannot do

Section

WHODAS 2.0 (CONT.)

World Health Organization Disability Assessment Schedule 2.0 | 36-item Version | Self-Administered

RAW ITEM SCORE
RAW DOMAIN SCORE
AVG. DOMAIN SCORE

Life activities — Household		1	2	3	4	5
D5.1	Taking care of your household responsibilities?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.2	Doing most important household tasks well?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.3	Getting all of the household work done that you needed to do?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.4	Getting your household work done as quickly as needed?	None	Mild	Moderate	Severe	Extreme or cannot do
Life activities — School/Work		1	2	3	4	5
D5.5	Your day-to-day work/school?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.6	Doing your most important work/school tasks well?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.7	Getting all of the work done that you need to do?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.8	Getting your work done as quickly as needed?	None	Mild	Moderate	Severe	Extreme or cannot do
Participation in society		1	2	3	4	5
D6.1	How much of a problem did you have in joining in community activities (for example, festivities, religious, or other activities) in the same way as anyone else can?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.2	How much of a problem did you have because of barriers or hindrances around you?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.3	How much of a problem did you have living with dignity because of the attitudes and actions of others?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.4	How much time did you spend on your health condition or its consequences?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.5	How much have you been emotionally affected by your health condition?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.6	How much has your health been a drain on the financial resources of you or your family?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.7	How much of a problem did your family have because of your health problems?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.8	How much of a problem did you have in doing things by yourself for relaxation or pleasure?	None	Mild	Moderate	Severe	Extreme or cannot do

General Disability Score (Total):

World Health Organization, 2012. All rights reserved. Measuring health and disability: manual for WHO Disability Assessment Schedule (WHODAS 2.0), World Health Organization, 2010, Geneva.

54 Desk Reference To Assist With Interpretation of Psychological Evaluations

The World Health Organization has granted the Publisher permission for the reproduction of this instrument. This material can be reproduced without permission by clinicians for use with their own patients. Any other use, including electronic use, requires written permission from WHO.

Section 9: Handouts

- Request for Psychological Evaluation
- The Psychological Evaluation
- Directions to Office
- Notification of Appointment
- Request for Services
- WHODAS 2.0 (Handout)

REQUEST FOR PSYCHOLOGICAL EVALUATION

_____ Name of Organization	_____ Client's Name (exactly as it appears on Medicare card)
_____ Name of Person Making Referral	_____ Client's Date of Birth
_____ Position (e.g. case manager)	_____ Medicare Number (include letter)
_____ Name and Email address of person to whom report should be sent	

If possible:

Please either fax a copy of the Medicare card to 202.244.3871 or scan to vgwccct@aol.com

REASONS FOR REFERRAL

Please check applicable boxes.

- To determine a formal diagnosis of disability
- To determine if an intellectual disability is present
- To determine if a psychiatric disability is present
- To provide treatment recommendations if a psychiatric disability is present
- To determine if a substance abuse disorder is present
- To pinpoint current IQ and academic achievement levels
- To identify strengths and weaknesses that might inform job placement or counseling
- To suggest accommodations appropriate in the work setting
- To identify functional limitations across a range of life activities
(e.g. communication, getting around, social interaction, self-direction, etc)
- To identify functional limitations in the work setting
- To secure appropriate entitlements and services (e.g. reduced Metro fare card, eligibility for vocational rehabilitation services)

To schedule an appointment:

CALL 202.244.0260

Or fax or scan the request for service.
Our office will contact the client.

FAX 202.244.3871

EMAIL vgwccct@aol.com

THE PSYCHOLOGICAL EVALUATION

The psychological evaluation involves an interview and the administration of tests. Testing is performed by a licensed psychologist who is expertly trained to perform and interpret psychological tests. Tests will include measure of intellectual functioning, achievement, personality and mood. The psychologist takes information gathered from the psychological assessment to generate a report with recommendations designed to be helpful to the client.

The evaluation not only helps determine whether there might be a disability, such as a learning problem or psychiatric condition, but also can yield insights about aptitudes, interests and strengths related to vocational training and placement. The psychological evaluation is a useful tool for the client and vocational rehabilitation counselor to explore the individual's abilities, challenges and needs.

Once completed, the psychological evaluation increases access to community resources. Having a psychological evaluation facilitates entry into and coordination with local health care providers and community resources.

Clients will receive feedback from counselors about the evaluation. They are welcome to call (insert name of evaluator) for further explanation and understanding.

DIRECTIONS TO OFFICE

- Take the Metro Red Line to the Van Ness, UDC station, which is on Connecticut Avenue. Across the street from UDC
- Take either the L2 or L4 bus (Chevy Chase Circle buses) north for about 10 blocks to 5225 Connecticut Avenue, N.W.
- The office is on the right hand side of Connecticut Avenue. It is a 10-story building with a blue awning.

IF YOU CANNOT KEEP YOUR APPOINTMENT, PLEASE CALL THE OFFICE.

If you get the voice mail, please leave a number where your call can be returned.

Washington Center for Cognitive Therapy

Vincent Greenwood, PhD
5225 Connecticut Avenue, N.W., Suite 501
Washington, D.C. 20015

202.244.0260 *office*
301.587.9116 *weekends/evenings*
vgwcct@aol.com

NOTIFICATION OF APPOINTMENT

Mr./Ms. _____

Arrangements have been made by _____,
your counselor, to have an appointment/psychological examination (at not cost to you) with:

Dr. Vincent Greenwood
5225 Connecticut Avenue, N.W., Suite 501
Washington, D.C. 20015

202-244-0260
vgwcct@aol.com

.....
Please take this notice with you. If you are unable to keep this appointment, please call or email Dr. Greenwood at least 24 hours in advance.

Note:
5225 Connecticut Avenue is approximately one mile north of the UDC/VanNess metro stop (red line).

The L-2 or or L-4 bus (Chevy Chase Circle) goes up Connecticut Avenue to the office.

WHODAS 2.0

World Health Organization Disability Assessment Schedule 2.0 | 36-item Version | Self-Administered

Client Name: _____ Age: _____ Sex: Male Female Date: _____

This questionnaire asks about difficulties due to health/mental health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the past **30 days** and answer these questions thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

RAW ITEM SCORE
RAW DOMAIN SCORE
AVG. DOMAIN SCORE

Understanding and communicating		1	2	3	4	5
D1.1	Concentrating on doing something for 10 minutes?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.2	Remembering to do important things?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.3	Analyzing and finding solutions to problems in day-to-day life?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.4	Learning a new task, for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.5	Generally understanding what people say?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.6	Starting and maintaining a conversation?	None	Mild	Moderate	Severe	Extreme or cannot do
Getting Around		1	2	3	4	5
D2.1	Standing for long periods, such as 30 minutes?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.2	Standing up from sitting down?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.3	Moving around inside your home?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.4	Getting out of your home?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.5	Walking a long distance such as a kilometer (or equivalent)?	None	Mild	Moderate	Severe	Extreme or cannot do
Self-care		1	2	3	4	5
D3.1	Washing your whole body?	None	Mild	Moderate	Severe	Extreme or cannot do
D3.2	Getting dressed?	None	Mild	Moderate	Severe	Extreme or cannot do
D3.3	Eating?	None	Mild	Moderate	Severe	Extreme or cannot do
D3.4	Staying by yourself for a few days?	None	Mild	Moderate	Severe	Extreme or cannot do
Getting along with people		1	2	3	4	5
D4.1	Dealing with people you do not know?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.2	Maintaining a friendship?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.3	Getting along with people who are close to you?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.4	Making new friends?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.5	Sexual activities?	None	Mild	Moderate	Severe	Extreme or cannot do

WHODAS 2.0 (CONT.)

World Health Organization Disability Assessment Schedule 2.0 | 36-item Version | Self-Administered

						RAW ITEM SCORE	RAW DOMAIN SCORE	AVG. DOMAIN SCORE
Life activities — Household								
D5.1	Taking care of your household responsibilities?	1	2	3	4	5		
		None	Mild	Moderate	Severe	Extreme or cannot do		
D5.2	Doing most important household tasks well?	1	2	3	4	5		
		None	Mild	Moderate	Severe	Extreme or cannot do		
D5.3	Getting all of the household work done that you needed to do?	1	2	3	4	5		
		None	Mild	Moderate	Severe	Extreme or cannot do		
D5.4	Getting your household work done as quickly as needed?	1	2	3	4	5		
		None	Mild	Moderate	Severe	Extreme or cannot do		
Life activities — School/Work								
D5.5	Your day-to-day work/school?	1	2	3	4	5		
		None	Mild	Moderate	Severe	Extreme or cannot do		
D5.6	Doing your most important work/school tasks well?	1	2	3	4	5		
		None	Mild	Moderate	Severe	Extreme or cannot do		
D5.7	Getting all of the work done that you need to do?	1	2	3	4	5		
		None	Mild	Moderate	Severe	Extreme or cannot do		
D5.8	Getting your work done as quickly as needed?	1	2	3	4	5		
		None	Mild	Moderate	Severe	Extreme or cannot do		
Participation in society								
D6.1	How much of a problem did you have in joining in community activities (for example, festivities, religious, or other activities) in the same way as anyone else can?	1	2	3	4	5		
		None	Mild	Moderate	Severe	Extreme or cannot do		
D6.2	How much of a problem did you have because of barriers or hindrances around you?	1	2	3	4	5		
		None	Mild	Moderate	Severe	Extreme or cannot do		
D6.3	How much of a problem did you have living with dignity because of the attitudes and actions of others?	1	2	3	4	5		
		None	Mild	Moderate	Severe	Extreme or cannot do		
D6.4	How much time did you spend on your health condition or its consequences?	1	2	3	4	5		
		None	Mild	Moderate	Severe	Extreme or cannot do		
D6.5	How much have you been emotionally affected by your health condition?	1	2	3	4	5		
		None	Mild	Moderate	Severe	Extreme or cannot do		
D6.6	How much has your health been a drain on the financial resources of you or your family?	1	2	3	4	5		
		None	Mild	Moderate	Severe	Extreme or cannot do		
D6.7	How much of a problem did your family have because of your health problems?	1	2	3	4	5		
		None	Mild	Moderate	Severe	Extreme or cannot do		
D6.8	How much of a problem did you have in doing things by yourself for relaxation or pleasure?	1	2	3	4	5		
		None	Mild	Moderate	Severe	Extreme or cannot do		

General Disability Score (Total):

World Health Organization, 2012. All rights reserved. Measuring health and disability: manual for WHO Disability Assessment Schedule (WHODAS 2.0), World Health Organization, 2010, Geneva.

The World Health Organization has granted the Publisher permission for the reproduction of this instrument. This material can be reproduced without permission by clinicians for use with their own patients. Any other use, including electronic use, requires written permission from WHO.

Any suggestions or feedback on how to improve this Desk Reference are welcomed.

Please do not hesitate to contact Dr. Vincent Greenwood:

PHONE 202.244.0260
EMAIL vgwct@aol.com



Washington Center for Cognitive Therapy
Vincent Greenwood, PhD
5225 Connecticut Avenue, N.W., Suite 501
Washington, D.C. 20015

202.244.0260 *office*
301.587.9116 *weekends/evenings*
vgwcct@aol.com