

# Criteria 7: WPI Analysis – Mental Health (AMA Guides 6th Edition) Update and Methodology Overview

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Combining MB with Physical under the old SABS (for MVAs prior to June 1 '16)

“(2) For the purposes of this Regulation, a catastrophic impairment caused by an accident is, .....

(e) subject to subsections (4), (5) and (6), an impairment or combination of impairments that, in accordance with the American Medical Association's Guides to the Evaluation of Permanent Impairment, 4th edition, 1993, results in 55 per cent or more impairment of the whole person;”

## Combining for pre-June 1, 2016 MVAs (cont..)

- ▶ Case law has instructed that mental/behavioural impairment can be combined with physical impairment to arrive at an overall WPI which then must cross the 55% threshold.
- ▶ How do we quantify Mental/Behavioural impairment? Assessors have either:
  - ▶ Rate by analogy using Tables from Chapter 4 (the tables provide a numerical range for each category of Mild, Moderate, Severe...)
  - ▶ Use the California Method (determine GAF score, and then a conversion table provides a numerical value for each GAF score which can then be used to combine).
- ▶ Both methods provide remarkably consistent ratings
- ▶ Impairment from brain injury typically combined/integrated with mental and behavioural impairment to come up with an overall mental/behavioural rating

## The Revised SABS Combining Definition

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

## Revised Method of Combining...Diagnostic Exclusions?

- ▶ Chapter 14 Guide 6 says only rate Mood Disorders, Anxiety Disorders, and Psychotic Disorders.
- ▶ But the SABS refers only to 14.6 so it could be argued that the exclusion instructions do not apply
- ▶ Pain Disorders/Somatic Symptom Disorders ?

## Revised Method of Combining – Use of AMA Guides 6

Guides 6 stipulates that the assessor should have expertise in psychiatric or psychological evaluation patients and in the diagnosis and treatment of mental and behavioural disorders. The assessor will:

1. Utilize three different scales to arrive at three scores:
  - ▶ Brief Psychiatric Rating Scale (BPRS)
  - ▶ The Global Assessment of Functioning Scale (GAF)
  - ▶ The Psychiatric Impairment Rating Scale (PIRS)
2. Rank order the scores
3. Choose the Middle (Median) of the three scores. This score is then used to combine with the physical ratings to arrive at a Final WPI which in turn must hit 55% to result in a Catastrophic designation.

## Brief Psychiatric Rating Scale

- ▶ A Measure of symptoms of major mental disorders and not of functional impairment.
- ▶ Utilize patient's self-report and observed behavior
- ▶ Guide 6 Chapter 14 gives a good amount of instruction on how to rate each of the symptoms such that the psychometrics of the BPRS are strong.
- ▶ Emphasis on psychotic and manic symptomology not generally relevant to MVA injured examinees.
- ▶ Time consuming

## The BPRS

**TABLE 14-8**  
BPRS Form<sup>a</sup>

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

<sup>a</sup> BPRS indicates Brief Psychiatric Rating Scale.

<sup>b</sup> Construct items 1 to 14 are rated on the basis of the individual's self-report; items 5 to 24, on the basis of observed behavior and speech.

<sup>c</sup> Sum the total of the 24 scores.

<sup>d</sup> 1 indicates not present; 2, very mild; 3, mild; 4, moderate; 5, moderately severe; 6, severe; and 7, extremely severe.

## The Psychiatric Impairment Rating Scale

- ▶ Rate (scale of 1 to 5) functional impairment on 6 scales:
  - ▶ Self-care and personal hygiene
  - ▶ Social and recreational activities
  - ▶ Travel
  - ▶ Interpersonal relationships
  - ▶ Concentration, Persistence and Pace
  - ▶ Employability and Resilience
- ▶ List the 6 scores from highest to lowest
- ▶ Take the middle two scores by rank and add them together

## A Sampling of PIRS scales

**TABLE 14-11**

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

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

## The PIRS: Examples of Scales

**TABLE 14-15**

**Concentration, Persistence, and Pace**

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

## PIRS: Examples of Scales

**TABLE 14-16**

**Resilience and Employability**

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

## Potential Problems with the PIRS

- ▶ Psychometric properties are not clear at this point
- ▶ Some categories are ambiguous/difficult to rate
- ▶ There is no guidance provided for how to exclude physical impairments
- ▶ Very time consuming

## The Global Assessment of Functioning (GAF) Scale

- ▶ Reliability: Good in research studies; probably mediocre at best when used clinically
- ▶ Asks the rater to consider both symptom severity and functional impairment – this contributes to poor reliability

## The Relative Weighting of the MB Impairment Rating

- ▶ Tables from the AMA Guides 6<sup>th</sup> will be used to translate the three scores (derived from BPRS, PIRS, and GAF) to Impairment Scores. The median score is then the overall MB Impairment Rating.
- ▶ These Guide 6 tables result in conversions that drastically (and unscientifically) weaken the power of MB impairment when determining the overall WPI as compared with the current SABS. The exact magnitude of this weakening or discounting of MB impairment is difficult to calculate but is likely greater than 50% *unless* there is a concurrent TBI and it is assumed that MB impairment is a result of the TBI.

## Brain Injury related Mental Impairment

- ▶ The new SABS directs us to exclude the effects of traumatic brain injury when calculating MB Impairment using Guide 6. Difficult to do.
- ▶ Fortunately Guide 6 scales do not have much focus on cognitive impairment.
- ▶ Mental-behavioural impairment is rated differently if assumed to be caused by TBI



## Assessment Considerations

- ▶ Assigning ratings using AMA Guide 6 will require a very significant increase in assessment time.
  - ▶ Increased interviewing time
  - ▶ Increase report writing time (the details of the scales will have to be reported upon or the overall rating will not be transparent)
  - ▶ Importantly, increased "agonizing" time – this is the time that all good assessors spend contemplating whether a rating is "Moderate" vs "Marked" etc, etc – as these distinctions are not always clear.

## Guide 6 Analyses will require resources.. But...

- ▶ Will rarely result in a catastrophic determination when the examinee would not already meet another definition of catastrophic injury.
- ▶ The only patients who will meet the combining definition who will not already meet another CAT definition are those with very severe physical impairments rated at or above 47% WPI who also have moderate impairments due to mental and behavioural disorders:
- ▶ An individual with a serious mental disorder with a GAF from 41-50 (e.g., the rough equivalent of one or two Marked impairments) would result in a WPI of only 15% which would require a physical rating of 47% in order to hit the 55% cut-off. In the old (current) SABS this would have resulted in 30-48% WPI! This is not a scientifically sound revision.

## Equity Issues

- ▶ Why should functional impairment arising from TBI be assigned a higher rating than if caused by other mental disorders?
- ▶ To assign a 20% mental impairment rating (for instance) requires a much higher level of functional impairment arising from mental disorder than the equivalent physical impairment that approximates 20% would result in. Why is physical impairment considered more important than psychological impairment?