

## **2024 June Psymposium | Psychologists' Association of Alberta**

### **Exploring Assessment in Professional Psychology: Completing Documentation to Help Clients Access Accommodations, Benefits, and Services – Part I: Disability**

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When I first trained to conduct psychoeducational assessments, the purpose of our assessments was singular. We needed to diagnose learning and mental health problems and offer recommendations to improve learning and functioning. Our reports supported this goal.

Little did I know that within a decade I would be completing paperwork for a plethora of documentation purposes. These included accommodations for school, workplace, and high-stakes exams; disability funding and medical leaves; legal circumstances such as functional capacity assessments and even forensic evaluations for the courts and justice system. This article will focus on disability documentation for governments and for the workplace.

#### **What is our role in disability documentation?**

Patients and prospective patients may approach us at any time to seek our support in completing disability documentation. The most important thing to be aware of is that we take professional and personal responsibility for anything we say or endorse in our documentation. This doesn't mean that we are necessarily legally liable, but it does mean that we must be prepared to defend our words and our opinions. Fortunately, we are not responsible for deciding if someone is eligible for a particular benefit, accommodation, or service. Instead, we are responsible for providing assessment results that help the disability agent determine eligibility and offer appropriate resources, if relevant. To do our work well, we must understand the difference between assessment data and professional opinions. We must also understand the difference between diagnosis and impairment. Assessment data allows comparison to either specific criteria or to a reference norm group such as similar-age peers (e.g., bottom 2% of a comparison group). It can provide us with information about current functioning, but rarely offers conclusions about prognosis. Professional opinions are not always requested on disability forms, but when invited, we can offer them based on research findings and clinical experience. The diagnostic process helps us to specify particular syndromes, which often include some impairments in personal, social, or occupational functioning. However, those domains of functioning may not map directly onto the impairment criteria required for disability identification.

#### **Government Benefits**

Federal and provincial governments offer diverse disability supports, which are intended to meet the needs of vulnerable individuals. Some of these are designed for individuals with enduring (often permanent) disabilities, such as the *Canada Pension Plan Disability Benefit (CPP-DB)*, and in many cases the *Disability Tax Credit (DTC)*. Others are designed to fill shorter-term gaps, such as the *Employment Insurance Sickness Benefit*.

The DTC helps by reducing taxable income (currently \$9,428), which can provide relief to income earners. Additionally, once the person is eligible, they are then typically eligible to receive the *Child Disability Benefit (CDP)*, an actual pay-out of almost \$3,000 a year for children with disabilities, in addition to a *Registered Disability Savings Plan* which allows for government contributions (grants and bonds) up to \$70,000 over time, the *Canada Student Grant for Students with Disabilities* (up to \$2,800 a year), and even a *Student Grant for Services and Equipment* (up to \$20,000 per school year). The latter two benefits are typically facilitated by educational institutions. You can quickly see how a single form completed by a psychologist can lead to substantial government support (and taxpayer cost) over a lifetime.

We must therefore not lose sight of our responsibility to the agencies that have invested our profession with the authority to complete these forms on behalf of patients. In this endeavour, it is not our job to advocate on behalf of patients, but rather to provide the agency with the information it needs to make its eligibility decisions. We must therefore do our best to provide trustworthy data and responsible opinions. To support us, funding agencies often produce materials to help guide professionals in their decision-making. They typically have frameworks for what they consider to be eligible domains of impairment, as well as definitions for specific terms such as *severe* and *prolonged* impairment.

In the years since I started completing the DTC form for clients, the section relevant to psychologists has expanded from about 1 page to 3 pages, with the opportunity to submit additional information. The Canadian Psychological Association participated in the review that led to the current version. The CRA also set up a website that allows professionals to complete the documentation online, which then generates a form and even allows online submission. However, in my experience, they still occasionally follow up to request copies of the data or documentation that you used to render your ratings and opinions. Additionally, CRA has been auditing all online submissions due to some people fraudulently pretending to submit documentation on behalf of professionals. I used to complete the DTC form at no charge to patients. However, the process is now more time-consuming and I need to schedule a specific session to review and complete the form. Printing, signing, and sometimes submitting the form are additional responsibilities that take time.

Provincial governments also offer benefits and services. In Alberta, benefits include the *Assured Income for Severely Handicapped (AISH)*, while services include *Persons with Developmental Disabilities (PDD)* program supports. AISH comes with a living allowance and personal allowance of over \$26,000 a year plus the cost of medications, emergency benefits, and other benefits. Although psychologists are not currently authorized to complete the AISH form, which must be completed by a medical doctor, we are often called upon to provide the documentation that will help the physician to complete their form with confidence in their opinions. PDD does not currently require psychologists to complete a form but does require documentation of a cognitive assessment to determine eligibility.

*Employment Insurance Sickness Benefits* are available for people who do not have employer-paid sick leave, short-term disability, and long-term disability. Service Canada has created a *Medical Certificate for Employment Insurance Sickness Benefits*, which

may be completed by a psychologist. This simple form can help the client access funding for up to six months of short-term medical leave.

### **Employer Benefits**

Working Albertans may be eligible for Worker's Compensation benefits or workplace disability leave (short-term and long-term) depending on the benefit plan funded by their employer. Psychologists can be called upon to conduct assessments to determine the level of impairment and need for supports and accommodations, including identifying the need for time off work, developing graduated return-to-work plans, and identifying ongoing accommodations in the workplace. This is an often-changing terrain that increasingly invites psychologists to specialize. However, this may make us more reliant economically on the people paying for these assessments. If we do this work, we must be sure that we maintain our professional impartiality and not end up simply siding with the employers or insurance companies who are funding our assessments. Similarly, if patients approach us for treatment services, we must be sure not to simply side with them when it comes to assessing their level of impairment just because they are our patients. If this is difficult for us, we may prefer to have a colleague conduct the initial disability assessment when we are providing treatment.

### **Under what conditions might we turn down a request to complete a form?**

If a psychologist has conducted an assessment, it is uncertain whether they retain a professional responsibility to complete a disability form on behalf of the patient. Might it not be an ethical obligation to inform patients who may be eligible for disability benefits? Although we may not be legally or professionally required to initiate the completion of an application, we will have to respond in some way if a patient requests us to complete a form. When I am relatively confident that they will qualify for the disability, this is an easy decision. If I am not sure they will qualify, I also feel obligated to complete the form. However, if I believe the level of their impairments to be clearly lower than the standard required by the funding agency, I will personally advise people about my perspective. In these cases, I will communicate the specific wording of the disability standard to the patient so they understand the level of severity that is required by the funding agency. In response, they will often appreciate that they or their child is not so severely impaired. For example, a mild learning disability, or ADHD managed effectively by medication and school supports, would rarely qualify for a disability tax credit. However, a child with severe unmanaged impulsive ADHD may be viewed as a risk to themselves if they need to be closely monitored 90% of the time to prevent harm. A child with multiple severe learning disabilities and moderate levels of ADHD persisting despite the use of medication and strategies may also qualify. A child with mild autism (Level I) may qualify because of social vulnerability, while the same individual may no longer qualify as an adult because of skills they have developed over time. If a client presses me, I will always complete the form, but will always do so as honestly as I can, which may mean identifying higher levels of functioning in related domains of functioning.

### **Financial Gain**

Designation as a person with a disability in Alberta and Canada can attract support funding in the tens of thousands of dollars a year—even hundreds of thousands of dollars—over an individual's lifetime. This will motivate *some* individuals to fabricate

impairment so that they or their children will be eligible for these funds and services. Others may consciously or unconsciously magnify their symptoms and impairments so they qualify for funding (i.e., they might not put in their best effort, or they might exaggerate how pervasive their impairments are, describing their worst days as if they represent typical days). Other patients may want us to help them qualify for funding so that they can complete schooling or advance their situation. Although these goals might be admirable, this is not typically the purpose of disability funding and supports (other programs might be available to help these individuals meet their current needs and achieve their future goals). As psychologists, we must be aware of these possibilities, and strive to ensure that clients are putting in their best effort during testing, and answering honestly when completing questionnaires, rating scales, and clinical interviews. We may support them by breaking assessment sessions into smaller time blocks, and offering appropriate environmental accommodations so that clients can perform at their best, but should always be on the lookout for symptom magnification, deception, and invalid responding. We must be careful not to rely on test scores and data that are derived solely from self-reported sources of information. We must encourage clients to do their best and remind them that our goal is to help them to identify strengths and capacities, not simply to reinforce their disability or impairments in functioning. This will help us produce a balanced assessment that will ideally benefit the individual in the long run.

We operate in a changing environment, with challenges such as the psychosocial consequences of the Covid-19 pandemic. I find it troubling indeed to read recent StatsCan data that reveals disability in Canadians aged 15 and older increased 4.7 percentage points from 22.3 % of the population having one or more disabilities in 2017 to 27% of the population in 2022. Shockingly, the current rate of disability is about twice the percentage of those who reported disability 10 years ago. Pain-related disorders account for 16.7% of the total Canadian population (up 2.2% in 5 years), while mental health-related disorders increased to 10.4% (up 3.2%). Mental health manifested the largest total population increase of any disability domain. Of those identified with disabilities, 62% had a pain-related disorder, while 39% had a mental health-related disorder.

These numbers are startling. Hopefully, psychology will be able to benefit Canadians by supporting those with mental health conditions to regain normal functioning and independence, or at least optimize their functioning. In the meantime, we must remember our responsibilities to those with disabilities so that they can access supports, services, and funding they are eligible for. At the same time, we must remember our responsibilities to funding agencies to provide the most accurate and unbiased assessments and opinions we can. This will help to ensure that funding and support services are available for those who need it most.

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