

Profiles

PUTTING ASSESSMENTS TO WORK

P-3[®] TEST

P-3[®] and VIP[®] Assessments Provide Solid Empirical Support for Disability Evaluations

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Barry Friedman, PhD, is a Licensed Clinical Psychologist who operates a private practice in the small town of Abingdon, Virginia, nestled in the heart of the Appalachian mountains. Since he began practicing in 1986, disability evaluations gradually have become the major focus of his work.

Decisions on disability initially are rendered by Disability Determination Services (DDS)—a federal program administered on a state-by-state basis. One component of Friedman's work is to evaluate DDS claimants before the initial decision is made. He also conducts more comprehensive evaluations for appeal cases. For example, he may be asked to conduct an evaluation by an Administrative Law Judge (ALJ) for the Social Security Administration's Office of Hearings and Appeals (OHA). Or, he may receive the request for an evaluation from the claimant's lawyer. In addition, when conflicts exist in a claimant's records, the OHA frequently invites Friedman to testify as an expert.

In conducting evaluations, Friedman administers a battery of tests that includes the P-3 (Patient Pain Profile) and the VIP (Validity Indicator Profile) assessments. "I'm particularly pleased with the information provided by the VIP and the P-3 tests," says Friedman. The following article describes how he applies these tools in his practice.

Objective Tools Help Build Reliable Foundation

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Friedman believes it's essential to use objective assessment tools such as the P-3 (Patient Pain Profile) and the VIP (Validity Indicator Profile) tests to support his conclusions, which often concern patients reporting chronic pain. "It's not uncommon for judges to think the psychologist is a 'hired gun'—that you'll say whatever will please the referral source," says Friedman, "particularly when the assessment is done at the request of the claimant's lawyer. When the claimant genuinely suffers severe impairments, it's crucial that I be able to take my conclusions out of the subjective realm to the greatest degree possible and ground them in empirically validated findings."

In addition, Friedman notes, "When it comes to disability claims, people often exaggerate, either consciously or unconsciously, the degree of their impairment—especially when they know it will affect whether they receive monthly checks. It's extremely important that I be able to satisfy first myself and then the ALJ that the claimant is not malingering."

And, in his practice, he's discovered another compelling reason to validate clients' self-reports. "Many of the people I evaluate are coal miners. Some of these fellows are psychologically naive guys with broken down bodies who find it much easier to say, 'My back hurts' than 'I'm depressed' In other cases, the mine in which the men have worked is played out and they don't relish the idea of working at a less physically demanding job for much lower pay. In both situations, it's critical to assess the validity of the individual's complaints of experiencing pain and to evaluate the degree to which the pain, if genuine, is associated with psychological features."

A Well-rounded Evaluation Protocol Strengthens Testimony

When asked to conduct a disability evaluation, Friedman believes in the importance of conducting an in-depth assessment of the claimant. The P-3 and VIP tests are critical components of his preferred protocol for evaluating pain patients. In addition, the battery includes a comprehensive mental status evaluation with detailed history, an achievement test, an intelligence test, the MPS (Malingering Probability Scale) and summary forms provided by DDS. Depending on the case, his protocol also may include assessments such as the BHI™ (Battery for Health Improvement) test for people who have been injured, and the PAI™ (Personality Assessment Inventory) for claimants reporting psychiatric distress but no medical issues.

Typically, Friedman's clients complete the full battery at one time, taking from two and a half to four hours. He administers elements of the battery in an efficient order that enables him to score some of the assessments while the patient proceeds to the next test. Although using the battery requires an "up-front" time commitment, it can save clients time, money and stress in the long run, Friedman notes. "Usually, when the person leaves my office, they know whether I can write a report that will support their claim. Sometimes, the best advice I can give them is to go back to work," he says.

Pain Patient Norm Group Adds Value to P-3 Assessment

The P-3 test by C. David Tollison and Jerry C. Langley is a brief screener that helps assess the presence of depression, anxiety or somatization—the factors most frequently associated with chronic pain.

Unlike many traditional assessments, the P-3 test was normed using both pain patients and subjects from the community. The Interpretive Report includes graphic profiles of how the results compare to both norm groups. Raw scores for each of the three scales are transformed into T scores based on a pain patient normative sample and these T scores are used to plot the individual's results.

Friedman views the inclusion of pain patients in the norm group as a major benefit of the P-3 test. "People living with chronic pain tend to have more problems with anxiety, depression and somatization than the general public. With the P-3 test, the comparison of a person's results on these scales to those of other pain patients represents a more conservative approach, which the ALJ is more likely to respect," he says.

In addition, other tests that don't provide a comparison to pain patients may assume that a person who reports pain is somatizing even though the cause of the pain is medically documented, Friedman observes. The P-3 test addresses this issue, providing an objective assessment of whether the claimant's pain is caused by medical and/or psychological factors or is malingered.

The P-3 test, Friedman notes, is also useful to him in another aspect of his practice—conducting pain management therapy for patients with chronic pain. It can be re administered periodically to determine the degree to which the patient is benefiting from treatment.

Friedman also appreciates that the P-3 test can be used with all pain patients, as opposed to tests that are limited to assessing injury-related pain. And, he emphasizes the value of computer-scoring for both the P-3 and the VIP tests to reduce the chance of error.

VIP Test Offers Multiple Benefits

Published by Pearson in late 1997, the VIP assessment by Richard I. Frederick, PhD, is a self-administered validity indicator for cognitive assessment. It provides a multi-modal method to help detect malingering and other problematic response styles. Friedman uses the test routinely with both pain and non-pain claimants. In fact, he believes in its value so strongly that he's urged DDS to include the assessment in its required battery.

The VIP test uniquely includes a hierarchy of difficulty in forced-choice questions. The hierarchy of item difficulty helps quantify a respondent's level of effort and motivation. The test also helps identify factors that characterize patterns of careless or irrelevant responding.

The test's performance curve analysis graphs a respondent's performance on test items by ascending order of item difficulty. One line on the graphic depicts the respondent's expected performance assuming a compliant test-taking behavior. The second line illustrates the actual performance. For respondents with compliant response styles, the expected and actual performance lines will be similar. The two lines deviate noticeably when the response style is irrelevant, careless or malingered.

Friedman finds the VIP instrument particularly helpful in assessing whether an individual is malingering on an intelligence or achievement test. He also considers the assessment beneficial in providing a clear statement on whether a person has difficulty concentrating—indicated by a “Careless Responder” response style—since this is a frequent symptom of chronic pain and many psychiatric conditions. “I prefer the VIP test to other options because it provides a direct, performance-oriented assessment of whether the claimant is able to sustain concentration adequately over a reasonable period of time,” he says.

Plus, Friedman administers the VIP assessment in conjunction with achievement and intelligence tests to help assess whether a claimant retains sufficient cognitive capacity to learn a different job—often a consideration in disability evaluations.

Credibility Is the Key

While Friedman acknowledges that administering a comprehensive battery that includes the P-3 test, the VIP test and other empirical measures is a cost investment, he considers the dollars well-spent. “When I'm assessing disability claimants, particularly when I'm engaged by the claimant, my conclusions are far more reliable and convincing when I can show the correlation among clinical observations, patient history and solid, objective support from test results. If I can't do that, I don't support the claim.”

About the Author

Barry Friedman, PhD, is a member of the American Psychological Association, the American Chronic Pain Association, the American Pain Society and the National Register of Health Service Providers in Psychology. He is certified as a medical expert by Disability Determination Services. Friedman received his Bachelor's degree in psychology from Kean College of New Jersey and his Doctor of Psychology from the University of Southern Mississippi. Since 1986, he has conducted a private practice in clinical psychology, providing cognitive behavioral psychotherapy, crisis intervention and behavior management to a broad range of age groups with treatment of a wide variety of presenting complaints and levels of pathology. His articles have been published in numerous professional journals.