

PERMANENT PSYCHOLOGICAL IMPAIRMENT

EFFECTIVE DATE July 19th 2004

Item # 39.01 of the Rehabilitation and Claims services manual requires that an interdisciplinary committee make determinations regarding the extent of permanent psychological impairment. Given the nature of psychological impairments there will always be a larger degree of subjective judgement and interpretation in awarding percentages for these conditions. For that reason, the schedule was approved with the requirement that awards be reviewed and granted by the Committee. This is an expansion of previous Board policy that required the Senior Psychologist to review all awards. This provides a more concentrated experience base and consistency of decision making across claims.

In an ongoing effort to provide consistency of adjudication, the Psychological Disability Awards Committee (PDAC) have been developing and refining guidelines within the approved schedule of psychological impairments published in the RS&CM.

An example of the challenges PDAC faces is reconciling comments and opinions from subject matter experts where terms such as mild, moderate and severe are used in the absence of common definitions. The PDAC awards are based on, but not identical to, the categories outlined in the American Medical Association Guides to the Evaluation of Permanent Impairment. These categories were modified during development of the Board's Psychological Disability Schedule. In addition, psychological disorders are typically diagnosed based on the Diagnostic and Statistical Manual of Mental Disorders, which also uses the terms mild, moderate and severe, but once again with different definitions.

PDAC have developed a set of guidelines that outline the behavioural descriptors and anchors on which the schedule was developed. These guidelines are under continuing development, so care should be taken to reference the current version posted on this site.

One drawback to the Committee structure is a lack of experience and understanding amongst stakeholders as to how decisions are reached. The current guidelines are attached for your information in an effort to provide additional clarity. It should be remembered that these are functional awards, and as such are based on the nature and degree of the injury as it impacts vocational capacity, and not the client's actual or presumed employment or employability.

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Psychology Disability Awards Committee Section 23(1) Guidelines

In order to be eligible for consideration of an award, the following minimal criteria must be met:

- psychological diagnosis is related to the work incident
- if there is a pre-existing condition, at least a portion of the current psychological impairment arises from the work incident
- psychological impairment is affecting or has the potential to affect earning capacity

Criteria	PFI Range
<ul style="list-style-type: none"> • does not meet minimal criteria for consideration of award • may be minor indicators of impairment but not likely to affect current or future earning capacity • Chronic Pain/Pain Disorder Diagnosis with some depressive/anxiety symptoms not out of keeping with same (apply Chronic Pain Policy) 	0%
MILD	
IMPAIRMENT LEVELS ARE COMPATIBLE WITH MOST USEFUL FUNCTIONING	
<ul style="list-style-type: none"> • minor residual symptoms • no, or little significant increased risk of decompensation • accommodation or different job would likely attenuate psychological impairments 	5%
<ul style="list-style-type: none"> • minor residual symptoms • some increased risk of decompensation under stressful situations • accommodation or different job would not likely completely attenuate psychological impairments • only sporadic continuing treatment likely 	10-15%
<ul style="list-style-type: none"> • mild residual symptoms • moderate increased risk of decompensation under stressful situations • accommodation or different job would not significantly attenuate psychological impairments • continuing treatment and support likely 	20-25%
MODERATE	
IMPAIRMENT LEVELS ARE COMPATIBLE WITH SOME, BUT NOT ALL USEFUL FUNCTIONING	
<ul style="list-style-type: none"> • moderate residual symptoms • capable of competitive work • inadequate adaptation to impairment with or without accommodation • moderate increased risk of decompensation under normal stress 	30-35%
<ul style="list-style-type: none"> • moderate residual symptoms • capable of competitive work if provided significant support • inadequate adaptation to impairment • significant accommodation required • high increased risk of decompensation under normal stress 	40-45%
<ul style="list-style-type: none"> • no significant competitive vocational capacity • competitive vocational capacity only in exceptional circumstances • may be capable of sheltered work • none to mild ADL problems or executive dysfunction 	50-60%
<ul style="list-style-type: none"> • no significant competitive vocational capacity • may be capable of sheltered work if provided significant support • moderate ADL or executive dysfunction • supervision/monitoring required for some complex tasks 	65-70%
MARKED-EXTREME	
IMPAIRMENT LEVELS PRECLUDE MOST USEFUL FUNCTIONING	
<ul style="list-style-type: none"> • significant ADL problems or executive dysfunction 	75-90%

<ul style="list-style-type: none">• supervision/monitoring required for moderately complex tasks• can be left unsupervised some of the time	
<ul style="list-style-type: none">• significant interference with ADLs or executive functioning• can be left alone for only brief periods• requires significant supervision for routine tasks• requires constant supervision/monitoring	100%

Effective July 14th 2004