In 2012, the U.S. Social Security Administration (SSA) provided benefits to almost 15 million disabled adults and children through its Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs. Both programs require that claimants have a medical impairment and associated functional limitations of sufficient severity to qualify for benefits. Disability determinations are based on objective medical evidence (such as observable signs and laboratory findings) and other forms of evidence (such as applicant statements or observations from family members or employers) considered relevant by disability adjudicators.

Assessment of mental disorders, as well as certain musculoskeletal and connective tissue conditions, for the purpose of disability determination relies less on standard laboratory findings than some other categories of impairment. Often, such determinations rely largely on medical opinions informed by nonstandardized diagnostic interviews and mental status exams, along with applicant and third-party reports of functional limitations in work and work-like settings. Although SSA acknowledges that some psychological tests are valid and reliable and provide useful data, it questions the value of psychological testing in cases involving mental disorders other than intellectual disability, and it does not require such testing to establish or assess the severity of these disorders. However, SSA allows state Disability Determination Services (DDS) agencies to pay for psychological testing as they deem appropriate, with the exception of validity testing (as discussed below). For this reason, except for cases of intellectual disability, there is variation among states’ use of psychological testing in disability determinations.

With support from SSA, the Institute of Medicine (IOM) convened a committee to explore the value of psychological testing in SSA disability determinations. In *Psychological Testing in the Service of Disability Determination*, the committee reviews selected psychological tests, including symptom and performance validity tests, and provides guidance on their relevance, applicability, and role in determining disability.
Standardized Psychological Testing

There are many types of psychological tests. Whether a given test is considered objective depends largely on the process of scoring the test. For example, unstructured tests that rely on individual judgment and interpretation in scoring generally are not considered objective. Standardized psychological tests, in contrast, are structured, consistently administered, and objectively scored. Such measures generally provide a set of norms—or scores derived from groups of people for whom the measure was designed—against which an individual’s results can be compared. Thus, standardized psychological tests rely less on the judgment of an individual test scorer. The committee concludes that standardized psychological tests that are appropriately administered and interpreted can be considered objective medical evidence (see page 3 for more on appropriate test administration and interpretation).

Standardized psychological tests are just one element of a complete psychological assessment, which also includes a clinical interview, behavioral observations, and a review of relevant records (for example, medical, educational, occupational, and legal records). Tests may be designed to assess typical behavior (non-cognitive tests) or maximal performance (cognitive tests). Non-cognitive tests require individuals to answer questions regarding typical behavior or psychological symptoms and complaints; examples of such tests include depression, anxiety, and personality inventories. Cognitive tests require individuals to answer questions or solve problems (that usually have correct answers) as well as they possibly can; examples of these tests include intelligence and memory tests.

Validity Testing

Unlike physical tests, such as measurements of weight or blood pressure, psychological tests require that individuals cooperate fully by reporting symptoms accurately or solving problems to the best of their ability. Validity testing, a type of psychological testing, can improve confidence in test results by assessing the consistency and accuracy of self-reporting in non-cognitive tests (symptom validity tests, or SVTs) or an individual’s effort to perform well in cognitive tests (performance validity tests, or PVTs). Current SSA policy precludes state DDS agencies from paying for SVTs or PVTs, although individuals may independently submit validity test results to support their claims.

The Value of Psychological Testing, Including Validity Tests

The committee defines “value” as improved accuracy with respect to false positives or negatives in SSA’s disability determinations and improved consistency in determinations reached by different adjudicators reviewing the same evidence. Although there are no data on the rates of false positives or negatives in SSA disability determinations, the committee concludes that systematic use of standardized psychological testing for a broader set of physical and mental impairments than is SSA’s current policy can be expected to improve the accuracy and consistency of disability determinations for applicants who assert cognitive impairments or whose allegation of impairment is based solely on self-report.

Although SSA currently does not allow the purchase of SVTs or PVTs, the committee finds that these tests provide information about the reliability of psychological test results and can therefore be an important addition to the medical evidence of record. However, validity tests should only be given in the context of broader psychological testing and should only be used to interpret information from the testing in question. The committee stresses that validity tests do not provide information about whether or not an individual is disabled.

The committee recommends that the results of standardized non-cognitive psychological test-
ing be required in the case record for all individuals whose claim of functional impairment relates to either (1) a mental disorder unaccompanied by cognitive complaints or (2) a disorder in which the physical symptoms are disproportionate to the medical findings (for example, chronic pain conditions). Testing should be required when the allegation is based primarily on the individual’s self-report and is not accompanied by objective medical evidence or longitudinal medical records sufficient to make a disability determination.

All non-cognitive psychological tests should be accompanied by an assessment of symptom validity, which could include the use of SVTs, analysis of internal data consistency, and other corroborative evidence.

Furthermore, the committee recommends that the results of standardized cognitive psychological testing be required in the case record for all individuals whose claim of cognitive impairment is not accompanied by objective medical evidence. Because the results of cognitive tests are affected by the effort put forth by the test-taker, if an individual has not given his or her best effort, the results will not provide an accurate picture of cognitive function. Therefore, like non-cognitive tests, cognitive evaluations should include a statement of evidence about the validity of the results, which could include the use of PVTs and other data.

For both non-cognitive and cognitive tests, assessments of validity may affect interpretation of the psychological test in question, but do not provide information about whether an individual is disabled and are not grounds to deny a disability claim. In all cases, if test validation cannot be achieved, the committee recommends that SSA pursue additional evidence of an individual’s claim.

Qualifications for Test Administration and Interpretation

Standardized psychological tests require the user to follow specific procedures in administering the test. Without appropriate administration, test results may not be accurate. The committee concludes that any person administering standardized cognitive or non-cognitive tests should be well trained in the specific test administration protocols, possess the interpersonal skills necessary to build rapport with the test-taker, and understand and preserve validity and reliability factors. The interpretation of test results is more complex than test administration because it requires assigning meaning to scores in the context of an individual examinee’s case record. For many psychological tests, interpretation of the results requires a higher level of clinical training than does the administration of the test.

According to the committee, SSA should ensure that any psychological tests considered part of the disability evaluation are administered and interpreted by qualified professionals. Licensed psychologists and neuropsychologists are qualified to interpret the results of most standardized psychological tests, although psychometrists and technicians sometimes receive specialized training to administer and score tests. In addition, it is important that the person responsible for making a disability determination (for example, an adjudicator at a DDS agency)
has the training and expertise necessary to understand and evaluate the psychological test report.

Conclusion

In Psychological Testing in the Service of Disability Determination, the committee finds that standardized psychological tests, including validity tests, are valuable and may increase the accuracy and consistency of SSA’s disability determinations. The report provides a thorough analysis of the use and utility of psychological tests in the disability evaluation process and provides practical recommendations on which SSA can build to implement their broader use.