



Requirements for CLBC-Contracted Psychologists: Assessments, Reviews and Follow-up

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Requirements for CLBC-Contracted Psychologists

Introduction

This document is to support CLBC-contracted psychologists completing work related to eligibility assessments for adults or youth who are applying to CLBC on the basis of a developmental disability. The section on adaptive functioning also applies to assessments for adults or youth applying on the basis of the Personalized Supports Initiative (PSI). Please see *CLBC Eligibility Policy* for reference.

Psychologists do not confirm eligibility for CLBC. It is the job of CLBC staff to make this determination, based on assessment documentation completed by a required professional as established in legislation:

Registered practitioner: Psychologist or psychological associate registered with the College of Psychologists of BC.

Qualifying practitioner: Registered practitioner (as defined above) or psychologist certified by the BC Association of School Psychologists.

CLBC's *Eligibility Policy* outlines the documentation required for CLBC to determine eligibility. To help with this determination, CLBC contracts with psychologists for three different types of work:

- 1) Assessment, including completion of an assessment report and a *CLBC Eligibility Form – Assessor Report*.
- 2) Review of existing assessment documents to:
 - Confirm that the information in it either is or is not consistent with criteria for DSM-5 Intellectual Disability; and/or
 - Identify what else is needed for CLBC to be able to determine eligibility.
- 3) Follow-up work from a review, including a review done by a provincially-contracted psychologist, to provide CLBC with sufficient information to be able to determine eligibility.

Eligibility Criteria

CLBC has eligibility criteria outlined in the *Community Living Authority Act* and the *Community Living Authority Regulation*, and policy direction that enables staff to apply these criteria consistently when adults or youth apply to CLBC.

To make a determination of eligibility based on developmental disability, CLBC staff must be able to confirm that the adult or youth:

- Meets the DSM-5 diagnostic criteria for Intellectual Disability or the DSM-IV-TR criteria for the diagnosis that has been replaced in DSM-5 by Intellectual Disability.
 - Has significantly impaired intellectual functioning with:
 - An IQ of 70 or below¹ when tested by a qualifying practitioner,
- OR**
- An IQ of more than 70 if, when tested by a registered practitioner, impairments in adaptive functioning are so severe that actual intellectual functioning is comparable to that of persons who attain a score of 70 or below².
 - Has impaired adaptive functioning that is a contributing factor in making a diagnosis of Intellectual Disability in accordance with DSM-5 (or the DSM-IV-TR disorder that was replaced in the DSM-5 by Intellectual Disability).
 - Experienced the onset of impaired intellectual functioning and impaired adaptive functioning before age 18.

¹ "IQ of 70" is defined in the policy to allow a margin of +/-5 for measurement error at the discretion of the assessor.

² For situations in which an adult or youth meets diagnostic criteria for DSM-5 Intellectual Disability with an IQ score of 70 or more CLBC eligibility policy requires that the assessment be reviewed by a provincially contracted psychologist to confirm that the information is sufficient to support the diagnosis. This requirement is in place during the initial period following introduction of DSM-5 in CLBC legislation and policy. We have developed a central process to help us monitor trends and understand how this change factors into service delivery.

Requirements – Assessment

An assessment report must cover testing information and collateral information that supports the diagnostic conclusions. This includes historical functioning, current functioning and conclusions, as described below. A completed *CLBC Eligibility Form – Assessor Report* is also required.

Historical functioning

A review and analysis of the adult or youth's history (e.g., development, education, occupation, health, intellectual and adaptive functioning) including collateral reports as applicable.

Assessment documents must show that an adult or youth's developmental trajectory is consistent with an Intellectual Disability – impairments in intellectual and adaptive functioning must have been present before age 18.

If the assessment is completed before the adult or youth is 18 years old this criterion is met.

If the assessment is completed for an adult or youth who is 18 or older, a complete history must be obtained and presented in order to demonstrate both the age of onset, and that current presentation results from developmental disability. The history or histories included must provide sufficient detail for CLBC staff to understand the adult or youth's life experiences and capabilities. This includes exploration of:

- Past assessments and diagnoses, medical, psychological, or otherwise.
- Any significant variability in scores or unusual changes in functioning across time, including potential impacts of any reassessments.
- When the first questions about development and intellectual ability/disability arose - the first indicators that there were questions about development.
- Practical life skills, including: whether and how the adult or youth has been able to earn money, obtain food, shelter, and clothing; identify the need for and obtain personal medical care; seek employment; attend to household chores and maintain their home; drive, take transit or otherwise arrange transportation when needed; access and make use of services in the community such as shops, libraries, and social support or information services; pay bills and manage finances and meet expectations for hygiene, nutrition, personal safety and other aspects of self care.
- Social skills, including building and maintaining friendships and acquaintances; meeting social expectations for behaviour in the community; romantic relationships/marriage;

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parenting; ability to cope with conflict or disappointment; social judgment and vulnerability to exploitation; legal history; and recreational/social activities.

- Conceptual skills, including: functional academic skills; participation in training or education in pursuit of career goals; ability to problem solve and cope with unforeseen challenges or stressors; planning for the future and active pursuit of long-term goals; saving and managing money; setting appropriate priorities; altering routines when needed; time management; and abstract reasoning.

Additionally, any supports the individual may have utilized in the past (e.g. government benefits/services equivalent to CYSN in his or her country of origin, PWD benefits, IEPs, high levels of family support) should be identified and described with a level of detail necessary for CLBC to understand the adult or youth's capabilities. Rather than merely reporting that the adult or youth required and received high levels of family support, specify the nature and extent of the support provided to the adult or youth by family members. For example:

“Mr. X lives in a basement suite in a home owned by his sister and brother-in-law. He eats most of his meals with them and they clean his suite with him once a week, monitor his finances and ensure his bills are paid.”

Contracted psychologists must review available historical documents and present details that informed diagnostic conclusions. It is not always necessary to exhaustively summarize the work of previous assessors - for example if an adult or youth has a recent and thorough psychiatric evaluation, obtaining the relevant releases and including the psychiatric evaluation in the adult or youth's CLBC's application would be very helpful.

Ideally, collateral documentation of historical functioning deficits will also be available for CLBC to review (e.g. old IEP plans, report cards or school records, childhood medical records, immigration medical exams). You may work with CLBC staff to support collection of such documents to present a clear and thorough picture of the adult or youth's history. Your review should include or reference these documents and they should be taken into consideration in your conclusions.

When inclusion of historical records is not possible (e.g. refugee situations), gather and document a developmental history to support age of onset conclusions and demonstrate that current functioning results from developmental disability. This can be collected via interview with informants who have the role and perspective necessary to provide the information (e.g. parent, older sibling). For example:

- Were developmental milestones met?
- What were childhood relationships like?

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- What was development of early life skills like?
- How were any differences mitigated or needs met during childhood?
- How did family compensate for any challenges?
- What was development like in terms of seeking or gaining independence? And what were expectations for independence?

Contracted psychologists should screen for symptoms suggestive of other conditions which could have an impact on adaptive functioning, including emotional and executive functioning, substance abuse, indications of psychosis, etc. Other potential explanations for historical functioning must be considered and ruled out by exploring for example:

- Whether the adult or youth has experienced significant trauma
- Whether there is a confounding mental health or medical issue
- Whether there are contextual factors that influence assessment or functioning

History must reflect a developmental trajectory consistent with Intellectual Disability e.g. a gradual decline over time passing below the threshold for Intellectual Disability before adulthood. Periods of marked decline, particularly absolute decline, more likely suggest the onset of another disorder (e.g. psychosis, substance abuse, mood disorders, Traumatic Brain Injury, etc.).

Any compelling inconsistencies in the adult or youth's history need to be fully addressed for CLBC to confirm eligibility. This includes inconsistencies between reported history and developmental trajectory consistent with an Intellectual Disability; and between current and historical assessments.

Current functioning

An analysis of the adult or youth's current intellectual and adaptive functioning including testing information.

1) Objective assessment of intellectual functioning using one or more standardized intelligence tests

Assessments of general intellectual function must be comprehensive. Only instruments with current normative data appropriate for the adult or youth being assessed must be used. Current versions of assessment instruments are required. Flynn effect corrections should not be performed. Your methods, and any changes from standardization

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required due to language limitations, motor challenges, or sensory challenges, must be clearly explained.

If the adult or youth is not fluent in English, the use of an instrument that has been normed and validated in their primary language/culture of origin would be ideal, although this is not always possible. The use of an interpreter is appropriate. Relying on measures that are less language-based and more culture-fair (e.g. the TONI) may be appropriate in some situations.

In some instances, an adult or youth might require a specialized instrument to accommodate their particular needs. For example, it would not be appropriate to assess an individual who has limited functional language with only the “non-verbal” tests on the WAIS-IV. Rather, such an individual would need to be assessed with a measure designed for those with limited speech and language (e.g. the TONI). Psychologists can seek practice guidance on administration of appropriate measures to accommodate differential abilities from the College of Psychologists of BC. If you do not own or have access to the appropriate measure for that individual, CLBC may be able to assist.

If you need to accommodate an individual’s physical or sensory disabilities, describe how you have done so, and provide information that supports the use of such accommodations and explains the ongoing validity of the measure.

If you feel that the adult or youth’s capabilities are not best described by global composite scores (e.g., Full Scale IQ), explain your decision to rely on any other Index scores. Present sufficient information to demonstrate why the global composite score is invalid and why the individual’s real-life functioning is commensurate with a diagnosis of Intellectual Disability. Similarly, if you recommend setting aside one or more subtest scores, or if there is reason to believe that scores are unrepresentative of actual functioning, explore and explain why.

2) Objective assessment of adaptive functioning (applies to PSI as well)

NOTE: For assessments for eligibility based on PSI, the Global Adaptive Composite (GAC) score must be at least three standard deviations below the mean.

You must assess the adult or youth’s adaptive functioning using the most current version of the SIB, the ABAS, or the Vineland. For all three of these instruments, you must administer the standardized interview. You are also free to include the checklists in your assessment, but the checklists alone are not considered sufficient.

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For adults or youth applying on the basis of developmental disability, assessment of adaptive functioning not only determines if their current level of functioning is commensurate with a diagnosis of Intellectual Disability, it can also inform age of onset investigation. While you may choose to ask a familial informant to complete a measure of adaptive functioning “as if” the assessment was occurring when the adult and youth was under 18, in order to support your age of onset confirmation, you must also assess current adaptive functioning.

Whenever possible, interview multiple informants, including non-familial informants, to complete assessments of the adult or youth’s current adaptive functioning to provide information about their strengths and weaknesses in different environments.

3) Exploration of other possible explanations for intellectual and adaptive impairments

To meet CLBC eligibility criteria, an adult or youth’s impairments in intellectual and adaptive functioning must be attributable to an Intellectual Disability. A history and description of an adult or youth’s current functioning may reveal the existence of other factors that may contribute to their impairments in intellectual and adaptive functioning. These must be described and accounted for in presenting your diagnostic conclusions. Examples include medical conditions and trauma, as well as contextual factors at the time of testing, such as intoxication.

4) Further screening and assessment of psychological functioning if necessary

It is important that the impairments the adult or youth is experiencing can be best attributed to the Intellectual Disability. To rule out the possibility of other psychological factors causing, or contributing to the adult or youth’s impairment, screening can be done through interviews or screening questionnaires.

When there are concerns about significant psychological co-morbidity, (e.g., co-morbid thought disorders, mood disorders, anxiety disorders, substance abuse), the adult or youth’s psychological functioning must be thoroughly explored and objectively assessed with well-validated measures that include symptom validity indices.

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5) Formal objective assessment of effort/symptom validity where appropriate

It is essential for establishing eligibility that the adult or youth's psychometric assessment scores are representative of their actual level of functioning. For adults or youths who are 18 years of age and older and who are in the mild Intellectual Disability range, where poor effort and symptom exaggeration may be of concern, effort/symptom validity must be assessed.

If an individual is engaging in response bias behaviors and/or exerting poor effort during cognitive testing, regardless of intent, it is not possible to obtain valid cognitive test data. If valid cognitive test data cannot be obtained, CLBC cannot rely upon that report when making an eligibility determination.

This is an especially important consideration when the adult or youth being tested is facing criminal charges. The likelihood of negative response bias during neuropsychological testing in adults or youths facing criminal charges is extremely high, around 70%.

As an example, the Test of Memory Malingering (TOMM) is well-established as safe and appropriate to use in individuals who are known to have a diagnosis of mild Intellectual Disability. Other measures of effort have also been found to be safe and effective in this population. A statement in a report like *"The individual appeared to put forth good effort during testing,"* or *"The individual stated that she was trying her best during testing,"* is not sufficient to establish good effort and valid test performance.

Conclusions

Assessment reports for CLBC purposes must contain a diagnostic statement (where appropriate) and recommendations for the adult or youth based on assessments and supporting information. A summative explanation of how the history, current functioning and scores of various assessments contribute to the diagnosis; recommendations for the adult or youth; and exploration and explanation of any variation between historical and current functioning and factors that could affect validity, is required.

Requirements – Review

You may be asked by CLBC staff to review an assessment done by someone else that does not contain sufficient information to support an eligibility determination. Your review should determine one of the following findings:

- 1) The information in the assessment documentation is insufficient to demonstrate whether the DSM-5 diagnostic criteria for Intellectual Disability are met.
- 2) The information in the assessment documentation is consistent with meeting the DSM-5 diagnostic criteria for Intellectual Disability.
- 3) The information in the assessment documentation is not consistent with meeting the DSM-5 diagnostic criteria for Intellectual Disability.

When conducting a review, you must also complete the *CLBC Eligibility Form – Review*.

When information is insufficient demonstrate whether the DSM-5 diagnostic criteria for Intellectual Disability are met, you may be asked to identify what else is needed for CLBC to be determine eligibility.

Requirements – Follow-up from Review

From your own review

Where you have reviewed assessment documents and determined there is insufficient information to demonstrate whether the DSM-5 diagnostic criteria for Intellectual Disability are met, CLBC staff may work with you to complete follow-up work and provide information to the adult or youth and their family as appropriate.

From a colleague's review

Where assessment documents indicate that an adult or youth meets diagnostic criteria for DSM-5 Intellectual Disability with an IQ score of 70 or more, CLBC eligibility policy requires that the assessment be reviewed by a provincially contracted psychologist to confirm that the information is sufficient to support the diagnosis.

If a provincially-contracted psychologist has reviewed assessment information and determined that further information or assessment work is needed for CLBC to be able to determine eligibility, CLBC staff may work with a contracted psychologist to complete follow-up work and provide information to the adult or youth and their family as appropriate.

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If you have further questions, please contact your local CLBC Office.