SOCIAL SECURITY ADMINISTRATION

OCCUPATIONAL INFORMATION DEVELOPMENT

ADVISORY PANEL QUARTERLY MEETING

APRIL 29, 2009

SHERATON - ATLANTA HOTEL

ATLANTA, GEORGIA

* * * * *

DR. MARY BARROS-BAILEY

INTERIM CHAIR

S R C REPORTERS
(301)645-2677

1 M E M B E R S

2 MARY BARROS-BAILEY, Ph.D., INTERIM CHAIR

3 ROBERT T. FRASER, M.D.

4 SHANAN GWALTNEY GIBSON, Ph.D.

5 THOMAS A. HARDY, J.D.

6 SYLVIA E. KARMAN

7 DEBORAH E. LECHNER

8 LYNNAE M. RUTTLEDGE

9 DAVID J. SCHRETLEN, M.D.

10 NANCY G. SHOR, J.D.

11 MARK A. WILSON, Ph.D.

12 JAMES F. WOODS

13

14

15 C O N T E N T S

16 ITEM:

17 ---

18 Welcome, Overview of Agenda 3

19 Fundamental Dimensions of Human Cognitive Functioning
20 David A. Schretlen, Ph.D. 4

21 Panel Discussion and Deliberation 68

22 Panel Administrative Business 150

1 P R O C E E D I N G S

2 MS. TIDWELL-PETERS: Good morning. Welcome

3 to day three of the Occupational Information

4 Development Advisory Panel meeting. My name is Debra

5 Tidwell-Peters. I'm the Designated Federal Officer

6 for the Panel. I will now turn the meeting over to

7 the interim chair, Dr. Mary Barros-Bailey. Mary.

8 DR. BARROS-BAILEY: Good morning,

9 everybody. Thank you, Debra.

10 I would like to welcome everybody back, and

11 welcome Shanan who is with us today. So we get to

12 see a face, not just her voice over.

13 Just to kind of review the agenda a little

14 bit, we are going to be hearing from panel member

15 Dr. Schretlen this morning in terms of Fundamental

16 Dimensions of Human Cognitive Functioning. Then

17 we're going to have a couple of hours to deliberate.

18 We're going to end a little bit before lunch so we

19 have an opportunity to be able to have lunch, check

20 out, and also do some business over lunch. And

21 check-out is 1:00 o'clock.

22 Beside your seat you should have gotten a

1 FedEx box. So anything that you want to put into
2 that so that it gets delivered home, that would be
3 great.
4 Then after lunch we're going to have Panel
5 administrative business, and then we're going to end
6 about 3:00 o'clock. Okay. Thank you.
7 I'm going to go ahead and turn this over to
8 Dr. Schretlen.
9 DR. SCHRETLEN: Good morning. I'm going to
10 talk with the group about cognitive functioning, and
11 I want to explain, first of all, that I am not
12 speaking for the mental cognitive subcommittee as a
13 whole. I, in fact, just finished putting these
14 slides together yesterday morning. And so this is
15 intended to be sort of a provisional thinking out
16 loud approach to cognitive functioning. And by way
17 of orientation I want to bring back a -- this slide
18 that I think R.J. developed, and just to orient us as
19 to what we're talking about.
20 This is a slide in which we're looking at
21 the relationship between the person and job side. In
22 particular, I'm going to be talking this morning

1 about the person side. And in particular, I'm going
2 to be talking about just this mental cognitive aspect
3 of the person side. So we're setting aside physical,
4 and we're setting aside for now interpersonal and
5 temperament issues. And this is not to minimize the
6 importance of interpersonal and temperament issues,
7 but just -- we have got to start somewhere. So this
8 is a starting point.
9 So individual differences and cognitive
10 performance have been shown to predict cognitive
11 occupational attainment in both healthy and clinical
12 populations. We know that in many populations how
13 people perform on cognitive measures is predictive of
14 outcomes. In some cases it predicts outcomes better
15 than primary symptoms severity. Not all studies show
16 this, but a lot of studies have shown that in
17 schizophrenia, for example, cognitive performance is
18 more for predictive of who is able to work, and work
19 adequacy than severity of symptoms, like
20 hallucinations and delusions, and so forth.
21 There have also been some studies showing
22 symptomatic brain injury, MS, epilepsy and many other

1 conditions as well. In fact, in some ways I think
2 that we are on the brink of a new era, and the FDA is
3 very interested in looking at cognitive functions in
4 a number of diseases that are not cognitive diseases,
5 because cognition is often affected in diseases
6 whether they're cardiovascular disease or other
7 systemic diseases; and cognitive deficits are very
8 predictive of real word everyday functioning
9 outcomes, who can live independently, drive a car,
10 and work.
11 So in some ways this makes cognitive
12 functioning almost like a final cognitive pathway of
13 work disability for many diseases and conditions.
14 Again, I do not mean to minimize behavioral and
15 interpersonal aspects, just to highlight that this is
16 something that's essential to include in any
17 assessment of residual functional capacity.
18 So I think -- and I would make the case
19 that we need to included some assessment of cognitive
20 functioning in a mental RFC. Anything would be
21 better than nothing. So there are a couple of ways
22 to approach this. One is to use performance based

1 measures. Things like IQ tests, or memory test, or
2 executive function. Some test where you actually sit
3 down with -- an examiner sits down with a claimant
4 and test them and see how well they can solve
5 problems or remember new information. Those are
6 performance based measures.
7 The other is ratings, and those can be self
8 ratings -- I have trouble paying attention,
9 concentrating. I am distractible. They can be
10 informant reports by clinicians, a doctor, a family
11 member; someone who knows the claimant can say, this
12 person has trouble sitting still and staying focused.
13 Those are two fundamental approaches,
14 performance based measures and ratings. We're going
15 to defer conversation about which of those to do for
16 another day. That's just too much to bite off for
17 today; but I want to sort of foreshadow that this is
18 something that the mental cognitive subcommittee and
19 the Panel as a whole is going to wrestle with, and
20 SSA is going to wrestle with.
21 So, first, we have to decide what abilities
22 to assess before we decide how to assess them.

1 That's what -- this talk is going to be about
2 deciding what abilities to assess, and this is a
3 first pass at this. This is something that our
4 subcommittee will be discussing and we will be
5 bringing back to the committee in a more formal way.
6 So there are a couple of ways that occurred
7 to me you can go about doing this. One way is to
8 take the perspective of, you know, what goes wrong.
9 One approach is to see, well, what diseases or
10 injuries or conditions have effects on cognitive and
11 behavioral functioning? And what abilities are
12 affected?
13 If you go -- if you take that approach you
14 can see that, you know, intelligence, lots of
15 diseases affect intellectual functioning. Stroke can
16 cause aphasia, which is language impairment. You can
17 see that most of the domains that we think of as
18 important in neuropsychological assessments are
19 represented. But this is a funny way to do it,
20 because the importance of these domains will be --
21 depend a bit on how common or rare diseases that
22 affect them are. So it could give you a funny or a

1 biased sort of impression of the importance.
2 So for example, some youngsters have
3 Acalculia as a developmental condition. It's pretty
4 rare. It is not a very common condition, and you can
5 get Gerstmann syndrome of Acalculia with a very
6 strategic stroke in the left parietal region of the
7 brain; but it's not a common problem, and it is
8 probably not a disabling problem, except for a very
9 small number of jobs. So I'm not convinced that this
10 is a very effective way of going about it.
11 I think that probably a more useful way is
12 a psychometric type of approach. If we're going to
13 consider that, then the natural is factor analysis.
14 Factor analysis refers to a collection of statistical
15 techniques that are -- that is used to elucidate sort
16 of the underlying or what's sometimes called the
17 latent structure of cognitive functioning. And there
18 are two basic approaches.
19 One is the exploratory factor analysis or
20 EFA, and that is a way of looking at a set of
21 measures. If you give a set of cognitive measures to
22 a group of people, what exploratory factor analysis

1 allows you to do is to identify sort of a smaller
2 subset of latent variables that represent the
3 variability demonstrated by those people on those
4 measured. So instead of administering 25 measures
5 and having 25 or 30 different scores, you boil it
6 down to a smaller, more manageable number of core,
7 latent constructs. Exploratory factor analysis has
8 been around for many, many years, and has been a very
9 fruitful source of information in the field of
10 psychology and elsewhere.
11 More recently, a series of techniques
12 called confirmatory factor analysis has been
13 developed. And confirmatory factor analysis is much
14 more useful for testing a priori hypotheses. You go
15 in with the conceptual model, and conceptual model
16 might be theoretically based; it might be based on
17 finding from other studies; and you can test that
18 structure, that model, structure, and evaluate it
19 against specific alternatives.
20 You can ask the question, how well does our
21 model of cognitive functioning actually fit the
22 observed data if we give a bunch of tests to a group

1 of people? And a common approach to that is to test
2 and compare what are called nested models, in which
3 you start with one model, it's very detailed; then
4 you subsume some other factors, and them you subsume
5 more factors, so you build up in a sort of
6 hierarchical fashion.
7 Now, in preparation for this meeting I
8 asked a research assistance to help me review some of
9 this literature. The next few pages I don't expect
10 you to -- I just want to show you -- I put in these
11 slides only to show you that, in fact, we have been
12 recording -- we create an Excel spread sheet that
13 includes a great deal of information. We have looked
14 at -- this is not an exhaustive review of the
15 literature; but it is a pretty -- pretty broad review
16 of the literature.
17 And we looked at factor analytic studies of
18 patient populations and normal controls, and just a
19 number of different studies. And what we put into
20 our database is simply a list of the references, the
21 measures that were used, the factors that they found,
22 the kind of model. It was a resource for me to help

1 summarize things. So I'm not even going to, you
2 know, spend time on these, but to point out that --
3 that there actually is a basis for my comments this
4 morning.
5 So in general, several models of latent
6 cognitive structure have found empirical support in
7 the literature and in one or more population. A few,
8 but a small number has been replicated in multiple
9 samples, and a few have been confirmed by
10 confirmatory factor analysis. But it's important to
11 bear in mind that the measures that you include in an
12 assessment widely influence the nature of the latent
13 cognitive model that you find. What goes in is
14 hugely deterministic of what comes out. If all you
15 put in are measures of attention, what you're going
16 to get is the factor structure that underlies human
17 attentional abilities.
18 You will see something like Ruthers,
19 sustained attention, divided attention, selected
20 attention, and so on. I wasn't interested in factor
21 analyses that just looked at attention. I asked the
22 research assistant to try and identify factor

1 analysis that included a broader mix of measures, and
2 so that's what we looked at. And when you do that,
3 you can see from the literature a number of different
4 factor solutions that have been identified.
5 And I think -- and this morning I want to
6 comment on three fundamental levels of findings.
7 First, is single-factor model. Some studies have
8 shown that a single factor, single general ability
9 seems to drive a lot of the variability in
10 performance on a larger number of test. Some studies
11 have shown that two factors is a very parsimonious
12 and a sufficient solution. But most have found
13 multiple factors, three or more factors.
14 So I'm going to talk about -- I am going to
15 discuss, in turn, a one-factor model, a two-factor
16 model, and then sort of lump all the rest together.
17 Just to highlight the strengths and weaknesses of
18 these different approaches.
19 Okay. Now, first a comment about lumping
20 versus splitting. We can give people lots of tests,
21 and the question is how do you summarize someone's
22 performance? And there are certain advantages to

1 having a single measure of overall ability.
2 In fact, if SSA had a single measure of
3 overall ability, that would be an advance over what
4 we have now. If we had some single quantitative
5 measure, right, we would have some information about
6 mental residual functional capacity -- objective
7 measure that we don't have now. So even a single
8 factor, in my mind, would be advantageous, perhaps,
9 some utility; and it has some advantages. It's
10 easily understood. When you have multiple factors, a
11 single summary score is typically a more reliable
12 measure than specific cognitive domain. The more
13 measures that go into a summary score, the more
14 reliably we can measure it. That's just a
15 psychometric fact.
16 That's why if you give someone an IQ test
17 that has multiple subtest, like information and
18 arithmetic, and vocabulary, the overall IQ score is
19 always more reliable than the subtest that comprise
20 it. And so one of the advantages of a single factor
21 is that we can measure it reliably.
22 Another issue is that -- another argument

1 for doing it is that well, when you have separate
2 factors they share an awful lot of common variants
3 anyway. The truth is, if you measure executive
4 functioning and problem solving and attention, those
5 are pretty related constructs. Those are pretty
6 related abilities. They're not all that discrete.
7 That's another reason for just having a nice, simple
8 summary measure.
9 And finally, summary measures almost
10 invariably, not always, but almost invariably
11 correlate best with a broad range of outcomes. So in
12 studies of schizophrenia, for instance, when we look
13 at what predicts outcome measures -- overall outcome
14 measure, the best are the summary measures; not
15 discrete mental abilities, but the summary scores of
16 overall cognitive functioning.
17 Now, if you look at discrete aspects of
18 outcome, sometimes more discrete cognitive functions
19 are better. And so this is something for us to
20 wrestle with over the course of this panel's life,
21 and for SSA to wrestle with after our life.
22 Now, multiple factors have advantages too.

1 And one of them is like well -- a criticism of the
2 single factor is that there is really no theoretical
3 cognitive construct that maps on to a summary
4 impairment, in fact. I just don't know what
5 theoretical construct that would be. It's a
6 psychometric product, giving a person a test, but
7 it's not clear what brain system, or neuro
8 transmitter system, or you know, is responsible for
9 an overall -- overall impairment index.
10 But more importantly in my mind, summary
11 scores might mask specific impairments or aspects of
12 residual functional capacity that either include
13 employability or support it. If you give someone
14 five tests and they do, you know, above average on
15 four, but fail miserably the fifth; the overall score
16 might be average. But that masks an important
17 weakness of that person that might absolutely
18 preclude them from working in some kind of job.
19 Conversely, if someone really does very
20 poorly on four measures, but is stellar on the fifth,
21 that might provide a vocational expert a basis to
22 really help that person find a job that they can do;

1 that they have the residual capacity to do despite
2 their other cognitive impairments. So there are some
3 advantages to having more than a single factor, and
4 look at things in a bit more discrete and fine grain
5 fashion.
6 Then, finally, if you have three, or four,
7 or five measures, that's really not any harder to
8 understand than a single summary measure. Let's face
9 it, if you can understand one measure, you can
10 understand five. If you can't understand five, then
11 you probably can't understand one either.
12 So let's talk about those three levels.
13 The first level is a one-factor model. And you could
14 have other factors. You could say, I think the most
15 important thing for us to measure is information
16 processing speed. How quickly people process
17 information. Frankly, I'm actually kind of partial
18 about it because it's a hugely important variable.
19 But that's not what the study seem to show.
20 The studies show over many, many years -- probably
21 over 75 years of research, that if you give a --
22 people a group of test 5, 10, 25 tests, and you

1 factor analyze those tests -- you do a factor
2 analysis -- all of the tests, every single one will
3 show a positive correlation with the first
4 hypothetical construct, the first latent variable.
5 That variable is called "G." That latent trait is
6 called "G" for general mental ability.
7 "G" is a construct that you can't directly
8 observe. It is determined by genetic and
9 environmental factors; and it simply arises from an
10 observation that performance on all cognitive tests
11 are correlated. People who do well on one test, can
12 by in large do well on other tests, and vice versa.
13 "G" -- this has some certain implications.
14 "G" is not tied to a specific construct -- or content
15 rather, like words, or numbers, or patterns. If you
16 give people many different tests, some arithmetic,
17 some vocabulary, some -- all different kinds of
18 tests, there is a general ability; and you can think
19 of it as overall horse power, intellectual sort of
20 cognitive horsepower. And that ability, that general
21 capacity is not tied to any specific content, which
22 is probably why it seems to be so broadly predictive

1 of many different outcomes. And in fact, it is the
2 "G" component on test that has the most predictive
3 power. Not just in vocational domain but in many
4 other domains.
5 So here is a test. This is the
6 distribution of scores produced on a test called the
7 Wonderlic Personnel Test. Now the Wonderlic
8 Personnel Test isn't a particularly big test. It is
9 a 12 minute test, pencil and paper test, it has a mix
10 match of items. Some arithmetic, some vocabulary,
11 some reasoning. It is not a particularly good test.
12 I'm not advocating the Wonderlic Personnel Test here.
13 I'm using this to show something, that this test is
14 probably better standardized than any test on earth.
15 Back in 1992 they had accumulated data on
16 118,500 workers in the United States of America on
17 this test. Now, it's almost 20 years later, and I
18 have no idea how many they have now. This is from
19 the back flap of a test manual. That's all it is.
20 And it's the manual I happen to have at the lab.
21 But the -- the histogram here, the bars
22 show the relative numbers of employees who obtain

1 different scores on this test. And the scores at the
2 left -- on the left-hand side there is a score of
3 zero, at the right-hand side there is a score of 50.
4 There are 50 items on this test. And you can see
5 that the distribution of scores follows what we call
6 a Gaussian distribution or the normal curve or if
7 it's got that familiar bell shape.
8 Why does it have that shape? Because
9 that's the way that "G" is distributed in the
10 population. "G" is a characteristic that is
11 distributed in a Gaussian fashion in the world. This
12 test is a reasonable measure of "G." It is not the
13 best measure, not a great measure, but it is a
14 reasonable measure.
15 The darker bars represent the first,
16 second, and third quartiles of the distribution.
17 What that means is that 25 percent of the 118,000
18 people who took this test scored below the first bar,
19 to the left of the first bar. Then 25 percent scored
20 between the first and the second of the dark bars.
21 That's the second quartile, and then the third
22 quartile. Then, finally, the top 25 percent of the

1 population is above that third bar.
2 Now, between the first and the third bar,
3 the first and third quartile is how many people?
4 50 percent. That is the definition of average.
5 Average is the middle 50 percent of the population.
6 Now, I'm going to take this -- just so it's
7 a little easier to talk about something -- and I'm
8 going to turn it clockwise, so that the low scores
9 that are on the left are now going to be on the top;
10 and the high scores are going to be on the bottom.
11 And what this show you is that the mean and this
12 average score on this test is 21. That's the middle
13 bar. That is also the 50th percentile. The medium,
14 and the mean, and the mode on this test are all --
15 all three measures of central pendency are about 21
16 on this test. So 50 percent of people get a score
17 below 21, and -- 21 or below; and 50 percent or above
18 that.
19 Okay. Now, Michael Dunn, who is not here,
20 was kind enough to put together a list -- at the
21 inaugural meeting I asked for a list of the 100 most
22 common occupations in America. I just was curious

1 how those would map -- how well those 100 occupations
2 would be represented across different levels of
3 complexity. The reason I'm focusing on "G" is
4 because one way in which jobs vary is complexity.
5 Some jobs are really simple. Some jobs are really
6 complex.
7 Neurosurgery, nuclear physics, these are
8 complex jobs; and, you know, janitorial work is not a
9 very complex job. Jobs vary in many dimensions, but
10 one dimension is complexity. So it makes sense to
11 think about "G," because "G" is probably going to map
12 on to job complexity better than anything else in the
13 cognitive domain.
14 And so then I said, well, let's look at
15 scores on the Wonderlic at different occupations.
16 Now, you can't read this, and it probably doesn't
17 show up on your handout very well; but I can tell you
18 that what this slide shows -- this is a
19 representative sample of occupations and people in --
20 workers in America who took the Wonderlic personnel
21 test in different occupations. The very top line is
22 attorneys. Wouldn't you know, attorneys at the top

1 of the heap.
2 DR. BARROS-BAILEY: Just real quickly, the
3 100 list is in section four of the folder.
4 DR. SCHRETLEN: Okay. We're going to come
5 to that in just a moment. What this shows you is the
6 horizontal bar, the very top horizontal bar is
7 bounded at the left and the right end by the first
8 and the third quartile and then the little vertical
9 hash mark is the median. So you can see that in the
10 top category attorney, the means score, the average
11 score on the Wonderlic personnel test is 30 and the
12 average -- and attorneys range from about 24 to 36 on
13 average. The average attorney scores between 24 and
14 36.
15 Okay. Now, this superimposes -- the red
16 line superimposes the mean for all the people who
17 took the test. And you can see that attorneys -- the
18 vast majority of attorneys are above the mean for the
19 population as a whole. Conversely, at the bottom are
20 packers, material handlers, and then custodial, and
21 janitorial workers. And the vast majority of
22 individuals in those occupations are below the mean

1 of the score. That doesn't mean that there are not
2 some janitors and packers whose scores are above the
3 mean. And there may be some who are really, really
4 smart. There might also be a few dim attorneys out
5 there, though, probably not; but if they are, I'm
6 sure I hired them.
7 Now, these are the first and third
8 quartiles, and this shows you where the -- this is to
9 emphasize the sort of average range of the whole
10 population as a whole. So that you can see that
11 probably the reason people are in these jobs is that
12 they have the intellectual resources that are most
13 compatible with the level of complexity required by
14 that job.
15 Now, how about the 100 jobs in America.
16 The top jobs. The top occupations. Are they
17 representing this entire range? Or are the most
18 common jobs clustered at one end of the continuum or
19 another? That was my question. And the answer is,
20 no. They're broadly representative.
21 I went through and looked at each of these
22 occupations and I looked at the list of 100, and I

1 asked could I find a -- one on the list of 100 that
2 had the same -- that was the same term or virtually
3 identical term. And this is -- all the little blue
4 arrows show how many were virtually identical terms.
5 Now, there were some that were probably on
6 that list that would be represented here, but they
7 didn't use the same language; and I just wasn't quite
8 sure. And so this is a fairly conservative estimate.
9 But what it shows is that if you were to just sample
10 50 or 100 jobs that are really common in the United
11 States of America, you would have jobs that vary
12 across the entire spectrum of complexity.
13 Now, by extension we might also find that
14 they vary in a similar way if -- instead of this
15 being a Wonderlic Personnel Test this was the Lechner
16 Test of Physical Capacity, exertional capacity.
17 This same principal may well apply to all
18 the other important dimensions of job demands that
19 we're interested in here. And so the point that I'm
20 trying to make is that we might be able to find a
21 sample of jobs that is broadly representative of
22 exertional, strength, physical, mental capacities

1 that employees need to have in order to do those
2 jobs. But "G," general ability, might be a very
3 simple and parsimonious way to approach mental, the
4 cognitive aspect.
5 MS. SHOR: Can I ask just a quick question
6 or clarification. Before you -- before you put the
7 blue -- use the gray and white chart. Is that the
8 data from the test?
9 DR. SCHRETLEN: This one?
10 MS. SHOR: No.
11 DR. SCHRETLEN: Oh, the blue arrow?
12 MS. SHOR: So before you added the blue
13 arrows, what was the data we were looking at that
14 was --
15 DR. SCHRETLEN: Okay. These --
16 Sounds like moaning Myrtle or something.
17 This is a table from the Wonderlic
18 Personnel Test manual. What this table -- what this
19 figure shows is the average scores of incumbents in
20 different jobs, different occupations. Okay. So
21 these are the scores. You can see that for halfway
22 down is secretary. Secretaries, you can't really see

1 it very well. That's part of why I put in this
2 middle red line. Secretary is right above the mean.
3 It's a score of about 23.
4 So the secretaries who took the Wonderlic
5 Personnel Test had a mean score of 23, and a range of
6 about -- a range of about 18 to 27. And so that's --
7 now, there were secretaries who were below 18 and
8 secretaries who were above 27. This is sort of the
9 average secretary. Then, what I said is were any of
10 these positions represented in that list of 100
11 occupations? And the blue arrows are simply those.
12 MS. SHOR: Thank you.
13 DR. SCHRETLEN: So some implications
14 important to bear in mine. 25 percent of workers
15 fall below the first quartile. Okay. Now, we have
16 all met them. You go into a store, you know, out of
17 100 clerks, 25 percent of them are really good
18 clerks, 50 percent are average, and 25 percent are
19 clerks that you wish you had gone into a different
20 line. Maybe it is 10 percent, whatever.
21 The point is people who actually work don't
22 all work the same. We have this dichotomous decision

1 making can someone work or not? But really it is not
2 so much dichotomous, it is how well can this person
3 work or not. Maybe someone can work, but they're at
4 the 25th percentile of people who do that job or at
5 the tenth percentile. That is, they're among the
6 lowest ten percent. That is, at what point -- how
7 well must a person be able to do a job for SSA to
8 consider them employable?
9 Do they have to be at the second
10 percentile? I don't want to hire someone who is --
11 who is a worse employee than 98 percent of employees,
12 but two percent of people who are out there are the
13 worse employees, right? I mean, there is a bottom
14 two percent.
15 If you have 100 doctors two of those
16 doctors are the worse. You can have -- you know, you
17 can set a cut point and say, I don't want to go to
18 one of the five worse of those doctors. In fact, I
19 want to go to a doctor who is at least average.
20 Frankly, I would rather, you know, go to a doctor in
21 Minnesota where everyone is above average.
22 But at what point is someone able to work?

1 Do we want to say that a worker needs to be at the
2 second percentile to be able to work? Or the 25th?
3 This is not a scientific question. This is a policy
4 question that SSA is going to have to wrestle with.
5 We can help SSA become more quantitative and explicit
6 in their assessment of applicants; but ultimately,
7 with explicit information comes a requirement of
8 explicit decision making criteria. That's a battle
9 for another day.
10 So in terms of overall comments, the
11 single-factor model has advantages. It's
12 parsimonious. "G" is well documented. It's highly
13 defensible. We can measure it reliably in many
14 different languages, culture subgroups. There are --
15 individual differences in "G" are very robust. They
16 are fairly easily assessed. We can assess it in 12
17 minutes. Not exactly onerous. You can sit a person
18 at a table, give them a pencil and say take this, and
19 with a stopwatch do it in 12 minutes. That's what
20 this test does. It's simple.
21 We can obtain a reasonable estimate of "G"
22 in this way; but it has limitations. It lacks

1 sensitivity to many types of brain dysfunction. The
2 Wonderlic is really good, and it's given to -- you
3 know, for what it does. It's given here, you saw, to
4 118,000 workers; but these are not people who have
5 had strokes or brain damage or schizophrenia. These
6 are people who are employed. How well does it work
7 with clinical groups? It hasn't been standardized so
8 well in clinical groups. We don't know how sensitive
9 it is. It might be that it is not very sensitive in
10 clinical groups.
11 So "G" might not be the best. If we're
12 going to measure one thing, we might choose to
13 measure something that's really sensitive to diseases
14 and injuries, even if it's not the most predictive in
15 the normal population. That's a decision that, you
16 know, isn't going to be made this morning.
17 So let's move on then to the two-factor
18 model. Lots of studies distinguish between two
19 fundamental dimensions of cognitive function. One is
20 highly overlearned skills and knowledge, sometimes
21 called crystallized ability, or G-C, I will refer to
22 it, on the one hand; and current online information

1 processing, which sometimes is called fluid abilities
2 or G-F.
3 So examples of G-C are vocabulary, fund of
4 information, mathematical ability, knowing how to
5 solve mathematical problems. Fluid abilities, on the
6 other hand, refer to novel problem solving,
7 reasoning, speed of information processing. So maybe
8 how many computations you can do in a minute would be
9 more fluid.
10 Crystallized abilities increase rapidly
11 through childhood. Children learn and acquire
12 knowledge of the world and skills at a very, very
13 rapid pace. And then it slowly decelerates. The
14 rate at which they learn acquired crystallized
15 ability accelerates through adolescent; and then it
16 continues to accumulate through adulthood. We can
17 see increases in crystallized ability all through
18 adulthood probably until very, very late life when
19 you start to see subtle declines, like in the '80's.
20 Fluid abilities, on the other hand, also
21 grow very rapidly in childhood, but they peek around
22 age 20, and it's all down hill after that. We really

1 were at our peaks, you know, around 19, 20, 21 in
2 terms of fluid abilities.
3 Now, crystallized abilities are more
4 affected than fluid abilities by education; and so
5 that's partly why we continue to accumulate -- and
6 fluid -- and crystallized abilities probably map on
7 more to sort of wisdom, and judgment, if you will,
8 and perspective. Fluid abilities are more sensitive
9 to brain dysfunction.
10 So what you can see in an older person, a
11 middle age person, someone my age, if you have a
12 brain injury, is some pretty good preservation of
13 crystallized abilities, but a more sharp
14 deterioration of fluid abilities; and that makes it
15 possibly suitable for SSA.
16 Now, here is -- I'm going to talk about
17 briefly an application of a two-factor model. I say
18 here, well, sort of two factor, because I'm going to
19 talk about a little test. This is actually a test
20 that I developed for SSA back in the mid-'90's, and
21 we did a little study with this test. And this test
22 is -- it's called -- it doesn't show up on the screen

1 here -- the Mental Status Exam, telephone version. I
2 just made this up. And it has these items.
3 It begins with a question, what is today's
4 date? Next, I'm going to read a list of words.
5 Please listen carefully. When I am done tell me as
6 many words as you can remember in any order. Ready.
7 Here are the words. Dentist, mustard, teacher,
8 pepper, waitress, hat, shoes, pants, vanilla.
9 This is a test of your ability to remember
10 a list of words. You just ask the person to tell all
11 the words they can remember. Then I say I'm going to
12 read the same list of words again, and tell me all
13 the words you can remember. This is a test of verbal
14 learning and memory.
15 Then we ask, how much is 100 minus seven,
16 and how much is seven from that, and seven from that.
17 So that's serial seven subtractions. Then we ask
18 some vocabulary kind of items. What is -- the
19 opposite of up is down. What is the opposite of
20 empty. What is the opposite of shallow, and the
21 opposite of remain, and the opposite of seldom, and
22 the opposite of learn.

1 And then some math problems. How much does
2 five plus six equal. How much does 17 minus nine
3 equal. How much does four times 16 equal, and how
4 much is 70 divided by five.
5 Then some information items. How many
6 months are there in a year? Who was the first
7 president of the United States? On what continent is
8 the Sahara Desert? What kind of tree will grow from
9 an Acorn? And how many square feet are in a square
10 yard? And then finally, tell me all the words you
11 can remember from that list.
12 Okay. This test you can give over the
13 telephone. It takes about ten minutes. And we
14 factor analyzed it. And we administered it to a
15 sample of normal aging, an NIH funded study that I
16 did at Hopkins. And also it was given to 139 SSI and
17 SSDI beneficiaries. People who had been adjudicated
18 disabled by the SSA. The full sample was quite
19 different from the SSA sample. So we selected in the
20 middle column a reasonably matched sample, at least
21 they were matched in age and sex. They weren't as
22 well matched in race. But the A, B, C sample is

1 broadly representative as well. And of course, they
2 wouldn't be matched in mini mental scores, because
3 one is a patient group, and one is a group from the
4 community.
5 Then we did a factor analysis, and three
6 factors came out. I'm talking about this as a
7 two-factor model, because really only two factors are
8 meaningful in this test. The first factor is kind of
9 generally ability. You can see that in A, B, C
10 sample, and the SSA sample. But the serial seven's,
11 opposites, arithmetic, and information items all
12 correlated. Those are called loadings. Those show
13 how well those subscores correlated with the factor;
14 and the first factor we called general ability. And
15 you can see what correlates with it.
16 And then in the second factor we called
17 memory, because word recall and first, second, and
18 third attempts that we're calling the words all
19 correlated very highly with that. Then, the third
20 factor was just a single item. That was orientation
21 to time.
22 Now, general -- in the A, B, C study and

1 the aging study we also gave other tests. And you
2 can see that general ability on the MSE, the little
3 telephone test, correlated pretty well with overall
4 scores on the WAIS IQ measure, and with a measure of
5 premorb IQ; .66, .69, those are highly significant.
6 Those are pretty good correlations. The learning and
7 memory factor correlated pretty well with other test
8 of verbal and spatial or visual learning and memory.
9 So in fact, this little test actually seems to have
10 in ten minutes provided reasonable estimates of
11 general ability, and learning and memory; two
12 factors.
13 And it also distinguished remarkably well
14 between the normal, healthy controls and the SSA
15 beneficiaries. And so for instance, the healthy
16 control scored on average 39, plus or minus 5.5
17 points on this little test. There are 50 correct
18 possible. You can get a score, you know, between
19 zero and 50. And most people the average score was
20 39, plus or minus five and a half.
21 And then people who were disabled due to
22 affective disorders scored 31. Schizophrenia, 29.

1 Some other cognitive disorder, 27. And mental
2 retardation, 20.8. Now, look at that. The
3 difference between the normal controls and people
4 with mental retardation is almost four standard
5 deviations. There is virtually no overlap between
6 the distributions of these. So that's pretty good,
7 because the average on an IQ test is 100. The
8 average for a person with mental retardation is 65.
9 That's just slightly more than two standard
10 deviation.
11 So in fact, this little ten minute
12 telephone test actually provides remarkable
13 discrimination between people who have been
14 adjudicated disabled due to these different
15 conditions, and people from the community. And here
16 is just a graphic representation of the same data.
17 So in comment, two factors allow for a
18 slightly more fine grained assessment of cognitive
19 function and impairment. Crystallized ability
20 reflect overlearned sort of premorbid verbal
21 abilities that are relatively insensitive to both
22 aging and brain dysfunction; and fluid abilities

1 reflect current typically nonverbal problem solving
2 abilities that are more sensitive to age and brain
3 dysfunction.
4 Note that you can take two factors and
5 combine them into one. So if you do a two factor
6 assessment, you automatically get a three factor
7 assessment. Excuse me.
8 Now, let's move on to multiple-factor
9 models. This is where it gets really complicated,
10 because there are so many different findings in the
11 literature. When I looked over that Excel
12 spreadsheet I got a headache; but before getting a
13 headache I jotted down some notes. And the notes
14 that I jotted down are that certain things are
15 represented more often than others. General mental
16 ability, a factor for verbal learning and memory, and
17 processing speed. Lots and lots of studies have
18 shown these factors pop out.
19 Somewhat less clear in terms of
20 independence. That is what items -- what kind of
21 test define them are the domains of working memory,
22 attention, concentration, executive functioning,

1 ideation fluency. There are others, visual, memory,
2 and so on. In other words, in some studies what they
3 call working memory would be digit spans. In other
4 studies they might have a factor with digit span, but
5 call it attention and concentration.
6 In some tests digit span might go along
7 with letter and number span -- or spatial span,
8 rather; and so they will call it working memory. In
9 other cases digit span might go along with measures
10 of sustained attention. So it gets very muddy. So
11 we did a confirmatory factual analysis in three
12 populations. I just want to show you those data.
13 Not to say that this is the best solution, but just
14 to show you one in more depth that I'm familiar with,
15 because I did it.
16 We asked the question whether you could
17 identify a single factor -- a one-factor structure
18 that would apply equally in multiple populations.
19 And we hypothesized six factors based on another
20 study that I did. And we recruited 576 participants,
21 including 340 reasonably healthy adults, 110
22 relatively stable individuals with schizophrenia.

1 They were almost all outpatients; and 126 relatively
2 stable persons with bipolar disorder. Again, mostly
3 outpatients. We gave them testing.
4 You can see, these are how the groups
5 compared. They're different in virtually all
6 respects, age, sex, race, education, premorbid IQ.
7 The groups are very different. The two patient
8 groups are also -- they are similar in severity of
9 illness, number of hospitalizations; but of course,
10 they differ in medications that they're taking,
11 because they have different diseases.
12 So we suggested -- we wanted to test
13 different models. Here is a six-factor model. This
14 is the model we thought would be the one that would
15 be best; and it measures psychomotor speed using the
16 trail making test in a group pegboard. That's what
17 those acronyms are. I didn't spell them all out,
18 because I don't think it's that important.
19 Attention using the brief test of
20 attention, and a computerized test called the CPT.
21 Something we called ideational fluency, which is word
22 and design fluency. Then verbal memory with the

1 Hopkins Verbal Learning test; and visual memory with
2 the Brief Visual Spatial Memory test; and then the
3 Executive functioning with the Wisconsin Card Sorter
4 test. These are tests that are sort of widely used
5 to measure these different abilities.
6 Some people include Trail-Making -- think
7 of Trail-Making part B as an executive measure. So
8 we also tested a six-factor model where we assigned
9 Trail-Making scores to that factor. Some people have
10 included verbal fluency on a factor of psychomotor
11 speed, so we have put it there to test that model.
12 Others have included verbal and visual memory
13 together, so we put that into a model. And then we
14 nested those in a four-factor model. And finally, we
15 asked the question about a one-factor model, all the
16 measures together.
17 And there are ways of evaluating
18 confirmatory factor analysis funding. There are lots
19 of ways of evaluating them. In general, you either
20 want a very small number or the largest number you
21 can get. So Chi-square, below three. The root means
22 square, below .08 is acceptable; and then for the

1 others, anything above .9 is good.

2 Here is what we found. For our six-factor
3 model in the group as a whole, all of the measures of
4 adequacy show that that six-factor model was a good
5 fit. That model represented the data well for all of
6 the subjects. It also represented the data well for
7 all three subgroups independently. The normal
8 control, the bipolar, and schizophrenic subgroups.

9 What this shows is that we have prophesied
10 an underlying model of cognitive function, and a
11 confirmatory factor analysis supports that model.
12 This analysis says yes, that's a good way. That
13 model is a good way of representing variability among
14 people on this battery of measure. This is a good
15 way of thinking about the latent structures that
16 drive performance. Other models were not quite as
17 good. You can see that this was pretty good, but
18 some of the measures are not the fit -- what are
19 called goodness of fit measures that are as good; and
20 then things deteriorate as we go through the other
21 models.

22 So by the time you get down to the

1 one-factor model, it's really not a very good fit for
2 this data. So here is the graphical representation
3 of the model. One could make an argument based on
4 these data that if you measure attention, processing
5 speed, and fluency, and verbal memory and visual
6 memory with executive function with these tests, and
7 that battery takes about 90 minutes; then you have
8 assessed a broad representation of mental abilities
9 that have a pretty replicable structure across
10 different populations of both normal people and
11 patient groups.

12 I'm not advocating this model. I'm just
13 presenting it. I'm just sort of bringing it up for
14 discussion. We might settle on a four-factor model.
15 We might settle on something that is completely
16 unrelated to this; but I am presenting this to the
17 Panel and to SSA for illustrative purposes and for
18 discussion, and comment.

19 This hypothesized six-factor model showed a
20 good to excellent fit by all of the evaluative
21 measures, and other models did not fit the data as
22 well; but another ensemble of tests almost certainly

1 would yield a different optimal solution. That's the
2 weakness of factor analysis. The -- what you get out
3 is dramatically influenced by what you put in.
4 Therefore, the question of whether to assess
5 mental -- that should be R-F-A -- RFC. Boy, it was
6 getting late. Using a multi-factor model -- the
7 question of whether to assess using a multi-factor
8 model logically precedes the selection of which
9 domains to assess. Now, my personal
10 recommendation -- again, I am not speaking for the
11 cognitive mental committee as a whole. This is
12 something we all need to discuss; but my personal
13 recommendation would be to keep it to a small number
14 of domains like three to six. Because I think that
15 that's doable. It's feasible.
16 Whether we -- you know, however we go about
17 measuring it, rather than go off into some -- you
18 know, some of these things have 11 factors, and nine
19 factors, and you know, a three hour battery of tests.
20 That's just not feasible. And I don't think it's
21 necessary. I think we can do this in a much more
22 parsimonious way.

1 But finally, there are other big issues.
2 The big issues are these, shall we use performance
3 based measures or informant rating scales or both?
4 That's a huge question that we need to come to grips
5 with. Either way -- I mean, if we do the rating
6 scales or the performance measures, who would
7 administer them? And is this a real change of
8 models? Maybe when someone comes in for an
9 application, there could be a very streamline
10 performance based measure.
11 When they come in and they fill out a form,
12 when they list what they think disabilities are, they
13 could also do some performance based measures right
14 then and there that then don't require consultative
15 exam; but we have some decision making algorithims
16 based on their actual performance. It could be a
17 very efficient system. It could be a more efficient
18 system; but it's a big -- it's a shift from
19 clinicians rating.
20 Now, clinicians rate how well a person can
21 concentrate. But how long does a doctor spend with a
22 patient to rate whether someone can stay focused for

1 two hours or a six hour day? Let's face it, a doctor
2 is with a patient for five minutes, maybe 15 if
3 you're lucky. My doctor, I hardly ever see him.
4 You know, the doctor is making a
5 well-educated guess. It may not be that
6 well-educated. At least not educated by exposure to
7 patient. It is educated by his or her training and
8 background and impressions of the patient, and what
9 is known clinically about the patient; but not based
10 on prolonged observation of a patient. So it might
11 be that informant measures, which I'm not sure have
12 ever really been validated, are the way to go. I am
13 thinking that performance measures may actually be a
14 better way to go, but this is something that we all
15 have to grapple with.
16 So that brings us to the question of how do
17 we validate decision criteria? And this is not
18 something that is resolved by saying okay, well, we
19 are just going to depend on clinician ratings. First
20 of all, I'm not sure that clinicians can rate
21 cognitive abilities. They can rate interpersonal
22 things, probably; but how do you -- is a clinician

1 able to rate a person's capacity for visual learning
2 and memory? How would you ever know that? This is
3 what I do day in and day out. I can't guess that.
4 I, after interviewing a patient for 90
5 minutes, can usually get a ballpark of where there IQ
6 is, but I'm telling you, it's a ballpark. Just as an
7 intellectual exercise when I see patients and I do
8 evaluations, I often think what's this person's IQ?
9 Then, I have them tested. Then I look at it. I can
10 tell you I am often wildly off.
11 Because our subjective impression of
12 someone's IQ is often determined by the language they
13 use when they speak with us. And language isn't the
14 only component that's important in IQ. But you
15 can't -- you know, you don't see a person solve a
16 block design problem in your office, you know, in
17 your interview; you don't witness that.
18 So getting to more discrete problem
19 abilities, you can't even judge a general ability all
20 accurately. It is going to be hard to do, so
21 ultimately we recommend that a mental RFC should
22 include some assessment of cognitive abilities, but

1 that we want to stick with the strategy of basing
2 that on clinician judgment. We're going to have
3 issues when it comes to validating those ratings.
4 So shall we use available measures or
5 create proprietary measures that SSA creates? And
6 standardized updates. That might sound like --
7 that's something that's going to make John Owen
8 nervous, because it sounds like a huge, huge
9 undertaking; but I actually think that SSA has the
10 resources to do that with remarkable efficiency. And
11 I can imagine a way of doing that that would be quite
12 feasible to do and implement within a few -- really a
13 few years, not a very long time horizon, but a
14 relatively near term kind of horizon. And that
15 actually might be a very useful thing to consider.
16 And there are a lot of reasons. Existing
17 test become obsolete. They rate all kind of complex
18 royalty issues; and you know, it just might be -- and
19 then to go out there in the public domain. In some
20 ways it might be better for SSA to have, you know,
21 two or three equivalent forms of a small set of
22 measures that can be administered, and that can be

1 standardized and continually updated, and then
2 validated against both success in the workplace down
3 the road and decision -- you know, adjudicative
4 decision. So that is another possibility or
5 something. It is a big issue to consider down the
6 road.
7 There is a theme here. And the theme is
8 that I think we need to do some empirical research
9 ultimately. We're going to have to do some -- my
10 hunch is where we're going is we're going to have to
11 recommend to SSA some studies. They're going to have
12 to do some studies.
13 We can operate within existing instruments
14 and existing methodologies and come up with something
15 that might be incrementally better than what is
16 available now, or we can make some more dramatic
17 changes and come up with something that really could
18 be substantially better and more efficient. I think
19 either way, we're going to have to do some studies
20 and that's it. So I don't know how I did time wise.
21 DR. BARROS-BAILEY: You did great. Thank
22 you, David.

1 Questions from the Panel. Deb.
2 MS. LECHNER: I think this was really
3 great, David. Thank you very much. Appreciate the
4 information.
5 The question I have is that in your
6 discussion of these instruments, a lot of them are
7 person assessments.
8 DR. SCHRETLEN: Yes.
9 MS. LECHNER: I'm assuming if we were to
10 incorporate something like this into analysis of work
11 or occupations, would we be giving these tests to
12 persons who are out there successfully performing the
13 job? I mean, the Wonderlic, you know, you sort of
14 said, okay, we already have that data. So if we were
15 to use, let's say, the six domain testing protocol,
16 would we then, as we go out to assess jobs, or SSA
17 goes out to assess jobs or whoever provides the
18 information, would you give those to incumbents and
19 get some normative data from existing occupations?
20 Is that your vision?
21 DR. SCHRETLEN: So I swear to God I did not
22 pay her to ask me this question. This is precisely

1 where in my mind I think ultimately we need to go.
2 That we need to look at people who are successful
3 incumbents in a representative sample of occupations
4 that span not a huge number, not 12,500. I'm
5 thinking maybe 50, 100; maybe if we're grandiose,
6 250.
7 What Michael Dunn's Excel spreadsheet of
8 the 100 most common occupations showed -- I put that
9 in an Excel spreadsheet and hit the sum -- hit the
10 sum button. It's two-thirds of the occupations,
11 two-thirds of employees in America are in those 100
12 occupations. Of the 155 million employed Americans,
13 two-thirds of them occupy one of those positions.
14 Now, if we had 250 positions, detailed
15 information about incumbents in 250 positions, there
16 would never be a question of whether or not a job is
17 available. These are jobs that are available
18 everywhere.
19 So if someone can do one of these jobs, if
20 they have the -- if their abilities, cognitive,
21 exertional, strength, other abilities are
22 characteristic of people who are successful in a

1 job -- so if we have 100 telemarketers -- we just
2 take a random sample of 100 telemarketers, they are
3 going to be anywhere from 18 years of age to, you
4 know, 67 years of age; and they will have any number
5 of years of education and different, you know,
6 backgrounds. It's going to be a broad sample.
7 If we were to test them and find out how
8 much can they lift and carry and pinch; and how well
9 can they do on these tests. How often do they report
10 having back pain, and headaches? How severe do they
11 rate those things? Then you could have information
12 that's -- that allows you to compare a given
13 applicant to the characteristics in all of these
14 domains of people who were successful.
15 By that I would say only take people who
16 have had a job for 12 months or more. That means
17 that they are, by definition, successful. That
18 doesn't mean they are good employees. Maybe they
19 will be fired next month. But they have been in the
20 job for a year, so they have a modicum of success.
21 I wouldn't want to take people who have
22 been in the job for five years, because that would be

1 a really unfair selection. That would be something
2 only to better employees. But you wouldn't want to
3 be -- you wouldn't want to include people who got
4 hired last week, because they might be fired. They
5 might not be able to do the job.
6 So you have representative incumbents who
7 are attorneys, physicians, janitors, accountants,
8 secretaries, and you assess. It may be that
9 firefighters, you know, have to have very high
10 explosive strength and endurance and so forth, and
11 medium cognitive abilities, and low something else.
12 Whereas, attorneys need to have high cognitive
13 abilities, but not much physical strength unless
14 they're litigators and they're dragging around those
15 huge suitcases, and so on. And so that is sort of
16 ultimately where my mind has been going in this.
17 DR. BARROS-BAILEY: Tom.
18 MR. HARDY: This is wonderful, fascinating.
19 It was so good I think I followed it, which is a high
20 compliment. There is so much here, I can't remember
21 it. At some point you said there would have to be a
22 policy determination on something. And I guess my

1 question goes back to if you are using a reliable
2 valid instrument with standard deviations, and all
3 that stuff, is that really a policy determination or
4 is it not something that's actually driven by the
5 results statistically from the test, and I got
6 confused.
7 DR. SCHRETLEN: Yes. That's an excellent
8 question; and, in fact, at one point I was telling
9 Sylvia I thought it might be useful for me to give
10 another little talk about some of these psychometric
11 issues that's unrelated to this, but it is very, very
12 germane to the question you are asking.
13 Let's suppose you did that study, and we
14 examined 100 medical receptionists. We examined 100
15 medical receptionists, and we examined their
16 exertional abilities, and their cognitive abilities,
17 and their headache -- reported pain, different body
18 systems. And we're going to just compare this
19 applicant to medical receptionist and cognitive
20 function.
21 And we decide to go with the single-factor
22 model, "G." And this person gets a score on the test

1 that places him or her at the tenth percentile of
2 medical receptionist. Is that person able to do the
3 job? Well, yes. Probably not well.
4 In fact, if your applicant gets a score
5 that's at least as high as the lowest person in the
6 sample, then you can argue that they're able to do
7 the job; because there is at least one person in the
8 universe of medical receptionist who scored as low as
9 your applicant; but I'm not going to hire that
10 applicant; and that applicant is not a desirable
11 employee.
12 And so the question is at what point in the
13 distribution do we say that a person is employable?
14 Should the applicant be at the fifth percentile of
15 incumbents? The tenth, the 25th, the mean? It has
16 huge implications. And once we become explicit in
17 our thinking, then, what it makes apparent is the
18 policy question. We can no longer run and hide the
19 policy question. In fact, SSA makes that policy
20 decision today, only it's obscured by fuzzy thinking.
21 I'm sorry to tell you.
22 That decision is being made implicitly.

1 I'm suggesting if we do this, you're going to have to
2 confront making that explicitly. And that is a huge
3 issue, and it's not one that us scientists can tell
4 you how to solve. It's a policy in the sense that if
5 you say, look, if someone can perform at the second
6 percentile -- that's two standard deviations below
7 the mean -- then, they can do the job, darn it. And
8 we're going to find them able and qualified to work.
9 If you do that, I guaranty you that you
10 will be denying more claims, because the clinician in
11 me listening to Suzy Que yesterday knows perfectly
12 well that Suzy Que is well above the mean cognitively
13 on any test we give her, whether it is a one factor
14 or a six factor. Suzy Que is bright. Suzy Que --
15 notwithstanding her depression and her pain, I can
16 tell you cognitively the way she filled out those
17 forms, and the bio, the sketch -- I have seen
18 patients like that. I see patients everyday -- she
19 is not someone who is cognitively disabled at all.
20 This was not even a close case. This was a mile away
21 from a cut off.
22 So if you say second percentile, you're

1 going to be denying a lot of claims. If you say,
2 well, let's say the person has to be at least to the
3 bottom of the average range, the 25th percentile to
4 call them employable. If they're not at that level,
5 then, we're going to say it's compensable; then, what
6 comment are you making about the 25 percent of
7 employees who have not applied for disability
8 benefits who are out there who are incumbents?
9 They're thinking, dang, I should just go in and say I
10 have got a headache. Right?
11 I mean, that's the issue that we then come
12 to. It's a -- you know, what's fair to people who
13 are in the work force and working despite obstacles.
14 Because, let me tell you, yesterday I counted. There
15 were 45 people in this room. I thought to myself,
16 four to six people in this room are on antidepressant
17 medications. Six people here have pain at least
18 several times a week, and probably two or three
19 people have pain virtually everyday. We work despite
20 our problems. We work despite our ADD. We work
21 despite our, you know, episodic feelings of
22 depression.

1 And I can guarantee -- I see colleagues.
2 I'm in the Department of Psychiatry. I will tell you
3 there are things that your neurosurgeon struggles
4 with that you don't want to know about. That your
5 cardiologist struggles with that you don't want to
6 know about. I know about them. People who are
7 functioning and working struggle with physical and
8 mental issues.
9 So many people who have not applied for
10 disability benefits could. And many of them are
11 going to be in the bottom quartile of physical
12 endurance, or cognitive functioning, or some pain
13 rating.
14 So this is what I mean, Tom, about
15 ultimately addressing policy issues. A fundamental
16 decision about -- and it's going to -- ultimately, in
17 my mind, it's going to be driven by economic issues
18 as the Social Security trust fund contracts. You
19 know, as the proportion of people who are getting
20 retirement versus putting money in is shifting with
21 the shifting demographics, there is going to have --
22 one thing about using explicit criteria is that would

1 allow you to say, look, we're going to have to lower
2 the boundary of what's -- of what's required to work,
3 because we can't afford all of these -- to pay all of
4 these beneficiaries.
5 If you are at the second percentile we feel
6 terribly sympathetic for the struggle that you have,
7 but you have to look for a job, because we can't
8 afford to pay people at the tenth percentile, the
9 15th, the 25th percentile. So it will -- ultimately,
10 shifting to an explicit sort of methodology also
11 allows for explicit, explicit social decisions about
12 what we -- what -- how broad is our safety net? How
13 many people are captured by our safety net, and how
14 many people slip through?
15 DR. BARROS-BAILEY: Mark, did you have a
16 question? I think we will take one more question and
17 go into the break. And then Deb after Mark. Mark
18 and Deb, then we will break. Go ahead, Mark.
19 DR. WILSON: Okay. I couldn't agree more
20 with the idea that ultimately the way we make these
21 decisions is through designing and conducting some
22 really essential research projects, and that we help

1 Social Security Administration make these decisions
2 from a database standpoint, and that we're very
3 transparent in this research. What we're doing on
4 both the person side and the work side.
5 I'm Concerned a little bit about John's
6 health in the sense that as an industrial
7 psychologist doing testing in the workplace and
8 having to defend that, there are a number of issues.
9 Some of which, because I think I would see this more
10 in a medical evaluation, you know, as long as
11 clinicians were doing that I don't think some of
12 those issues would be there. But I would be
13 interested in having you talk a little bit about, all
14 right, we're in an operational phase of this project.
15 Now we're trying to assess someone's cognitive
16 function -- Social Security is. Issues of -- I
17 haven't been able to fake up. I think I can fake
18 down. I mean, would that -- I think I convince
19 people a lot of times. Is that an issue at all for
20 you?
21 DR. SCHRETLEN: Oh, yes, that's a big
22 issue. I didn't put it on the slide for lack of

1 room. That whole issue of effort is hugely
2 important. Some time people confuse effort with
3 malingering, but they're two different concepts.
4 Some people will purposefully distort their
5 performance on testing. There are measures that are
6 pretty good at detecting that. They are not great,
7 but they're not bad.
8 In my mind a larger issue is that effort is
9 hugely deterministic. I mean -- and sometimes effort
10 is due to the illness. I mean, when you are really
11 sick, and you are really, really depressed, it is
12 very hard to martial the effort required to do well.
13 That can be misleading. Someone could come in and
14 martial the effort to do well in your office for an
15 hour or two; then they are exhausted after they go
16 home and sleep, or, you know, they could do better.
17 You know, they don't martial the effort in your
18 office, and in, fact they have better abilities.
19 So that's a big issue, effort and
20 malingering. But it's a technical one. I think it's
21 a tractable one. We can deal with that. Some of
22 these others are more kind of conceptual; and they

1 are going to be in my mind ultimately more difficult
2 to decide.
3 MS. LECHNER: You know, the whole concept
4 of actually clinically measuring claimability I find
5 is -- I am so glad that you brought this up in the
6 mental area, because I think it's sort of like a
7 breath of fresh air for me. But I have been under
8 the impression from the things that you all have said
9 that in terms of your current -- and this is really a
10 question for Sylvia -- in your current determination
11 procedures that by policy it has to be on claimant
12 self report. So as we are designing these methods of
13 looking at job demands and then hoping that claimants
14 will be tested in a similar way or using similar
15 instruments, is that beyond what we can hope for?
16 MS. KARMAN: You know, I think we're
17 going -- I mean, we have been talking about this
18 for -- well, quite some time. Then more recently
19 when we were discussing what the outcomes might be
20 from the mental, cognitive subcommittee with regard
21 to well, for every data element that we identify in
22 the world of work that's worth measuring or that is

1 critical to work, if, in fact, we can not get that
2 information vis a vie the claimant reports or the
3 medical evidence; then we're -- we're caught in that
4 bind of well, how good is that information about the
5 world of work if we can't get it from the claimant?
6 I think we're going to need -- I think
7 Social Security -- and this is why we have a
8 workgroup back at -- you know, that touches all the
9 different components of Social Security, the
10 operating -- the operational offices as well the
11 quality office, and the policy office. I think, you
12 know, this is a discussion that we're going to need
13 to have with regard to -- you know, just how much can
14 we tolerate in terms of getting additional
15 information or alternate. Not even additional, but
16 alternate methods of getting information about
17 claimants.
18 In certain circumstances it might be worth,
19 you know, having, for example, someone from Social
20 Security. I don't know if it's the adjudicator or
21 whom, contacting a claimant, perhaps giving -- you
22 know, going through an adaptive test where you are

1 asking them a series of questions that are not that
2 dissimilar from our activities of daily living kind
3 of form, you know, and getting at well, what is your
4 functioning given the type of impairment that you are
5 alleging?
6 Or that we may in certain circumstances
7 want to -- in the more intractable cases, the cases
8 where it's really difficult to discern just how is
9 this person functioning. We may want to have those
10 cases, you know, receive a certain kind of -- when I
11 say tests, I mean certain kind of attention either
12 through phone call or actually have the claimant come
13 to a CE, you know, consultative exam; and then, you
14 know, if it's a shoulder issue, perhaps, you give
15 them a series of test having to do with the shoulder
16 movement, range of motion. You might ask the doctor
17 to perform that. I don't know. I mean, I am just
18 talking off the top of my head.
19 In sort of packaged situations like, you
20 know, discrete circumstances, we may want to identify
21 the circumstances that tend to give Social Security
22 the most difficulty in terms of making an assessment.

1 So we may want to spend the time or the money to look
2 at those kinds of cases, because we just struggle
3 with them every single time. You know, it's a
4 discussion. I don't think it's completely off the
5 table in the sense that well, we can't have any
6 discussion about anyway in which we might want to
7 have alternate methods of getting better information
8 about the claimant's impairment. I just think
9 that's -- that would be ludicrous. There is no point
10 in our working as a Panel in developing an
11 occupational information system without having the
12 conversation about, okay, now that we're thinking
13 about gathering this kind of data about the world of
14 work, what might we need from the claimant to help us
15 connect these two things?
16 I can't say it's off the table. I am very
17 concerned, and I know -- as are my colleagues -- very
18 concerned about the operational impact of that. Of
19 course, that will be in the forefront of our minds.
20 We also have to be thinking about well, all right,
21 there's an operational impact, well, that's true.
22 There is also an operational impact of having to do

1 the cases again and again, or having to go all the
2 way up to the appellate level, you know, and then be
3 reversed. So you know, I'm just saying there are
4 other aspects.
5 MS. LECHNER: I would agree with that.
6 Also, I think you need to think about the cost, you
7 know, what I see you all spending a lot of time and
8 energy and resources on are collecting medical -- you
9 know, years and years of medical history that really
10 have very little correlation to physical function.
11 It may have -- as David has pointed out in the case
12 that he presented, have no correlation to real
13 cognitive function based on -- a lot of time and
14 energy is spent based on making inferences from
15 impairment data.
16 MS. KARMAN: Right.
17 DR. BARROS-BAILEY: Go ahead, Jim.
18 MR. WOODS: Just a quick comment. It seems
19 to me, as I come more from a research background than
20 economics, what I liked about this is maybe the
21 notion, and what the Panel could propose -- that it
22 would be in addition to the more immediate steps to

1 meet the needs of the disability system is the
2 research that could be done by Social Security that
3 could lead to some pilots.
4 And while there might be some significant
5 difficulties in how you might test that on the
6 workplace side, that using a population that is
7 already receiving benefits and running some
8 instruments by them, it might be more difficult, you
9 know, if I were doing this.
10 I would also be interested in running the
11 same testing against applicants that we have
12 disallowed. That may be more problematic. To me,
13 that's not an issue that the Panel would have to
14 resolve, but maybe even just propose to Social
15 Security that here might be some good research ideas.
16 We're getting these to you in addition to, you know,
17 this specific guidance for the immediate system. I
18 really found this fascinating.
19 DR. BARROS-BAILEY: Okay. Thank you.
20 Let's go ahead and take a 15 minute break. We will
21 come back, and we will have an opportunity to process
22 more of this. 15 minutes. Come back at 10:15.

1 Thank you.
2 (Whereupon, a recess was taken.)
3 DR. BARROS-BAILEY: Okay. I could tell
4 people are really excited about this topic. This is
5 the time that we get to deliberate as a Panel on a
6 lot of the information that we have heard. I can see
7 a lot of energy around the room from a lot of what we
8 have heard the last couple days.
9 Just to kind of summarize a little bit, for
10 the last couple of days we have heard about users.
11 We have heard from claims intake and development,
12 physical impairments, mental impairments, vocational
13 evaluation, past relevant work, other work and ALJs
14 within Social Security. And then people who are not
15 direct employees of Social Security, but are also in
16 the process in terms of vocational experts and
17 claimant's representatives. So we have seen a
18 variety of users along the continuum.
19 Personally, I had a collection of about ten
20 or 12 questions that I would of loved to ask the
21 panel, but we ran out of time in terms of the user
22 panel. Maybe we could process that a little bit.

1 Were there additional things that we wanted to have
2 asked?
3 I have kind of my collection of questions
4 to see if we might be able to address those at some
5 point, that people felt that we need to get more
6 information from the users along that line? And then
7 there were some action items that did come out of
8 that panel, somebody had wanted a wish list from the
9 vocational experts that they're going to be gathering
10 for us.
11 I want to just kind of see how people felt
12 about that process. Did it do it for you in terms of
13 why we set up the demo? Mark.
14 DR. WILSON: I thought it was very helpful
15 I don't think it's going to take the place of going
16 out to the DDS and speaking with the adjudicators. I
17 think it will help those of us who are newer to this
18 to not sound as incompetent as we might actually be.
19 Very useful, but definitely doesn't take the place of
20 spending some time with each one of the users -- at
21 least for me anyway. That's absolutely essential.
22 DR. BARROS-BAILEY: Other thoughts on that?

1 Tom.

2 MR. HARDY: I guess this will be a good

3 time to report back on some of the work I have done

4 on that. I have been doing some conference calling

5 about getting us to go to the DDS sites to do some

6 site visits, and possibly go to the ALJs -- meet with

7 the ALJs and voc experts in the office.

8 The input I have gotten back from the

9 Administration is that they see that as being a bit

10 problematic due to confidentiality issues. I

11 recognize that most of the members here feel very

12 strongly about that, as do I. I think it's a very

13 valuable process; but at this point I'm not sure how

14 we're going to overcome some of those barriers.

15 That was part of why the presentation was

16 made the way it was at this meeting to give you as

17 much information as possible. I think now would be a

18 good time for us as panel members to say whether or

19 not this met our needs. For you, I guess the answer

20 is no, it still does not meet the needs. And I would

21 be asking other members of the Panel what your

22 thoughts are?

1 MS. RUTTLEDGE: This is Lynnae. I am in a
2 really different situation than almost any of the
3 Panel members in that I have worked for vocational
4 rehabilitation in the state of Oregon where the
5 Disability Determination Service was a part of our
6 organization. And a part of voc rehab is the appeal
7 process.
8 So I don't have the need to personally go
9 and observe the process. But I don't think my
10 circumstance is reflective or indicative of other
11 folks. So when I say no, I don't need it, don't
12 think that I don't think that other people do.
13 DR. BARROS-BAILEY: Deb.
14 MS. LECHNER: From my perspective, I think
15 one of the pieces I would like to see -- that I
16 didn't get to see with the demo case are cases
17 related to the upper extremity. I have heard a lot
18 from the end users about the additional detail, both
19 in the work -- or in the presentations we heard
20 yesterday, as well as going back to our original work
21 with the IOTF. And I believe there is quite a bit of
22 differing opinion as to what those upper extremity

1 pieces might be.

2 So I really would like to see the chance to
3 see some sample cases involving the hands, the elbow,
4 the shoulder so that -- and perhaps the cervical
5 region, because those are the three areas that I
6 think our current classification system doesn't
7 address that well. So I kind of echo Mark's
8 sentiment; and not sure -- you know, I guess there
9 are several levels at which we can observe. There is
10 the DDS level, and then there is the whole appeals
11 process. And I think seeing both of those would be a
12 good idea, because I think the issues that come up at
13 the appeals level are where they deal with more of
14 the gray areas. So looking at both the DDS and the
15 appeals.

16 DR. BARROS-BAILEY: Thank you. Tom, I had
17 a question. In terms of the issues of
18 confidentiality, specifically, they are around
19 observing actual cases and hearings?

20 MR. HARDY: Well, the way it was presented
21 to me, and I have spoken to a couple of people, is --
22 and I have strong feelings. I think that we should,

1 in fact, be doing this. I defer -- if it's not
2 fiscally possible. So I understand that. But to
3 visit a DDS the question is, if you go to into a DDS
4 there are files everywhere. There is claimant names.
5 There is Social Security Numbers. There is medically
6 identifiable information, varying degrees of
7 specificity everywhere.
8 In theory, I think there is some work
9 arounds with us signing confidentiality agreements
10 and things of that nature. Conversely, if that
11 becomes so insurmountable, one work-around I was
12 considering was still going to a DDS, but being in a,
13 you know, sanitized room of some sort; and maybe
14 meeting with -- again, our end product user, and the
15 largest one is the DDS worker. And maybe meeting
16 with them in a clean space and talking over issues,
17 and going over sample questions, and doing it that
18 way.
19 I think at the ALJ level it will be easier,
20 because you can get to a better level of
21 confidentiality, because we're talking about one case
22 at a time. And talking to the ALJ in theoretical

1 ways is certainly far different than talking about
2 specific cases with the DDS worker. Speaking with
3 the vocational expert at the ALJ level about upper
4 extremity issues is going to be certainly different
5 than sitting in a DDS office looking at claimant X's
6 case.
7 I would like to see us still trying to work
8 toward at least the ALJ level. The DDS level still
9 remains problematic, and that's kind of where the
10 rubber hit the road was, there is cases every where;
11 there is claimant names; there is numbers; there is a
12 lot of information.
13 DR. BARROS-BAILEY: Okay. Nancy.
14 MS. SHOR: I was just going to comment that
15 if panel members thought it would be useful to attend
16 a hearing, that's easy enough to arrange if a
17 claimant gives permission, and if a judge is
18 agreeable. That's definitely doable. And I would
19 think that meeting -- but if that's not what you have
20 in mind, if what would be more useful to you is
21 conversation with some ALJs, then echoing Thomas, it
22 is hard for me to understand why that would be a

1 problem unless there is a sense that you would not be
2 hearing a representative opinion. This would be the
3 opinion of the single ALJ or two ALJs that you spoke
4 to, might not be representative of the entire core.
5 But if there is anyway that I can help -- I
6 mean, I have easy access to claimants who would
7 certainly be happy to have you attend hearings.
8 DR. BARROS-BAILEY: Mark.
9 DR. WILSON: Well, another part of this
10 issue, I might be -- I like the Panel. I enjoy
11 spending time with you. If all 12 of you showed up
12 at once and wanted to observe an interview, that
13 might give me a little bit of pause too. So maybe
14 one of the issues is I don't think we necessarily all
15 have to go to the same DDS or -- I don't know if that
16 is part of the hesitation. I would actually prefer
17 to be by myself. I think the kind of interviewing
18 that I would do and the procedure that I would go
19 through would much easier put people at ease if I was
20 by myself.
21 MR. HARDY: I think when this was
22 originally discussed at our last meeting, the idea

1 was coming from the Panel members that you would like
2 to go to -- for logistics, if nothing else, everybody
3 go to a local office and ask the questions that you
4 wanted to ask on your own. I don't believe there was
5 ever an idea of us all getting together and going on
6 mass into some poor person's cubicle.
7 DR. BARROS-BAILEY: Bob.
8 DR. FRASER: Just to follow-up on Dave's
9 great presentation, anecdotally the Wonderlic was
10 used -- it was used in an NFL combine, so for all
11 rookies. And the highest scoring in an NFL rookie
12 was a guy named Carlson, who was a tight end for the
13 Seahawks; and he got a score of 40, Notre Dame tight
14 end. He was a quick study. He started and he was
15 the most productive receiver. So right out of
16 college.
17 The second thing about -- I love your
18 six-factor model. Certainly for us in our studies in
19 terms of job retention, multiple sclerosis, people
20 with epilepsy, return to work and traumatic brain
21 injury. It is not so much the global IQ, it's the
22 speed of information processing probably defined as

1 executive functioning. Specifically tests like the
2 Digit Symbol and Trail Speed. People have to track
3 different things. Even if they remember well, how
4 fast they can move the pencil; it comes up again and
5 again.
6 For people with MS, it really is word
7 fluency, you know. The control of word association
8 tests. How many words do you remember beginning with
9 F, A and S. And their IQ is all above average, you
10 know, maybe 108, 109, to 120's, just about college
11 grads. The more ways they can remember -- it was
12 linear in terms of months on the job in our follow-up
13 periods. But there is a sku there. These are
14 well-educated women with college degrees and careers
15 that reached as a verbal loading. You know, they're
16 nurses, IT people, insurance examiners, and stuff
17 like that.
18 So note the fact that the fluency and the
19 speed of processing component should be in our
20 template.
21 One -- I was a VE for a number of years
22 within the Social Security system, so I'm really

1 familiar with the system; but I was interested if
2 Shirleen could tell us whether, is use of that
3 SkillTRAN, the occupational browser, is that standard
4 at a preliminary level in offices around the country?
5 MS. ROTH: Within Social Security we have a
6 digit library system. And the digital library system
7 makes available to anyone within the Social Security
8 fire wall a variety of resources, including medical
9 resources and vocational resources; and having to do
10 with anything else. So with -- my understanding is
11 that the digital library has obtained from all of
12 these different sources access to a license with
13 SkillTRAN for a program called Job Browser Pro. We
14 have a license with VERTEK, Incorporated for both
15 OccuBrowse and OASYS; and we have a license with West
16 Law, for full West Law software, and that includes a
17 full legal search from a variety of legal resources.
18 DR. FRASER: I was impressed. I didn't
19 realize that was used in the system. Thanks.
20 MS. ROTH: You are welcome.
21 DR. BARROS-BAILEY: Did you want to address
22 any of the issues in terms of your feeling about

1 visiting DDSs, especially --

2 DR. FRASER: I am pretty familiar with the

3 system for many years.

4 DR. BARROS-BAILEY: Okay.

5 DR. SCHRETLEN: I'm not that familiar with

6 the system. I think it would be nice to go, but I

7 don't know that it's essential, especially if other

8 committee members do go and can sort of talk about it

9 a little bit. Maybe that would be -- if it's a

10 difficult hurdle to overcome, if we can overcome it

11 more easily for a couple of us. Those visitors can

12 just sort of talk with us about what they observed.

13 DR. BARROS-BAILEY: Go ahead.

14 DR. GIBSON: I have a question about the

15 timing with which regard we would like to actually

16 schedule these visits if they were to happen. It

17 seems to me that with the September deadline looming

18 for creating our taxonomies, it might be nice to

19 actually have a framework laid out already before we

20 went. So that when we went we could actually present

21 them and work with them regarding the framework we

22 are proposing to get feedback on that. Otherwise, I

1 see us needing to interface with them a second time.
2 MS. KARMAN: I was wondering whether -- I'm
3 sorry, I wasn't in the room when this began, this
4 discussion started. But I think that might be
5 helpful if those panel members who would like to
6 visit a DDS, or you know, ODAR hearing office maybe
7 we should meet by teleconference when we return to
8 our homes or cities, and, you know, come up with a --
9 sort of an action plan of what it is that you would
10 want to ask. You know, is it something you want to
11 be talking one on one with somebody when you get to
12 the DDS? You know, how long would you want to be
13 spending there, you know, that kind of thing? Then,
14 we will have a plan to take back to the associate
15 commissioners for both ODAR and -- the ODAR offices
16 involved, and the Disability Determination Services.
17 And probably, I can tell you realistically
18 what we're probably going to end up with is a
19 scenario where possibly, you know, on the West Coast
20 we may have a contingency that might go to an office,
21 either DDS or hearing office. And then on the east
22 coast we may have a contingency that meet at a

1 particular DDS or ODAR office. So that's one
2 possibility.
3 Then, of course, once we're there, we don't
4 necessarily have to travel around in this big clump.
5 We could divvy up. We would have to arrange that in
6 advance, so they can deal with the whole PII thing,
7 and make sure they have got somebody on site who is
8 ready to sit down and talk about us, whatever it is
9 that we need.
10 So I think if we had -- it doesn't have to
11 be a heavy duty plan, but just an idea of what kinds
12 of questions we may be wanting to ask and who we
13 might want to be talking to; and again, do we need
14 somebody -- we're going to probably want somebody to
15 talk to us as a group to start. Probably, you know,
16 for example, the Disability Determination
17 Administrator and his or her staff, perhaps. Maybe,
18 you know, the head person who does their quality
19 analysis, you know whatever, okay.
20 Then we may want to, depending upon how
21 many of us there are, we may want to split up into,
22 you know, individualized scenarios where you are just

1 going off to talk with one of the medical
2 consultants, one of the disability determination
3 service -- you know disability examiners, whatever.
4 So I think we can make that happen,
5 especially -- what I'm hearing is not all 12 of us
6 necessarily want to go or need to go, and so if it is
7 just a handful anyway, if we split it up on the East
8 Coast, West Coast, chances are you are going to be in
9 a small group anyway. So I think that that could be
10 much more doable and less of an impact on the
11 offices, and you guys would get a lot out of it. So
12 that's my --
13 MS. LECHNER: I think there is only three
14 of us, Tom, Mark and I -- is that the total group
15 that wants to go?
16 MS. KARMAN: Shanan.
17 DR. SCHRETLEN: I would go if it was set
18 up.
19 MS. KARMAN: Lynnae, would you be
20 interested?
21 MS. RUTTLEDGE: No.
22 DR. GIBSON: I am interested in going to a

1 hearing office, because I would like to be able to
2 say -- to my understanding that's usually where they
3 usually have those vocational experts they rely upon.
4 I would like to talk to them regarding the world of
5 work that we're talking about, and how the vocational
6 experts use that. I am probably most interested in
7 disability determination than I am in the follow-up
8 with vocational experts.
9 MS. KARMAN: Well, it sounds like the East
10 Coast contingent is probably going to be a lot larger
11 also. Anyway, I'm just suggesting. We don't have to
12 take this up here, unless you feel it's necessary,
13 given the amount of time.
14 You know, we could -- you were the original
15 chair for this group. Maybe you and I should touch
16 base later with Mary. And we will -- we will meet
17 on -- you know, on teleconference; and just, you
18 know, nail this down and get it done.
19 MS. LECHNER: I would just like to --
20 DR. SCHRETLEN: I just want to say very
21 quickly, I wanted to second Shanan's idea. I think
22 that's a great idea, but note that these might not

1 have to be connected. That could be a different
2 thing. We could have -- the visits are one issue --
3 the visit is one issue. Having DDS, you know, end
4 users evaluate any sort of proposals we have could be
5 a separate.
6 MS. KARMAN: Absolutely. It should be.
7 DR. WILSON: I actually -- I want to get
8 out there as soon as possible. I don't want to share
9 anything with them. I don't want to -- other than
10 get their thoughts on how they use this, I don't want
11 them to think I have made up my mind, or I have a
12 predetermined view. For me, at least, that's an
13 important to get done as quickly as possible.
14 DR. BARROS-BAILEY: Deb, and Tom.
15 MS. LECHNER: I would just like to say,
16 although I really appreciate the presentations that
17 we have had the past couple of days -- past day or
18 two, I would prefer this experience not to be
19 presentations. Okay. I'm done being presented to.
20 I just need to see and hear and talk, and be able to
21 ask individual questions.
22 MR. HARDY: I have heard all this from

1 everybody. That's what I was trying to do. I will
2 try to get back in touch with Sylvia. We will see
3 what we will arrange, and we will get back to you
4 within a week. Again, my understanding of the
5 consensus is each of you has a different area of
6 interest that you really want to explore on your own,
7 and that is one thing. We have different levels, and
8 they may take different amounts of time. It's not
9 necessarily that we're going to walk in with a
10 checklist of questions that we all want answered.
11 Mark is going to have certain questions,
12 and he is going to be approaching probably different
13 subject matter experts in the field differently than
14 Debra is going to do. Okay. I will stop now. I
15 will get back to everybody.
16 DR. BARROS-BAILEY: Okay. Thank you.
17 Beyond the DDS visits, anything else, other
18 ideas, other feedback in terms of the Panel, things
19 that emerged on that? Mark.
20 DR. WILSON: Well, one thing, I very much
21 enjoyed David's talk, and right up my alley in terms
22 of comparative factor analytic structure of various

1 things; very useful. And I had a question for you,
2 if it would be useful to do that same kind of
3 thing -- I'm familiar with Fleischman's work. If
4 something like that could be done in the physical
5 realm, that would help me out a lot. I don't know if
6 you --
7 MS. LECHNER: Absolutely, I would agree.
8 DR. BARROS-BAILEY: I feel like people
9 didn't get a real chance to finish processing about
10 the presentation. Are there other questions or
11 comments? Go ahead.
12 DR. FRASER: Just a quick one. We had
13 talked this morning in our breakfast meeting about
14 looking at the taxonomies that Mark presented and
15 seeing how well they related to the multi-factor
16 model. That might be interesting to see, you know,
17 the cognitive components of criteria across those
18 taxonomies to see what's out there.
19 DR. WILSON: That's what we're going to do.
20 I mean, I think might as well start with the six that
21 David presented and then whatever Debra's committee
22 comes up with, absolutely. That's the idea. Let's

1 look at them in terms of what we think the underlying
2 structure is.
3 DR. SCHRETLEN: Although, if there are
4 existing taxonomy that have different factor
5 structures, I think there is enough evidence in the
6 literature that we don't need to be wedded to one of
7 these. You know, we can be flexible. I think that
8 there are many parsimonious ways of dividing up the
9 world of cognitive functioning that are defensible
10 and reasonable.
11 DR. BARROS-BAILEY: Sylvia.
12 MS. KARMAN: Yes, I guess -- I think that's
13 great. I know that Deborah Lechner and I and several
14 other people we met last night for dinner to talk
15 about the physical demands; and of course, we met
16 this morning, Bob Fraser and David Schretlen and Mary
17 and I to talk about just the follow up for mental
18 cognitive. And one of things that we want to do is
19 look at the instruments that are associated with
20 those taxonomies just so we can parse out, you know,
21 what are we seeing that comes up over and over and
22 over again? Is that what you are planning to do?

1 Are you planning on doing that? Because we were
2 going -- I was going to have our staff take a look at
3 that.
4 DR. WILSON: The -- at the taxonomy level
5 yes, we are going to do a comparison of each
6 taxonomy, so that we will know, at least among our
7 subcommittee, and obviously report back to the Panel,
8 how we sorted these out, what was the frequency.
9 Something very similar to the type that David was
10 doing conceptually in his confirmatory factor
11 analysis.
12 This seems to be the set of dimensions
13 that's come up. Here is how we sorted these. This
14 is the frequency with which this dimension occurs.
15 Then the second thing, which Bob was talking about,
16 is that, then, we will go ahead and stress those --
17 that and say, well, how -- again, this is just our
18 professional judgment -- how sensitive might this
19 dimension be to executive function? You know,
20 what -- look at each of these.
21 MS. KARMAN: Okay. So it still sounds like
22 we probably want to take a look at the instruments.

1 Because we may want to just look at the item level in
2 combination with what you are doing, just so that we
3 can double check our recommendations for the -- not
4 the items, but the categories that we're trying to
5 develop. I guess it's like I'm trying to make sure
6 that we're coordinated. I don't want to duplicate
7 what you guys are doing, but I do want to make sure
8 that both our subcommittees are.
9 DR. WILSON: There is kind of two ways to
10 go about this, and David made the point very well
11 that whatever you put in to the system that you end
12 up factoring is going to have a lot to do. So we
13 have sort of taken the approach to start at the
14 taxonomic level of what other people have done.
15 MS. KARMAN: Right.
16 DR. WILSON: So I am not -- we're happy to
17 share them. We will get the items. I wouldn't get
18 too hung up on the items, because I think to some
19 extent our view is that we need to make sure that we
20 operationalize each one of these in a way that serves
21 Social Security's needs.
22 MS. KARMAN: Right.

1 DR. WILSON: So that might be -- as opposed
2 to sharing with an end user the taxonomic structure,
3 it kind of bores me to be honest with you. I don't
4 think they're going to be that interested in it. But
5 going out and showing them some items, you know.
6 What do you think about this, that we have developed
7 in terms of work analysis. That would be the kind of
8 thing -- not this first meeting, but at some future
9 meeting that we would want to show the users.
10 DR. SCHRETLEN: Mark, if somebody doesn't
11 know much about these taxonomic models -- like in
12 your slides you said this model, dimension one in
13 this model corresponds to dimension six in this
14 taxonomy. How well represented are sort of cognitive
15 or interpersonal demand characteristics of jobs?
16 DR. WILSON: Well, if you remember, one of
17 the points that I -- oftentimes, some of the older,
18 and ones on which there is probably more research,
19 there has been a criticism that they're too heavily
20 loaded on the physical domain. They're picking up
21 the physical aspects of work, but not the cognitive.
22 So in an attempt to sort of deal with that

1 issue, you have got to recognize that as soon as we
2 go out and start doing any research here, we're
3 probably going to have better data than any of the
4 existing models with a few exceptions; but for the
5 most part after a while, we will be able to
6 contribute more of this literature on what is the
7 underlying factor structure of work and a lot of
8 these others.
9 But what we did to sort of guard against
10 that issue is include the professional, managerial,
11 and right now we have one -- an economist who has got
12 what they refer to as a cognitive staff analysis
13 instrument, which is factored. So we were aware of
14 that deficit and we took some measures to make sure
15 on the work side that we have that.
16 Now, one thing that comes up a lot -- and I
17 tried to make that clear yesterday -- is that work
18 analysis tends to be behavioral, it tends to be
19 highly verifiable. A lot of what you are talking
20 about when you say cognitive and physical is not
21 something that you would necessarily directly measure
22 from the work analysis standpoint. It's something

1 you would infer.

2 And so, you know, we wouldn't necessarily

3 as part of the work analysis say, do you have to lift

4 10 pounds, or some of the kind of things that -- but

5 what you want to do is minimize the inferential

6 distance as much as possible so that someone, an

7 expert of some type looking at these data would be

8 able to say oh, well, that's obviously, you know, a

9 three on the Lechner scale of, you know, upper

10 shoulder. That sort of thing.

11 DR. BARROS-BAILEY: Mark, this morning you

12 and I were discussing the inclusion of the DOT in

13 terms of the taxonomy. You were really -- your

14 discussion really helped me understand the process

15 you are going through. That might help the rest of

16 the panel members if you provided that.

17 DR. WILSON: Right. The DOT is really what

18 we have decided sort of listed as a hybrid approach.

19 It does have a work taxonomy in it, in an attempt to

20 categorize work. And largely that's the rationale

21 dimensions of data people things along with a few

22 other things. But then it also has various schedules

1 in it that get at physical, less cognitive domains.
2 So it's really not a true or simply a work analysis
3 system. The work analysis system is very rationale.
4 This sort of defines theory of work what is, and how
5 it's structured.
6 And there has been some discussions
7 recently about the data people things, hierarchical
8 ratings. Are those really the same thing? Are they
9 really in a hierarchy? Maybe those -- the real
10 dimensions of work, that you can have loading -- you
11 know, it's not that you are at a certain level; but
12 you could have a loading on multiple data levels
13 within a particular job, and another job maybe
14 just -- anyway, there are discussions like that.
15 But the issue that I think you were getting
16 at, and that several people have commented on, is
17 when you take a lot of these existing taxonomies and
18 do higher order factor analysis, you usually
19 exploratory -- I don't know if anyone has done any
20 CFA work yet. You tend to find data people think.
21 So maybe Sid is a smarter guy than we gave him credit
22 for. Now, it could be all of us sort of have DOT on

1 the brain, so we tend to see data people things; but
2 the argument has been made in more than one higher
3 level factor analytic study that a lot of these work
4 analysis instruments at a higher level of factor
5 analytic results get you data people things anyway.
6 So to me, you know, that's sort of
7 reassuring. I like that. I like the idea of
8 going -- you know, the places where you can go
9 wrong -- and David made this -- you know, you are not
10 going to do away with inference; but we want to
11 provide as much detail, provide as much information
12 so that the inferential leak is relatively small.
13 There is always going to be a leak. There is no way
14 to directly connect the world of work and the world
15 of human attributes.
16 There are particular tests. There are
17 procedures that we can use. David laid it out very
18 well. We can do job component and synthetic validity
19 procedures if we want to try -- but all of those are
20 essentially algorithim methods of dealing with
21 various inferential leaps. For example, you are
22 going to have -- you know, you have to some way

1 aggregate this data.
2 If you say, well, here is the level of
3 cognitive requirements for attorneys. Even though
4 there is a median and midpoints or whatever, you are
5 going to have -- there are still going to be within
6 title variability there judgments that have to be
7 made in that sort of thing that, you know. For us
8 the issue is finding increasing precision in a lot of
9 these areas. What we would refer to as kind of a
10 lower part of the distribution.
11 Most assessments are either on the work
12 side or on the human attribute side are meant to sort
13 of assess attributes across the entire range. But
14 for us, I think, we need to be worried about making
15 sure we can clearly differentiate towards the bottom
16 of the distribution, physical and cognitive. Because
17 that's where the clientele we're dealing with is most
18 likely to exist. More precision there would, I
19 think, help in the very important point that David
20 raised, you know. We're going to have to make at
21 some point decisions about, you know, where is the
22 cut off.

1 So the cut off is going to be somewhere
2 down there at the bottom end of distribution. So
3 more precision at that end on the physical aspects of
4 cognitive on the -- and is it your assessment,
5 David -- I know you focused on the cognitive stuff.
6 Are you as optimistic that at some point you can give
7 us a similar presentation on the interpersonal
8 behavioral realm?
9 DR. SCHRETLEN: No, I think it's going to
10 be more difficult. I don't think that there is the
11 instrumentation out there. I think it's going to be
12 more difficult. But it's interesting that data
13 people things emerged in so many taxonomies. Because
14 if you think about it, in our everyday sort of
15 intercourse with the world; it's data people things.
16 That sort of defines our interaction with the world
17 around us, whether you are at home or in the
18 workplace. It's information, dealing with other
19 people, and the things you use. And probably
20 cognitive interpersonal and physical are going to map
21 on to that. It just makes so much sense. Any system
22 we come up with in the end should be able to sort of

1 have that face validity.

2 DR. GIBSON: I was sitting here thinking

3 about the work that's been done with our subgroup and

4 Dave's presentation, which I thought was very good.

5 I was just going to draw what I see as the analogy

6 coming out here from this set of comments. We're

7 finding the data people things are the three factors,

8 which in many ways are very analogous to your

9 crystallized and fluent "G."

10 You have multiple models of work with

11 hierarchical structuring. You have multiple levels

12 of cognitive functioning with hierarchical

13 structuring. From the two, you deduce that really

14 six, maybe eight might be a better way to look at

15 cognitive functioning. The challenge for us is to go

16 to that data people things down to more micro level

17 and figure out what is the appropriate number of

18 factors for work to be looked at across all levels,

19 so that we can, then, map on the six or eight

20 cognitive; the 15 or 20 physical; the how many ever

21 interpersonal, however they layout.

22 So for this level of work it requires these

1 three types of cognitive, these two types of
2 interpersonal, and these nine types of physical. I
3 think that's where our challenge lies, and that's the
4 process we are working on, is to get it down to six
5 or eight, and maybe 15, 20 or 30 generalized work
6 activities.
7 DR. BARROS-BAILEY: Deb.
8 MS. LECHNER: I think from the physical
9 standpoint I think the group is interested in looking
10 at some of the instruments that you all are looking
11 at more -- down more at some of the detail level.
12 And a good -- you know, we will certainly -- I don't
13 think anything will be taken lock, stock and barrel
14 as it is from any one of these instruments; but I
15 think that being able to say at the end of the day
16 that we looked -- we took an in depth look at how
17 physical demands are classified across a multiple --
18 a group of these 11 instruments that you all have
19 identified, as well as there is some additional
20 ergonomic assessment tools that -- and I appreciate
21 Mark's comments about not -- there is certain
22 ergonomic assessment tools that are, obviously, going

1 to be too detailed for our use, but there may be
2 others that are not as detailed, or that we may spool
3 bits and pieces of.
4 An example is the Fleischman classification
5 system that is used by O*Net. I am familiar -- I am
6 very familiar because of my previous work with SSA
7 with that classification system and have done -- done
8 several presentations on why that classification
9 system isn't very usable for the purposes of job
10 analysis and assessment of workers on the flip side.
11 So -- but I would like to be able to do
12 that same type of let's look to see what these other
13 systems are doing because they may have elements that
14 we want to pull to substitute for some of the
15 classification that's traditionally used in the DOT;
16 and then there is all this, you know, scaling.
17 And we have heard over the last couple of
18 days people wanting to move away from these broad
19 categories of constant, frequent, occasional.
20 Looking at some of these other systems and how they
21 rate the various physical demands may give us some
22 ideas of maybe this is a better way to classify the

1 duration. Maybe this is better terminology. Look
2 what other people have done.
3 So just in the sense of not wanting to
4 reinvent the wheel, seeing if there are pieces that
5 we can utilize at a more detailed level than what you
6 all are looking.
7 DR. BARROS-BAILEY: Sylvia.
8 MS. KARMAN: Yes, I guess that's why I'm
9 concerned that we have an opportunity -- it's almost
10 like an exploration to confirm our recommendations
11 you know. So that when the two work groups, David's
12 mental cognitive subcommittee, and Debra's physical
13 subcommittee, when they're pulling together their
14 recommendations that -- that we have done -- that we
15 have taken a look at all the possibilities that are
16 out there with regard to how people have defined the
17 physical factors, how people have defined the mental
18 or cognitive factors regardless of the taxonomy.
19 To me it seems like two different issues,
20 which is why we had the two different subcommittees,
21 because the taxonomy is the different issue as
22 regarded to the -- how we actually might want to look

1 at physical function either from the worker trait
2 perspective, as well as the work demand perspective.
3 And part of the recommendations that each of these
4 subcommittees may be wanting to make will also want
5 to be along the line oh, and by the way, not that
6 we're going to be developing the instrument in this
7 recommendation, but that we may have recommendations
8 toward the content model that would also inform
9 instrument development.
10 And so it's not that we want to
11 operationalize any of these things. We just want to
12 be able to confirm -- you know, we think that these
13 are the attributes that we are interested in
14 measuring, that Social Security should probably go
15 out and gather data on. We just want to be
16 confirming that by looking at, across the board, all
17 these different instruments.
18 So anyways, I just want to be -- I know we
19 want to be careful that we are not duplicating what
20 you guys -- what you, Mark, your subcommittee is
21 doing. It sounds like we're not, unless I'm wrong.
22 So you need to let us know that.

1 DR. WILSON: Well, again, I think the issue
2 is some of the items might be recognizable to people
3 who are interested in, you know, cognitive,
4 interpersonal or the physical aspect. To some
5 degree, all of those things are on the person side,
6 and there are inferences you make rather than looking
7 at what takes place. And we know from measurement,
8 and as David was saying, it very well could be that
9 items -- if we had -- David's made the ultimate
10 measure of various cognitive factors. We gave
11 everyone that. And we had Debra's ultimate measure
12 of the physical demands, gave everyone that. And had
13 my subcommittee's ultimate work analysis
14 questionnaire for Social Security, and gave them
15 that. That specific items in each one of these tests
16 are going to load on more than one of these factors.
17 So it's oftentimes difficult down at the
18 item level to necessarily figure out how that would
19 function; and again, part of the issue is what items
20 you put in. So the strategy that we have been using
21 is to simply let's make sure at the construct level
22 that we're not leaving anything out.

1 Then what I see as an iterative process,
2 we're going to say well, here are our dimensions.
3 Now, we don't know, but we're going to make sure that
4 whatever operationalization any of the other
5 subcommittee, you know, are interested in that we
6 think are work related that -- that we tap into
7 those.
8 But it also could be the case that the work
9 analysis may not be the only "quote" assessment that
10 takes place. I think there may need to be some sort
11 of physical or cognitive schedule, or whatever you
12 want to call it that's focused on the person. It's
13 not necessarily done by a work analyst, but that's
14 done by some medical professional, or you know,
15 someone -- some other kind of professional that deals
16 with these issues. And so we don't necessarily want
17 to try -- the work analysis will describe the work.
18 The issue here, which has been brought up a
19 number of times, you know, the level we're going to
20 have to try and strike this at is at the generalized
21 work behavior level. That's going to be recognizable
22 to people. I think it's going to be good enough --

1 you know, the court system tends to be very bias in
2 favor of tasks. When Shirleen was talking and doing
3 her analysis, she was picking out tasks. You know,
4 we can't do that. We will not have highly detailed
5 task information for all of work.
6 So our job is to populate that taxonomy
7 with enough generalized work behaviors, things that
8 are common across all work that we can collect the
9 same profile on everything that people like Deborah
10 can look at and say oh, okay, well, here are those
11 areas that -- which might also in some cases load on
12 things that David is talking about that have clear
13 physical demand indications. And then David can look
14 at, well, these are clearly the ones that are
15 indicative of job complexity, can give us a higher
16 "G" rating, things of that sort.
17 DR. SCHRETLEN: Mark, on the first day in
18 the inaugural meeting we were talking about
19 certain -- sort of the landscape, and the 12,500 DOT
20 titles, and something intermediate, maybe 4,000. It
21 seemed like an arbitrary -- but not entirely
22 arbitrary, but kind of an arbitrary number. If you

1 can't do a task analysis with 4,000 jobs, could
2 you -- would it become more feasible to get to that
3 level of specificity if we were doing 250 jobs?
4 DR. WILSON: Oh, absolutely, we could. The
5 issue is -- and the constraint as I saw it is that at
6 some point the system is going to expand to all work;
7 and that's where it's unsustainable.
8 Now, if I'm wrong -- because I like the --
9 I think there is already a compelling logic here of
10 how we proceed into what I would refer to as multiple
11 pilot tests. You know, it's going to be an iterative
12 process. We identify the 100 most common jobs. We
13 identify the whatever number of jobs that are
14 90 percent of what claimants have when they come in
15 saying that they do. Identify however many jobs that
16 Social Security typically recommends that you are not
17 disabled, you can go do this work. Whatever that may
18 be. Maybe it's 250; that's the number. Heck, yeah,
19 we can go out and do a task analysis on that. I
20 mean, it wouldn't be easy, but we could do it.
21 The other problem at the task level,
22 though, is now we don't have a common metric. We

1 have different tasks. The idea of the task level is
2 that this is unique to the job. This is the way
3 workers talk about things. This -- generalized work
4 activity is really meant to sort of hit at a -- in
5 between this kind of abstract stuff that nobody but
6 geeks like me understand, and the highly detailed
7 noncomparable -- you can't do easy job comparisons in
8 any kind of systematic quantitative way if you move
9 down to the task level.
10 Yes, we could do it. If you look at O*Net,
11 one of the criticisms of O*Net is they didn't have
12 that stuff initially. Now, they're going back. I'm
13 not saying that task data wouldn't be of use, you
14 know, maybe through wickies or something you could
15 populate it.
16 Then the other issue that I would raise for
17 you is that if you go this sort of generalized work
18 activity analysis approach, then you start for
19 whatever reason back filling in with tasks, people
20 are going to be doing exactly what Shirleen did.
21 They're going to be looking for task commonality
22 whatever -- because I think that's just sort of the

1 default response.

2 DR. BARROS-BAILEY: Mark --

3 DR. WILSON: I think people think in terms

4 of tasks.

5 DR. BARROS-BAILEY: -- as you are talking,

6 as I'm trying to visualize this in my mind, and I'm

7 going -- also referring back to your Power Point

8 where you had the breakdown in terms of tasks. You

9 had it in the 100s. I'm thinking of the DOT

10 definition that doesn't have it in the 100s. It has

11 it more in terms of probably the generalized work

12 activities, job dimensions, duties kind of number.

13 So in terms of semantics, when you are

14 talking tasks, you are talking about a very detailed

15 list of tasks; but that's not what we were looking at

16 when we were looking at Shirleen's.

17 DR. WILSON: Yeah, you were. You just

18 didn't realize it. What the DOT calls a task is

19 really what I would say a duty area populated. If

20 you look at the example I gave, which was grading,

21 there were 40 task statements in there in terms of

22 the specific actions, and the specific object that

1 oftentimes listed some sort of sequential order.
2 Because they didn't want to do all that
3 work at the real task level, they put them all into a
4 sort of a rational grouping, and all -- this is all
5 gravy; then rate that as a whole. But if you look at
6 the DOT, quote, tasks, end quote, it's really a
7 sequence, which in some cases may be 40, 50, specific
8 activities.
9 DR. BARROS-BAILEY: And --
10 DR. WILSON: Then each one of those could
11 further be broken down into multiple body movements
12 that would be the elements of that. So they really
13 did do a task analysis. It is just unfortunate their
14 terminology for task really is the same -- what we
15 would call the duty level, which I represent there.
16 Then, again, the duty level is doable in
17 terms of a lot of people will say oh, you ask me what
18 you do, Mark. I teach; I do research; I'm involved
19 in public service. You know, those are my duties. I
20 have only got three of them, you know. The issue,
21 then, is -- those aren't comparable across work. We
22 describe those.

1 DR. BARROS-BAILEY: So duties are doable,
2 tasks are not. In terms of generalized work
3 activities, are you talking about visualizing that
4 more like the O*Net? Is that --
5 DR. WILSON: No. The O*Net doesn't have
6 any -- well, I forget the term -- detailed work
7 activities is what I think they're calling their task
8 data now.
9 DR. SCHRETLEN: Mark, could you just give
10 us a couple of examples -- three or four examples of
11 what are generalized?
12 DR. WILSON: A generalized work activity
13 was like the slide I put up there. Do you work in
14 pairs? I ask everyone that. Do you work on a team?
15 Do you have to peruse columns of numbers and figure
16 out which ones to write? The idea here is, is that
17 whatever we come up with, you would have the same
18 information on everything, and that would allow you
19 to very easily make cross job comparisons.
20 David did an excellent presentation on sort
21 of percentiles, you know, where is this work in terms
22 of decision making? In terms of all work that we

1 have surveyed, this job is at the 99th percentile,
2 you know, can't do that at the task level. Can't do
3 that at the duty level. So it's really an attempt to
4 sort of -- in the same way that we have standard
5 metrics for human physical attributes, and human
6 cognitive attributes, we're saying the generalized
7 work activity level that you would have a standard
8 metric for work analysis.
9 DR. SCHRETLEN: So for Suzy Que the medical
10 records person, the general work activity would be
11 reviewing records or documents to extract information
12 as opposed to medical records or --
13 DR. WILSON: There would be several, you
14 know what I mean. Whatever they would be is really
15 up to us. The idea is, it has to be behavioral. It
16 has to be something very probable; but it has to be
17 envisioned in such a way that however many
18 generalized work activities we collect that this
19 would cover all work.
20 MS. KARMAN: In other words, it would be
21 something where you would be rating all of the work
22 on those elements?

1 DR. WILSON: Right. Set Suzy Que down. Do
2 you ever have to work in pairs, Suzy Que? It could
3 be for certain work out there --
4 MS. KARMAN: It never happens.
5 DR. WILSON: -- they never work in pairs.
6 They never have to work with anybody else. They
7 never work in teams. So someone who is depressed,
8 and whatever, you know, this is a good job for them,
9 because they sit by themselves. They don't have to
10 interact with other people.
11 MS. KARMAN: So then -- well, I have got
12 two questions. One is, how would we -- we probably
13 would do well, then, to have an example of the
14 detailed work activity. Then my second question is,
15 how would we then identify the past relevant work
16 that people have done? How would we --
17 DR. WILSON: Well, I think that's why I was
18 assuming that this database would come in. That
19 that's sort of the all relevant work requirement,
20 that we would have to know what -- how secretaries
21 respond to this. How other -- so if this person says
22 that they're a medical clerk, and we would have data

1 on that.

2 MS. KARMAN: So when we bring -- when

3 people apply for benefits, will we then be asking

4 them a list of activities -- generalized work

5 activities?

6 DR. WILSON: Yes; right, exactly.

7 MS. KARMAN: I see what you are saying.

8 DR. WILSON: After time, you know, there is

9 some data that can be adaptive. We would know that,

10 you know -- if they say they don't ever meet with

11 whatever, then, we know that the probability matrix

12 is such, you know, that that has knocked out 37

13 questions that we don't need to ask them --

14 MS. KARMAN: All right.

15 DR. WILSON: -- because of our own

16 research.

17 MS. KARMAN: What would be an example of a

18 detailed work activity?

19 DR. WILSON: Well, my able assistant

20 here -- this is summary report -- this is from

21 O*Net -- generalized -- general and operations

22 managers. And here are the tasks listed for this

1 particular detailed work activity. Oversees
2 activities directly related to making product or
3 providing services. Direct and coordinate activities
4 with business or departments concerned with the
5 production price and sales and distribution of
6 products, review financial statements, sales and
7 activities reports and other performance data to
8 measure productivity and goal achievement.
9 One of the issues -- this is pretty
10 fascinating. You can see I'm getting people whipped
11 up here. People love hearing this kind of stuff.
12 But my point is, one of the issues when you
13 get into these generalized work activities and trying
14 to write these is sort of reading level. You don't
15 want to get too detailed, too wordy; but that's -- we
16 can do that. That issue has been resolved. And
17 again, I think for us the issue would be we can
18 develop multiple items, and have all kinds of
19 prototypes, see what works and what doesn't as far
20 as --
21 DR. SCHRETLEN: Do you suspect, Mark,
22 ultimately that your subcommittee will be making

1 recommendations for specific generalized work
2 activities that you think we ought to be rating?
3 DR. WILSON: I --
4 DR. SCHRETLEN: Or relying on some
5 existing?
6 DR. WILSON: Well, I would say that -- and
7 I think because so many people tend to think in terms
8 of tasks or in worker attributes, it would probably
9 help people to understand what generalized work
10 activity analysis is, by providing some examples. I
11 think it would probably go beyond the scope of our
12 subcommittee to actually try and develop an
13 instrument.
14 DR. BARROS-BAILEY: Mark, I think for me,
15 what would be really helpful would be to take Suzy
16 Que, and come up with some generalized work
17 activities and demonstrate how it would look like for
18 Suzy Que.
19 DR. WILSON: Oh, sure.
20 DR. BARROS-BAILEY: And then, you know, to
21 her past relevant work as well. So if we can run
22 through it, then, for me I could understand the

1 paradigm shift.

2 DR. WILSON: Right.

3 MS. LECHNER: The question I have, though,

4 if we don't come up -- as a Panel if we're not making

5 recommendations about what these generalized work

6 activities would be, who is going to do that work?

7 How does that get done?

8 DR. GIBSON: I think the answer might have

9 been a little oblique a moment ago. We all kind of

10 missed it. The point is we will be saying, here from

11 the research are the list of most commonly occurring

12 generalized work activities. What is beyond our

13 scope, in our opinion, at this point at least, is to

14 write the items which could measure each generalized

15 work activity that we say shows up.

16 So just as David today did a really good

17 job of saying, here are six cognitive functioning

18 areas that we think show up over and over, he didn't

19 go through and pull up the instrument for each one of

20 them, which has the items which measure it.

21 Again, here are the generalized work

22 activities, using small handheld machines; but you

1 could have thousands of items that measure that more
2 specifically. Does that help a little? GWA, yes.
3 Items, not necessarily.
4 MS. LECHNER: I just think as we look at
5 these generalized work activities we have to be sure
6 that there are ways to measure. I think that's the
7 road that O*Net went down that we can't afford to go
8 down is having things and defining things that then
9 can't be measured.
10 DR. WILSON: It's an excellent point. It
11 is very important that we have to think in terms of
12 how these things are operationalized. The O*Net is
13 the one case where they try to directly rate the
14 dimensions themselves. In other words, there are no
15 operationalization for each.
16 So essentially, what happened is, you know,
17 when we get to the end of our process we will say,
18 well, here seem to be the predominant factor
19 structures of work analysis instrument. Each factor
20 could have anywhere from, you know, five or fewer
21 items, up to 20, 30 items that operationalize that.
22 As I indicated earlier, an item might load

1 on more than one factor. So you know, from a
2 psychometric efficiency standpoint, you could have
3 generalized work activity items that would tell you
4 about more than one underlying dimension. And so
5 that's a way to gain some efficiency. And I think
6 largely, and I agree with Debra, that it was a big
7 mistake; but largely for convenience and expediency
8 the issue was well, let's just collect information at
9 the taxonomic structure level itself.
10 So rather than giving people specific
11 generalized work activity items, and then deriving
12 decision making or deriving whatever generalized work
13 activity you are interested in, they tried to sort of
14 directly rate it. And as you pointed out and others,
15 there is scale problems with doing that.
16 No psychologist -- you know, if you asked
17 David, who wisely left now that we get into all this
18 work analysis issue -- if you asked him, David, would
19 you -- would you be okay with a single item cognitive
20 function test? Just one item to figure out
21 somebody's IQ. He is probably not going to like
22 that. Now, we might argue how many. He is like me,

1 he has a preference for relatively quick
2 instrumentation, because he is a researcher. You
3 know, I don't want to waste anybody's time, you know,
4 there are practical issues here; but -- and I suspect
5 Debra is the same way. You are not going to assess
6 someone's functional physical capacity with a one
7 item test.
8 But on the other hand, we're constrained
9 here. We're talking about all work in the work
10 force. So we have to come up with a work analysis
11 instrument that, you know, I am concerned about John
12 over here. Like, oh, don't want to take us too far,
13 you know, we have got to implement this. This has to
14 be an operational system.
15 So you know, they're going to be
16 compromises. Not everyone is going to be perfectly
17 happy with -- with the instrument in terms of all the
18 end users. But I think we can do much better and be
19 much more precise than we are now.
20 DR. BARROS-BAILEY: Shanan. Sylvia.
21 DR. GIBSON: I was just going to throw out
22 another analogy to David's work since he left. As

1 this morning when he said, no good clinician would
2 take someone in five minutes and say, oh, this
3 person's cognitive functioning is "X." To me that's
4 where the O*Net went wrong. They said oh, this job's
5 decision making number is five. That's where the
6 disjoint is. That is where it is at the more
7 holistic level. That they essentially did what he
8 said no clinician would do with regard to cognitive
9 functioning; they did with regard to the world of
10 work.
11 MS. KARMAN: I think maybe I will ask this
12 question. Mark is there. People leave the minute
13 you want to ask a question.
14 One of the things I'm thinking of is just
15 so that I can have some clarity with regard to the
16 work that we're doing with the physical subcommittee
17 and the mental cognitive subcommittee. To the extent
18 that we, you know, for example, want to look at
19 the -- some of the -- some of the top 100
20 occupations, look at the DOT titles underneath; then
21 infer from looking at temperaments and other things,
22 and the job descriptions in the DOT what elements for

1 mental cognitive might be valuable, especially the
2 mental portion, you know, enter -- the social
3 elements and the emotional behavioral elements.
4 And to the extent to which we may want to
5 take a look at the instruments, not because we want
6 to start making a list of items. I mean, I think
7 we're pretty clear we don't want to do that. What I
8 want to really be able to walk away from this meeting
9 is an understanding of what it is we're really going
10 to do with those instruments that would be helpful,
11 given what the taxonomy group is doing.
12 So I'm -- what I want to know then is,
13 maybe if Shanan and Mark could let us know what did
14 you anticipate our subcommittees would be doing, or
15 you know, would be making in terms of
16 recommendations, so that maybe we need -- maybe that
17 might help sync up what I'm a little confused about.
18 So do you want to take a crack at that?
19 I'm not saying you are telling us what to
20 do. I am just wondering did you have an expectation
21 and what was that. We're definitely not going to
22 give a list of items. We don't want to be able to

1 confirm whatever categories at the level three that
2 we're going to recommend, and to the extent that we
3 want to talk about possible measurement issues that
4 SSA needs to be concerned with, we want to be able to
5 address that. So I just want to know was that your
6 expectation too?
7 DR. WILSON: Right. In terms of the
8 person -- David started out with today, the person
9 side, job side, our job is to provide with you -- for
10 you -- and I forget the numbering scheme. Anyway --
11 DR. SCHRETLEN: Five was the top.
12 DR. WILSON: So I think it's like four or
13 three. With that you say, all right, here is the
14 things you -- on the work side that you have to deal
15 with. And the thing that doesn't exist now, which
16 would have, I think, enormous utility is -- just as
17 David through his, you know, discussions of the norms
18 and the distributions, and how useful that can be in
19 terms of making more objective decisions; if we have
20 a common metric on the work side, we can do the same
21 thing. We don't have to worry about the, quote, job
22 title anymore. It could be that there are three or

1 four key level four areas that we will focus in on
2 depending on whether we expect that it's a physical
3 limitation, cognitive or both.
4 You don't necessarily have to -- once you
5 have got your enormative database up and running, you
6 can very quickly focus and figure out what this
7 person can and can't do in more of an occupational
8 exploration. Have you ever done these kind of
9 things? Have you ever done these kinds of things?
10 Can you still do these things?
11 Then, because you have this normative
12 database over here of all work, you can go figure out
13 oh, well, obviously, here are the 15 jobs that have
14 those relevant activities going on that still exist
15 in the work force based on what this person described
16 that they can do.
17 DR. BARROS-BAILEY: Tom.
18 MR. HARDY: I confess confusion at this
19 point, because in the last 20 minutes I have gotten
20 very lost, which is my fault, I guess.
21 I'm stepping back for a second. I think I
22 understand what I hear people saying. But I'm also

1 stepping back and saying okay, I'm a vocational
2 counselor. I am a person working at the DDS level.
3 I'm an attorney going into court. I'm an ALJ. I
4 know we're talking about the underlying
5 instrumentation and definitions that are going to be
6 utilized to build the new information system.
7 As you build this back up for me to use it
8 as a voc counselor, or as an attorney, or as an ALJ,
9 or as a DDS, I have to be able to look at something
10 and say oh, you are a mailman, you are a waitress,
11 you are a this. And as we're building back up to
12 that, I'm kind of confused as to how some of the
13 things I'm hearing will get us back to -- I look
14 at -- I have to look at something that says to me,
15 that means waitress. Can somebody clarify that for
16 me, because I kind of got lost on how -- how what
17 we're talking about feeds into that.
18 DR. WILSON: People carrying out whatever
19 kind of generalized work activity are going to report
20 some kind of title. I'm a waitress; I'm an attorney;
21 I'm a neurologist; whatever it happens to be. So we
22 will have the title data. The problem in the economy

1 as it exist now in many cases is that that
2 information is not particularly useful.
3 Shanan and I last night talking shop, you
4 know, saying you are a professor, depending upon
5 where you are, could be describing very different
6 work. So yes, we can operate at the job title level.
7 We will have that data. One of the attractions of
8 having sort of a common measurement approach to work
9 is you can, for different kinds of work, figure out
10 exactly how much consistency, you know, if you have
11 claimants coming in all saying they're waitresses,
12 and they're all over the space of work analysis in
13 terms of what it is they're doing, that could be
14 malingering and thinking.
15 It could be also be the case that for
16 various kinds of work the task level, if you will, is
17 all over the map. That job titles -- you have to
18 understand where job titles come from. You know, in
19 the legal system, judges they're assessed with tasks.
20 They think about work in terms of what are the
21 specific tasks that are performed. But if you look
22 at where -- and the job titles that are associated

1 with those tasks. But if you look at -- I come at
2 this more from the standpoint of I watch job
3 classification systems be created in organizations,
4 and in terms of how they evolve. The implication
5 that the title is somehow any kind of precise
6 description of what someone does in most -- you know,
7 in most organizations is just not true anymore.
8 I mean, there was a time when there was
9 sort of a job analytic procedure, and only people who
10 did the same task. I worked, did a considerable
11 amount of work in investment bank not too long ago
12 that, you know, was a global financial organization;
13 and I think they only had like five or six job titles
14 in all of IT. I mean, it was absurd that their,
15 quote, job title had absolutely no descriptive
16 information in terms of what they were doing.
17 So in a lot of cases knowing someone's job
18 title is an elusion of precision. You know, it
19 sounds like, you know, something about what people
20 are doing, but you, in fact, might not.
21 DR. BARROS-BAILEY: I just want to pipe in.
22 I agree in terms of the job title. One time City

1 Voices was hiring for rehab counselors. When I read
2 the description, they were hiring for housing rehab,
3 not voc rehab. So you know, going by job titles is
4 problematic.
5 As a rehab counselor, I'm looking beyond
6 the job title. I'm looking at the description. So
7 for me, it would be very valuable to be able to
8 understand in terms of how to apply the generalized
9 work activities to an actual case. And to look at
10 somebody's work history, given that new paradigm. So
11 I could understand, then, how to apply it.
12 DR. WILSON: I think one fun thing -- have
13 to give people notice the semester is pretty much
14 over, maybe we can have some fun thing. What we
15 could do is identify a series of generalized work. I
16 mean, there are instruments out there in this domain.
17 We can all be Suzy Que rated on one of these
18 generalized work activity instruments; and then see
19 to what extent -- you know, that might be a useful
20 exercise. I can certainly -- I think I have access
21 to some of the existing instruments that we can pull
22 and do job analysis on.

1 DR. BARROS-BAILEY: David.
2 DR. SCHRETLEN: I wasn't going to respond
3 to that.
4 DR. BARROS-BAILEY: I think for me what
5 might be more valuable is if I had a collection of
6 what might be some of the recommendations coming from
7 the subcommittee of some generalized work activities
8 to be able to apply. That might be better than using
9 one instrument.
10 DR. SCHRETLEN: I wanted to come back to
11 Tom's question. The psychologist in me is sort of
12 sympathetic to confusion.
13 I think that one thing that occurred to me,
14 Tom, is that this is second of our meetings. There
15 is a lot of ambiguity yet how things are going to
16 shape up. I share the confusion or the sense of
17 ambiguity. However, a thought that occurs to me is
18 imagine if we were to do some kind of, you know,
19 empirical study in which we looked at 100 occupations
20 and their demand characteristics. We examine those
21 incumbents in those jobs, and we did an analysis of
22 generalized work activity for those 100 occupations.

1 We have a very large OPIS of data for
2 reference purposes. However, there are lots of
3 occupations that are not in those 100. But we could
4 then do a GWA analysis of another 500. So you don't
5 necessarily have to do all the other research on the
6 other 500.
7 If you have 100 occupations and they're
8 representing various generalized work activities, and
9 you have -- you know that these abilities enable a
10 person to review records and extract information or
11 lift something, you know, whatever the generalized
12 work activities are; you don't have to do that same
13 pilot study on all the other jobs that you collect
14 GWA information on, because you can generalize from
15 the first 100.
16 So in other words, if you require these
17 physical and mental and interpersonal characteristics
18 to do -- to meet these -- to execute these three or
19 four generalized work activities, then you can -- and
20 you have information about other jobs, not only can
21 you say this applicant could do this one or two or
22 three jobs that are in the top 100, but they could

1 also do these other jobs, because the GWAs are
2 essentially the same. Do you see? Is that -- that's
3 not helping, is it?
4 DR. BARROS-BAILEY: Deb.
5 MS. LECHNER: I think that that may be true
6 to a larger extent in the cognitive area than it
7 might be in the physical.
8 For example, with the physical arena, you
9 have got the worker doing a generalized work
10 activity; but you have got the material that they're
11 handling or dealing with. They're dealing with the
12 external materials. So you could have a generalized
13 work activity that might require 20 pounds of lifting
14 in one industry versus 150 pounds in another
15 industry, depending on the themes that the people are
16 interfacing with.
17 So I think that, you know, we have to
18 take -- we have to -- we sort of have to see how some
19 of these generalized work activity will fit with the
20 material that people are interfacing with. I don't
21 know if there is a way in these generalized work
22 activity assessments to take into account -- to take

1 that into account.

2 DR. SCHRETLEN: Is it possible to either

3 take them into account, or to have some sort of

4 interaction where you have some characteristic of a

5 job. It is the weight of the materials that one

6 handles, and then the GWAs. Then so you have sort of

7 a multiplication of you do this everyday, the

8 materials you handle are 50 pounds or more, that

9 gives you some information.

10 DR. WILSON: Right. Oftentimes the issue

11 of frequency comes up, the issue of duration. So

12 there might be more than one thing you want to know

13 about particular activities and then to sort of get

14 back to Sylvia's question in terms of what I was

15 seeing from -- as needing from the others, David's

16 presentation on the sort of factor structure on the

17 cognitive side will be helpful to us in terms of

18 making sure that our taxonomy is sensitive to that,

19 at least from our perspective. Even though it's

20 going to be harder when he does the same thing on the

21 interpersonal behavioral on that side, that would be

22 useful.

1 Same thing for Debra when she says, well,
2 here is the big five or whatever it is in terms of
3 the underlying factor structure. And I know for
4 those of you who are practitioners, we are up here in
5 the clouds, you know, building all the infrastructure
6 of why this makes sense. And it's one of the reasons
7 why I never talk this way in dealing with end users.
8 You, unfortunately, have to be subjected to this.
9 They tend to operate more down at the item
10 level. And the initial attempts at this sort of
11 approach were not particularly good, because in some
12 cases they weren't always -- they weren't easy to
13 imagine. They are sort of too abstract, written at a
14 very high level, nor were they always behavioral. So
15 there is a bit of -- a trick to this, but I think
16 we're far enough along; and I think that we're in the
17 absolute perfect opportunity to pull this off.
18 The other thing that I think David was
19 pinning at when he was confusing Tom even more than I
20 did with -- is sort of this notion of synthetic
21 validation. That you don't necessarily have to
22 collect every piece of information on every

1 occupation. That you know, through various studies
2 you can develop algorithims and sort of probability
3 matrixes that will say, well, if they answer this
4 question this way, and this one this way, and this
5 one this way, there is now an absolutely zero
6 probability they are not in the 95th percentile of
7 IQ. You don't need to necessarily -- now, is that
8 a -- always going to be defensible? How large should
9 that be?
10 There are some technical issues around
11 doing synthetic validity; but I would definitely, you
12 know -- what I would envision in terms of, you know,
13 the real test, if you will, in the end of how well
14 this is going to work is Debra's committee saying
15 here is what we need from sort of a physical
16 assessment. This is the information, you know, in
17 our ideal world that we would like to have.
18 David saying on the cognitive and
19 interpersonal -- here is what we -- if we really
20 wanted to know how well someone was, we have our --
21 Shanan and Jim and I have our sort of dream
22 instrument. Let's go out and pilot that, and do the

1 research. Let's see how these instruments interface
2 with each other, and what items on which instrument
3 are related. You know, that's the way to answer this
4 question, rather than us trying to intuit, you know;
5 I don't like that item.
6 Because a lot of times what you will find
7 is that -- as Dave was saying, it's very hard
8 sometimes. It's surprising how various instruments
9 will behave, and what items on an instrument will
10 tell you about different aspects. And that may be
11 less so in the physical domain, but definitely on the
12 cognitive interpersonal side. That's true.
13 DR. BARROS-BAILEY: Bob.
14 DR. FRASER: Just a thought. If we had
15 this generalized work activity template -- say, we
16 had it for 250 jobs, which comprise 72 percent of the
17 jobs in our economy. We do have 1100 VE's, you know.
18 So when you get the -- when I got the job list two
19 weeks ago. A musical archivist, okay. There is not
20 a lot of them. There is one at Microsoft; there is
21 one at the TV station. So VE, as part of the
22 process, could come in and use the generalized work

1 activity template, okay. Over time you build a bank
2 of these lesser frequency, you know, kind of things.
3 Just one way to go. Those are the 250 jobs.
4 DR. WILSON: Absolutely, yes.
5 DR. FRASER: The second issue is I'm a
6 little worried about our person side in terms of the
7 interpersonal, behavioral, psychosocial concerns.
8 The example here at level three is managing emotions,
9 okay. Another one could be, you know, someone who is
10 obsessive and too focused on detail, can't get things
11 done. You know, I don't know what these are. But I
12 am wondering, since we have Shanan and Mark here, is
13 there a more -- you know, when I see why people lose
14 jobs, 50 percent because of interpersonal
15 difficulties on the job. That's what you see in
16 literature. It never goes below that. It never goes
17 to managing emotions, too intent to details.
18 I'm wondering if is there a job termination
19 literature. You know, why specifically people have
20 lost jobs in the interpersonal behavioral world. I
21 never see it go below.
22 DR. GIBSON: If there is, I'm not familiar

1 with it.

2 DR. FRASER: Making it personnel

3 psychology. I have just never seen it before.

4 DR. SCHRETLEN: That might be a really

5 interesting literature search to look at, job

6 termination. Why do people lose jobs? That's a

7 great idea.

8 MS. LECHNER: What are the interpersonal --

9 are there any studies. I would bet that in human

10 resources personnel literature there has got to be

11 data on that.

12 DR. FRASER: I think that's something we

13 could do. I thought maybe if we came out of it that

14 way, might be easier to bag it.

15 DR. SCHRETLEN: I think clearly we are

16 going to need to do some cognitive behavioral, or

17 whatever our subcommittee is called again. We

18 definitely need to a spend -- this is our next big

19 task on how we are going to start to approach this.

20 I don't frankly know.

21 DR. BARROS-BAILEY: Just before we continue

22 with this, I just want to kind of do a check on time.

1 We have 13 minutes before the hour. We have a couple
2 of other things we need to cover on the agenda. It
3 seems like people still need to process this a lot
4 more. If we need to take this to a different level
5 in terms of a teleconference, something at that
6 level, maybe we could do that. It just seems like it
7 is very good conversation; but we will still have to
8 hear in terms of the project director's update before
9 we close out the deliberation.
10 So how are people feeling about that in
11 terms of this discussion? Shanan.
12 DR. GIBSON: I was going to answer to Bob's
13 question real quickly.
14 One of the issues you run into, while I
15 don't think there is a large degree of literature in
16 the personnel side, more in the HR realm regarding
17 termination is that so many organizations do such an
18 horrendous job of actually documenting termination,
19 and typically it has allowed people to leave. Part
20 of that is the result of the litigious nature of
21 employment law, and people being asked to leave or
22 not. Then you run into the issues of termination for

1 cause versus not. So the documentation must be very
2 hard. I am not saying it is not there.
3 I can't think of anything where I have been
4 teaching HR for eight years now where I have actually
5 talked about that with students and looked into it,
6 because of the nature of how companies typically
7 handle the termination situation.
8 DR. BARROS-BAILEY: Okay. In terms of just
9 the topic that we have been discussing, the taxonomy,
10 and how -- I think there is a lot more clarity for me
11 at least in terms of how it all fits together. I
12 think it fits together with TSA as well in terms of
13 what fields, and MS, and all that is displayed within
14 the taxonomy. Do people feel like we need to move
15 this to further discussion, like a teleconference?
16 Or that we are at a point we have enough clarity,
17 enough action items that we can take it to June?
18 Where would people like to see it?
19 DR. SCHRETLEN: Just speaking for myself, I
20 don't have a problem taking it to June. It would be
21 very helpful if you guys on that committee could help
22 us who are not so familiar with this understand what

1 are examples of generalized work activity, and how
2 might they deal with the issue that Deborah brought
3 up. Like different weights, or physical -- are there
4 interactions? Because I don't even know. Maybe GWA
5 do have reference to the physical -- the actual
6 physical demands; but I just don't know.
7 MS. LECHNER: I was thinking of that. That
8 seems to be sort of be some examples. Whether it's
9 Suzy Que or some other examples that -- concrete
10 examples for us to sort of see how this all plays out
11 would be helpful.
12 DR. BARROS-BAILEY: Okay. I think I am
13 going to ask Sylvia to go ahead and do the project
14 director's update. There were action items that were
15 discussed at the last -- at the inaugural meeting
16 that we have some updates in our folder.
17 MS. KARMAN: They're behind the red section
18 in day three. They're something called "Social
19 Security Administration Update."
20 There were a number of questions that came
21 up during the time of the inaugural meeting. And
22 what we had done was our staff had kept track of a

1 number of action items. We also, obviously, have a
2 lot of different work activities going on, project
3 activities. And then, of course, when we got the
4 transcript we reviewed that blah, blah, blah, came up
5 with Minutes, which I know the Panel is going to
6 take -- talk about after lunch. So that's where a
7 lot of these things came from. Some of them were
8 just simply action items. People had asked about
9 things. So we're just reporting back. It's our
10 intent every single -- I think she is still looking
11 for it. It's under three.
12 MS. LECHNER: Okay. I got it.
13 MS. KARMAN: I am just waiting until
14 everybody has one. Only because it will be
15 distracting for me to talk while they're looking for
16 something.
17 That means it is on the table. Elaina just
18 told me it's probably on the table. It was
19 yesterday. All right. It's not a big deal. I
20 didn't want you to be distracted while you were
21 looking. So I will wait if you want to look. Okay.
22 All right. So we have several project

1 activities going on. Among them are -- I just want
2 to give an update on what we call our short-term
3 project. The ICF International is going to be
4 concluding their evaluation of Career Planning,
5 Software Specialist, Inc. and their occupational
6 data, and the methods by which they collect the DOT
7 based data. So we are looking forward to receiving a
8 report from them. The contract calls for final
9 report on -- by the end of May. And we have every
10 understanding that that's well under way, and we
11 should be hearing on that -- about that soon.
12 That means that in June we may have
13 actually something to report about, depending on
14 where we were with our evaluation of -- our review of
15 the -- of that evaluation and what we have reported
16 up the chain to our management about that. Anyway,
17 so we expect to have information very shortly.
18 That's basically to take a look at -- just
19 to remind the Panel members, and also anyone in the
20 audience, that we had tried to take a look at any
21 private sector existing occupational information that
22 is duty like where a company may be updating the

1 Dictionary of Occupational Titles; and so, you know,
2 could Social Security be using that information in
3 the interim while the Panel and our project team and
4 our workgroup are working toward something for the
5 long term.
6 Then we also have under way now a study
7 design and some work to pull together a study of past
8 relevant work. So the occupations that
9 beneficiaries -- or rather claimants come to us with
10 in their past work history, and also looking at other
11 aspects of information in the claims file, such as
12 the residual functional capacity. What are these
13 individual limitations, both mental and physical?
14 And then, you know, in terms of the decision points
15 where Social Security -- or when Social Security has
16 made a determination or decision that -- in the case
17 of a denial what -- in the circumstances where we do
18 cite occupations, what kind of occupations are we
19 citing?
20 That way we can get at some of the
21 information about -- you know, given the person's
22 past work history and what kind of residual

1 functional capacity their limitations -- if we have
2 some information, then, about, you know, what are the
3 most -- we came up with a list of the top 50 whatever
4 occupations that Social Security claimants have in
5 their past relevant work, and also, what are the top,
6 you know, number of jobs that Social Security tends
7 to find people can do as other work given certain
8 kinds of limitations. So we're hopeful that that
9 work will be done probably in the middle of 2010 --
10 well, probably before the middle of 2010. But looks
11 like we may not be able to begin that study until the
12 summer time. But it's under way. So that's
13 something that we're looking to do.
14 And then also I was just going to call your
15 attention to the information on the single decision
16 maker pilot, which I believe somebody had asked a
17 question about. So there is information in this
18 background material that we're providing the Panel
19 with on, you know, a little bit of history about
20 single decision maker, and where we stand with that
21 particular project at this point.
22 So I'm just going to read from part of

1 this, so I get this correct. So basically, this --
2 the SDM testing regulation is scheduled to expire
3 September 30th of 2009, and a work group is actively
4 conducting a review and preparing a technical report
5 to document the methodologies used in the DDSs, and
6 to evaluate -- and to do an evaluation on the impact
7 of that program on administrative costs and program
8 costs to determine whether or not SDM should be
9 eliminated or retained or expanded.
10 So a report is expected later that summer.
11 So that's basically where the Agency is standing
12 right now on that. There was some questions about
13 the history or what the background was. So if you
14 are interested in that, that's in there as well.
15 Then there were members of our workgroup
16 that prepared the history of mental -- how Social
17 Security came to develop the mental capacity
18 residual -- mental residual functional capacity form.
19 So that may be of interest to those of you who have
20 asked that question. I believe it was of Tom Johns
21 last time when we were -- when he was giving his
22 presentation on sequential evaluation process. So

1 that information is also in your package.
2 And then, let's see. We also had some --
3 we had conducted yesterday the first test of the user
4 needs analysis workgroup -- I mean, our user needs
5 analysis interview. I understand we did receive a
6 fair amount of suggestions, which we will be sharing
7 with the Panel as soon as we pull that material
8 together.
9 Our staff members recorded the interviews
10 and then did a focus group with all of the
11 individuals that they interviewed yesterday. But it
12 was just a test of our protocol. Because what we
13 intend to do is take the results of that and make
14 whatever changes we need to, to the protocol.
15 Basically, we're asking a series of
16 questions of users, adjudicators, reviewers; and we
17 would want to also give them sort of a fact sheet of
18 what a particular case might look like, and then ask
19 them a series of questions about well, given the
20 person's impairment and the allegations, symptoms,
21 and other things that they're experiencing, what
22 would -- how would you see their function, you know,

1 in this particular job? So we're not trying to get
2 at a specific job. Really, we're trying to look at
3 what foundation -- what areas of function, both
4 mentally and physically, might be of value to -- to
5 the adjudicative process and several other questions.
6 So it's just an attempt for us to, again,
7 try to reach out to the user community at least -- so
8 far at least in this case the Social Security
9 community and find out better what we can get at.
10 We're intending to conduct the actual
11 interviews with as many adjudicators, reviewers,
12 other Social Security staff as we can in June, and
13 then develop -- write the report in July, then have
14 something to give to the Panel member in August. So
15 that might inform our final recommendations, and we
16 will at least be fortified with that information. So
17 we're working on that.
18 Also, just as a matter of update with
19 regard to some at the last meeting, I had that we
20 keep tabs on what kind of outreach our staff is
21 doing. So I just thought I would cover that. We had
22 attended the Society for Industrial Occupation

1 Psychology conference. Almost the entire staff
2 attended that. It was in New Orleans. That gave us
3 an opportunity to go to a lot of different sessions,
4 many of which were -- if not directly, but
5 tangentially relevant to the particular work we're
6 doing. It also gave the staff an opportunity to
7 become more familiar with the literature and the work
8 that's going on in that particular area.
9 And toward that end, both Mark Wilson and
10 R.J. Harvey were at headquarters at Baltimore and
11 gave a day and a half session on, you know, basically
12 fundamentals of job analysis to not only our team,
13 but also other members of our workgroup and other
14 staff within Social Security who are involved with
15 this project. So that was very, very useful, because
16 it's clearly an area where many of us do not have
17 even, you know, the jargon. So we got a lot out of
18 that.
19 And then we have also -- I and Mark Wilson
20 attended -- the National Academies of Science is
21 working with the Department of Labor to conduct a
22 committee to review O*Net at the ten year anniversary

1 of the development of O*Net. And March 26, I believe
2 it was, we went to one of their sessions. I was
3 asked to present to the National Academies of Science
4 committee what Social Security -- why it is Social
5 Security cannot use O*Net, or what our difficulties
6 are with that. So I did that. I would be happy to
7 send my slides to all the Panel members. I'm trying
8 to think if I actually did that. I think I sent it
9 some people, but I don't think I sent it to
10 everybody.
11 DR. SCHRETLEN: I don't remember getting
12 it.
13 MS. KARMAN: Okay. I will do that then.
14 Possibly, I didn't do it also because you guys have
15 heard a lot of this. I know at our inaugural meeting
16 a number of people went -- I think Debbie Harkin and
17 Rob Pfaff covered a lot of our past research and that
18 includes a lot of our reasons why we can't use O*Net.
19 I walked through how SSA uses occupational
20 information, et cetera.
21 R.J. Harvey presented as a professor
22 working for Virginia Tech, not as a Social Security

1 employee. He was asked to present the 17th of April,
2 a couple weeks ago, and presented on some of the more
3 psychometric aspects with regard to O*Net. And Mark
4 Wilson attended that as well.
5 So we have -- that so far has been the type
6 of outreach or enter -- you know, work that we have
7 done with individuals on the -- externally. And we
8 have intentions to, you know, possibly attend the
9 NOSSCR meeting that's coming up in Washington in May;
10 and we certainly are looking forward to a number of
11 other conferences that are coming up in the
12 vocational rehabilitation realm into fall. So in any
13 case, that's kind of where we are right now.
14 DR. SCHRETLEN: NOSSCR?
15 MS. KARMAN: Oh, I am sorry.
16 MS. SHOR: National Organization of Social
17 Security Claimant's Representatives.
18 DR. BARROS-BAILEY: Okay. Bob.
19 DR. FRASER: Yes, Sylvia, have you been
20 asked to present at the National Association of Rehab
21 Professionals conference?
22 MS. KARMAN: Not yet; no.

1 DR. FRASER: I think there will be interest
2 there.
3 DR. BARROS-BAILEY: Okay. Any other
4 questions of Sylvia?
5 Okay. We're at the 12:05. We still have
6 to check-out and have lunch. So the other items that
7 I had on the agenda was the discussion on the papers.
8 I think we might possibly have some time this
9 afternoon. I don't know. Just in terms of the order
10 of business for this afternoon, if we can go ahead
11 and maybe check-out, go to lunch. We do have
12 administrative business over lunch that we need to
13 cover. Then be back at -- let's say 1:20 to be back.
14 Then we have administrative business to cover this
15 afternoon as well.
16 So we will see you at lunch in a little
17 bit, same room. Probably check-out first, and then
18 lunch.
19 (Whereupon, a lunch recess was taken and
20 the proceedings subsequently reconvened.)
21 DR. BARROS-BAILEY: I'm going to ask
22 everyone to take a seat, so we can get back to our

1 meeting.

2 We are now at the administrative business

3 aspect of the meeting. Has everybody had a chance to

4 review the operating procedures?

5 So are there any comments on the operating

6 procedures before we go to a vote?

7 MS. TIDWELL-PETERS: Look in day three

8 behind tabs, there is an operating guidelines.

9 DR. BARROS-BAILEY: I know people are

10 looking at it. I will give you a couple of minutes.

11 In terms of looking at the operational procedure, is

12 there any question, any thoughts, or changes before

13 we vote on them?

14 Yes, Somebody is still looking. I was just

15 waiting.

16 Okay. If I could get a motion.

17 MR. HARDY: I would like to make a motion

18 to adopt the operating procedures.

19 DR. BARROS-BAILEY: We have a motion by Tom

20 Hardy; and a second by Lynnae. All in favor?

21 PANELISTS: Aye.

22 DR. BARROS-BAILEY: I don't see anybody

1 opposed. How about the Minutes from the inaugural
2 meetings. Everybody have a chance to take at look at
3 those? Okay. Any changes, any modifications? Okay.
4 Can I get a motion?
5 MS. RUTTLEDGE: I adopt the Minutes from
6 the inaugural meeting.
7 DR. BARROS-BAILEY: I have a motion by
8 Lynnae to adopt the Minutes from the inaugural
9 meeting. Do I have a second?
10 DR. SCHRETLEN: I second.
11 DR. BARROS-BAILEY: I have a second by
12 David Schretlen. All in favor?
13 PANELISTS: Aye.
14 DR. BARROS-BAILEY: So the next thing on
15 our agenda is to take a look at the meeting dates for
16 2010. It's behind tab four. A very colorful sheet.
17 And Debra had queried us in terms of dates. And the
18 biggest change is that we're going to be traveling on
19 Monday and starting on Tuesday in terms of these
20 dates.
21 Has everybody had a chance to take a look
22 at those? No comments, no questions? Question by

1 Shanan.

2 DR. GIBSON: I think the one I have is

3 behind tab three just for clarification, and they

4 reflect the wrong dates for the June meeting.

5 DR. BARROS-BAILEY: Okay. The June meeting

6 is going to be the 9th through the 11th.

7 DR. GIBSON: This shows 2nd through the

8 10th.

9 MS. RUTTLEDGE: That's 2010.

10 DR. GIBSON: Oh, I am wrong here. Then, I

11 don't have June of 2009.

12 DR. BARROS-BAILEY: Okay. So June meeting

13 is going to be the 9th through the 11th in Chicago.

14 Then we have one more meeting in terms of

15 fiscal year 2009, September as well. So we have

16 dates pretty much put out then. I'm going to go

17 ahead and ask for subcommittee reports starting with

18 Mark.

19 DR. SCHRETLEN: Just one moment. So is it

20 accurate that the fourth quarterly meeting will be

21 for four days?

22 DR. BARROS-BAILEY: In September?

1 DR. SCHRETLEN: Yes.
2 MS. RUTTLEDGE: You travel on one day,
3 attend the meeting for --
4 MS. TIDWELL-PETERS: Originally when I had
5 gone out and done a query for dates we were looking
6 for dates Monday, Tuesday, Wednesday; and we wanted
7 to propose moving the date -- the meetings to
8 Tuesday, Wednesday, Thursday. So the dates you see
9 there, because you all have not had a chance to meet
10 yet, and to decide if Tuesday, Wednesday, and
11 Thursday were okay. What you will see, you will see
12 four dates there. The meetings will only be Tuesday
13 Wednesday adjourning at noon on Wednesday -- or
14 Thursday. I'm sorry, Tuesday, Wednesday Thursday.
15 DR. SCHRETLEN: But the 15th of September
16 is a Tuesday in my calendar.
17 DR. BARROS-BAILEY: So we will travel on
18 the 14th?
19 DR. SCHRETLEN: It's listed here as 15, 16,
20 17, 18, Monday, Tuesday, Wednesday Thursday.
21 Actually -- so it's Tuesday, Wednesday, Thursday,
22 Friday?

1 MS. TIDWELL-PETERS: So the dates for 2009
2 that we're looking at is actually Tuesday, the
3 16th -- thank you, Dave -- the 15th; Wednesday, the
4 16th, and Thursday the 17th. So that date -- there
5 is actually a correction in the days there. The 16th
6 of September -- the 15th of September is actually the
7 Tuesday.
8 DR. GIBSON: Travel on the 14th.
9 MS. TIDWELL-PETERS: Travel on the 14th,
10 meeting on the 15th. Thank you, David.
11 DR. BARROS-BAILEY: Okay. Any other
12 questions on the dates?
13 DR. WILSON: I already gave Elaina my
14 stuff. So if somebody can e-mail me whatever the
15 dates are, that would be great.
16 DR. BARROS-BAILEY: On to subcommittee
17 reports, taxonomy.
18 DR. WILSON: I pretty much did that
19 yesterday. Is there anything --
20 DR. BARROS-BAILEY: Yes. Any other
21 comments. We're just formally going through.
22 DR. WILSON: Okay.

1 DR. BARROS-BAILEY: Tom, he has two. He
2 has -- let's do the DDS one first, then TSA.
3 MR. HARDY: We discussed DDS today. I will
4 be in touch with Sylvia. I believe Mr. Owen, we were
5 talking. I will try to report back to everybody
6 within a week as to the status of how that's going.
7 The other subcommittee is the TSA
8 subcommittee. I reported on that briefly yesterday.
9 We're still pretty new on that. We're going to be
10 reviewing bibliography. I'm passing out work
11 assignments for reading, hence off to speed. There
12 is a very good chance that there will be a separate
13 kind of conclave regarding that at some point. We're
14 working on a date. I will communicate that with
15 subcommittee members.
16 DR. BARROS-BAILEY: Okay. Mental
17 cognitive.
18 DR. SCHRETLEN: Okay. We have had a number
19 of telephone conference calls of the mental cognitive
20 subcommittee, and some of the -- those conference
21 calls led to some of the research that I presented
22 this morning. Going forward Dr. Fraser is going to

1 be looking into literature on job terminations, and
2 cognitive behavioral factors that might be relevant.
3 We are going to begin between now and the next
4 meeting surveying literature on emotional and
5 interpersonal factors that appear to be predictive of
6 employment and job loss.
7 DR. BARROS-BAILEY: Okay. Thank you.
8 Physical demands.
9 MS. LECHNER: We had a conference call and
10 we had a meeting last night. After our last
11 face-to-face meeting, I distributed a preliminary
12 list of the physical demands that we had submitted --
13 the IOTF had submitted back in 2002, 2003 as part of
14 a research project that we did with the Department of
15 Labor and SSA. And I submitted that preliminary
16 list.
17 And then the OIDT and the OIST workgroup --
18 I hope I got all those acronyms right -- they sent
19 out an informal survey to SSA program end users to
20 get some feedback on this preliminary list of
21 physical demands that we had put together; and the
22 report of that is in the back of your binders. If

1 anybody wants to read the more detailed report, it's
2 in there. I took a list of that last night. Just to
3 quickly summarize, I think there are -- there is
4 quite a bit of consensus from the end users on most
5 of the physical demands. I think there are some that
6 got mixed reaction. Some of the new things that we
7 have added like forceful gripping and pinching,
8 reaching backward, bending from a sitting position,
9 and then trunk and forearm rotation and reaction
10 time, or the things that got mixed review. Some
11 people like them. Some people didn't.
12 And then I think there was a pretty much --
13 pretty much a universal negative reaction to running.
14 So you know, even though -- I think -- I think
15 they're -- you know, that one thing is clear after
16 looking at this list. Some of the things that we
17 have been asked to add by the end users, the last
18 couple of days some of the end users that were
19 surveyed in this group didn't think were necessary.
20 So I think it's pretty evident that we will never
21 come up with any classification system that we have
22 100 percent consensus on.

1 I just state that the two key pieces for me
2 and for our group in terms of coming up with
3 recommendations on the physical demands are that we
4 survey the literature to see what kinds of physical
5 demand classification system there are out there
6 besides what has been historically used in the DOT.
7 I think we are going to do that by looking
8 as much as we can at those 11 instruments, and then
9 also looking at the ergonomic literature to see are
10 there ergonomic classification systems or rating
11 systems that may be applicable to SSA uses, keeping
12 in mind that we meet the appropriate level of detail.
13 I think the literature search is key, but then also
14 bringing out practical experience to the table, and
15 knowing what is needed by this group. I think those
16 are the two pieces.
17 And I think basically that they are not
18 only deciding what are physical demands that we are
19 going to consider, or that are going to be used in
20 any classification system; but then how are we going
21 to rate those? And making sure that we consider the
22 frequency, the repetition, the duration, force, all

1 of the physical parameters; and that we include some
2 sort of measurable scales.
3 I think also at some point -- I'm looking
4 for some feedback here -- that we will have to have
5 some documentation of how analysts are to do this
6 kind of assessment, both in the cognitive and the
7 physical realm. Maybe cognitive is more straight
8 forward, because the instruments are there; but I
9 think in the physical domain, you know, what we have
10 had historically has been the handbook for analyzing
11 jobs. And to some extent that's been followed by
12 practitioners in the physical realm. So that when we
13 make a recommendation about a classification system,
14 at some point there will need to be some kind of
15 documentation if these -- when these things are
16 measured out of the world of work, what will the
17 procedures be that -- that the analyst would use.
18 The tasks that we have sort of set for
19 ourselves or that we want to analyze as many as the
20 11 taxonomies as we can for the presence of physical
21 demands. I understand that some of them have
22 physical demands elucidated. Some of them don't.

1 Then, secondly, look at the ergonomic literature. We
2 have a start on some of the older literature from a
3 previous grant that I -- grant application that I
4 did; and the SSA staff is going to be pulling some of
5 those articles for us; but we probably need to expand
6 that to include the more current literature.
7 Then last night we discussed as a group
8 about getting -- looking at the top 100 SOC codes,
9 and looking at the occupations at least in some of
10 those top 100. We might not do all of them; but at
11 least in some of those top SOC codes, looking at the
12 occupations that populate those codes, and looking at
13 the extent to which the physical demands are similar
14 or dissimilar and -- within that SOC code.
15 So those are some of the things that we
16 have set forth for ourselves to do. I'm assuming
17 that we want to accomplish these pieces before our
18 next meeting in June. Then we will do a more formal
19 presentation.
20 Also, something that just occurred to me
21 today as we -- as I'm sitting and listening to
22 David's presentation, the factor analysis that you

1 present for the mental or cognitive area, I'm not
2 sure -- and I can go back and relook at the
3 literature; but I don't know that any similar factor
4 analyses have been done in the physical domain. So
5 we might want to look at the literature about that
6 and perhaps do some preliminary factor analysis in
7 that area. Because I think there, you know, again,
8 when we start thinking about the cost for collecting
9 data, we may be able to narrow the scope of what is
10 collected. For example, is squatting similar enough
11 to kneeling that we would lump that together into a
12 squat/kneel category?
13 Is stooping similar enough to below waist
14 lifting that we don't need to collect data on both of
15 those items? So that just kind of crossed my mind as
16 I heard you today.
17 DR. BARROS-BAILEY: Okay. Thank you.
18 Sylvia, the RFC user needs.
19 MS. KARMAN: Hi. Okay. We met by
20 teleconference shortly after we returned from the
21 inaugural meeting. And what we discussed were a
22 number of elements -- a number of activities that our

1 staff is working on for the user need analyses.
2 Debra has already eluded to one of them, mentioned it
3 earlier. The report is in your binders. Basically,
4 the limited user survey where we sent out to a few
5 adjudicators in the program, policy staff members the
6 list of elements -- physical elements, both worker
7 trade demands, and work demand, and mental work trait
8 demands just as a starting list. So we captured some
9 of -- we summarized the reaction.
10 And then also what we discussed was other
11 types of analyses that we may want to do as we -- as
12 the project progresses, and certainly, before the
13 Panel has to do recommendations on the content model.
14 We're intending to do user need analysis interviews
15 and focus groups, as well both Nancy Shor and I
16 pulled together a list of some of the external users,
17 because we certainly believe that as we progress
18 here, we're going to need to be in touch with all
19 disability evaluation community, including vocational
20 rehabilitation, claimant representatives, people who
21 do vocational expert testimony, et cetera.
22 So we have plans to, you know, stay in

1 touch with those individuals either through list
2 serves or that kind of thing.
3 DR. BARROS-BAILEY: We were changing the
4 name of the committee.
5 MS. KARMAN: Yes. Then Mary and Nancy and
6 I have talked about possibly changing the name of the
7 committee as we move forward. Originally when we set
8 this committee up, or we discussed it as a Panel in
9 February, we called it the RFC Panel. I think
10 eluding to the assessment that the adjudicator does
11 on the person side of the equation. At this point I
12 think we're expanding that to refer to the
13 subcommittee as, you know, user needs or user
14 relationships. I don't know if anybody has a better
15 suggestion.
16 DR. BARROS-BAILEY: So the committee scope
17 has increased?
18 MS. KARMAN: Right. Yes. I think what
19 we're doing is we're increasing -- thank you. We're
20 increasing the scope of not just Social Security
21 users, but to users -- would be users of our
22 occupational information system out in Sterling.

1 DR. BARROS-BAILEY: So kind of the
2 marketing arm of the Panel?
3 MS. KARMAN: Yes. It's not just PR. It is
4 also -- at this point it really is investigative;
5 because we're getting out and finding out what are on
6 people's minds? We have had presentations over the
7 last two days about what people's concerns are. What
8 hampers them as they do their work for our Agency, et
9 cetera?
10 So yes, as we develop, for example, the
11 content model, you know, we will want to be
12 sharing -- when the Panel is ready, when the Agency
13 is ready, we will want to be sharing these things
14 with that community, as well as all of Social
15 Security users. And then, again, the same thing when
16 we develop the instruments. Both the person side
17 instruments, and the work side, the job analysis
18 side. We will certainly want to be going out and
19 sharing that with people in the community. And that
20 includes SIOP (phonetic) members too, because that is
21 another feature of this; that, you know, as we move
22 forward we're going to want to be keeping in touch

1 with all of the possible researchers in the area that
2 might be, you know, relevant to us and helpful to us
3 as we move forward. So thanks.
4 DR. BARROS-BAILEY: Thank you. Okay. Go
5 ahead, Bob.
6 DR. FRASER: Just in terms of if we want
7 one large giant focus group, you might want to look
8 at the International Association of Rehab
9 Professionals meeting, because you have large numbers
10 of VEs there at one time. Even if you want to
11 synthesize, you didn't get 200 people in the room
12 responding to one or more of our instruments.
13 MS. KARMAN: Yes, absolutely. We
14 frequently go to the IARP conferences. I agree with
15 you completely. What we will want to do is be in
16 touch with the key representatives from these
17 different organizations, and be able to work with
18 them to get the word out about whatever portion we're
19 working on at the time, and what kind of information
20 we need.
21 DR. BARROS-BAILEY: Go ahead, Deborah.
22 MS. LECHNER: I don't know whether this is

1 the right place where this fits in, but we were
2 doing -- Mary and I were doing a little chatting at
3 one of the breaks. And an idea that Mary had
4 actually that I thought was very good was to -- I
5 can't claim credit for the idea; but you know,
6 talking about mental instruments to test the
7 claimants, and physical instruments to test the
8 claimants. There is a perception or fear, I believe,
9 that this would increase -- dramatically increase the
10 cost of the whole adjudication process.
11 What if there were -- similar to what your
12 single user pilot study was. What if there were a
13 pilot study where the instruments were applied rather
14 than using the impairment data with the current
15 inferences? In other words, a parallel comparison of
16 the cost to adjudicate a claim, the time that it
17 takes to adjudicate a claim using two separate
18 processes.
19 MS. KARMAN: Well, if I'm understanding you
20 correctly, one of the things we had in mind in our
21 overall plans, which were in the previous binder that
22 you got in the inaugural meeting was to have -- once

1 we have prototype instruments, for example, the RFC,
2 MRFC, and job analyses; before we do any testing on
3 job analysis instruments, we certainly want to test
4 the RFC, MRFC against our current process. So is
5 that what you are talking about?
6 Like once we actually have the widget, once
7 we actually have the content model, and then an
8 instrument that we could plug into the process, then
9 we need to test that, which is what we're planning to
10 do, to see what the decision outcomes would be. We
11 could certainly measure, you know, how much time it's
12 taking. Is this going to be more problematic in
13 terms of how people are getting information. Is that
14 what you mean?
15 MS. LECHNER: I'm not sure we're talking
16 about the same thing.
17 MS. KARMAN: Right.
18 MS. LECHNER: I'm thinking more along the
19 lines of the current determination process with the
20 RFC and the MRFC involves taking the medical
21 impairment information from the chart and making
22 inferences about mental and physical functioning.

1 And aside from that, there is the whole concept that
2 David presented this morning of actually having
3 people take a test -- cognitive test, and having a
4 person take a physical test. So comparing the cost
5 associated with taking that inference process, the
6 cost and the time, versus an actual testing process.
7 MS. KARMAN: All right. I see what you are
8 saying. I guess it would be hard for us to test the
9 new thing without having an instrument. Maybe I'm
10 just not -- we can certainly take a look at testing
11 or getting information on how long it takes us to
12 gather this information and how much that translates
13 into costs. Is that what you are saying, what our
14 current process is? But I can't -- I'm not sure how
15 I would test the new process without having an
16 instrument.
17 MS. LECHNER: Yes, but when you say
18 instrument, what instrument are you referring to?
19 MS. KARMAN: I'm referring to the MRFC, the
20 RFC.
21 DR. SCHRETLEN: The assessment.
22 MS. KARMAN: The assessment. I am sorry.

1 MS. LECHNER: Your current -- again, since
2 your current MRFC and your RFC are inference based.
3 MS. KARMAN: Right.
4 MS. LECHNER: So I'm suggesting -- what
5 Mary and I was suggesting is looking at that process,
6 and then with new direct measure instruments
7 comparing that process -- it would have to be after
8 our taxonomy is created, and we have got that
9 established. So then there would be a side by side
10 comparison of these two different approaches to
11 disability determination.
12 MS. KARMAN: Right, but you would need to
13 know what that second -- what the new approach is.
14 MS. LECHNER: Of course.
15 MS. KARMAN: It is nothing I could do
16 between now and November, because we don't have any
17 of that.
18 MS. LECHNER: I know. No.
19 DR. BARROS-BAILEY: This is long, long
20 term.
21 MS. LECHNER: This is definitely long term.
22 MS. KARMAN: Absolutely. Because before

1 the Agency goes and does this, we want to know what
2 the effects would be. And you know, if there is this
3 concern about operational issues it may actually save
4 us time in some cases to do things this different
5 way. For example, gathering information from
6 claimants about their work history may be actually
7 faster and get us better information. We were
8 talking about this at lunch -- to query people with
9 adaptive testing probably to get at what the tasks
10 are in their job, and you know, their past work. And
11 that that might actually be, you know, garner more
12 effective information the first go around without
13 having to go back out, send the 3369, la, la, la, la,
14 la; you know, whatever it is we do. We would need to
15 test that. Okay. Yes.
16 DR. SCHRETLEN: Optimistically, that sounds
17 like a year or two after. Optimistic.
18 MS. KARMAN: Yes.
19 I just also want to mention that when we
20 spoke this morning on the mental cognitive group --
21 well, some of us did this morning, David, and Bob,
22 and Mary and I talked about some of the work that we

1 may need to be doing for mental cognitive between now
2 and June. And as a follow on to some of the work
3 that Debra mentioned with regard to looking at the
4 top 100 jobs, and the DOT titles under each of these
5 SOC codes, as well as some of these instruments just
6 so that we can sort of confirm the extent to which
7 certain categories of mental and cognitive elements
8 seem to appear over and over again in -- not only in
9 the descriptions of the job, and in the -- what we
10 would infer as requirements for those jobs, since,
11 frankly, we don't really have that in the DOT titles,
12 we were also going to do that work.
13 Am I -- you didn't mention it, Dave. I
14 just thought I would tag that on there, so that that
15 gets captured in the record. Was that something
16 that --
17 DR. SCHRETLEN: I'm sorry. I was thinking
18 about something else.
19 MS. KARMAN: Okay.
20 DR. SCHRETLEN: Could you say it again.
21 MS. KARMAN: Basically, we were also going
22 to be looking at the instruments that were flowing

1 from these taxonomies that Mark and Shanan and Jim
2 had identified.
3 DR. SCHRETLEN: Yes.
4 MS. KARMAN: To discern -- basically to
5 confirm the different categories that we already
6 think are going to be helpful to us. We're also
7 going to take a look at some of these DOT titles
8 under these top 100 occupations to, again, confirm
9 the certain categories we have in mind.
10 DR. SCHRETLEN: To the extent that
11 cognitive, emotional, behavioral characteristics are
12 captured by any of the existing taxonomies, including
13 the DOT. We definitely are interested in looking at
14 those to see do any of them map on to factors that we
15 decide ultimately to assess?
16 MS. KARMAN: Yes.
17 DR. SCHRETLEN: Just to follow along where
18 I was drifting to, I was remembering, Deb, what you
19 were saying as you were summarizing the physical
20 subcommittee's activities, that you were thinking
21 about looking at physical demands of the top 100
22 SOC -- this is not a language I know all that well.

1 I think SOC is like clusters of occupations. At
2 various times in the conference this week people have
3 pointed out that in some of the top 100 SOCs that
4 there are probably one or two jobs or specific jobs
5 that represent a lot of the -- a lot of the jobs in
6 those categories. I'm wondering if it might be more
7 helpful, rather than to look at the SOC, if Michael
8 Dunn or someone could actually try and identify what
9 are the most common specific jobs in those 100 SOC?
10 And if it would be more useful to look at specific
11 jobs, because then you are not going to have to --
12 MS. KARMAN: That would be great, except I
13 don't think the federal government collects it at
14 that level.
15 DR. WILSON: That data doesn't exist
16 anymore. That's part of the problem is that the
17 titles are the old DOT titles. A lot of the Bureau
18 of Labor Statistics data are now collected at
19 aggregate data. They just assume that this equally
20 represents all the various titles in there. Then,
21 the other part of it is several of those titles
22 probably don't even exist in the economy anymore.

1 DR. SCHRETLEN: That is a problem.
2 DR. FRASER: SkillTRAN is doing some kind
3 of waiting procedure to estimate within that SOC
4 category what might be the number. Again, it's an
5 estimate.
6 MS. KARMAN: Here is the thing, actually,
7 Dave, at getting to your point, though; hopefully the
8 study that we're doing of our own claims, and the
9 past work of our claimant and all the other
10 occupational vocational information we hope to get
11 from that study could possibly get at what your
12 concern is with regard to what is most important to
13 us. May not be the most frequent in the economy, but
14 it would be, what is most frequently found within our
15 population of disability claimants, which could also
16 really get at what exactly your point is.
17 DR. SCHRETLEN: Yes, I guess what my
18 concern is if an SOC includes multiple specific
19 occupations that have very different physical
20 demands, then it is hard to know -- it is not clear
21 to me what will emerge from that exercise.
22 MS. KARMAN: Okay. Thank you.

1 DR. BARROS-BAILEY: We have kind of led a
2 little bit into some action plans for the -- for the
3 Panel. I know that Tom you mentioned TSA. Did you
4 want to talk about the round table in terms of what's
5 coming up with TSA? What we're looking at?
6 MR. HARDY: We're still pretty much in the
7 planning stages, but the ideas is probably some time
8 within the next two to three weeks, getting together
9 with the subcommittee, those who can attend, and
10 getting some subject matter experts in to talk about
11 not necessarily theory, per se; but more about some
12 of the confraternization of the some of the issues we
13 might be facing.
14 To that end what we're going to do, Nancy
15 and I have talked about looking, again, at the CFR;
16 and trying to figure out from the CFR from the
17 different rulings that are out there, what really are
18 the four corners of the document that we have to look
19 at when we are talking about transferable skills for
20 the purpose of Social Security. From that, I am
21 going to hopefully with the subcommittee work with
22 some very specific questions to ask for response on,

1 as opposed to a general round table as of, hey, what
2 do you think a good TSA would look like, to
3 specifically within the four corners of the
4 documents, within the charge we have from the
5 government; if we're looking at this type of whatever
6 measurement, how would you see that being utilized
7 and working on a much more concrete level as opposed
8 to high theoretical? That's about as far as we have
9 gotten so far. That should be coming up in a few
10 weeks.
11 DR. BARROS-BAILEY: Other action plans.
12 Chicago is coming up on us real quick. We will be
13 talking about the agenda in a little bit. Then we go
14 from June to September. So we have quite a bit of
15 time in there. So as we're looking at action plans,
16 I want us to kind of keep that in mind as well, that
17 there is going to be a period of time between June
18 and September when we are suppose to give our
19 recommendations on a content model that we might need
20 to think about in terms of teleconference -- in terms
21 of us getting together.
22 There has been a lot of discussion over the

1 last day, because the first day and a half or so we
2 had a lot of presentations. So there is a lot on our
3 plate. I don't know how people are feeling about
4 that. So as we're having this discussion, keeping
5 that in mind, and also how people are feeling about
6 how they want to proceed, not just between now and
7 June, but from June through September as well.
8 So general thoughts from the different
9 perspectives, subcommittee, as a whole Panel in terms
10 of to do?
11 DR. FRASER: I have one, and that is if
12 Sylvia and your group are looking at those top 100
13 jobs, and you are kind of looking at cognitive and
14 temperament, you know, predispositions, maybe, Dave,
15 you could clarify those constructs, you know, as
16 maybe a little more discretely than that was on the
17 slides, just so when they're reviewing, they can kind
18 of correlate that a little better.
19 If I get -- as soon as I get some
20 information on termination causality -- if it
21 exist -- I will get that to you also.
22 DR. SCHRETLEN: I am happy to do that. I

1 think it was more provisional. We need to talk about
2 it as well. I don't want to commit to necessarily
3 some given structure until we have got a chance to
4 really think it through a little bit more.
5 DR. FRASER: Maybe on a phone conference.
6 DR. SCHRETLEN: Yes.
7 The other thing is sort of related to the
8 mental cognitive committee. Bob and I were talking
9 about the possibility that we may need to go outside
10 of our small group to try to get some additional
11 expertise; and what interpersonal emotional doctors
12 we might want to assess and how to do that.
13 This is actually a very -- this is not --
14 this is going to be more difficult than the cognitive
15 part. And I'm really not sure how to do it. We may
16 want to look at symptom ratings. That's fairly easy.
17 That's doesn't get directly at the issues that Bob
18 has repeatedly pointed out that lead to job
19 terminations. Clinically often having trouble
20 getting along with other people, and not showing up
21 to work, you know, showing up to work high, you know,
22 all kinds of other issues get in the way, as opposed

1 to your mood or your anxiety level.
2 We know how to measure mood and anxiety
3 level a lot better than we know how to measure the
4 likelihood you are going to throw a punch at the
5 person in the cubicle next to you.
6 DR. BARROS-BAILEY: Shanan.
7 DR. GIBSON: Building on something that
8 Mark eluded to earlier and didn't get a really
9 enthusiastic response to, after discussing things
10 with people at lunch, our subcommittee are going to
11 ask the members of the Panel between now and the next
12 couple of weeks to actually attempt to do an analysis
13 for Suzy Que. You mentioned it, but I actually think
14 I will send you a link to an online process and ask
15 you to complete it based on the knowledge we had. I
16 think we can then come back, present the generalized
17 work activities that fall out of that analysis in a
18 way that would be much more meaningful to you if you
19 have seen not only the report of the items, but also
20 the GWA. So that will be forthcoming.
21 DR. BARROS-BAILEY: Okay. Tom.
22 MR. HARDY: Going back to your question

1 about the time frame, the time line. I think that's
2 also tied to our agendas at the meetings. And I
3 guess my question is at the Chicago meeting how much
4 time are we going to have for Panel discussion
5 between ourselves? How much time is going to be
6 subcommittee presentations? I think that is also
7 going to drive whether or not we need to have further
8 meetings via phone or in person, which I'm not really
9 thrilled about.
10 DR. BARROS-BAILEY: And as the agenda is
11 kind of coming together for June, I understand that
12 we were looking at having some organizations present?
13 MS. KARMAN: Yeah, I think we're looking
14 at -- we are, in fact, pursuing some of the
15 organizations that Nancy and I had identified; and I
16 think you had also sent us a list of some folks. I
17 think maybe even connected with Debra on that.
18 So we're going to reach out to a number of
19 these, see who we can line up for June, and I believe
20 that -- I'm not sure -- there were some other items
21 that we were thinking we may need to have on that
22 like -- well --

1 DR. BARROS-BAILEY: Well, the road map.
2 MS. KARMAN: The road map.
3 DR. BARROS-BAILEY: There were a couple of
4 articles in there. We had an article about the use
5 of the DOT. We were looking at the -- a couple of
6 other ones in terms of the use -- no, the use of the
7 o*Net we had. We're looking at the use of DOT. Then
8 what we can build on the DOT and the O*Net. So not
9 just having one, but looking at a contrast of both;
10 and looking at, you know, not just what can't we use,
11 but also what we can use and having that discussion.
12 So we were looking at that. We were looking at
13 organizations presenting.
14 MS. KARMAN: Right. So, you know,
15 obviously, we're going to need to pull that together
16 very quickly. So whatever presenters need to come,
17 there will be ready to go. We're hoping to have time
18 for subcommittee meetings and Panel discussions
19 face-to-face. It just makes a huge difference.
20 DR. BARROS-BAILEY: And in terms of the
21 time that was allocated this meeting, we had two
22 hours today. We had an hour yesterday. Just out of

1 the meeting I am getting a sense that we feel like we
2 need more?
3 DR. WILSON: Yes.
4 MS. LECHNER: Yes.
5 DR. SCHRETLEN: Okay. One other thing.
6 For the agenda next -- for the June meeting, if it's
7 possible if there is time, I would actually like to
8 give another little presentation on methods of
9 inference that I think the committee really might
10 find helpful. This is an area that I have done a
11 fair amount of work in; and that is, how do you go
12 from data to inferences and conclusions? Whether
13 those are diagnostic inferences, or some other -- in
14 this case it would determination and inference.
15 There are some really important psychological issues
16 that I think we need to consider.
17 MS. LECHNER: I would be one to vote for
18 some more time for us to -- particularly after we
19 have done presentations for each other, for us to
20 discuss. I know that we have to be politically
21 correct and get input from the appropriate
22 organizations. I would just hope that can be limited

1 to not chew up too much of the time.
2 MS. KARMAN: Okay. I was under the
3 impression that the Panel members would want to
4 hear -- I mean, that was actually something that you
5 thought was possibly missing? So we can certainly
6 take a look at the amount of time that that might
7 be -- you know, that is devoted toward that. We're
8 trying to schedule things so that the Panel is
9 hearing from everybody that we thought everybody
10 wanted to hear from before we began pulling together
11 our recommendations. We didn't want to leave that
12 off too late; but absolutely.
13 MS. LECHNER: Remind me again what the
14 specific -- what are we hoping to hear from the
15 presentations?
16 MS. KARMAN: I think what we're hoping to
17 hear from the presentations are what people's
18 concerns are with regard to content model, with
19 regard to classification, with regard to, you know,
20 how they use the information; which, of course, would
21 then inform us about, you know, the implications for
22 measurement. How specific. How much information do

1 we really need to gather about the claimant, you
2 know, that would be helpful in order for us to do
3 that?
4 MS. LECHNER: What were the groups that we
5 identified -- have we identified the groups yet?
6 DR. BARROS-BAILEY: Just off the top of my
7 head, IARP, ADDE, NOSSCR --
8 MS. KARMAN: NCDDD.
9 DR. SCHRETLEN: These acronyms mean nothing
10 to me. I think the issue is we do probably need to
11 know what the various stakeholders feel about it. I
12 totally agree that there is so much work ahead of us
13 that they can probably summarize their concerns, and
14 we can get them pretty concisely.
15 DR. BARROS-BAILEY: Kind of like in a
16 public commentary kind of format, what we did.
17 DR. SCHRETLEN: Yes, really.
18 DR. BARROS-BAILEY: Or there is a short
19 presentation.
20 DR. SCHRETLEN: Yes.
21 MS. KARMAN: I particularly like, for
22 example, what IARP submitted yesterday I thought was

1 particularly helpful, as an example.

2 DR. SCHRETLEN: Sure.

3 MS. KARMAN: Yes.

4 DR. BARROS-BAILEY: Okay. Other things
5 that would be helpful for June in terms of the
6 agenda? What else would you like to see in terms of
7 presentations, in terms of what would be helpful for
8 us to have? It sounds like we need a lot more
9 processing time.

10 MS. KARMAN: I mean, it sounds like if
11 we're going to do -- if Shanan is going to send us
12 the link, and we're all going to take a look at that
13 case vis a vie the information that is presented on
14 the link, or the questions on the link, it sounds
15 like the taxonomy subcommittee is probably going to
16 be in a position to respond and let us know what the
17 outcomes were, and what that -- I feel we will
18 probably have our discussion around the outcomes of
19 that, with GWAs, how that differs from DWA's, you
20 know. What the implications are for us.

21 DR. SCHRETLEN: I think -- I feel a need
22 for us to have more time to just discuss things as

1 well, but both as a Panel and as break out groups.
2 It would be nice to actually build. We had like
3 breakfast meeting, dinner meetings, or something for
4 subcommittees. It would be helpful during the day
5 time to have some opportunity to meet.
6 DR. BARROS-BAILEY: I know we're also going
7 to be dealing with classification. I think we're
8 going to have the paper for June.
9 MS. KARMAN: Yes, I think that's absolutely
10 on our agenda to do.
11 DR. BARROS-BAILEY: So besides the paper,
12 are we going to have a presentation? Would that be
13 helpful?
14 MS. KARMAN: Would you guys want that, a
15 presentation for our team -- someone on our staff to
16 give a presentation on the classification issues,
17 that can sort of go with the paper? One of the
18 things we're doing is our team is presenting --
19 giving the Panel plans and methods for every step
20 along the way. What you have this go round is SSA's
21 proposed plans and methods for developing a content
22 model. That's in your package.

1 The next go round we are hoping to have,
2 you know, concerns with DOT in there as well. We're
3 going to have to get clearance on that, so I can't
4 promise how long -- you know, whether or not we will
5 have that by June. We're certainly aiming for that.
6 As well as a paper on methods that we're proposing in
7 order to develop an initial classification, you know,
8 so that the Panel can review those papers and then
9 build on -- use that as a spring board for our
10 recommendations. So we would be happy to present on
11 that if that would be helpful to the members. Maybe
12 you can let us know.
13 I mean, you don't have to let us know this
14 second either. You can think about it.
15 MS. LECHNER: When will we be getting the
16 papers?
17 MS. KARMAN: Well, The DOT one, I can't
18 predict. That has to go around for review. I mean,
19 they all do, but this one is probably going to get a
20 lot of review, yes.
21 Although, we are certainly pulling from --
22 expand research on it. You know, in 1980 Tremain

1 Miller, you know, from the Department of Labor,
2 National Academy's president did a whole book on
3 this. It is not like this stuff is a new. So
4 nothing we're going to say is going to be shocking
5 and nobody has ever heard this before.
6 But the other paper I would like to have
7 that, you know, finished in a couple weeks. So I
8 guess it needs a few days for review. I think three
9 weeks.
10 MS. LECHNER: I was going to say, if we had
11 them a week or so before our meeting, and then just
12 had the opportunity to ask questions based on our
13 review of the article, you think that would suffice?
14 DR. SCHRETLEN: For those of us who don't
15 take as much time to read them, it might be helpful
16 if we're going to do that, just to have a five minute
17 overview or something, an introduction; then, do you
18 have questions?
19 MS. KARMAN: Okay. Maybe we could do
20 something like that. Doesn't have to be a full blown
21 presentation. I'm thinking like 15 minutes. We did
22 send the content model out in advance. People have

1 busy lives. If it's not something that you
2 absolutely feel like you need to focus on, then fine.
3 If it would help bring focus to the discussion, we
4 can certainly do that. Okay.
5 DR. BARROS-BAILEY: For me I read
6 everything ahead of time.
7 MS. KARMAN: I know you do.
8 DR. BARROS-BAILEY: So the paper is really
9 helpful to have ahead of time.
10 Okay. Anything else in terms of what you
11 would like to see in June? Shanan.
12 DR. GIBSON: I was just going to say using
13 that model would actually be a wonderful way to
14 encourage the outside groups to come and present to
15 us, to also organize their thoughts. Perhaps,
16 provide us with a document a week in advance. Tell
17 them they will be given 15 minutes for comments.
18 DR. BARROS-BAILEY: So kind of the public
19 comment format we have been using sounds like.
20 So if we have a cut off, how far -- couple
21 weeks before, a week before?
22 MS. KARMAN: I mean, we can do the best we

1 can. This is unusual. Because we don't usually have
2 a meeting five weeks apart, you know. We can
3 certainly go to them and give them -- because we
4 already have in mind the kind of questions we want
5 them to focus on. So we could probably do that. So
6 I'm thinking like a week and a half.
7 DR. BARROS-BAILEY: Ten days before.
8 MS. KARMAN: So before Memorial Day
9 weekend, in other words.
10 DR. BARROS-BAILEY: Okay. We did get to
11 cover the content model paper. Was there anything in
12 that paper that anybody wanted to bring up at all?
13 It is just an expanded paper of what we
14 have dealt with before, a little bit more clarity.
15 We were getting questions from people of what was
16 expected of us in September. Are there any questions
17 that people had from that. Any of the other papers
18 since we didn't get to cover that earlier? Okay.
19 MS. KARMAN: I particularly want to call
20 people's attention to our requirements paper. There
21 is a paper that you all had in the inaugural package.
22 I think it's called Legal, Program, and Data

1 Requirements. And you know, it's a pretty high level
2 paper. It's not very long. But it really does lay
3 out what our -- what our requirements are as we see
4 them for this occupational information system. So it
5 might be helpful.
6 DR. WILSON: Is there like a bibliography
7 or a list of all these papers?
8 MS. KARMAN: Yes, in the road map.
9 DR. WILSON: To be honest, I have sort of
10 lost track. More like a version number or something
11 like that.
12 DR. BARROS-BAILEY: Debra and I have been
13 talking about getting them up online, on our web site
14 as well.
15 DR. WILSON: I think that's a great idea.
16 MS. KARMAN: I mean, they are referred to
17 in the road map to the degree -- but that's not what
18 you mean --
19 DR. WILSON: Right.
20 MS. KARMAN: -- you mean --
21 DR. WILSON: That's fine with me. I'm
22 pretty simple. If you can point me to the, Mark,

1 here is an annotated bibliography; then here you go
2 for more; here is the various documents that make
3 up the document would be very -- I just vaguely
4 remember skimming through stuff, road map.
5 DR. BARROS-BAILEY: I think because they
6 were available to the public, what we had thought
7 about was putting them under the dates that they're
8 distributed to us. Basically, the public within our
9 web site was a thought.
10 DR. WILSON: Dates don't do as much for me
11 as sort of topically or structurally or like the road
12 map idea, what are the key tasks, and what
13 information. I keep asking for all of our material
14 electronically. What I'm doing is going through and
15 cutting it apart, and resorting it, and trying to, in
16 my own mind, figure out what informed me, and what I
17 need to do, and what fits in other places. Then kind
18 of hyperlinking that stuff up.
19 DR. BARROS-BAILEY: Maybe that's something
20 that Sylvia, Debra, and I could work on. We had
21 talked about maybe restructuring the road map. If
22 that could it be done some way that you have an hyper

1 link to the paper.

2 DR. WILSON: The first day I was looking at

3 the road map, I said, oh, okay, now I kind of get it

4 a little better. Then, that's exactly what I was

5 going to do is start sorting everything into the road

6 map. Where does this fit? Where do I need a little

7 more detail, you know? And then I will modify that.

8 But yeah, I think the road map idea is better than

9 chronological.

10 MS. KARMAN: Okay. All right. What we

11 could do then is work on taking that structure and

12 seeing to what extent it might be useful to

13 superimpose that on the web site; then, like you have

14 one place to go. It's not a document in your e-mail.

15 That's what I am hearing. Because that drives me

16 crazy.

17 DR. WILSON: Well, that's okay too. I get

18 so many of them. It is like Debra sent me some stuff

19 that, I mean, it just disappeared.

20 MS. KARMAN: Yes. Okay.

21 DR. BARROS-BAILEY: Is there anything else

22 like that in terms of the communication aspect of it,

1 the materials that we're getting?

2 Is there any other business?

3 Debra, is there anything else we need to

4 bring up?

5 MS. TIDWELL-PETERS: I think we have just

6 about covered everything.

7 DR. BARROS-BAILEY: Okay. Sylvia.

8 MS. KARMAN: I'm really sorry I didn't

9 mention this earlier. We got -- just as we were --

10 when we were coming to the meeting, we did receive

11 word from our Office of Disability Adjudication and

12 Review an update on the status of where we are with

13 VE fees. It's really not any different than probably

14 what everybody has heard, but that was an action item

15 that I neglected to cover that earlier. That

16 information is in your file. It's in your package.

17 And basically, the recent appropriations

18 and early findings on the ongoing review at Social

19 Security -- and it continues to be a review -- of

20 where we are going to move forward with that. The

21 Commissioner has decided to increase the fees for VE

22 services by 10 percent.

1 And I guess I just wanted to point out that
2 even though, you know, we are all aware that that
3 really isn't relevant necessarily to our project or
4 to this particular effort, because it came up at our
5 last meeting, we were just reporting on it. So there
6 you go.
7 DR. BARROS-BAILEY: Okay. I don't hear any
8 other business. I would entertain a motion to
9 adjourn the meeting.
10 MS. LECHNER: So moved.
11 DR. BARROS-BAILEY: I have a motion by Deb.
12 Seconded by --
13 DR. GIBSON: Me.
14 DR. BARROS-BAILEY: -- Shanan to close our
15 first quarterly meeting for the OIDAP.
16 Thank you all for your very hard work that
17 you have put in, are putting in. We will see you in
18 June. Thank you.
19 (Whereupon, at 2:13 p.m., the meeting was
20 adjourned.)
21
22

1 CERTIFICATE OF REPORTER
2
3 I, Stella R. Christian, A Certified
4 Shorthand Reporter, do hereby certify that I was
5 authorized to and did report in stenotype notes the
6 foregoing proceedings, and that thereafter my
7 stenotype notes were reduced to typewriting under
8 my supervision.
9 I further certify that the transcript of
10 proceedings contains a true and correct transcript
11 of my stenotype notes taken therein to the best of
12 my ability and knowledge.
13 SIGNED this 26th day of May, 2009.
14
15 ______________________________
STELLA R. CHRISTIAN
16
17
18
19
20
21
22