Functional interviewing in disability evaluation

Background
- Modern thinking of work capacity evaluation in insurance medicine suggests that functional evaluation is the way to move forward [1–3].
- This implies that claimants for disability benefits are assessed for their work-related capacities and activity limitations.
- In Switzerland, medical specialists carry out disability evaluations as a side job for which they are often not specifically trained [4].
- Psychiatrists, whose principal activities concentrate on diagnosis and treatment, need to focus their assessment interviews on what claimants are still able to carry out in their work life alongside disability (=functional interviewing), rather than focussing on medical complaints and treatment.
- We introduced functional interviewing to psychiatrists performing disability evaluations.

Aim
- To evaluate whether the psychiatrists employ functional interviewing.

Methods
- Expert psychiatrists were introduced to the function-oriented interview (3x3 hours), which followed a predefined sequence of:

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Previous jobs and activities</th>
<th>Work capacity</th>
<th>Work-related complaints</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information from psychiatrist to allow a common understanding of the aim and purpose of the evaluation procedure.</td>
<td>Enquiry to establish a basis of information. Psychiatrists were advised to request a description of previous jobs and activities.</td>
<td>Enquiry on the possibility to work in previous and alternative activities</td>
<td>Enquiry about current work-related medical complaints and symptoms</td>
<td>The psychiatrist summarizes to the claimant what he understood about the claimant’s self-perceived work incapacity</td>
</tr>
</tbody>
</table>

- We filmed real life assessment interviews of 12 psychiatrists and 30 claimants.
- We performed a content analysis by transcoding and coding the interviews as conducted and determined the amount of information gathered according to the functional interview.
- Segmentation into coding units after each:
  - Change of speaker
  - Punctuation mark (full stop, question mark, comma)
  - Conjunction (=and, =or=)
  - Cutting off or rephrasing utterances ("/")
- Category system according to trained interview protocol:
  - +3 topics not explicitly trained
  - Intercoder-reliability Alpha = 0.84
- We also requested a feedback from the psychiatrists via telephone

Results
- Psychiatrists stated the functional interviewing as added value to elicit information about claimant work-related capacity; some psychiatrists state that they already do, some state they will conduct their interview function-oriented.
- However, in 13/30 interviews, psychiatrists did not enquire about self-perceived work capacity.
- In 8 interviews, psychiatrists did not enquire about work-related complaints.

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<tbody>
<tr>
<td>Mean</td>
<td>25.8</td>
<td>50.7</td>
<td>12.0</td>
<td>36.9</td>
</tr>
<tr>
<td>MIN</td>
<td>1</td>
<td>9</td>
<td>0 (13)</td>
<td>0 (8)</td>
</tr>
<tr>
<td>MAX</td>
<td>123</td>
<td>135</td>
<td>80</td>
<td>141</td>
</tr>
</tbody>
</table>

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<tr>
<th>General med. condition *</th>
<th>Therapy/Cause/Rehabilitation *</th>
<th>Further Topics *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>82.7</td>
<td>42.1</td>
</tr>
<tr>
<td>MIN</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>MAX</td>
<td>317</td>
<td>110</td>
</tr>
</tbody>
</table>

Coding units averaged across interviews for topics (psychiatrists). In case MIN equals zero, the number of interviews with zero counts is indicated in brackets. Not explicitly required topics are marked with an asterisk (*).

Conclusion
- Although psychiatrists expressed the usefulness of functional interviewing, about half of the interviews lacked significant information about work capacity.
- Embedment of functional interviewing in disability evaluation should be further tested after a training of adequate intensity including group discussions, roleplay and feedback during training.

References