

AGENDA

THE MEETING OF THE

DISABILITY PROCEDURES AND SERVICES COMMITTEE

and

BOARD OF RETIREMENT*

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

**300 NORTH LAKE AVENUE, SUITE 810
PASADENA, CA 91101**

9:00 A.M., THURSDAY, FEBRUARY 13, 2020 **

*The Committee may take action on any item on the agenda,
and agenda items may be taken out of order.*

COMMITTEE TRUSTEES:

JP Harris, Chair
Herman B. Santos, Vice Chair
Ronald A. Okum
Gina Zapanta
William Pryor, Alternate

- I. CALL TO ORDER
- II. APPROVAL OF THE MINUTES
 - A. Approval of the minutes of the regular meeting of January 9, 2020
- III. PUBLIC COMMENT
- IV. FOR INFORMATION ONLY
 - A. Shrink Think - Demystifying the Contributions of Medical-Legal Mental Health Professionals
Presentation by Kari Tervo, Ph.D., QME
- V. ITEMS FOR STAFF REVIEW
- VI. GOOD OF THE ORDER
(For information purposes only)
- VII. ADJOURNMENT

***The Board of Retirement has adopted a policy permitting any trustee of the Board to attend a standing committee meeting open to the public. In the event five (5) or more trustees of the Board of Retirement (including trustees appointed to the Committee) are in attendance, the meeting shall constitute a joint meeting of the Committee and the Board of Retirement. Trustees of the Board of Retirement who are not trustees of the Committee may attend and participate in a meeting of a Board Committee but may not vote, make a motion, or second on any matter discussed at the meeting. The only action the Committee may take at the meeting is approval of a recommendation to take further action at a subsequent meeting of the Board.**

****Although the meeting is scheduled for 9:00 a.m., it can start anytime thereafter, depending on the length of the Board of Retirement meeting. Please be on call.**

Any documents subject to public disclosure that relate to an agenda item for an open session of the Committee, that are distributed to trustees of the Committee less than 72 hours prior to the meeting, will be available for public inspection at the time they are distributed to a majority of the Committee, at LACERA's offices at 300 North Lake Avenue, suite 820, Pasadena, California during normal business hours from 9:00 a.m. to 5:00 p.m. Monday through Friday.

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MINUTES OF THE MEETING OF THE
DISABILITY PROCEDURES AND SERVICES COMMITTEE
and
BOARD OF RETIREMENT

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION
GATEWAY PLAZA - 300 N. LAKE AVENUE, SUITE 810, PASADENA, CA 91101

THURSDAY, JANUARY 9, 2020

COMMITTEE TRUSTEES

PRESENT:

JP Harris, Chair
Herman B. Santos, Vice Chair
Ronald A. Okum
Gina Zapanta
William Pryor, Alternate

ALSO IN ATTENDANCE:

BOARD TRUSTEES AT LARGE

Thomas Walsh
Les Robbins
Vivian Gray
Keith Knox
Shawn Kehoe

STAFF, ADVISORS, PARTICIPANTS

Ricki Contreras, Disability Retirement Services Manager
Francis J. Boyd, Senior Staff Counsel

The Meeting was called to order by Chair Harris at 11:12 a.m., in the Board Room of Gateway Plaza.

I. APPROVAL OF THE MINUTES

A. Approval of the minutes of the regular meeting of October 10, 2019

Mr. Santos made a motion, Mr. Okum seconded, to approve the minutes of the regular meeting of October 10, 2019. The motion passed unanimously.

B. Approval of the minutes of the regular meeting of December 12, 2019

Mr. Santos made a motion, Ms. Zapanta seconded, to approve the minutes of the regular meeting of December 12, 2019. The motion passed unanimously.

II. PUBLIC COMMENT

There were no requests from the public to speak.

III. FOR INFORMATION ONLY

A. Albertson's Inc. v. Workers' Comp. Appeals Bd.
(Memo dated December 19, 2019)

Ms. Contreras and Mr. Boyd were present to answer questions from the Trustees.

IV. ITEMS FOR STAFF REVIEW

Nothing to report.

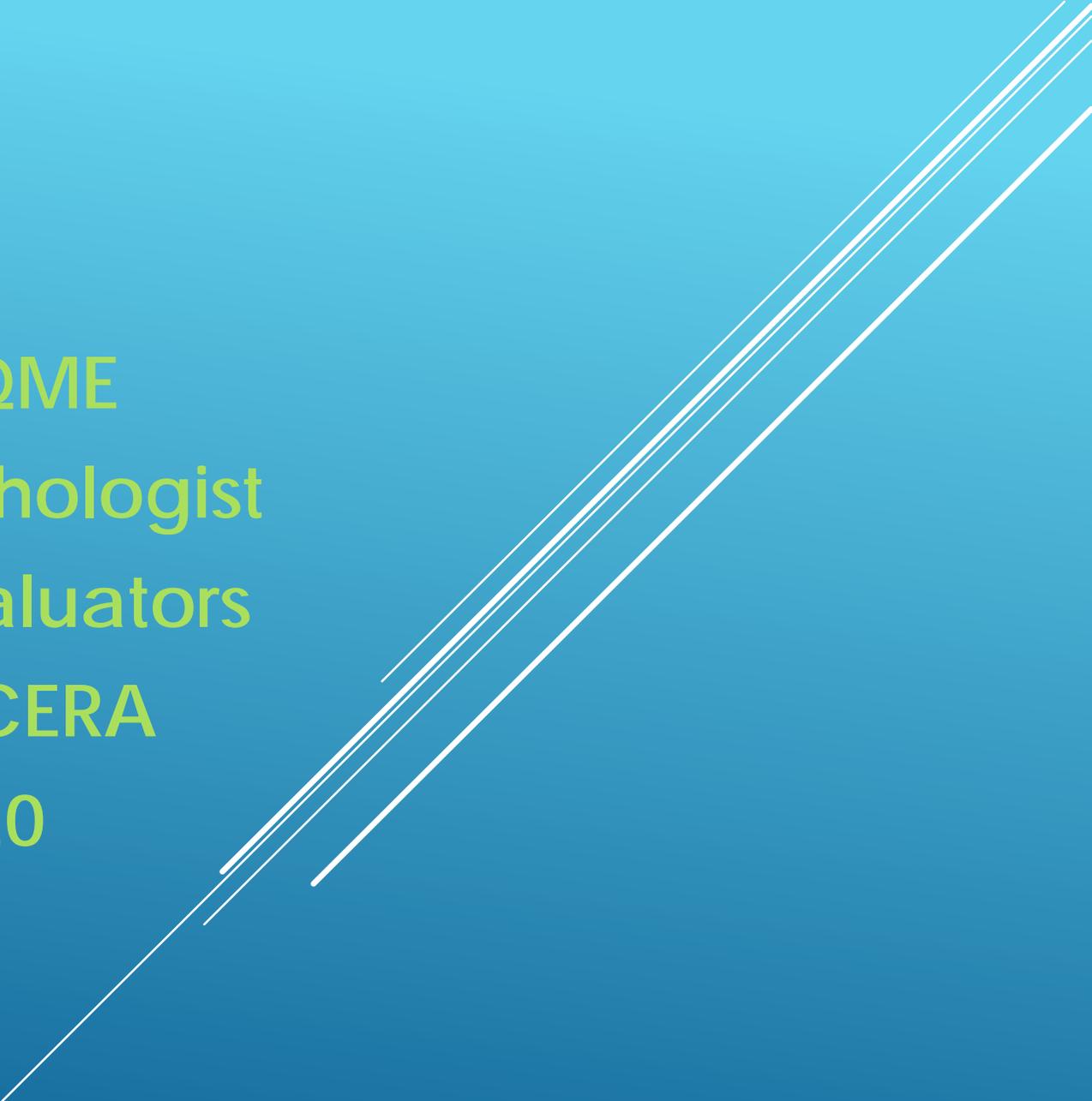
V. GOOD OF THE ORDER

There were no comments during Good of the Order.

VI. ADJOURNMENT

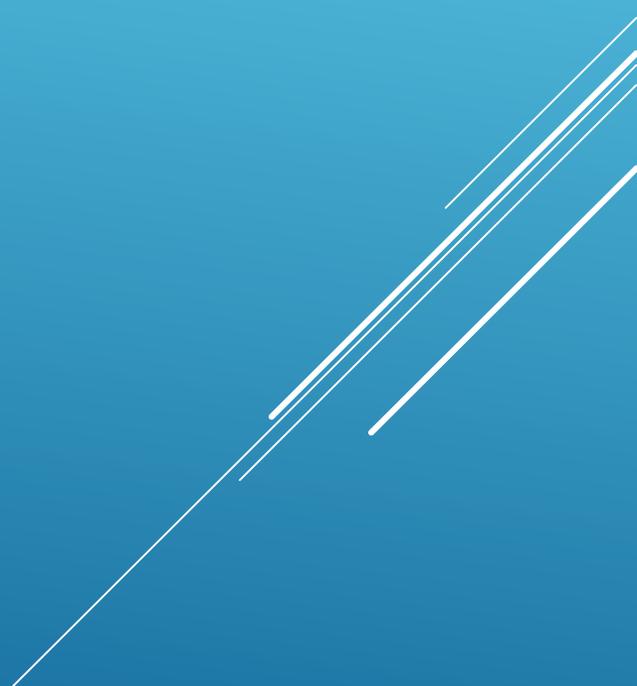
With no further business to come before the Disability Procedures and Services Committee, the meeting was adjourned at 11:15 a.m.

Kari Tervo, Ph.D., QME
Licensed Clinical Psychologist
California Medical Evaluators
Presentation for LACERA
February 13, 2020

A decorative graphic consisting of several parallel white lines of varying thicknesses, slanted diagonally from the bottom-left towards the top-right, located on the right side of the slide.

SHRINK THINK

DEMYSTIFYING
THE CONTRIBUTIONS
OF MEDICAL-LEGAL
MENTAL HEALTH PROFESSIONALS



PSYCHOLOGICAL SYMPTOMS AND THE WORKPLACE

- ▶ Functioning level primary consideration in disability and retirement decisions
- ▶ Some people with moderate to severe psychological symptoms can and do function well in a work environment
- ▶ For some people, continuing to work in the presence of psychological symptoms can be beneficial, and taking them off work without provision for treatment can make them worse

PSYCHOLOGISTS AND PSYCHIATRISTS: THINGS IN COMMON

- ▶ Both diagnose mental disorders
- ▶ Both treat mental disorders
- ▶ Both approach diagnosis and treatment from a BIOPSYCHOSOCIAL perspective
- ▶ They are COMPLEMENTARY specialties and refer patients for complementary services

PSYCHOLOGISTS AND PSYCHIATRISTS: DIFFERENCES

- ▶ Psychiatrists prescribe medications. Most psychologists do not.
- ▶ Psychologists provide psychotherapy. Most psychiatrists do not.
- ▶ Both are educated regarding psychopharmacology, but psychiatrists specialize in psychopharmacology.
- ▶ Both are educated regarding assessment, but psychologists specialize in assessment.

PSYCHOLOGISTS SPECIALIZE IN ASSESSMENT

- ▶ Your work is only as good as your assessment
- ▶ Assessment of mental skills originated in psychology (William James, U.S. military)

PSYCHOLOGISTS SPECIALIZE IN ASSESSMENT

- ▶ Psychologists are trained in assessment starting in their first week of graduate school, with practice and training ongoing throughout graduate school, internship, and post-doctoral placements.
- ▶ Psychologists spend extensive time in assessment training (it starts in week one and never stops)
- ▶ Psychologists perform assessment of IQ, dementia, learning disabilities, AD/HD, effect of emotional difficulties on thinking skills
- ▶ ASSESSMENT IS NOT THE SAME THING AS TESTING. No one test has a definitive "answer." Assessment reflects an integrative consideration of multiple data sources.

NEUROPSYCHOLOGICAL ASSESSMENT

- ▶ Neuropsychology assesses brain-behavior relationships
 - ▶ Did this temporal head injury lead to memory problems?
 - ▶ Is this person's reduced motivation associated with symptoms of AD/HD?
 - ▶ Are these hallucinations associated with a dementia syndrome?

NEUROPSYCHOLOGICAL ASSESSMENT

- ▶ A typical neuropsychological assessment includes:
 - ▶ Review of records
 - ▶ Clinical interview
 - ▶ Clinical observation
 - ▶ Psychological testing
 - ▶ Neuropsychological testing
 - ▶ Interpretation

MEDICAL-LEGAL PSYCHOLOGICAL ASSESSMENT

- ▶ The best medical-legal assessments are guided by a combination of factors:
 - ▶ Best clinical practices
 - ▶ Best medical-legal practices
 - ▶ Curiosity

LACERA AND PSYCHOLOGICAL ASSESSMENT

- ▶ Is there a psychological condition, and was it caused by work?
- ▶ Should the worker have a period of temporary disability, or be retired on a medical basis?
- ▶ How do the psychological symptoms interfere with work?
- ▶ Can personality disorders have a work-related contribution?

MULTI-AXIAL DIAGNOSIS: DSM-IV-TR

- ▶ Axis I: Ego-dystonic disorders
- ▶ Axis II: Ego-syntonic disorders aka Personality Disorders
- ▶ Axis III: Medical Conditions
- ▶ Axis IV: Psychosocial Conditions
- ▶ Axis V: Global Assessment of Functioning (GAF)

THE GAF SCORE AND DISABILITY/RETIREMENT DECISIONS

- ▶ A person can have symptoms and still work
- ▶ The GAF score in disability decisions is related to FUNCTIONING: Can someone be productive at work? Bathe? Sleep well enough to show up on time? Control their irritability in order to effectively address customers, supervisors, and co-workers?

AXIS I VS. AXIS II: THE DIFFERENCE

- ▶ **Axis I: Ego Dystonic:**
 - ▶ The symptoms bother the patient and temporarily or chronically interfere with day-to-day functioning in a life sphere or spheres
- ▶ **Axis II: Ego Syntonic:**
 - ▶ The symptoms involve TRAITS that CHRONICALLY interfere with interpersonal functioning, in whatever sphere, and may not be distressing to the patient but are typically bothersome to others

PERSONALITY DISORDERS: DEFINITION

- ▶ A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:
 1. Cognition (i.e., ways of perceiving and interpreting self, other people and events)
 2. Affectivity (i.e., the range, intensity, liability, and appropriateness of emotional response)
 3. Interpersonal functioning
 4. Impulse control
- ▶ B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.

PERSONALITY DISORDERS: DEFINITION (CON'T)

- ▶ C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- ▶ D. The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood.
- ▶ E. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.
- ▶ F. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug abuse, a medication) or a general medical condition (e.g., head trauma).

PERSONALITY DISORDER

Long-standing

Chronic

Affects multiple life spheres

A characteristic method of response over time
and place

May or may not resolve with treatment

PERSONALITY DISORDERS: ASSESSMENT

- ▶ No measure serves to diagnose a disorder. It is one set of data in a constellation of data. None are diagnostic but may SUGGEST a diagnosis
- ▶ Semi-Structured Interview for DSM Disorders-II (SCID-II)
- ▶ International Personality Disorders Evaluation (IPDE)
- ▶ Personality Assessment Inventory (PAI)
- ▶ Minnesota Multi-Phasic Personality Inventory-2 (MMPI-2)
 - ▶ Assessment for BOTH Axis I and Axis II disorders

AXIS II DISORDERS IN THE WORKPLACE

- ▶ Impact depends on severity
- ▶ These are general statements; performance may vary by diagnosis
- ▶ Primary diagnoses like depression can co-exist with personality disorders
- ▶ Workplace circumstances CAN exacerbate or aggravate a personality disorder diagnosis
- ▶ May not manifest as problematic, or at all

AXIS II DISORDERS IN THE WORKPLACE: RESEARCH

- ▶ Ettner, McLean, and French (2011).
- ▶ Antisocial, paranoid, and obsessive-compulsive PDs demonstrated the broadest patterns of associations with adverse outcomes.
- ▶ Externalization of blame
- ▶ Inability to praise subordinates
- ▶ Suspicion of co-workers
- ▶ Difficulty attaining advancement goals

PERSONALITY DISORDER VS. ADJUSTMENT DISORDER

- ▶ Workplace occurrences can be experienced as noxious and result in psychological symptoms: Adjustment Disorder
- ▶ Personality disorder and Adjustment Disorder can co-occur
- ▶ One may make the other worse

ADJUSTMENT DISORDER

- ▶ Adjustment Disorder:

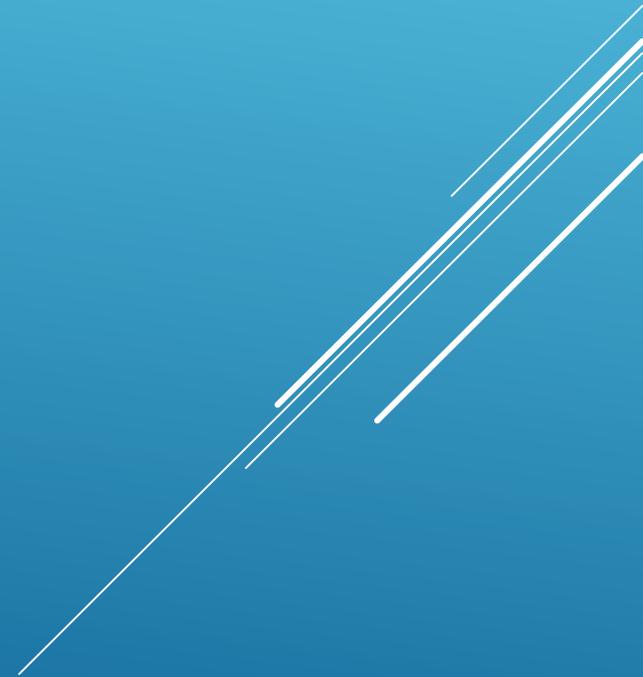
- Develops in relation to a specific stressor/set of stressors

- Generally good functioning in other interpersonal arenas

- Typically starts to resolve on removal of stressor and/or the development of coping skills

- Can exacerbate or aggravate a personality disorder

A NOTE OF THANKS FROM
THIS SMALL-TOWN GIRL



**THANK
YOU!**

