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dependent on two key factors: the existence of a medically determinable impairment and associated limitations on functioning. As discussed in detail in Chapter 2, applications for disability follow a five-step sequential disability determination process. At Step 3 in the process, the applicant's reported impairments are evaluated to determine whether they meet or equal the medical criteria codified in SSA's Listing of Impairments. This includes specific symptoms, signs, and laboratory findings that substantiate the existence of an impairment (i.e., Paragraph A criteria) and evidence of associated functional limitations (i.e., Paragraph B criteria). If an applicant's impairments meet or equal the listing criteria, the claim is allowed. If not, residual functional capacity, including mental residual functional capacity, is assessed. This includes whether the applicant has the capacity for past work (Step 4) or any work in the national economy (Step 5). SSA uses a standard assessment that examines functioning in four domains: understanding and memory, sustained concentration and persistence, social interaction, and adaptation. Psychological testing may play a key role in understanding a client's functioning in each of these areas. Box 3-1 describes ways in which these four areas of core mental residual functional capacity are assessed ecologically. Psychological assessments often address these areas in a more structured manner through interviews, standardized measures, checklists, observations, and other assessment procedures. Descriptions of Tests by Four Areas of Core Mental Residual Functional Capacity. Remember location and work-like procedures Understand and remember very short and simple instructions This chapter has identified some of the basic foundations underlying the use of psychological tests including basic psychometric principles and issues regarding test fairness. Applications of tests can inform disability determinations. The next two chapters build on this overview, examining the types of psychological tests that may be useful in this process, including a review of selected individual tests that have been developed for measuring validity of presentation. Chapter 4 focuses on non-cognitive, self-report measures and symptom validity tests. Chapter 5 then focuses on cognitive tests and associated performance validity tests. Strengths and limitations of various instruments are offered, in order to subsequently explore the relevance for different types of tests for different claims, per category of disorder, with a focus on establishing the validity of the client's claim. REFERENCES AACN (American Academy of Clinical Neuropsychology). AACN practice guidelines for neuropsychological assessment and consultation. *Clinical Neuropsychology*. 2007;21(2):209-231. 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Hoboken, NJ: John Wiley & Sons; 2003. 1 This may be in comparison to a nationally representative norming sample, or with certain tests or measures, such as the MMPI, particular clinically diagnostic samples. 2 The brief overview presented here draws on the works of De Ayala (2009) and DeMars (2010), to which the reader is directed for additional information.