



Guidelines for Documentation

of Psychiatric Disabilities

Introduction

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations and rights to equal access to programs and services. To establish that an individual is covered under the ADA, the documentation must indicate that the disability substantially limits one or more major life activity, and supports the request for accommodations, academic adjustments, and/or auxiliary aids. A diagnosis of a disorder/condition alone does not automatically qualify an individual for accommodations under the ADA.

“Psychiatric disabilities” is a generic term, referring to a variety of conditions involving psychological, emotional, and behavioral disorders and syndromes, used for the purpose of determining eligibility for accommodations; and those symptoms must rise to the level of a disability as defined by ADA. The two official nomenclatures designed to outline the criteria used in making these diagnoses are the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*, published by the American Psychiatric Association (DSM-IV-TR), and *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision*, published by the World Health Organization (ICD-10).

This document provides guidelines necessary to establish the impact of psychological disabilities on the individual’s educational performance and participation in other University programs and activities, and to validate the need for accommodations. Information and documentation submitted by students to verify accommodation eligibility must be comprehensive in order to avoid time delays in decision making related to the provision of requested accommodations.

This document contains information regarding five important areas:

- 1) Qualifications of the evaluator;
- 2) Recency of documentation;
- 3) Comprehensives of the documentation to substantiate the psychological disability;
- 4) Evidence to establish a rationale to support the need for accommodation(s); and
- 5) Dual Diagnosis.

Appendices A and B provide recommendations for consumers and suggestions for assessment.

Definitions

Psychiatric Disabilities: Diagnosis as determined by the guidelines of the DSM-IV-TR or the ICD-10, in and of itself, does not necessarily rise to the level of a disability under the law.

Major Life Activity: Walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for one’s self and similar activities.

Functional Limitations: A substantial impairment to the individual’s ability to function in the “condition, manner or duration” of the required major life activity.

Documentation Guidelines

I. A Qualified Professional Must Conduct the Evaluation

Professionals conducting assessments, rendering diagnoses of psychological disabilities, and making recommendations for accommodations must be qualified to do so. Evidence of comprehensive training and relevant experience in differential diagnosis in the full range of psychiatric disorders, as well as appropriate licensure/certification are essential.

Qualified professionals (e.g., psychologists, neuropsychologists, psychiatrists, clinical social workers, licensed professional counselors, psychiatric nurse practitioners, other relevantly trained professionals or medical doctors) should indicate verification/explanation of relevant training and appropriate licensure/certification. Primary documentation may be provided from more than one source when a clinical team approach has been used.

Diagnosis of psychological disabilities documented by family members is not acceptable and will not be considered to support requests for accommodations. The issue of dual relationships as defined by professional ethics should be considered.

The name, title, and professional credentials of the evaluator, including information about licensure/certification, as well as the area of specialization, employment, and state or province in which the individual practices should be clearly stated in the documentation. All reports should be in English, typed on professional letterhead, dated and signed.

II. Documentation Must Be Current

Since reasonable accommodations are based upon the current impact of the disability, and due to the changing nature of psychiatric disabilities, it is essential that a student provide recent and appropriate documentation. Comprehensive clinical documentation meeting these guidelines must have been completed in the last six months, or more recently as changing functional limitations indicate, and must include a written narrative report containing:

1. A description of current functional limitations in different settings (see III. A. 5).
2. Current diagnosis (see III B.).
3. Specific request for accommodations with accompanying rationale (see IV.).

III. Documentation Necessary to Substantiate the Diagnosis Must Be Comprehensive

A. *Historic Information and Diagnostic Interview*

The information collected for the summary of the diagnostic interview should include, but is not limited to, the following:

1. History of presenting symptoms.
2. Duration of Severity of the disorder.
3. Relevant historical data.
4. Relevant medical medication history, including the individual's current medication regimen and side effects.
5. Description of current functional limitations in different settings with the understanding that a psychological disability usually presents itself across a variety of settings.
6. A description of the expected progression or stability of the impact of the condition over time.
7. Information regarding kind of treatment and duration and consistency of the therapeutic relationship.

B. *Documentation Must Include a Specific Diagnosis*

The report must include a specific diagnosis based on the DSM-IV-TR or ICD-10 diagnostic criteria. The evaluator should use direct language in the diagnosis of a psychological disability, avoiding the use of such non-specific terms as "suggests," "is indicative of," or "may have emotional problems."

C. Alternative Diagnoses or Explanations Should Be Ruled Out

The evaluator must investigate, discuss, and rule out the possibility of other potential diagnoses involving neurological and other medical conditions, substance abuse, as well as educational and cultural factors that may result in symptoms mimicking a psychiatric disability.

IV. Rationale for Requested Accommodations Must Be Provided

The evaluator must describe the current impact of the diagnosed psychiatric disability on one or more specific life activities as well as the degree of impact on the individual. A link must be established between the requested accommodations and the functional limitations of the individual. Psychological tests may help to support the need for accommodations based on possible cognitive impairment as a result of the psychological disability.

V. Dual Diagnosis

In the case of a dual diagnosis, such as a psychiatric disability with an accompanying learning disability, attention deficit disorder, or medical condition, documentation of these disabilities must be included and comply with the guidelines for these disabilities, available upon request.

Appendix A—Recommendations for Consumers

1. For assistance in finding a qualified professional (*See Section I for the definition of a qualified professional*):

- a) Contact your physician who may be able to refer you to a qualified professional with demonstrated expertise in psychiatric disabilities.
- b) Contact hospitals in your area that may be able to refer you to a qualified clinician.
- c) In some circumstances, the local disability coordinator may be able to refer you to an appropriate source for information.

2. Considerations in selecting a qualified professional:

- a) Ask what experience and training he or she has had diagnosing adolescents and adults.
- b) Ask whether he or she has training in different diagnoses and the full range of psychiatric disorders. Clinicians typically qualified to diagnose psychiatric disorders may include clinical psychologists, psychiatrists, neuropsychologists, clinical social workers, and other relevantly trained doctors.
- c) Ask whether he or she has ever worked with a post secondary disability service provider or with an agency to which you are providing documentation.
- d) Ask whether you will receive a comprehensive written report.
- e) Ask whether you will have an opportunity to discuss the information contained in the report.

3. When working with the professional:

- a) Take a copy of these guidelines to the professional so he or she knows what to expect when preparing the evaluation.
- b) Be prepared to be forthcoming, thorough, and honest with requested information.

4. As follow-up to the assessment by the professional:

- a) Schedule a meeting to discuss the results, recommendations, and possible treatments.
- b) Request additional resources, support group information, and publications if you need them.
- c) Maintain personal file of our records and reports.
- d) Be aware that any receiving institution or agency has a responsibility to maintain confidentiality.

Appendix B—Assessing Adolescents and Adults with Psychiatric Disabilities

This appendix contains selected examples of tests that may be used to supplement the clinical interview and support the presence of functional limitations.

1. Neuropsychological and Psychoeducational Testing

Cognitive, achievement, and personality profiles may suggest attention or information processing deficits.

No single subtest should be used as the sole basis for a diagnostic decision. Acceptable instruments include, but are not limited to:

a) Aptitude/Cognitive Ability:

- Wechsler Adult Intelligence Scale—III (WAIS-III)
- Woodcock-Johnson Psychoeducational Battery—Revised: Tests of Cognitive Ability
- Kaufman Adolescent and Adult Intelligence Test

b) Academic Achievement

- Stanford Test of Academic Skills (TASK)
- Woodcock-Johnson Psychoeducational Battery—Revised: Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)

Or specific achievement tests such as

- Nelson-Denny Reading Skills Test
- Stanford Diagnostic Mathematics Test
- Test of Written Language—(TOWL-3)
- Woodcock Reading Mastery Tests—Revised

c) Information Processing

- Detroit Tests of Learning Aptitude—3 (DTLA-3)
or Detroit Tests of Learning Aptitude—Adult (DTLA-A)
- Information from subtests on WAIS-R
or Woodcock-Johnson Psychoeducational Battery—Revised: Tests of Cognitive Ability

d) Other relevant instruments may be useful when interpreted within the context of other diagnostic information.

Personality Tests:

- Minnesota Multiphasic Personality Inventory (MMPI)
- Millon Clinical Multiaxial Personality Inventory-II
- Rorschach Inkblot Test
- Thematic Apperception Test (TAT)

2. Rating Scales

Self-rated or interviewer-rated scales for categorizing and quantifying the nature of the impairment may be useful in conjunction with other requested data.

Selected examples include:

- Yale-Brown Obsessive Compulsive Scale
- Beck Depression Inventory
- Beck Anxiety Inventory
- Hamilton's Depression Rating Scale
- Zung Depression Rating Scale
- Taylor Manifest Anxiety Scale