

Guidelines for the Documentation of Psychological Disabilities in Adolescents and Adults

The Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973 (504), provide that individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual meets the requirements under the law, documentation must indicate that a specific disability exists and that the current functional limitations caused by the disorder significantly limit one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

This form is not to be used for learning disabilities and Attention Deficit/Hyperactivity Disorder (please see documentation guidelines for students with learning disabilities and ADHD: <http://www.cord.edu/Studentlife/Studentservices/Healthandwellness/disabilityservices.php>)

Relevant Terminology

Psychological disabilities: Comprise a range of conditions characterized by emotional, cognitive, and/or behavioral dysfunction. Diagnoses are provided in the DSM-IV-TR or the ICD-10. Note that not all conditions listed in the DSM-IV-TR are disabilities, or even impairments for purposes of the ADA. Therefore, a diagnosis of a disability does not, in and of itself, meet the definition of a disability necessitating reasonable accommodations under the ADA or Section 504 of the Rehabilitation Act of 1973.

Major life activity: Examples of major life activities include walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and other similar activities. In particular, individuals with psychological disabilities may also experience thinking disorders/psychotic disorders that may interfere with academic performance (e.g., reading, writing, calculating).

Functional limitation: A substantial impairment in the individual's ability to function in the condition, manner, or duration of a required major life activity.

Documentation Requirements must include all of the following:

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. It is essential that professional qualifications include both (1) comprehensive training and relevant expertise in differential diagnosis of psychological disorders and (2) appropriate licensure/certification.

Qualified evaluators are defined as those licensed individuals who are qualified to evaluate and diagnose psychological disabilities or who may serve as members of the diagnostic team. These individuals or team members may include psychologists, neuropsychologists, psychiatrists, neuropsychiatrists, other relevantly trained medical doctors, clinical social workers, licensed counselors, and psychological nurse practitioners. Documentation may be provided from more than one source when a clinical team approach consisting of a variety of educational, medical, and counseling professionals has been used.

Diagnoses of psychological disabilities documented by family members will not be accepted due to professional and ethical considerations even when the family members are otherwise qualified by virtue of training and licensure/certification. The issue of dual relationships as defined by various codes of professional

ethics should be considered in determining whether a professional is in an appropriate position to provide the necessary documentation.

Finally, the name, title, and credentials of the qualified professional writing the report should be included. Information about license or certification, as well as the area of specialization, employment, and state or province in which the individual practices, should also be clearly stated in the documentation. All reports should be in English, typed or printed on professional letterhead, dated, and signed.

II. Documentation Must Be Current

Due to the changing nature of psychological disabilities, it is essential that the student provide recent and appropriate documentation from a qualified evaluator. Since reasonable accommodations are based upon the current impact of the disability, the documentation must address the individual's current level of functioning and the need for accommodations (e.g., due to observed changes in performance or medication changes since previous assessment). If the diagnostic report is more than six months old the test taker must also submit a letter from a qualified professional that provides an update of the diagnosis, a description of the student's current level of functioning during the preceding six months, and a rationale for the requested accommodations.

III. Documentation Necessary to Support the Diagnosis Must Be Comprehensive

In most cases, documentation should be based on a comprehensive diagnostic/clinical evaluation that adheres to the guidelines outlined in this document. The diagnostic report should include the following components:

A. Historical Information, Diagnostic Interview, and/or Psychological Assessment

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 and severity of the disorder
3. relevant, developmental, historical, and familial data
4. relevant medical and medication history, including the individual's current medication regimen compliance, side effects (if relevant), and response to medication
5. a description of current functional limitations in different settings with the understanding that a psychological disorder usually presents itself across a variety of settings other than just the academic domain and that its expression is often influenced by context-specific variables (e.g., school-based performance)
6. if relevant to test taking performance, a description of the expected progression or stability of the impact of the condition over time
7. if relevant to test taking performance, information regarding kind of treatment and duration/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 and include the specific diagnostic section in the report with a numerical and nominal diagnosis from DSM-IV-TR or ICD-10. Evaluators are encouraged to cite the specific objective measures used to help substantiate the diagnosis. The evaluator should use definitive language in the diagnosis of a psychological disorder, avoiding such wording as "suggests," "has problems with," or "may have emotional problems."

Given that many individuals benefit from prescribed medications and therapies, a positive response to medication in and of itself does not confirm a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodations.

C. Alternative Diagnoses or Explanations Should Be Ruled Out

The evaluator must also investigate and rule out the possibility of other potential diagnoses involving neurological and/or medical conditions or substance abuse, as well as educational, linguistic, sensorimotor, and cross-cultural factors that may result in symptoms mimicking the purported psychological disability.

D. Rationale for Requested Accommodations Must Be Provided

The evaluator must describe the degree of impact of the diagnosed psychological disorder on a specific major life activity, 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. Accommodations will be provided only when a clear and convincing rationale is made for the necessity of the accommodation. A diagnosis in and of itself does not automatically warrant approval of requested accommodations. For example, test anxiety alone is not a sufficient diagnosis to support requests for accommodations. Given that many individuals may perceive that they might benefit from extended time in testing situations, evaluators must provide specific rationales and justifications for the accommodation. A prior history of accommodations, without demonstration of current need, does not in and of itself warrant the provision of accommodations. If there is no prior history of accommodations, the evaluator and/or the student must include a detailed explanation of why accommodations were not needed in the past, and why they are now currently being requested. Psychoeducational, neuropsychological or behavioral assessments are often necessary to support the need for accommodations based on the potential for psychological disorders to interfere with cognitive performance.

IV. Multiple Diagnoses

Multiple diagnoses may require a variety of accommodations beyond those typically associated with only a single diagnosis, and therefore the documentation must adhere to other disability guidelines. For example, when accommodations are requested based on multiple diagnoses (e.g., a psychological disability with an accompanying learning disability), documentation should also comply with the statements pertaining to the documentation of each specific disability. In such instances, an evaluator may want to consult with Concordia's Disability Services policies and guidelines for documentation. The guidelines for documentation of psychological disabilities as well as LD and ADHD disabilities can be found at

<http://www.cord.edu/Studentlife/Studentservices/Healthandwellness/disabilityservices.php>

They may also be obtained by contacting:

The Counseling Center
Concordia College
901 8th Street South
Moorhead, MN 56562
218-299-3514
Fax: 218-299-4557

V. Confidentiality

Concordia College Disability Services will adhere to its confidentiality policies regarding its responsibility to maintain confidentiality of the evaluation and will not release any part of the documentation without the candidate's informed consent or under compulsion of legal process.

Appendix A

Assessing Adolescents and Adults with Psychological Disorders

This appendix contains selected examples of tests and instruments that may be used to supplement the clinical interview and support the presence of functional limitations. All tests used should be current and have sufficient reliability, validity, and utility for the specific purposes for which they are being employed. All tests should also be normed on relevant populations, and the results should be reported in standard scores and/or percentile ranks. Tests that have built-in validity scales or indicators are preferred over those that do not.

1. Rating scales: Self-rater or interviewer-rated scales for categorizing and quantifying the nature of the impairment may be useful in conjunction with other data, but no single test or subtest should be used solely to substantiate a diagnosis.

Acceptable instruments include, but are not limited to:

- Beck Anxiety Inventory
- Beck Depression Inventory-II
- Brief Psychiatric Rating Scale (BPRS)
- Burns Anxiety Inventory
- Burns Depression Inventory
- Children's Depression Inventory
- Hamilton Anxiety Rating Scale
- Hamilton Depression Rating Scale
- Inventory to Diagnose Depression
- Multidimensional Anxiety Scale for Children (MASC)
- Profile of Mood States (POMS)
- State-Trait Anxiety Inventory (STAI)
- Taylor Manifest Anxiety Scale
- Yale-Brown Obsessive-Compulsive Scale

2. Neuropsychological and psychoeducational testing: Cognitive, achievement, and personality profiles may uncover attention or information-processing deficits, but no single test or subtest should be used solely to substantiate a diagnosis.

Acceptable instruments include, but are not limited to:

Aptitude/Cognitive Ability

- Kaufman Adolescent and Adult Intelligence Test
- Stanford-Binet, Fourth Edition
- Wechsler Adult Intelligence Scale-III (WAIS-III)
- Woodcock-Johnson-III - Tests of Cognitive Abilities

Academic Achievement

- Scholastic Abilities Test for Adults (SATA)
- Stanford Test of Academic Skills (TASK)
- Wechsler Individual Achievement Test-II (WIAT-II)
- Woodcock-Johnson-III - Tests of Achievement

Specific achievement tests, such as

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

Information Processing

- California Verbal Learning Test-II
- Category Test
- Continuous Performance Test
- Detroit Tests of Learning Aptitude-Adult (DTLA-A)
- Detroit Tests of Learning Aptitude-3 (DTLA-3)
- Halstead-Reitan Neuropsychological Test Battery
- Rey-Osterrieth Complex Figure Test
- Stroop Interference Test
- Trail Making Test
- Wechsler Memory Scale III (WMS-III)
- Wisconsin Card Sorting Test

Information from subtests on the WAIS-III or Woodcock-Johnson-III - Tests of Cognitive Abilities, as well as other relevant instruments, may be useful when interpreted within the context of other diagnostic information.

3. Personality Tests:

Acceptable instruments may include, but are not limited to:

- Millon Adolescent Personality Inventory (MAPI)
- Millon Clinical Multiaxial Personality Inventory-III (MCMI-III)
- Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)
- Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
- NEO Personality Inventory-Revised (NEO-PI-R)
- Personality Assessment Inventory (PAI)
- Sixteen Personality Factor Questionnaire (16PF)
- Thematic Apperception Test (TAT)

These guidelines were adapted and used with permission from Educational Testing Service (ETS)