Guidelines for Documentation
Of Psychiatric Disabilities
In Adolescents and Adults

Dartmouth College

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Guidelines for Documentation
of Psychiatric Disabilities in Adolescents and Adults

Preface

This document contains a set of guidelines for documenting psychiatric disabilities for individuals seeking accommodations at Dartmouth College to verify eligibility for reasonable and appropriate accommodations under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA). They may be used separately from or as a guide to completing a form developed by the College.

Psychiatric Disability Documentation Form

Dartmouth College’s Counseling and Human Development has developed a Psychiatric Disability Documentation Form which may be used by the medical provider, so long as it is accompanied by a letter on letterhead containing the name, title, and credentials of the evaluator and relevant historical information outlined in these guidelines. Please return to the Documentation web page to download a copy of this form (http://www.dartmouth.edu/~acskills/disability/documents.html).

Confidentiality Statement

Dartmouth College will not release any information regarding an individual’s diagnosis or documentation without his or her informed written consent. Any information released will only be done on a “need to know” basis, except where otherwise required by law. Furthermore, in order to safeguard the confidentiality of individuals with psychiatric disabilities, evaluators may withhold or redact any portion of the documentation that is not directly relevant to Dartmouth College’s criteria for establishing a rationale for the requested testing accommodations.
Introduction

Under the Americans with Disabilities Act (ADA) of 1990 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, documentation must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activity. The documentation must also support the request for accommodations, academic adjustments, and/or auxiliary aids. A diagnosis of a disorder/condition/syndrome in and of itself does not automatically qualify an individual for accommodations under the ADA.

Dartmouth College recognizes that “psychiatric disabilities” is a generic term used to refer to a variety of conditions involving psychological, emotional, and behavioral disorders and syndromes. The two official nomenclatures designed to outline the criteria used in making these diagnoses are the Diagnostic and Statistical Manual, Fourth Edition (DSM-IV-TR) and the International Classification of Diseases Manual, Tenth Revision (ICD-10). For the purpose of determining eligibility for accommodation, the symptoms must meet the ADA definition of a disability.

This document provides guidelines necessary to establish the impact of psychiatric disabilities on the individual’s educational performance and to validate the need for accommodations. In instances where there may be multiple diagnoses including learning disabilities and/or attention-deficit/hyperactivity disorders (ADHD), evaluators should consult the Dartmouth College’s guidelines at http://www.dartmouth.edu/~acskills/disabilities.html.

Information and documentation to verify accommodation eligibility must be complete in order to avoid unnecessary delays in decision-making related to the provision of accommodations.

This document contains information regarding five important areas:

1. evaluator qualification included on letterhead accompanying form if form is used);
2. recency of documentation;
3. completeness of the documentation to support the diagnosis of a psychiatric disability;
4. establishment of functional limitation of the psychiatric condition supporting the need for accommodation(s); and

5. Multiple diagnoses.

Appendices provide recommendations for consumers, suggestions for assessment, and a listing of resources and organizations.

**Terms:**

**Psychiatric 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 does not, in and of itself, constitute a disability necessitating legal 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 psychiatric disabilities may also experience thinking disorders/psychotic disorders which may interfere with the test taking situation (i.e., attending, reading, writing, and 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**

To view, click on Psychiatric Disabilities Documentation Form

I. **A Qualified Professional Must Conduct the Evaluation**

Professions conducting assessments, rendering diagnoses of psychiatric disabilities, and making recommendations for accommodations must be qualified to do so. It is essential that professional qualifications include: 1) comprehensive training and relevant expertise in differential diagnosis of psychiatric disorders, and 2), appropriate licensure/certification.
3. “Qualified evaluators” are defined as those licensed individuals qualified to evaluate and diagnose psychiatric disabilities. Qualified evaluators may include: psychologists, neuropsychologists, psychiatrists, neuropsychiatrists, other relevantly trained medical doctors, clinical social workers, licensed counselors, and psychiatric 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.

Diagnosis of psychiatric disabilities documented by family members will not be accepted due to professional and ethical considerations even when the family member is 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 and typed or printed on professional letterhead, dated, and signed.

II. Documentation Must Be Current

Due to the changing nature of psychiatric disabilities, it is essential that a 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 due to medication changes since previous assessment). If the diagnostic report is either 1) overdue according to the date entered on the form, if used, by the medical provider or 2) more than six months old, the student 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 testing accommodations.
III. Documentation Necessary to Support the Diagnosis Must Be Comprehensive

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

1. a specific diagnosis
2. a description of current functional limitations in the academic environment as well as across other settings
3. relevant information regarding medications
4. relevant information regarding current treatment
5. recommended reevaluation date.

A. 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 specific diagnostic section in the report with a numerical and nominal diagnosis from DSM-IV-TR or ICD-10 included. 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 psychiatric disorder, avoiding the use of such terms 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.

B. 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 which may result in symptoms mimicking the purported psychiatric disability.

C. Rationale for requested accommodations must be provided

The evaluator must describe the degree of impact of the diagnosed psychiatric 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 that are pertinent to the anticipated testing situation. Accommodations will only be provided 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 the requested accommodations. For example, test anxiety alone is not a sufficient diagnosis to support requests for accommodation. Given that many individuals may perceive that they might benefit from extended time in testing situations, evaluators must provide a specific rationale and justification for this accommodation. A prior history of accommodations, without demonstration of current need, does not in and of itself warrant the provision of accommodations. If no prior history of accommodation exists, the evaluator and/or the student must include a detailed explanation of why no accommodations were needed in the past, and why they are now currently being requested. Psychoeducational or neuropsychological testing may help to support the need for accommodations based on the potential for psychiatric disorders to interfere with cognitive performance.

IV. Multiple Diagnoses

Multiple diagnoses may require a variety of accommodations beyond those typically associated with only single diagnoses, and therefore the documentation must adhere to Dartmouth College guidelines. For example, when accommodations are requested based on multiple diagnoses (e.g., a psychiatric disability with an accompanying learning disability), documentation should also comply with the Dartmouth College documentation guidelines pertaining to these specific disabilities. The Dartmouth College guidelines for documentation of psychiatric disabilities as well as policy statements pertaining to LD and ADHD can be found at http://www.dartmouth.edu/~acskills/disabilities.html. They may also be obtained by contacting:

Student Disabilities Coordinator
301 Collis Center
Hanover, NH 03755
FAX: 603-646-1629
Telephone: 603-646-2014
TY: 603-646-3771
E-mail: Nancy.Pompian@Dartmouth.edu
APPENDIX A

Recommendations for Consumers

D. If you are currently not under the care of a qualified professional and need assistance in identifying one:
   a. contact your primary care physician to discuss the mechanics of obtaining a referral;
   b. contact the disability services coordinator or college counselor and/or mental health service provider at a college or university for possible referral sources;
   c. contact the high school guidance office and/or a counselor; and/or
   d. contact a physician who may be able to refer you to a qualified professional with demonstrated expertise in psychiatric disorders.

E. 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 differential diagnosis and the full range of psychiatric disorders. Clinicians typically qualified to diagnose psychiatric disabilities: psychologists, neuropsychologists, psychiatrists, neuropsychiatrists, other relevantly trained medical doctors, clinical social workers, licensed counselors, and psychiatric nurse practitioners;
   c. ask whether he or she has ever worked with a postsecondary disability service provider, a high school guidance counselor, or with the agency to which you are providing documentation; and
   d. ask whether you will receive a comprehensive written report.

F. In working with the professional:
   a. take a copy of these guidelines to the professional; and
   b. be prepared to be candid and thorough in providing requested information.

G. As follow-up to the assessment by the professional:
   a. schedule a meeting to discuss the results, recommendations, and possible treatment;
   b. request additional resources, support group information, and publications if you need them;
   c. maintain a personal file of your records and reports; and
   d. be sure to discuss the issues of confidentiality with the professional both at the outset of the evaluation as well as during the follow-up.
APPENDIX B

Assessing Adolescents and Adults with Psychiatric 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 have sufficient reliability, validity, and utility for the specific purposes 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. Due to the ongoing development of assessment tools, it is important to remain abreast of the field.

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
   - Brief Psychiatric Rating Scale (BPRS)
   - Burns Anxiety Inventory
   - Burns Depression Inventory
   - Children’s Depression Inventory
   - Hamilton Depression Rating Scale
   - Inventory to Diagnose Depression
   - March Anxiety Scale for Children
   - Profile of Mood States (POMPS)
   - State-Trait Anxiety Inventory (STAI)
   - Symptom Checklist-90-Revised
   - 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 IV
- Wechsler Adult Intelligence Scale - III (WAIS-III)
- Woodcock-Johnson-III - Tests of Cognitive Ability

Academic Achievement Batteries

- Scholastic Abilities Test for Adults (SATA)
- Stanford Test of Academic Skills (TASK)
- Wechsler Individual Achievement Test - II (WIAT)
- 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
- 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
- Rey-Osterieth Complex Figure Test
- Stroop
- Trail Making Test
- Wechsler Memory Scales
- Wisconsin Card Sorting Test

Information from subtests on the WAIS-III or Woodcock-Johnson-III - Tests of Cognitive Ability, 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 (MMPI-2)
- NEO Personality Inventory (NEO-PI-R)
- Personality Assessment Inventory (PAI)
- Sixteen Personality Factor Questionnaire (16PF)
- Thematic Apperception Test (TAT)
APPENDIX C

Resources and Organizations

Anxiety Disorder Association of America
11900 Parklawn Drive, Suite 100
Rockville, MD  20852
301-231-9350  voice
301-231-7392  Fax
http://www.adaa.org
The ADAA promotes the prevention and cure of anxiety disorders and works to improve the lives of those who have them.

Association on Higher Education and Disability (AHEAD)
University of Massachusetts-Boston
100 Morrissey Boulevard
Boston, MA  02125
617-287-3880  voice/TTY
617-287-3881  Fax
http://www.ahead.org
AHEAD sponsors numerous training programs, workshops, publications, and conferences for professionals in the field of higher education disability.

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CH.A.D.D.)
8181 Professional Place, Suite 201
Landover, MD  20785
1-800-233-4050  voice - Toll free
301-306-7070  voice
301-306-7090  Fax
http://www.chadd.org
CH.A.D.D. (Children and Adults with Attention-Deficit/Hyperactivity Disorder) is a national organization with over 32,000 members and more than 500 chapters nationwide that provides support and information for parents who have children with AD/HD and adults with AD/HD.

Council for Exceptional Children (CEC)
1920 Association Drive
Reston, VA  22091-1589
703-620-3660  voice
703-264-9446  TTY
703-264-9494  Fax
http://www.cec.sped.org
The largest international professional organization committed to improving educational outcomes for individuals with disabilities.

The Internet Mental Health web page is another very good resource.
http://www.mentalhealth.com

Learning Disabilities Association of America (LDA)
4156 Library Road
Pittsburgh, PA  15234-1349
412-341-0151  voice
412-344-224  Fax
http://www.ldanatl.org
LDA is the largest non-profit volunteer organization advocating for individuals with learning disabilities. LDA has more than 600 local chapters and affiliates in 50 states, Washington, DC, and Puerto Rico. LDA seeks to educate individuals with learning disabilities and their parents about the nature of the disability and inform them of their rights.

National Center for Learning Disabilities
381 Park Avenue South, Suite 1401
New York, NY  10016
212-545-7510  voice
212-545-9665  Fax
Toll-free Information and Referral Service:  1-888-575-7373
http://www.ncld.org
NCLD provides the latest information on learning disabilities and resources available to parents, professionals, and adults with learning disabilities. Specific information on learning disabilities, as well as local referrals to schools, clinics, camps, colleges’ parent support groups, and other sources of help are available.

National Depressive and Manic-Depressive Association
730 North Franklin Street, Suite 501
Chicago, IL  60610-7204
1-800-826-3632  voice – Toll Free
312-642-0049  voice
312-642-7243  Fax
http://www.ndmda.org
The NDMDA is a non-profit organization aimed at helping people with depressive spectrum illnesses and their families.

Obsessive-Compulsive Foundation, Inc.
337 North Hill Road
North Branford, CT  06471
203-315-2190  voice
203-315-2196  Fax
http://www.ocfoundation.org
The OCF is an international not-for-profit organization composed of people with OCD and related disorders, their families, friends, professionals, and other concerned individuals.