

# Texas Christian University

## Documentation Guidelines for TCU Students with Disabilities Mental Health Disabilities

*A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotional regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above. (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, p. 21.)*

Mental Health Disabilities include, but are not limited to, mood disorders, anxiety disorders, depressive disorders, eating disorders, obsessive-compulsive disorders, sleep-wake disorders and psychotic disorders.

- The University requires comprehensive documentation of the student's disability in order to fully evaluate accommodation requests and to determine eligibility for services.
- Documentation should be presented to the Student Access and Accommodation Office. It shall be reviewed by appropriate University professional(s) to verify the existence of a disability and to determine the need for appropriate accommodations. Student Access and Accommodation will make the final determination as to whether appropriate and reasonable accommodations are warranted and can be provided to the individual.
- Information concerning a student's disability is treated in a confidential manner in accordance with University policies as well as applicable state and federal laws.
- A list of appropriate mental health evaluations is given in the **APPENDIX**. (This list is not meant to be comprehensive and additional evaluation instruments may be considered. Please call our office to speak with a Disability Specialist if you have questions.)
- Additionally, the medical specialist/mental health provider must be an impartial individual not related to the student or parents nor in a business partnership with the student or parents.

**Notes to mental health provider: The documentation must be in a typewritten report on professional letterhead that bears the evaluator's name, license number, professional credentials, business location, contact information and signature. Additionally, include the evaluator's business card. Please mail the report directly to Student Access and Accommodation, TCU Box 297008, Fort Worth, TX 76129.**

Documentation requirements for **Mental Health Disabilities** include, but are not limited to, the following:

- A. **Current Documentation** – Documentation must be current, within the past **6-12** months; (determination will be made on a case-by-case basis).

**Qualifications of Examiner**--Documentation must be completed by a licensed psychiatrist, psychologist, or other appropriately licensed mental health practitioner. The examiner must be trained and qualified to make a diagnosis based on the current Diagnostic and Statistical Manual of Mental Disorders (DSM) and/or the current International Classification of Diseases Manual (ICD). Comprehensive training and direct experience with an adolescent and adult population is essential.

- B. **Diagnosis** – A complete *DSM-V* or ICD-10 diagnosis must be provided with an accompanying description of the specific symptoms that the student experiences. This diagnosis should be based upon a comprehensive clinical interview and/or psychological testing (when testing is clinically appropriate). A comprehensive clinical interview should meet mental health service provider standards of care in length (50 min.) and focus (complete developmental, familial, psychological, medical history, and/or mental status exam.) **Clearly state the diagnosis and answer the following questions:**

- a. When was the original diagnosis made?
- b. When did you first treat this student?
- c. How long has the student been under your care as the treating mental health specialist?
- d. When was the student's most recent appointment with you?
- e. Does the student have regularly scheduled appointments with you? How frequently?
- f. When is the next scheduled appointment?
- g. Have you referred the student to another medical specialist for treatment?

- C. **Impact on Postsecondary Academic and Housing/Residence Life Functioning** – A complete description of the impact that the student's psychological symptoms have on his/her academic and residence life functioning must be provided. Examples of academic areas impacted by the mental health disorder may include, but are not limited to, study skills, classroom behavior, test taking, organizing, memory, concentration, processing speed, and research. Examples of housing/residence life areas impacted by the mental health disorder may include, but are not limited to, sleep, social anxiety, eating meals, initiating and maintaining friendships, and communication with roommates/suitemates. See Appendix for examples of tests and instruments used to supplement documentation of functional limitations.

**In summary, your letter of disability documentation should provide responses to each of the following questions:**

1. Does the student have a diagnosable mental health disorder and/or a certification of mental health disability? If so, what is the specific *DSM-V* classification or specific ICD-10 code? Please comment on important psychosocial and contextual considerations important to the postsecondary environment.
2. What assessment or evaluation procedures were used to make the diagnosis?
3. Is there historical data that is pertinent to the mental health disability (i.e.: medical, familial or developmental)? Please explain.
4. What major symptoms of the disorder does the student currently manifest and what is the level of severity of each symptom?
5. If medications are currently prescribed for any diagnosis, does the individual experience any substantial side effects? Please state type of medication, dosage, any adverse side effects, and the medication's current effectiveness. Does the student need accommodations to address substantial side effects? Please explain.
6. What are the current functional limitations on activities of daily living imposed by the disorder(s)?
7. What is the current prognosis? Is the condition stable, chronic, progressive, or relapsing-remitting?
8. When did you first treat this individual? When did you last treat this individual? When is your next scheduled appointment? Have you treated this individual on a regular, rather than an intermittent, basis? For how long have you been treating this individual?
9. How does the diagnosis impact the individual in a postsecondary academic setting? (What are the current functional limitations)?
11. If applicable: How does the diagnosis impact the individual in a postsecondary residential setting? What are the current functional limitations on activities of daily living within this setting?
12. Are there any indications that this student may have another diagnosis? Please describe pertinent characteristics and give an explanation for your reason to suspect this secondary diagnosis.

13. Have you referred the individual for other treatment that may impact on current functional limitations?

## APPENDIX

### Assessments for Mental Health Disorders in Adolescents and Adults

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 be normed on relevant populations and results reported in standard scores and 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, the following:

*Beck Anxiety Inventory*  
*Beck Depression Inventory-II*  
*Brief Psychiatric Rating Scale (BPRS) Expanded Version 4.0*  
*Burns Anxiety Inventory*  
*Burns Depression Inventory*  
*Hamilton Anxiety Rating Scale*  
*Hamilton Depression Rating Scale*  
*Inventory to Diagnose Depression*  
*Profile of Mood States-2 (POMS-2)*  
*State-Trait Anxiety Inventory (STAI)*  
*System Checklist-90-Revised*  
*Taylor Manifest Anxiety Scale*  
*Yale-Brown Obsessive-Compulsive Scale*

**2. Neuropsychological and psychoeducational testing:** Aptitude/cognitive ability, 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, the following:

#### Aptitude/Cognitive Ability

*Kaufman Adolescent and Adult Intelligence Test*  
*Stanford-Binet, Fifth Edition*  
*Wechsler Adult Intelligence Scale-IV (WAIS-IV)*  
*Woodcock-Johnson-IV- Tests of Cognitive Abilities (WJ-IV)*

## **Academic Achievement\***

*Scholastic Abilities Test for Adults (SATA)*

*Stanford Test of Academic Skills (TASK)*

*Wechsler Individual Achievement Test-III (WIAT-III) with reading rate*

*Woodcock-Johnson-IV- Tests of Achievement*

Supplemental tests:

*Nelson-Denny Reading Test (with standard and extended time)*

*Stanford Diagnostic Mathematics Test, 4<sup>th</sup> Edition*

*Test of Written Language-4 (TOWL-4)*

*Woodcock Reading Mastery Tests-Third Edition*

## **Information Processing**

*California Verbal Learning Test-II*

*Category Test*

*Comprehensive Test of Phonological Processing (CTOPP)*

*Conners' Continuous Performance Test Version 5 (CPT-II Version 5)*

*Delis Kaplan*

*Detroit Tests of Learning Aptitude-Adult (DTLA-A)*

*Detroit Tests of Learning Aptitude-4 (DTLA-4)*

*Halstead-Reitan Neuropsychological Test Battery*

*Rey-Osterrieth Complex Figure Test*

*Stroop Interference Test*

*Test of Memory Malingering (TOMM)*

*Trail Making Test*

*Wechsler Memory Scale IV (WMS-IV)*

*Wisconsin Card Sorting Test*

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

### **3. Personality tests (may include, but are not limited to, the following):**

*\*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)*  
*Personality Diagnostic Questionnaire-4 (PDQ)*  
*Sixteen Personality Factor Questionnaire (16PF)*  
*Thematic Appreciation Test (TAT)*

\* The two personality tests indicated by the asterisk (\*) are intended for use with clients under age 18. If mental health documentation has been completed within the last 12 months, results from these two inventories may be acceptable. However, evaluators should not use these for clients over 18 when updating an evaluation.

**4. Anxiety/Depression- Acceptable instruments may include, but are not limited to, the following:**

*Anxiety Sensitivity Index (ASI)*  
*Beck Depression Inventory II (BDI-II)*  
*Patient Health Questionnaire (PHQ-9)*  
*Satisfaction with Life Scale (SWLS)*  
*State-Trait Inventory for Cognitive and Somatic Anxiety (STICSA)*  
*Perceived Stress Reactivity Scale (PSRS)*  
*The Yale-Brown Obsessive Compulsive Scale (Y-BOCS)*

**5. Eating Disorders**

*Eating Disorder Examination-Questionnaire (EDE-Q)*

**6. Sleep**

*Insomnia Severity Index Test*