

February 4, 2000

Judge Roger McDonald  
Domestic Relations  
12 S. Vernon Avenue  
Kissimmee, FL 34741

**COPY**

Dear Judge McDonald:

This letter is in reference to our recent telephone conversation wherein you inquired as to whether licensed clinical social workers, licensed marriage & family therapists, and licensed mental health counselors can legally administer and interpret the results of tests such as the MMPI, Weschler, and Halstead-Reitan. The Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling has consistently taken the position that individuals licensed pursuant to Chapter 491, F.S., may administer and interpret such tests as long as they have received the appropriate training, and thus, are qualified to perform such procedures.

Please note that this correspondence does not constitute a declaratory statement, but is merely a reiteration of the Board's position on this issue that has been voiced on previous occasions.

If you are interested in receiving a declaratory statement from the Board, you may do so pursuant to Section 120.565, F.S., and Rule 28-105, Florida Administrative Code.

Should you have any questions, please feel free to contact our office at (850) 487-1129.

Sincerely,



Susan J. Foster  
Board Executive Director

-- Division of Medical Quality Assurance --  
Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling  
Mailing Address: 2020 Capital Circle S.E., Bldg #C-08, Tallahassee, FL 32399-3258  
Location Address: Northwood Centre, 1940 N. Monroe St., Tallahassee, FL  
(850) 487-1129 -- TDD 1-800-955-8771

\*\* <http://www.doh.state.fl.us/mqa/491/491home.htm> \*\*

## Can we test clients?

Frequently one of my students or colleagues ask what are our professional limitations regarding the use of tests. When I ask them to transform their questions into affirmations, usually their responses take the form of “counselors cannot do testing” or “we cannot test children or adolescents.”

As far as I understand it, we have no limitations beyond acquiring the knowledge, training, and competence needed for an ethical use of the instrument. Something clearly outlined in the ACA Code of Ethics 2009: **E.2. Competence to Use and Interpret Assessment Instruments**  
**E.2.a. Limits of Competence**

*Counselors utilize only those testing and assessment services for which they have been trained and are competent. Counselors using technology assisted test interpretations are trained in the construct being measured and the specific instrument being used prior to using its technology based application. Counselors take reasonable measures to ensure the proper use of psychological and career assessment techniques by persons under their supervision. (See A.12.)*

### **E.2.b. Appropriate Use**

*Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments relevant to the needs of the client, whether they score and interpret such assessments themselves or use technology or other services.*

### **E.2.c. Decisions Based on Results**

*Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of educational, psychological, and career measurement, including validation criteria, assessment research, and guidelines for assessment development and use.*

Furthermore, as stated by our 491 Board in their **491.003 Definitions**: *The practice of mental health counseling also includes ... the provision of needed information and education to clients, when using methods of a psychological nature to evaluate, assess, diagnose, treat, and prevent emotional and mental disorders and dysfunctions (whether cognitive, affective, or behavioral), behavioral disorders, sexual dysfunction, alcoholism, or substance abuse.... (b) The use of specific methods, techniques, or modalities within the practice of mental health counseling is restricted to mental health counselors appropriately trained in the use of such methods, techniques, or modalities.*

Of course the next comment is usually “but this doesn’t apply to testing children.”

According to CHAPTER 394, MENTAL HEALTH, it does. See what is stated in PART I FLORIDA MENTAL HEALTH ACT (ss. 394.451-394.4789):

#### **394.495 Child and adolescent mental health system of care; programs and services.—**

*(1) The department shall establish, within available resources, an array of services to meet the individualized service and treatment needs of children and adolescents who are members of the target populations specified in s. 394.493, and of their families....*

*(2) The array of services must include assessment services that provide a professional interpretation of the nature of the problems of the child or adolescent and his or her family; family issues that may impact the problems; additional factors that contribute to the problems; and the assets, strengths, and resources of the child or adolescent and his or her family. The assessment services to be provided shall be determined by the clinical needs of each child or adolescent. Assessment services include, but are not limited to, evaluation and screening in the following areas:*

- (a) Physical and mental health for purposes of identifying medical and psychiatric problems.*
- (b) Psychological functioning, as determined through a battery of psychological tests.*
- (c) Intelligence and academic achievement.*
- (d) Social and behavioral functioning.*
- (e) Family functioning.*

*The assessment for academic achievement is the financial responsibility of the school district. The department shall cooperate with other state agencies and the school district to avoid duplicating assessment services.*

*(3) Assessments must be performed by:*

- (a) A professional as defined in s. 394.455(2), (4), (21), (23), or (24);*
- (b) A professional licensed under chapter 491; or*
- (c) A person who is under the direct supervision of a professional as defined in s. 394.455(2), (4), (21), (23), or (24) or a professional licensed under chapter 491.*

*The department shall adopt by rule statewide standards for mental health assessments, which must be based on current relevant professional and accreditation standards.*

In addition, the position adopted by the Fair Access Coalition on Testing (FACT), an organization coordinated by NBCC to promote fair use of tests, states that training and qualifications rather than degree or discipline should determine the ability to test. For more information and advocacy suggestions, visit their site at <http://www.fairaccess.org/>.

I hope this information helps you enhance your understanding of our scope of practice.

Respectfully,

Carlos Zalaquett, Ph.D.  
 Professor,  
 Coordinator of the Clinical Mental Health Counseling Program, the Graduate Certificate in Mental Health, and the Brain Focus Laboratory.  
 University of South Florida

Note: I would like to thank Dr. David Kaplan, Dr. Stephen Giunta, and Ms. Carrie Simmons for their contributions to this article.

## Content of a Case Study Report

### 1. Demographic Information

- Examiner
- Name address of examinee
- Date of birth/chronological age
- Date of examination
- Race
- Sex
- Grade/school
- Parents or guardian.

### 2. Relevant Background Information

- Problem indicated by examinee/guardian (Answer: *Why are you testing the client in a sentence or two.* For example The client is interested in changing careers. Hence, the SDS..... were administered. Or, The client expressed concerns regarding insomnia, poor appetite, etc... Hence, the BDI..... were administered.)
- Relevant education, social, and medical information
- Family information and history
- Other relevant personal information

### 3. Observation of Examinee

- Describe the observations you made of the examinee while they were taking the test
- Relying on your observations, explain any environmental or behavioral factors that may have influenced the examinee's performance on the test

### 4. Test Results

- Test given (include reliability, validity and norm data)
- Subject's actual score(s)

### 5. Interpretation

*Remember to use layman terms*

### 6. Summary

- Brief integrated statement of findings

### 7. Recommendations

- Specific answers to referral questions (the why question), predictions, cautions, recommendations.

*Always caution against over-reliance on the results of one test*

### 8. Summary of Reporting Session

- Limitations (reliability issues, normed on different pop, clients health, etc.)
- Yours and the examinee's reactions