

Texas Wesleyan University

Graduate Counseling Program

Consent to Use Mental Health Assessment Instruments in Evaluation

General Information

Licensed Professional Counselors (LPCs) and Licensed Marriage and Family Therapists (LMFTs) may recommend, administer, and use standardized Mental Health Assessment Instruments in treating a client. Your Student Counselor--who is training to become an LPC, an LMFT, or both-- may recommend you complete one or more Mental Health Assessment Instruments to aid in your clinical evaluation and treatment planning. Such instruments measure mood, behavior, personality, and substance-use symptoms as well as the quality of relationships.

Student Counselors who suggest or recommend using a Mental Health Assessment Instrument in the assessment, treatment planning, or treatment evaluation of a client have completed Counseling (COU) 6303, Techniques of Appraisal and Assessment. State law requires both LPCs and LMFTs to complete this course before they can use Mental Health Assessment Instruments in the counseling process. Student Counselors actively training to become an LPC or LMFT may also use such instruments in their Practicum courses provided a Professor, who also is an LPC, an LMFT, or both supervises them in the assessment process from start to finish. Such supervision involves the following.

- Insuring that your Student Counselor possesses the required training to administer the Mental Health Assessment Instrument he or she wishes you to complete.
- Monitoring the Student Counselor's administering, scoring, and evaluating the results of the chosen instrument.
- Reviewing the Student Counselor's evaluation of the instrument's results.
- Documenting the process correctly.

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Informed Consent for Use of a Mental Health Assessment Instrument

My Student Counselor, _____, has suggested I complete the following standardized mental health assessment instrument(s) as part of my treatment. My initials below indicated the instruments he or she suggested.

- _____ Barona Pre-Morbid IQ Index
- _____ Beck Depression Inventory [BDI]
- _____ Beck Anxiety Inventory [BAI]
- _____ Brief Symptom Inventory [BSI-- ages 13 through adulthood]
- _____ Behavioral Assessment System for Children and Adolescents [BASC-2]
- _____ CAGE Substance Abuse/Dependence Screen
- _____ Children's Depression Inventory [CDI-]
- _____ Conners Parent Rating Scale-3 [CPRS-3]
- _____ Conners Teacher Rating Scale-3 [CTRS-3]
- _____ Milon Clinical Multiaxial Inventory [MCMI-III—ages 18 and over]
- _____ Milon Adolescent Personality Inventory [MAPI—ages 13 through 17]
- _____ State-Trait Anxiety Inventory [STAI]
- _____ State-Trait Anxiety Inventory for Children [STAIC—through age 17]
- _____ Substance Abuse Subtle Screening Inventory [SASSI-3]
- _____ Substance Abuse Subtle Screening Inventory for Adolescents [SASSI-A]

I understand the following about including a standardized Mental Health Assessment Instrument as part of my evaluation and treatment. Please initial the blank preceding each statement. Your initials show you have read the statement and understand it.

_____ 1. I can decline to consent to using such instruments; however, this may affect my treatment plan.

_____ 2. I know that Mr. / Ms. _____, is a Student Counselor in training to be a Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT). I also understand that when he or she completes that training, he or she would be authorized to administer, score, and evaluate the Mental Health Assessment Instrument(s) noted above.

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_____ 3. I know that my Student Counselor receives specific supervision during the administration, scoring, and evaluating the Mental Health Assessment Instruments noted above.

- A supervising Faculty Member who is licensed to administer, score, and evaluate the Mental Health Assessment Instrument that my Student Counselor has recommended insures that my Student Counselor possesses the required training to administer it.
- A supervising Faculty Member who is licensed to administer, score, and evaluate the Mental Health Assessment Instrument that my Student Counselor has recommended provides supervision during administration, scoring, and evaluation.
- A supervising Faculty Member who is licensed to administer, score, and evaluate the standardized Mental Health Assessment Instrument that my Student Counselor recommended insures he or she documents the assessment process and its results correctly.

_____ 4. I agree to answer questions honestly and consistently so that the accuracy of the Mental Health Assessment Instrument(s) is/are not jeopardized.

_____ 5. My signature confirms I understand my rights regarding standardized Mental Health Assessment Instruments.

_____ 7. Additionally, I acknowledge and understand that reports and results may be used for purposes related to educational, occupational, or treatment recommendations; placement; and selection that may be outside of the control of my Student Counselor and / or the Texas Wesleyan University Counseling Center.

_____ 8. I acknowledge and understand that in cases of litigation or adjudication with a court of law, the results of evaluations - including information disclosed during conversation between myself and my Student Counselor during administration or while reviewing results may be subject to disclosure in a court of law.

_____ 9. I assert that I have the authority to consent to administration and use of Mental Health Assessment Instruments in my counseling or the counseling of my dependent at the Texas Wesleyan University Counseling Center.

_____ 10. I also understand the following.

- I can have the test results explained directly to me.
- I can request and receive copies of the test's report directly.

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If you are an adult, please sign below.

Client Signature

Date

Client Printed Name

If you are giving consent for a minor, please complete the items below.

Client's Name

Client's Age

Your Name

Relationship to Minor

Your Signature

Date

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Counseling Center Assessment Request and Attestation

Student Counselor: _____

Practicum Supervisor: _____

Client Name: _____

Client Age: _____ Number of Sessions with Client: _____

Based on my assessment of this client, I think use of a mental health assessment instrument justified. The referral question (or questions) I want the instrument's results to help me answer is (are) listed below. *[Please write the referral questions in the space below—use the other side of the paper and additional sheets if needed.]*

Mental health assessment instruments I wish to use:

1. _____
2. _____
3. _____

I have completed COU 6303, Tests and Assessments with a grade of C or higher.

Printed Name

Signature

Date: _____