



Preliminary Content Outline

National Clinical Mental Health Counselor Examination

History of the Assessment's Development

The development of the National Clinical Mental Health Counseling Examination (NCMHCE) in the early 1990s marked the expansion of national certification for counselors into the evaluation of the ability of counselors to apply core knowledge to clinical practice.

The American Mental Health Counselors Association (AMHCA) initially developed the CCMHC and, after a number of years of administration of the credential, determined that the credential could be strengthened and expanded by adding a national standardized examination. In the early '90s, the National Board for Certified Counselors (NBCC) agreed to acquire the credential and invest in the development of an examination to anchor the certification and align the application process with the profession's foundational national certification, the National Certified Counselor (NCC).

NBCC approached the development of the clinical certification exam with an intentional focus on drawing from the common core knowledge of professional counselors. NBCC convened a committee of subject matter experts (SMEs) to explore exam format and develop items built on the core knowledge base of practicing counselors. This committee was led by psychometric experts with a deep knowledge of the counseling profession and the clinical practice of counselors. The dual expertise in psychometrics and counseling uniquely positioned the committee to frame an exam that reflected the central clinical requirements of counselors through real world simulated cases.

Exam Purpose

The NCMHCE measures an individual's ability to apply and evaluate knowledge necessary to perform as a minimally competent professional counselor. It does so by assessing an entry-level clinical mental health counselor's ability to apply knowledge of theoretical and skill-based tenets through response to clinical case simulations. The case simulations are designed to capture an examinee's ability to identify, analyze, diagnose, and develop plans for treatment of clinical concerns.

Measurement Focus and Target Population

The NCMHCE is intended to measure the application of knowledge of theoretical and skill-based tenets necessary for safe and competent practice. The examinee target population is entry-level counselors with appropriate counseling training as determined by the minimally qualified candidate requirements.

Minimally Qualified Candidate

The minimally qualified candidate (MQC) for the NCMHCE has graduated from or is a well-advanced graduate student in a counseling program that has been accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or housed within a regionally accredited institution.

The counseling program must contain courses in the following content areas:

- Human Growth and Development Theories in Counseling
- Social and Cultural Foundations in Counseling
- Helping Relationships in Counseling
- Group Counseling Theories and Processes
- Career Counseling and Lifestyle Development
- Assessment in Counseling
- Research and Program Evaluation
- Professional Orientation to Counseling
- Counseling Field Experience

Exam Form

The NCMHCE assesses an entry-level clinical mental health counselor's ability to apply knowledge of theoretical and skill-based tenets through response to clinical vignettes. The vignettes are designed to capture an examinee's ability to identify, analyze, diagnose, and develop plans for treatment of clinical concerns.

Job Analysis and Preliminary Content Outline

The exam's development is based upon a national job analysis of more than 16,000 credentialed counselors identifying empirically validated work behaviors determined to be most relevant for competent counseling practice. The most recent job analysis was finalized in June 2019, with the content outline drafted and approved by the NCMHCE Exam Committee, which is comprised of SMEs.

The committee’s responsibilities included, but were not limited to, identifying components of the profession and related job tasks and crafting survey items and reviewing the format of the instrument to measure those components and tasks. Development of the job analysis survey was completed at the Center for Credentialing & Education (CCE) over the course of one calendar year (May 2016–July 2017).

The committee also evaluates the examination content for alignment with the eight CACREP content areas following the creation of the content outline to provide valuable information to examinees.

Table 1 presents the six domains and the percent of scored items in an NCMHCE examination on each of these domains.

Table 1. *The weight for each domain*

	Domain	Percent of items
1	Professional Practice and Ethics	15
2	Intake, Assessment, and Diagnosis	20
3	Areas of Clinical Focus	5
4	Treatment Planning	15
5	Counseling Skills and Interventions	30
6	Core Counseling Attributes	15

Table 2 presents the knowledge, skills, and tasks under each domain of the Content Outline.

Table 2. *Knowledge, skills, and tasks related to the domains.*

1. Professional Practice and Ethics

This section encompasses counselors’ knowledge, skills, and abilities related to maintaining proper administrative and clinical protocols.

- A. Assess your (the counselor) competency to work with a specific client
- B. Understand statistical concepts and methods in research
- C. Practice legal and ethical counseling
- D. Clarify counselor client roles
- E. Discuss client’s rights and responsibilities

- F. Discuss limits of confidentiality
- G. Explain counselor agency policies
- H. Review payment, fees, and insurance benefits
- I. Explain counseling processes, procedures, risks, and benefits
- J. Explain uses and limits of social media
- K. Inform clients about the legal aspects of counseling
- L. Obtain informed consent
- M. Discuss confidentiality as it applies to electronic communication
- N. Establish group rules, expectations, and termination criteria
- O. Assess competency to provide informed consent
- P. Monitor the therapeutic relationship and build trust as needed
- Q. Review client records
- R. Provide adequate accommodations for clients with disabilities
- S. Provide information to third parties
- T. Provide referral sources if counseling services are inadequate/ inappropriate
- U. Advocate for professional and client issues
- V. Seek supervision/consultation
- W. Create and maintain documentation appropriate for each aspect of the counseling process
- X. Awareness and practice of self-care

2. Intake, Assessment, and Diagnosis

This section encompasses counselors' knowledge, skills, and abilities to effectively conduct client intake, assessment, and diagnosis.

- A. Conduct a biopsychosocial interview
- B. Conduct a diagnostic interview
- C. Conduct cultural formulation interview
- D. Conduct an initial interview

- E. Determine diagnosis
- F. Perform a Mental Status Exam (MSE)
- G. Consider co-occurring diagnoses
- H. Determine level of care needed
- I. Determine the appropriate modality of treatment
- J. Assess the presenting problem and level of distress
- K. Evaluate an individual's level of mental health functioning
- L. Screen clients for appropriate services
- M. Select, use, and interpret appropriate assessment instruments
- N. Use formal and informal observations
- O. Assess for trauma
- P. Assess substance use
- Q. Obtain client self-reports
- R. Evaluate interactional dynamics
- S. Conduct ongoing assessment for at-risk behaviors (i.e., suicide, homicide, self/other injury, and relationship violence)
- T. Use pre-test and post-test measures to assess outcomes
- U. Evaluate counseling effectiveness

3. Areas of Clinical Focus

This section encompasses counselors' knowledge and skills related to areas of clients' concern(s).

- A. Adjustment related to physical loss/injury/medical condition
- B. Aging/geriatric concerns
- C. Behavioral problems
- D. Bullying
- E. Caregiving concerns
- F. Cultural adjustments

- G. End-of-life issues
- H. Fear and panic
- I. Financial issues
- J. Gender identity development
- K. Grief/loss
- L. Hopelessness/depression
- M. Loneliness/attachment
- N. Hyper/hypo mental focus
- O. Intellectual functioning issues
- P. Insomnia/sleep issues
- Q. Maladaptive eating behaviors
- R. Remarriage/recommitment
- S. Developmental processes/tasks/issues
- T. Obsessive thoughts/behaviors
- U. Occupation and career development
- V. Physical issues related to anxiety
- W. Physical issues related to depression
- X. Physical/emotional issues related to trauma
- Y. Process addictions (pornography, gambling)
- Z. Racism/discrimination/oppression
- AA. Religious values conflict
- AB. Retirement concerns
- AC. Ruminating and/or intrusive thoughts
- AD. Separation from primary care givers
- AE. Sexual functioning concerns
- AF. Sleeping habits
- AG. Spiritual/existential concerns

- AH. Stress management
- AI. Substance use/addiction issues
- AJ. Suicidal thoughts/behaviors
- AK. Terminal illness issues
- AL. Visual/auditory hallucinations
- AM. Worry and anxiety
- AN. Adoption issues
- AO. Blended family issues
- AP. Child abuse-related concerns
- AQ. Child development issues
- AR. Dating/relationship problems
- AS. Divorce
- AT. Family abuse/violence (e.g., physical, sexual, emotional)
- AU. Interpersonal partner violence concerns
- AV. Marital/partner communication problems
- AW. Parenting/co-parenting conflicts
- AX. Emotional dysregulation

4. Treatment Planning

This section encompasses counselors' knowledge, skills, and abilities to develop an effective course of treatment.

- A. Collaborate with client to establish treatment goals and objectives
- B. Establish short- and long-term counseling goals consistent with clients' diagnoses
- C. Identify barriers affecting client goal attainment
- D. Identify strengths that improve the likelihood of goal attainment
- E. Refer to different levels of treatment (e.g., outpatient, inpatient, residential, etc.)
- F. Refer to others for concurrent treatment

- G. Guide treatment planning
- H. Discuss termination process and issues
- I. Discuss transitions in group membership
- J. Follow-up after discharge
- K. Use assessment instrument results to facilitate client decision making
- L. Review and revise the treatment plan
- M. Engage clients in review of progress toward treatment goals
- N. Collaborate with other providers and client support systems (documentation and report writing)
- O. Discuss with clients the integration and maintenance of therapeutic progress
- P. Educate client to the value of treatment plan compliance

5. Counseling Skills and Interventions

This section encompasses counselors' knowledge, skills, and abilities to conduct effective counseling.

- A. Align intervention with client's developmental level
- B. Align intervention with counseling modality (individual, couple, family, or group)
- C. Align intervention with client population (e.g., veterans, minorities, disenfranchised, disabled)
- D. Implement individual counseling in relation to a plan of treatment
- E. Establish therapeutic alliance
- F. Apply theory-based counseling intervention(s)
- G. Address addiction issues
- H. Address cultural considerations
- I. Address family composition and cultural considerations
- J. Evaluate and explain systemic patterns of interaction
- K. Explore family member interaction
- L. Explore religious and spiritual values

- M. Guide clients in the development of skills or strategies for dealing with their problems
- N. Help clients develop support systems
- O. Help facilitate clients' motivation to make the changes they desire
- P. Improve interactional patterns
- Q. Provide crisis intervention
- R. Educate client about transference and defense mechanisms
- S. Facilitate trust and safety
- T. Build communication skills
- U. Develop conflict resolution strategies
- V. Develop safety plans
- W. Facilitate systemic change
- X. Provide distance counseling or telemental health
- Y. Provide education resources (e.g., stress management, assertiveness training, divorce adjustment)
- Z. Provide psychoeducation for client
- AA. Summarize
- AB. Reframe/redirect
- AC. Facilitate empathic responses
- AD. Use self-disclosure
- AE. Use constructive confrontation
- AF. Facilitate awareness of here-and-now interactions
- AG. Facilitate resolution of interpersonal conflict
- AH. Use linking and blocking in a group context
- AI. Management of leader-member dynamics
- AJ. Model giving and receiving of feedback
- AK. Address impact of extended families
- AL. Contain and manage intense feelings

- AM. Explore the influence of family of origin patterns and themes
- AN. Address the impact of social support network
- AO. Use “structured” activities
- AP. Promote and encourage interactions among group members
- AQ. Promote and encourage interactions with the group leader
- AR. Use psychoeducation as a part of the group process
- AS. Explain phases in the group process
- AT. Identify and discuss group themes and patterns
- AU. Create intervention based on the stage of group development
- AV. Challenge harmful group member behaviors
- AW. Address the potential interaction of members outside of the group

6. Core Counseling Attributes

This section encompasses behaviors, traits, and dispositions of effective counselors.

- A. Awareness of self and impact on clients
- B. Genuineness
- C. Congruence
- D. Demonstrate knowledge of and sensitivity to gender orientation and gender issues
- E. Demonstrate knowledge of and sensitivity to multicultural issues
- F. Demonstrate conflict tolerance and resolution
- G. Empathic attunement
- H. Empathic responding
- I. Foster the emergence of group therapeutic factors
- J. Non-judgmental stance
- K. Positive regard
- L. Respect and acceptance for diversity
- M. Use foundational listening, attending, and reflecting skills

Table 3 presents the list of the eight common core areas by CACREP with which the examination questions of the NCMHCE are aligned.

Table 3. CACREP Common Core Areas

1. Professional counseling orientation and ethical practice
2. Social and cultural diversity
3. Human growth and development
4. Career development
5. Counseling and helping relationships
6. Group counseling and group work
7. Assessment and testing
8. Research and program evaluation