NATIONAL BOARD FOR CERTIFIED COUNSELORS®

National Clinical Mental Health Counseling Examination™ (NCMHCE®)

Examination Specifications

Effective July 1, 2027

Section 1. Examination Purpose & Focus

The National Clinical Mental Health Counseling Examination (NCMHCE) is a criterion-referenced examination designed to measure an individual's ability to apply and evaluate knowledge necessary to practice safely and competently as an entry-level Counselor in the United States. It does so by assessing an entry-level clinical Mental Health Counselor's ability to synthesize information and apply knowledge of theoretical and skill-based tenets through response to clinical case studies. The NCMHCE is accepted for national certification and national licensure in Counseling.

The content focus of the NCMHCE is determined from the results of a national work analysis conducted in 2024–2025 that yielded a list of 101 core Counseling work behaviors essential for entry-level Counselors in the United States.

Section 2. Target Population and the Minimally Qualified Candidate

The examinee target population is entry-level Counselors beginning their careers after receiving appropriate education and training. The minimally qualified candidate 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 is or housed within an institutionally accredited college or university.

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

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Section 3. National Work Analysis for Professional Counselors

Best practices in the testing and credentialing industry advise the completion of a national work analysis (also known as a job analysis or practice analysis) every 5 to 7 years in order to ensure examination content is relevant and appropriate in ever-changing times. In 2024, NBCC Assessments began the process of conducting a national work analysis to understand the field of Professional Counseling and how it had changed in recent years.

The work analysis process included targeted interviews with Counseling leaders and eight focus groups across the country with over 100 Counselors and Counselor Educators, concluding with a large-scale validation survey in which over 14,000 Counselors participated.

This work analysis processes identified 101 key Counseling tasks necessary for safe and effective practice by entry-level counselors as well as essential knowledge, skills, and tools. Additionally, Counselors shared their perspectives on the most common presenting concerns, theoretical frameworks, and assessments they interact with in their practices.

This most recent work analysis was finalized in October 2025. For more details about the work analysis process and results, please visit the Work Analysis tab on NBCC's Exam Development webpage.

Section 4. Examination Blueprint

The work analysis process identified 101 key Counseling work tasks that were categorized into six behavioral domains, described below. The distribution of examination content on each examination form will align to the blueprint presented in Table1.

Table 1. Domain Weighting

	Domain	Percentage of Items
1	Professional Development & Counselor Self-Awareness	15
2	Intake & Assessment	18
3	Treatment Planning & Continuity of Care	15
4	Provision of Counseling Interventions	20
5	Indirect Client Care	12
6	Legal & Ethical Compliance	20

The specific work tasks for each domain are presented at the end of this document in Table 2. For guidance, requisite knowledge and skills deemed important for successful conducting of these work tasks are also provided to facilitate candidate preparation. However, the examination composition is designed to align to the test blueprint here only.

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Section 5. Examination Format and Scoring

The NCMHCE is comprised of 10 case studies. Each case study reflects the advancement of the clinical relationship and is presented in three sections: initial intake summary and two counseling sessions. Each of the sections starts with a portion of narrative followed by a set of multiple-choice questions. Each case study includes 9–15 multiple-choice questions with four possible responses to each question. These multiple-choice questions are derived from the content of the narrative and measure an entry-level Counselor's ability to apply knowledge in a real-world clinical mental health session. Altogether, there will be 130–150 questions on the NCMHCE, of which 30–50 are field-test examination items administered to evaluate their statistical properties before use on future forms of the examinations. These field-test items are randomly distributed throughout the examination and appear in the same format.

Candidate scores will be based on their performance on the scored items on the examination. Candidates will have 3 hours and 45 minutes (225 minutes) to complete the examination items and will have the option to take a 15-minute break halfway through the examination. Candidates will have the opportunity to review examination questions before the submission for each half of the examination. Once responses have been submitted, and the break begins, candidates will be unable to return to those questions again.

The passing score for the NCMHCE will be calculated through a standard-setting process conducted by NBCC Psychometricians. Subject matter experts (SMEs) will participate in the Anghoff standard-setting procedure, which includes an individual review of each examination item. The passing point on additional forms of the NCMHCE will be determined through statistical equating procedures to ensure the passing point reflects the relative difficulty of each examination form to ensure a fair process for all candidates irrespective of form.

Examination scores will only be determined by an individual's performance on the examination. Neither individual scores nor passing scores will be compared to or influenced by the performance of other test takers.

Section 6. Score Reporting

Candidates will receive an unofficial score report after they complete their testing. Candidates' scores will range from 100–500. The passing point on each examination form will be 360, thus any scaled score at or above 360 will constitute passing the examination.

Scores on this scale do not represent raw scores (sum of the number of items answered correctly) and cannot be used to determine the percentage correct. For example, scoring 400 points does not equate to 400/500 points or 80%. This interpretation is incorrect.

Candidates will be given their preliminary pass or fail status on their score reports and will receive general feedback on their performance at each domain level.

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Table 2. Work Tasks, Knowledge, and Skills Related to the Domains

Domain/Subdomain/Task	% of Exam
Domain 1 — Professional Development & Counselor Self-Awareness	**15**
1A. Professional Development	
1. Seek consultation from a colleague for assistance with a specific skill or modality	
2. Seek supervision from a Counseling supervisor	
3. Complete continuing education	
4. Develop knowledge of empirically supported Counseling interventions or approaches	
5. Engage in advocacy for the client and the Counseling profession	
6. Engage in training related to Counseling ethics	
7. Engage in training related to ethical and legal use of artificial intelligence (AI)	
8. Engage in training related to working with different cultures or populations	
Including, but not limited to, knowledge of: • Cross-cultural fairness • Continuing education requirements • Levels of advocacy and social justice Including, but not limited to, skill in: • Engaging in clinical consultation • Engaging in clinical supervision • Selecting appropriate continuing education resources	
1B. Counselor Self-Awareness	
1. Address your compassion fatigue (e.g., burnout) potential	
2. Assess your exposure to vicarious trauma	
3. Assess your need for specialized training and/or certification	
4. Assess your strengths and limitations as a Counselor	
5. Assess your suitability to work with a specific client based on their needs and sociocultural considerations	
6. Utilize self-regulation techniques	
7. Determine the client-Counselor suitability (e.g., Counselor has the skills and experience needed, availability, no conflict of interest)	

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8. Determine your competency for administering assessments
9. Maintain appropriate boundaries
10. Practice self-care
11. Practice self-reflection
Including, but not limited to, knowledge of: • Transference and countertransference within the therapeutic relationship • The importance of self-care • Professional scope and limitations • Power dynamics in the Counseling relationship Including, but not limited to, skill in: • Reflexivity/bracketing (e.g., emotional regulation) • Recognizing vicarious trauma and burnout • Awareness of your own body language as the Counselor • Self-care strategies • Recognizing the need for professional boundaries • Managing client caseload

Domain 2 – Intake & Assessment	**18**
2A. Intake	
1. Discuss and obtain informed consent/assent from client or guardian	
2. Initially evaluate barriers to service	
3. Obtain client self-reports	
4. Obtain collateral information from other relevant parties (e.g., child and family services, clergy, legal services)	
5. Review policies and procedures with client	
6. Obtain informed consent appropriate to clientele (e.g., group, family)	
7. Obtain informed consent for telemental health services	
Including, but not limited to, knowledge of: • Barriers to service • Components of informed consent • Client suitability for telemental health services Including, but not limited to, skill in: • Discussing informed consent • Explaining policies and procedures • Conducting a clinical/diagnostic interview	

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2B. Assessment	
1. Assess for trauma	
2. Assess risk to self and others	
3. Assess substance use	
4. Conduct biopsychosocial assessments	
5. Conduct mental status examination	
6. Determine co-occurring diagnoses, differential diagnoses, and other comorbidities	
7. Determine the appropriate level of care	
8. Use formal (e.g., assessment results) and informal (e.g., body language) observations	
9. Use screening instruments	
10. Discuss the results of assessments/instruments with the client	
11. Select, administer, and/or interpret appropriate instruments/assessments that align with contextual, cultural, and developmental considerations	
12. Use all available data to select the appropriate diagnosis from the most recent DSM/ICD code	
Including, but not limited to, knowledge of: • Foundational knowledge of statistics • Diagnostic criteria – DSM-5-TR • Diagnostic Criteria – ICD-11 • Symptoms of trauma • Medical diagnoses and symptoms that can contribute to mental health symptoms • Differential diagnoses, co-occurring diagnoses, and comorbidities • Risk assessment and risk factors or symptoms • Cultural idioms of distress • Cultural implications of diagnosis Including, but not limited to, skill in: • Conducting a diagnostic assessment and evaluation • Conducting and interpreting assessments • Conducting formal assessments • Conducting informal assessments • Conducting lethal means restriction	
Domain 3 – Treatment Planning & Continuity of Care	**15**
3A. Treatment Planning	
1. Help client prioritize presenting problems	
2. Develop SMART (Specific, Measurable, Attainable, Realistic, and Timely) counseling goals and objectives	

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3. Develop an initial treatment plan
4. Identify strengths and barriers affecting client goal attainment
5. Integrate assessment results into treatment plans
6. Integrate client's contextual and cultural considerations into treatment plans
7. Review diagnosis with client
8. Assess for contraindications of treatment approaches
9. Collaborate with client to establish treatment goals and objectives
10. Collaborate with client to revise treatment plan as needed
11. Develop behavioral management plans
Including, but not limited to, knowledge of: • SMART goals • Biopsychosocial model • Short- vs. long-term goals • Goals vs. objectives • Counseling theories and interventions • DSM/ICD • Behavioral strategies across settings Including, but not limited to, skill in: • Aligning appropriate intervention with client need/identity • Developing initial treatment plan • Reviewing and revising treatment plan • Case conceptualization • Goal-setting • Differential diagnosis
3B. Continuity of Care
1. Refer clients and/or family members to community resources or to specialists
2. Develop an aftercare plan
3. Discuss with clients how they will maintain progress
4. Develop a discharge plan
5. Develop a relapse prevention plan
6. Develop a plan for disruption of service
7. Engage with client in review of progress toward treatment goals at planned intervals
8. Evaluate treatment effectiveness and client response

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9. Collaborate with client to determine counseling termination criteria
Including, but not limited to, knowledge of: • Levels of care • Professional wills • Community partner/resources • Release of information (ROI) protocols and requirements • Wraparound services • Stages of change • Discharge practices • Proper termination protocols Including, but not limited to, skill in: • Establishing contact with community resources • Applying relapse prevention strategies • Evaluating readiness for discharge

Domain 4 – Provision of Counseling Interventions	**20**
1. Engage in dynamic Couples/Family Counseling	
2. Explore the impact of the client's culture, context, values, and worldview	
3. Facilitate client's skill development	
4. Facilitate clients' ability to navigate interpersonal relationships	
5. Foster the group therapeutic process	
6. Implement empirically supported interventions	
7. Implement interventions aligned with service modality	
8. Integrate contextual and cultural influences into Counselor–client relationship	
9. Orient client to the Counseling process	
10. Provide crisis intervention and de-escalation	
11. Provide psychoeducation	
12. Solicit client feedback regarding the Counseling process	
13. Support client in advocating for their needs	
14. Use core Counseling skills to facilitate treatment	

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15. Monitor and resolve therapeutic ruptures

Including, but not limited to, knowledge of:

- Substance use disorder interventions
- Core conditions
- Client suitability
- Multicultural and Social Justice Counseling Competencies
- Core Counselor/Counseling attributes
- Formative and summative feedback
- Counseling theories and strategies
- Counseling modalities

Including, but not limited to, skill in:

- Addressing inappropriate client behavior during the session
- Reading nonverbal cues
- Active listening
- Open-ended questioning
- Reflecting skills
- Summarizing
- Reframing
- Paraphrasing
- Closed-ended questioning
- Establishing therapeutic alliance/rapport
- Broaching
- Tailoring culturally responsive interventions
- Self-disclosure
- Immediacy
- Applying theories appropriately
- Providing psychoeducation
- Perspective taking
- Use of confrontation
- Use of silence
- Giving feedback
- Crisis intervention
- Repairing and resolving client rupture
- Establish and maintain professional boundaries
- Session management (time management)
- Communicating with clients
- Maintaining confidentiality
- Linking
- Blocking
- Facilitating here and now awareness

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- Modeling
- Core counselor attributes
  - Empathy
  - Unconditional positive regard
  - Authenticity
  - Genuineness
  - Congruence

Domain 5 – Indirect Client Care	12

1. Collaborate with client's relevant support systems (e.g., advocate, family, wraparound services, legal services) with goals and objectives
2. Collaborate with non-clinical stakeholders (e.g., legal counselor, community resources)
3. Collaborate with other treatment providers (e.g., care coordination, interdisciplinary treatment team)
4. Document the self-reported effects of client's medication
5. Maintain an updated list of referral resources
6. Review clinical documentation before client sessions
7. Secure appropriate translation services for clients' preferred language
8. Write clinical documentation during or after client sessions

Including, but not limited to, knowledge of:

- Documentation practices and models
- Release of information and confidentiality
- Basic psychopharmacological information
- Professional roles
- Record retention and management

Including, but not limited to, skill in:

- Completing case notes
- Case conceptualization
- Advocating for client

Domain 6 – Legal & Ethical Compliance	20

1. Activate (i.e., follow) an emergency preparedness plan for your Counseling practice in response to a relevant incident
2. Adhere to internal policies or standard operating procedures (SOPs) relevant to your clinical practice (e.g., informed consent, record retention, release of information, mandated reporting protocols)
3. Adhere to relevant state and federal laws and regulations that apply to your clinical practice
4. Adhere to telemental health best practice guidelines

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5. Adhere to the Counseling codes of ethics
6. Engage in activities to maintain licensure status
7. Engage in billing, third-party reimbursement and other insurance panel processes
8. Engage in compliance-related training (e.g., insurance, credentialing, billing, payment)
9. Ensure telemental health platforms are utilized in compliance with state and federal laws
10. Ensure that reimbursement requests are supported by proper clinical documentation
11. Implement technology-assisted clinical tools (e.g., online therapy platform, AI note takers, virtual reality tools, calming apps, wearable devices to monitor heart rate and breathing)
12. Maintain professional liability insurance
13. Practice in accordance with license portability (e.g., Counseling Compact)
14. Provide adequate accommodations for clients with disabilities
15. Review and update an emergency preparedness plan for your Counseling practice
16. Securely maintain case notes, records, and files
17. Solicit best practices for understanding and adhering to obligations of court proceedings
18. Use an electronic health record (EHR) or electronic medical record (EMR) system
19. Use artificial intelligence (AI) within your Counseling practice
20. Market your Counseling business appropriately (e.g., proper utilization of social media, proper protection of client information)
Including, but not limited to, knowledge of: • State laws (state licensure law, supervision requirements, abuse reporting, license renewal, CAQH) • Federal laws (e.g., HIPAA, FERPA, immigration policy, HI-TECH, ADA, NPI) • Codes of ethics • Third-party reimbursement, insurance and billing (e.g., CPT codes) • Counseling Compact • Emerging technologies in Counseling • Crisis policies and procedures • Recording keeping and reporting requirements and procedures • Appropriate logistics for telemental health services • Scope of practice (e.g., letters of support, working with special populations) • Alternative medical-assisted/pharmacological interventions • Accessing state licensure board • Executing voluntary and involuntary commitments

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Including, but not limited to, skill in:

- Maintaining confidentiality
- Discerning reputable training providers and programs
- Troubleshooting technological difficulties during telemental health session (e.g., session disconnects, video not working)
- Billing and third-party reimbursement

Section 7. Additional Content Guidance

During the work analysis process, we sought input from Counselors about the most common presenting concerns seen in their practice and the theoretical frameworks and tools/assessments they use the most often. We gathered this information to help focus content development and candidate preparation; thus, in addition to the domain areas listed in the content outline, candidates may benefit from reviewing the following supplemental areas of study to strengthen their overall readiness. Note: These topics are most likely to appear on the examination, but examination questions are not limited to these areas.

Presenting Concerns:

- Fear, panic, worry, and anxiety
- Stress management
- Self-esteem, self-acceptance
- Emotional dysregulation
- Hopelessness/depression/loneliness
- Somatic symptoms (e.g., physical issues related to anxiety/depression/trauma)
- Dating/marital/partner relationship problems
- Behavioral concerns
- Ruminating and/or intrusive thoughts
- Unhealthy attachment styles
- Insomnia and sleep hygiene
- Financial issues
- Grief/loss
- Executive functioning/processes/tasks/issues
- Hyper/hypo mental focus
- Occupation and career development (e.g., job search process, concerns, college career readiness, retirement concerns)
- Anger management
- Burnout
- Obsessive thoughts/behaviors (e.g., compulsions or repetitive)
- Academic or school-based behavioral concerns
- Parenting/co-parenting conflicts
- Cultural adjustments
- Substance misuse/addiction issues
- Spiritual/religious/existential concerns

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- Racism/discrimination/oppression
- Blended family issues
- Suicidal and/or homicidal thoughts or behaviors
- Caregiving concerns
- Child development issues
- Bullying
- Adjustment related to physical loss/injury/medical condition
- Aging/gerontological concerns
- Dissociation
- Family abuse/violence (e.g., physical, sexual, emotional)
- Intellectual functioning concerns
- Gender identity development
- Maladaptive eating behaviors/disorders
- Injury to self or others
- Sexual violence (e.g., assault, harassment)
- Child abuse–related concerns (e.g., neglect, emotional abuse, physical abuse)

Theoretical Frameworks:

- Cognitive behavior therapy (CBT)
- Rogerian Person-Centered Therapy
- Mindfulness-based cognitive therapy (MBCT)
- Humanistic therapies
- Trauma-focused cognitive behavioral therapy (TF-CBT)
- Erikson's theory of psychosocial development
- Behaviorism
- Cognitive behavior therapy for suicide prevention (CBT-SP)
- Cognitive processing therapy (CPT)
- Reality Therapy
- Emotionally focused therapy (EFT)
- Attachment theory
- Solution-focused brief therapy (SFBT)
- Grief counseling
- Motivational interviewing (MI)
- Dialectical behavior therapy (DBT)
- Acceptance and commitment therapy (ACT)
- Internal family systems therapy (IFS)
- Narrative therapy
- Multicultural orientation framework (MCO)
- Existential therapy
- Rational emotive behavior therapy (REBT)
- The Gottman method
- Structural family therapy

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- Stages of group development
- Somatic therapy
- Gestalt therapy
- Krumboltz's social learning theory
- Adlerian therapy
- Psychodynamic therapy
- Exposure and response prevention (ERP)
- Biofeedback
- Lifespan Career Development
- Multigenerational/Bowenian family therapy

Tools & Assessments:

- Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision (DSM-5-TR)
- 988 Suicide & Crisis Lifeline
- Professional memberships/access to continuing education and professional development
- Video conferencing/telehealth software
- Mental Status Examination (MSE)
- Patient Health Questionnaire (PHQ)
- Peer-reviewed journal articles
- Practice management software/electronic health records (EHR)
- Columbia Suicide Severity Rating Scale (CSSRS)
- Adverse Childhood Experiences Scale (ACES) General Questionnaires
- Beck Depression Inventory (BDI)
- Trauma inventory
- Beck Anxiety Inventory (BAI)
- Ask Suicide-Screening Questions (ASQ)
- Posttraumatic Stress Disorder Checklist (PCL)
- Treatment planning workbook
- Supervision contract
- Genogram
- Publication Manual of the American Psychological Association
- Community Needs & Strengths Assessments
- Myers-Briggs Type Indicator (MBTI)
- Council for Affordable Quality Healthcare (CAQH)
- 311 community resource hotline
- International Classification of Diseases, Eleventh Revision, Clinical Modification (ICD-11-CM)
- Alcohol Use Disorders Identification Test (AUDIT)
- Artificial intelligence (AI)
- Self-Directed Search (SDS)

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