

# Content Outline

## The National Clinical Mental Health Counseling Examination (NCMHCE)

### History of the Examination's Development

The development of the National Clinical Mental Health Counseling Examination (NCMHCE) in the early 1990s marked the expansion of counseling national certification 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 Certified Clinical Mental Health Counselor (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 1990s, 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 examination 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 examination 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 examination that reflected the central clinical requirements of counselors through real-world simulated cases.

### Examination Purpose and Content

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 studies. The case studies 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 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

## Job Analysis and Content Outline

The examination'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 and the test blueprint on the Content Outline was finalized in 2021 by the NCMHCE Subject Matter Experts.

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.

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

**Table 1. The Weight for Each Domain**

	<b>Domain</b>	<b>Percent of items</b>
1	Professional Practice and Ethics	15
2	Intake, Assessment, and Diagnosis	25
3	Areas of Clinical Focus	0 <sup>1</sup>
4	Treatment Planning	15
5	Counseling Skills and Interventions	30
6	Core Counseling Attributes	15

<sup>1</sup> The domain "Areas of Clinical Focus" represents the diagnoses and main presenting problems that were identified in the job analysis as being the most prevalent in clinical work. This domain is evaluated through a variety of diagnoses and case scenarios appearing on each examination form and not at the item level. Please check the section in this document on case studies (p. 9) and the sample case studies tab on the NCMHCE page of the [NBCC website](#) for more information about the weight of each domain.

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. Supervision
- 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/illness
- 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 caregivers
- 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 client’s diagnosis
- 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)
- 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



## **Examination Format**

The new NCMHCE test format will comprise 11 case studies. One of these case studies and some items will be unscored and used for generating item statistics for future test forms. The candidates will have 255 minutes to complete this examination.

## **Case Studies**

The case studies on the new format of the NCMHCE are designed to replicate the actual work of a clinical mental health counselor. Each case study will comprise one narrative and 9–15 multiple-choice questions. These questions will offer four options and include one correct answer. The majority of these questions will measure application and other higher cognitive levels as defined in the Bloom's Taxonomy classification framework.

Each case study will be distributed in three sections: initial intake summary and two counseling sessions. Each of the sections will start with a piece of narrative followed by a set of multiple-choice questions. These multiple-choice questions are derived from the content of the narrative and measure an entry-level counselor's ability to apply knowledge of professional practice and ethics, intake, assessment and diagnosis, treatment planning, counseling skills and interventions, and core counseling attributes in a real-world clinical mental health session.

## **Scoring and Equating**

The test form will comprise 130–150 items. Out of these, 100 items will be scored. The total score for a candidate on this new format will be the sum of correctly responded scored items on the test form. Each multiple-choice question on this form will comprise one score point. The passing score for the new format of the NCMHCE will be calculated through standard setting, which requires SMEs of the NCMHCE Examination Committee to review and evaluate each question on the examination in order to determine the passing score that would be expected from a Minimally Qualified Candidate (MQC).

The passing score obtained through standard setting on one test form will be applied to other NCMHCE test forms through statistical equating. Statistical equating adjusts the passing score up or down by accounting for the overall difficulty of each test form. Therefore, statistical equating ensures fairness to all candidates by associating the cut score on a test form with the overall difficulty level of the items on it. With this standard procedure for determining the successful candidates on the NCMHCE, the passing scores may vary slightly for each NCMHCE test form.

## **Pass/Fail Score Determination**

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.