

Advancing the profession of clinical mental health counseling

The mental health counseling profession is facing a critical and sensitive period in its marketplace acceptance and identity. Contradictory training standards, lack of a preferred uniform title, and insufficient examination requirements all pose a strong threat to the vitality and longevity of our profession. To better understand how these forces are affecting our profession and what needs to be done to preserve our profession, let us examine each one more closely.

Training Standards

Counselor education training has not sufficiently responded to the broadened scope of counseling practice providing services to people who are experiencing psychopathology. Roger Aubrey, a senior contributor to the profession, noted: "I don't see the training programs to educate counselors changing enough in terms of their course offerings and curricula.... I don't see enough curriculum incorporating courses dealing with abnormal psychology or with psychopathology that are making people knowledgeable of the [DSM].... How many counselors at the master's level come out with knowledge of the MMPI or any projective techniques? Many of our students at the master's level haven't a prayer of dealing adequately with these populations. Case conceptualization? Most of our master's programs don't even touch upon it." (Gale, A. U. & Austin, B. D. 2003. Professionalism's Challenges to Professional Counselors' Collective Identity. *Journal of Counseling & Development*, 81, p.6).

Graduate education and clinical training should prepare mental health counselors to provide a full range of services for individuals, couples, families, adolescents and children. The core areas of mental health programs approved by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) include 60 credit hours of training in:

- Diagnosis and psychopathology
- Psychotherapy
- Psychological testing and assessment
- Professional orientation
- Research and program evaluation
- Group counseling
- Human growth and development
- Counseling theory
- Social and cultural foundations
- Lifestyle and career development
- Supervised practicum and internship

With CACREP's current efforts to revise these standards, a new specialization or distinction is being proposed—"Clinical Counseling." A careful review of the training requirements of this proposed specialization reveal training comparable in the above listed domains, *but at 48 credit hours instead of 60 credit hours*. Shaving off 12 credit hours, while expecting students to be competent and competitive among the human services seems a nearly impossible task. The proposed specialization of "Clinical Counseling" is redundant and wasteful. The profession is already rife with specializations that inherently compete and impede at the establishment of a uniform title and clear image among the public. Furthermore, federal agencies and managed care organizations do not reimburse for services provided by a professional with 48 credit hours of master-level training; 60 credit hours is the minimum requirement by these funding sources. Maintenance and perpetuation of a 48 credit hour degree is a disservice to the mental health profession and significantly undermines our credibility when compared to other master-level disciplines in social worker and marriage and family therapy.

Uniform Title

Second, the counseling profession uses multiple variations in state licensing titles that seem to impede our professional identity. "Although the title 'professional counselor' is the most common one found in licensure laws, other titles have been used. This diversity of titles has contributed to maintaining confusion about the profession's identity...These trends underscore the genuine possibility that unless

professional counselors collectively define their profession, it will be divided by specialization and will be circumscribed by other professions.” (Gale & Austin, 2003, p.4).

In 1990, Fong suggested that the counseling profession was generating “confusing and wasteful duplicate structures” (p. 106) and stated “the scope of counseling and mental health counseling is the same; the terms are synonymous and, thus, the proper name for the entire profession of counseling is mental health counseling” (p. 107). Fong further argued that while some specialties are named for the environment in which intervention occurs (e.g., school counseling, community counseling) and others for the main concern addressed (e.g., vocational counseling, marriage and family counseling), all encompass the same core and are a form of mental health counseling. (Mental health counseling: The essence of professional counseling. *Counselor Education and Supervision*, 30, 106–113).

To reduce confusion among the marketplace and to avoid absorption by other human service disciplines, we need to collectively define our profession through a uniform counseling title. The public needs to know that we are advocates and facilitators of mental health, through the process of clinical counseling. The term “professional” does not adequately convey who we are what we do. Mental health counselors use scientific processes to strengthen or restore clients' mental health. This makes us clinicians. We are based in the knowledge of the behavior sciences and trained to focus on strengths, development, and the holistic, multifaceted aspects of on-going mental health for our clients. We are the embodiment of Clinical Mental Health Counseling. As such, this should become our preferred uniform title among all states that license our profession. This will help to align our title with the language used in legislation to secure funding for our profession, will coincide with the categorization of our profession by the U.S. Department of Labor and with the Occupational Information Network O*NET, and will clearly define and secure our unique niche among the human services.

National Examination

Finally, recognition of our clinical competency skills among human service workers is limited. This has a direct impact on our marketability as a viable service provider and on our establishment of reimbursement from managed care organizations and federal government agencies. Ritchie, Partin, and Trivette (1998) explain: “One of the reasons for seeking legal status through licensure and certification is to increase the marketability of counselors. The abilities to clinically diagnose, treat, and secure insurance reimbursement are valued by mental health directors but not all state counselor licensure/certification laws include clinical diagnosis and treatment in the counselor's scope of practice. In states where LPCs cannot make clinical diagnoses and apply for insurance reimbursement, they may be at a distinct disadvantage to other professionals employed by mental health agencies” (Ritchie, M., Partin, R., & Trivette, P. 1998. Mental health agency directors' acceptance and perceptions of Licensed Professional Counselors. *Journal of Mental Health Counseling*, 20, p.227).

While this impairment in our marketability is related to our training standards, we also have the opportunity to solidify our clinical competency by encouraging licensure laws to test mental health counselor skills at assessment, diagnosis, treatment planning, and case conceptualization. Most states that license mental health counselors require a passing score on the National Counselor Exam (NCE). This test, however, does not reflect competency within these domains. Only a handful of states require prospective mental health counselors to pass the National Clinical Mental Health Counselor Exam (NCMHCE). The NCMHCE, originally developed by AMHCA, is now administered by the National Board of Certified Counselors (NBCC) and consists of ten clinical mental health counseling cases. These scenarios emphasize competency in:

- *evaluation and assessment* (e.g., identify precipitating problems or symptoms, conduct mental status exam, conduct comprehensive biopsychosocial assessment histories, identify individual and relationship functioning)
- *diagnosis and treatment planning* (e.g., integrate client assessment and observational data with clinical judgment to formulate a differential diagnosis, develop a treatment plan in collaboration with the client, coordinate treatment plan with other service providers, and monitor client progress toward goal attainment)
- *clinical practice* (e.g., determine if services meet client needs, discuss ethical and legal issues, understand scope of practice parameters)

“As licensing boards adopt a mental health specialty examination, such as the NCMHCE, it emphasizes that knowledge of clinical practice is essential to qualify for licensure. This trend to

emphasize counselors' expertise in clinical mental health practice is largely driven by a desire on the part of professional counselors to quality for third party reimbursements" (Gale & Austin, 2003, p.5). AMHCA and its respective state chapters should work closely with the American Association of State Counseling Boards (AASCB) and their state sponsored licensure boards to ensure utilization of the NCMHCE to secure our acceptance among the marketplace and to establish our clinical competency skills.

What You Can Do

Clearly, the collective voice of AMHCA and its members need to be heard. Your support can go a long way in securing the profession of clinical mental health counseling. Some options include:

1. Contact CACREP at www.cacrep.org before December 2006 to provide your feedback regarding the standards revision process. Please ask them to remove the 48 credit hour specialization in "Clinical Counseling" and to add the word "Clinical" to the 60 credit hour "Mental Health Counseling" specialization.
2. Contact the leading agency in licensure portability, AASCB at www.aascb.org, and encourage the adoption of a uniform counseling title—"Clinical Mental Health Counselor." You can also work closely with your state association chapter and your licensure board to make this change.
3. Work closely with your state association to have your licensure board adopt the NCMHCE for licensure requirement. You can also encourage AASCB to adopt this requirement for seamless portability of licensed mental health counselors.

Together, we can protect the integrity of our profession and ensure our place among the human services.