INTRODUCTION

The term Clinical Mental Health Counseling (CMHC) program may be ambiguous (or unfocusing of opposing truths) as the word “clinical” embodies diagnosis of illness in patients whereas professional counseling is rooted in developmental models of client issues, a humanistic stance and a wellness focus (Sweeney & Myers, 2005). Present day CMHC counselor educators have the task of creating a curriculum that facilitates students’ development of an identity that incorporates this dialectic. Ideally the CMHC graduate should be grounded in wellness and developmental models, understand the role of culture/environment in individual adaptation, adopt humanistic values and at the same time be prepared to diagnose and treat mental illness.

Nearly 30 years ago West and colleagues (1988, p. 223) surveyed 120 mental health agencies regarding the role of counselors in these agencies and concluded that “counselor preparation should be strengthened in 4 areas: knowledge of psychopathology, measurement, psychopathology, individual assessment, and use of the Diagnostic and Statistical Manual of Mental Disorders.” The research examines CMHC programs and state licensing requirements in the light of this conclusion. The manner in which CACREP accredited CMHC programs deliver diagnostic and related clinical training in the 2-4 year Master’s degree plan is thoroughly explored. As these programs prepare students to work in jurisdictions supervised by licensing boards, this study also investigated licensing requirements for the 51 boards in the Continental US, Alaska, and Hawaii. The following sections guided the research plan:

1. Do most programs offer a diagnostics (or psychopathology) course?
2. Where in the sequence is the diagnostics course situated?
3. Is the diagnostics course a prerequisite for fieldwork (practicum/internship)?
4. Do licensing requirements and credential titles reflect the identity dialectic?

METHODS

The CACREP website program search page (“Directory” | CACREP, 2015) was used to locate all accredited CMHC and community counseling programs in the United States, CACREP was contacted with respect to the number of CMHC programs and personnel indicated that the directory represented all such programs. The search yielded 209 programs (Table 1). The program websites for all identified 209 programs were then reviewed and scanned for curriculum information. Curriculum information was obtained from program web pages, handbook pdfs and institution course catalogs. Every effort was made to locate specific degree plans indicating a prescribed course sequence for degree completion in 2-3 years. Most programs indicated flexibility in the sequence of course work, although a prescribed sequenced degree plan was available for 35 programs. Course descriptions were utilized to determine prerequisites for practicum and internship. Course titles were consistent with the CACREP prescribed sequenced degree plan available for 35 programs.

RESULTS

1. Do most programs offer a diagnostic (or psychopathology) course?

204 of the 209 programs offered a course with either DSM, diagnosis or psychopathology in the title. Examination of course descriptions of psychopathology courses indicated that the DSM was covered in these courses.

2. Where in the sequence is the diagnostic course situated?

Only the full-time sequence was considered in answering this question. For 27 of the 35 programs for which a degree plan was available, the diagnostics course was in the first year. For 9 of these programs the diagnostics course was in the first semester or first half of the year (if on the quarter system). For 18 programs the diagnostics course was in the first year, second half. For the remaining 8 programs the diagnostics course was in the second year (23%).

3. In the diagnostics course a prerequisite for fieldwork (practicum/internship)?

Prerequisite information for Practicum, Internship 1 and Internship 2 was available for 195 of the 204 programs that offered the diagnostics course. Prerequisite status was determined if the diagnostics course appeared earlier in a prescribed course sequence (implied prerequisite) or if the course description stated the diagnostics course was a prerequisite. The diagnostics course was a prerequisite for Practicum in 89 programs (43%), and a co-requisite for Practicum in 40 programs (23%). For 64 programs it was neither a prerequisite nor a co-requisite. The diagnostics course was a prerequisite for Internship 1 in 138 programs (66%), a co-requisite for Internship 1 in 14 programs and neither a prerequisite nor a co-requisite in 51 programs. Diagnostics was a co-requirement for Internship 2 in 2 of those 51 programs, and a prerequisite in 6 programs.

DISCUSSION

4. Do licensing requirements and credential titles reflect the identity dialectic?

In 11 states a counselor may be licensed by the NCE, and is also not required to have passed a course in psychopathology/diagnostics (Alaska, Colorado, Hawaii, Michigan, Montana, New Jersey, North Carolina, Oregon, Pennsylvania, Wisconsin, Wyoming); of these, Hawaii and Montana are unique in that a counselor who could theoretically have no background in psychopathology or diagnosis is referred to as a “Licensed Mental Health Counselor” or a “Licensed Clinical Professional Counselor.” In the other eight jurisdictions the title LPC is used. The reverse of this dilemma may occur in 7 jurisdictions where a counselor may have passed a course in psychopathology/diagnosis and have passed the NCMHCE but has the same credential title (LPC) as a counselor who passed neither of these requirements (Arizona, Connecticut, Washington, D.C., North Carolina, Oregon, South Carolina and Wisconsin). Counseling is defined as a “clinical” profession in the many jurisdictions where educational requirements, the NCMHCE and credential title require an emphasis on diagnosis and treatment of mental disorders.

Counseling is thus defined as a clinical profession in 26 jurisdictions where the NCMHCE is required for licensure and/or the credential title is other than LPC. Counselors in Utah and Virginia are referred to as LPCs even though they are required to pass coursework in psychophpathology/diagnosis and may also pass the NCMHCE. Their credential title therefore does not reflect their status as clinicians. In 13 states the counseling profession is dichotomized according to both title and licensure requirements. In these states LPCs pass the NCE and may or may not take a course in diagnostics/psychopathology, and clinical counselors have credential titles that reflect their status as clinicians, and they are required to pass the NCMHCE (Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Minnesota, Nebraska, North Dakota, Ohio, South Dakota, Tennessee and Washington). In contrast to the total populations of the jurisdictions, the US Census bureau (2015) indicates that 117,324,624 people live in the states where counselors are only required to pass the NCE, 121,934,030 people live in states where the NCMHCE is required for licensure. 63,486,294 people live in jurisdictions where either examination is acceptable. With respect to the number of CACREP accredited CMHC programs, there are 73 programs in states where the NCMHCE is the required examination, and 84 programs in states where the NCMHCE is the required examination. For 31 programs graduates may pass either examination for licensure.

REFERENCES