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Diagnostic Training in Clinical Mental Health Counseling Programs: Wrestling with the Identity Dialectic



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INTRODUCTION

The term Clinical Mental Health Counseling (CMHC) presents a dialectic (or unification 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 150 mental health agencies regarding the role of counselors in these agencies and concluded that "counselor preparation should be strengthened in 4 areas: knowledge of psychotropic medication, psychopathology, 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 questions 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 counsling 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 examined for the terms "psychopharmacology," "treatment," "treatment planning," and the names of ESTs. Handbook statements were examined with respect to clinical service delivery by interns vis-à-vis diagnosis and treatment of mental illness.

Licensure Requirements for Professional Counselors – 2010 (American Counseling Association, 2010), a document available on the ACA website was used to determine licensing requirements and credential titles for the 50 states and Washington, D.C.. State board websites were visited to update and verify the information contained in the 2010 document. Data collected included: educational requirements (credits and coursework), credential titles, and licensing examination required.

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 diagnostics course was in the second year (23%).

3.Is 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-requisite for Internship 2 in 2 of those 51 programs, and a prerequisite in 6 programs.

NCE only	N	NCE or NCMHCE	N	NCMHCE only	N	NCE and NCMHC
Alabama	8	Arizona	2	Florida	14	California
(LPC)	0	(LPC)	•	(LMHC)	0	(LPCC)
Alaska	0	Connecticut	3	Idaho	0	Illinois (LGDG)
(LPC)	2	(LPC)	4	(LCPC)	7	(LCPC)
Arkansas	3	Delaware	1	Indiana	7	New Mexico
(LPC)	_	(LPCMH)	0	(LMHC)	4	(LPCC)
Colorado	7	Washington DC	0	Iowa	1	Tennessee
(LPC)	_	(LPC)		(LMHC)		(LPC/MHSP)
Georgia	7	Montana	1	Kansas	3	Utah
(LPC)		(LCPC)		(LCPC)		(LPC)
Hawaii	0	Nebraska	0	Maine	2	Vermont
(LMHC)		(LIMHP)		(LCPC)		(LCMHC)
Kentucky	6	North Carolina	9	Massachusetts	1	
(LPCC)		(LPC)		(LMHC)		61,879,498
Louisiana	7	Oregon	4	Minnesota	2	
(LPC)		(LPC)		(LPCC)		
Maryland	1	South Carolina	3	Nevada	1	
(LCPC)		(LPC)		(LCPC)		
Michigan	6	Washington	3	New Hampshire	2	
(LPC)		(LMHC)		(LCMHC)		
Mississippi	5	Wisconsin	6	New York	8	
(LPC)		(LPC)		(LMHC)		
Missouri	2			North Dakota	1	
(LPC)		63,486,284	32	(LPCC)		
New Jersey	8			Ohio	14	
(LPC)				(LPCC)		
Oklahoma	2			Rhode Island	0	
(LPC)				(LCMHC)		
Pennsylvania	12			South Dakota	2	
(LPC)				(LPC-MH)		
Texas	9			Virginia	7	
(LPC)				(LPC)		
West	1					-
Virginia				66,055,132	65	
(LPC)				•		
Wyoming	1					
(LPC)						

Table 1. Licensure examinations by state and number of CACREP accredited CMHC programs by state that comprised the study sample. State credential title is in parentheses. Population data for state also shown.

REFERENCES

117,324,624 85

Sweeney, T. J., & Myers, J. E. (2005). Counseling for Wellness. In J. E. Myers, T. J. Sweeney, J. E. (Ed) Myers, & T. J. (Ed) Sweeney (Eds.), *Counseling for Wellness: Theory, Research, and Practice.* (pp. 185–195). Alexandria, VA, US: American Counseling Association.

Course	Co- Requisite with Diagnostics in First Semester	Co-Requisite or Prerequisite with Diagnostics in First Year	Number of States Requiring course for licensure
Counseling	5/9	17/18	48
Theories			
Introduction to CMHC	5/9	10/18	NA
Helping Relationships	5/9	12/18	49
Human Growth and Development	3/9	13/18	49
Professional Orientation and Ethical Practice	3/9	16/18	48
Social and Cultural Foundations	1/9	9/18	46
Career Development	2/9	3/18	48
Assessment/A ppraisal	1/9	6/18	49
Crisis Counseling	1/9	4/18	NA
Group Therapy	1/9	8/18	43
Research and Program Evaluation	0/9	3/18	48
Family Therapy	1/9	4/18	12

Table 2. Courses that are prerequisite to or co-requisite with diagnostics during the first semester and first year. Last column show the number of state boards that explicitly require the course content for licensure (Ntotal=51).

DISCUSSION

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

In 11 states a counselor may be licensed by passing the NCE, and is also not required to have passed a course in psychopathology/diagnostics (Alabama, 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 psychopathology/diagnosis and must 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 title that reflects 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). With respect 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; and 127,934,630 people live in states where the NCMHCE is required for licensure. 63,486,284 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 NCE 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.