



NATIONAL BOARD FOR
CERTIFIED COUNSELORS®
AND AFFILIATES

National Counselor Examination™
and
**National Clinical Mental Health
Counseling Examination™**

Examination Content Crosswalk

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Introduction

The National Board for Certified Counselors (NBCC) completed a comprehensive Work Analysis for Professional Counselors in fall 2025. This process included a nationwide series of focus groups involving more than 100 Counselors representing all Association for Counselor Education and Supervision (ACES) regions, followed by a national validation survey. More than 14,000 Counselors from every U.S. state and territory participated in the survey, providing valuable insights into contemporary Counseling practice. Through this work analysis, NBCC collected critical information regarding the knowledge, skills, and tasks necessary for competent entry-level Counseling practice.

With guidance from the Work Analysis Task Force, these findings have been analyzed and organized into updated content outlines. These outlines will serve as the foundation for the next versions of the National Counselor Examination (NCE) and the National Clinical Mental Health Counseling Examination (NCMHCE), scheduled for release in summer 2027.

Following completion of the new examination content outlines, a comprehensive crosswalk was conducted between the current content outlines and the future content outlines (2027). This process involved subject matter experts (SMEs) and the NBCC Assessments Department mapping content areas from the previous outlines to one or more areas within the future content outlines.

The crosswalk illustrates how the 2019 content outlines align with the forthcoming updates to the examinations that will reflect the 2027 content outlines. With the exception of Domain 3, all subdomains from the current content outlines were mapped to corresponding task statements in the 2027 content outlines. The work analysis also identified several Counseling tasks that were not represented in the 2019 content outlines. These newly identified areas are presented in a separate table following the crosswalk table.

Example:

The 2019 content outlines had 2 levels of classification: domains and subdomains. There were 6 domains each with multiple subdomains that represented different tasks and knowledge areas. Item writing was aligned to the subdomains.

The 2027 content outline has 3 levels of classification: domains, subdomains, and tasks. There are 6 domains, some of which are split into subdomains, that are further delineated into task statements. Item writing is aligned to the task statements.

2019 Content Outlines	2027 Content Outline
1. Professional Practice and Ethics (Domain)	1. Professional Development & Counselor Self-Awareness (Domain)
1A: Assess your (the counselor) competency to work with a specific client (Subdomain)	1B. Counselor Self-Awareness (Subdomain) 1B.5: Assess your suitability to work with a specific client based on their needs and sociocultural considerations (Task)

Review the full content outlines at the links below:

[NCE 2019 Content Outline](#)

[NCE 2027 Examination Specifications](#)

[NCMHCE 2019 Content Outline](#)

[NCMHCE 2027 Examination Specifications](#)

Crosswalk Table

2019 Content Outline	2027 Content Outline
1. Professional Practice and Ethics	1A, 1B, 2A, 2B, 3B, 4, 5, 6
1A: Assess your (the counselor) competency to work with a specific client	1B. Counselor Self-Awareness 1B.3: Assess your need for specialized training and/or certification 1B.4: Assess your strengths and limitations as a Counselor 1B.5: Assess your suitability to work with a specific client based on their needs and sociocultural considerations 1B.7: Determine the client–Counselor suitability (e.g., Counselor has the skills and experience needed, availability, no conflict of interest) 1B.8: Determine your competency for administering assessments
1B: Understand statistical concepts and methods in research	2B. Assessment 2B.11: Select, administer, and/or interpret appropriate instruments/assessments that align with contextual, cultural, and developmental considerations
1C: Practice legal and ethical counseling	6. Legal & Ethical Compliance 6.3: Adhere to relevant state and federal laws and regulations that apply to your clinical practice 6.5: Adhere to the Counseling codes of ethics
1D: Clarify counselor–client roles	1B. Counselor Self-Awareness 1B.9: Maintain appropriate boundaries 4. Provision of Counseling Interventions 4.9: Orient client to the Counseling process

1E: Discuss client's rights and responsibilities	2A. Intake 2A.1: Discuss and obtain informed consent/assent from client or guardian
1F: Discuss limits of confidentiality	2A. Intake 2A.6: Obtain informed consent appropriate to clientele (e.g., group, family)
1G: Explain counselor agency policies	2A. Intake 2A.5: Review policies and procedures with client 6. Legal & Ethical Compliance 6.2: 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)
1H: Review payment, fees, and insurance benefits	6. Legal & Ethical Compliance 6.7: Engage in billing, third-party reimbursement and other insurance panel processes 6.10: Ensure that reimbursement requests are supported by proper clinical documentation
1I: Explain counseling processes, procedures, risks, and benefits	2A. Intake 2A.1: Discuss and obtain informed consent/assent from client or guardian
1J: Explain uses and limits of social media	2A. Intake 2A.5: Review policies and procedures with client
1K: Inform clients about the legal aspects of counseling	2A. Intake 2A.1: Discuss and obtain informed consent/assent from client or guardian
1L: Obtain informed consent	2A. Intake 2A.6: Obtain informed consent appropriate to clientele (e.g., group, family)

1M: Discuss confidentiality as it applies to electronic communication	2A. Intake 2A.5: Review policies and procedures with client
1N: Establish group rules, expectations, and termination criteria	4. Provision of Counseling Interventions 4.5: Foster the group therapeutic process
1O: Assess competency to provide informed consent	2A. Intake 2A.6: Obtain informed consent appropriate to clientele (e.g., group, family)
1P: Monitor the therapeutic relationship and build trust as needed	1B. Counselor Self-Awareness 1B.9: Maintain appropriate boundaries 3B. Continuity of Care 3B.8: Evaluate treatment effectiveness and client response
1Q: Review client records	5. Indirect Client Care 5.6: Review clinical documentation before client sessions
1R: Provide adequate accommodations for clients with disabilities	6. Legal & Ethical Compliance 6.14: Provide adequate accommodations for clients with disabilities
1S: Provide information to third parties	5. Indirect Client Care 5.1: Collaborate with client's relevant support systems (e.g., advocate, family, wraparound services, legal services) with goals and objectives 5.2: Collaborate with non-clinical stakeholders (e.g., legal counselor, community resources)
1T: Provide referral sources if counseling services are inadequate/ inappropriate	5. Indirect Client Care 5.5: Maintain an updated list of referral resources
1U: Advocate for professional and client issues	1A. Professional Development 1A.5: Engage in advocacy for the client and the Counseling profession

1V: Seek supervision/consultation	1A. Professional Development 1A.1: Seek consultation from a colleague for assistance with a specific skill or modality 1A.2: Seek supervision from a Counseling supervisor 6. Legal & Ethical Compliance 6.17: Solicit best practices for understanding and adhering to obligations of court proceedings
1W: Create and maintain documentation appropriate for each aspect of the counseling process	5. Indirect Client Care 5.8: Write clinical documentation during or after client sessions 6. Legal and Ethical Compliance 6.1: Activate (i.e., follow) an emergency preparedness plan for your Counseling practice in response to a relevant incident 6.9: Ensure telemental health platforms are utilized in compliance with state and federal laws 6.10: Ensure that reimbursement requests are supported by proper clinical documentation 6.16: Securely maintain case notes, records, and files
1X: Awareness and practice of self-care	1B. Counselor Self-Awareness 1B.1: Address your compassion fatigue (e.g., burnout) potential 1B.10: Practice self-care

2. Intake, Assessment, and Diagnosis	1A, 2A, 2B, 3A, 3B, 5
2A: Conduct a biopsychosocial interview	2B. Assessment 2B.4: Conduct biopsychosocial assessments
Group 2B: Conduct a diagnostic interview	2B. Assessment 2B.6: Determine co-occurring diagnoses, differential diagnoses, and other comorbidities 2B.8: Use formal (e.g., assessment results) and informal (e.g., body language) observations 2B.9: Use screening instruments
2C: Conduct cultural formulation interview	2B. Assessment 2B.11: Select, administer, and/or interpret appropriate instruments/assessments that align with contextual, cultural, and developmental considerations
2D: Conduct an initial interview	2A. Intake 2A.1: Discuss and obtain informed consent/assent from client or guardian 2A.2: Initially evaluate barriers to service 2A.3: Obtain client self-reports 2A.5: Review policies and procedures with client
2E: Determine diagnosis	2B. Assessment 2B.12: Use all available data to select the appropriate diagnosis from the most recent DSM/ICD Code
2F: Perform a Mental Status Exam (MSE)	2B. Assessment 2B.5: Conduct mental status examination
2G: Consider co-occurring diagnoses	2B. Assessment 2B.6: Determine co-occurring diagnoses, differential diagnoses, and other comorbidities

2H: Determine level of care needed	2B. Assessment 2B.7: Determine the appropriate level of care
2I: Determine the appropriate modality of treatment	3A. Treatment Planning 3A.3: Develop an initial treatment plan
2J: Assess the presenting problem and level of distress	3A. Treatment Planning 3A.1: Help client prioritize presenting problems
2K: Evaluate an individual's level of mental health functioning	2B. Assessment 2B.5: Conduct mental status examination
2L: Screen clients for appropriate services	2B. Assessment 2B.9: Use screening instruments
2M: Select, use, and interpret appropriate assessment instruments	1A. Professional Development 1A.4: Develop knowledge of empirically supported Counseling interventions or approaches 2B. Assessment 2B.10: Discuss the results of assessments/instruments with the client 2B.11: Select, administer, and/or interpret appropriate instruments/assessments that align with contextual, cultural, and developmental considerations
2N: Use formal and informal observations	2B. Assessment 2B.8: Use formal (e.g., assessment results) and informal (e.g., body language) observations
2O: Assess for trauma	2B. Assessment 2B.1: Assess for trauma
2P: Assess substance use	2B. Assessment 2B.3: Assess substance use

2Q: Obtain client self-reports	2A. Intake 2A.3: Obtain client self-reports 5. Indirect Client Care 5.4: Document the self-reported effects of client's medication
2R: Evaluate interactional dynamics	3B. Continuity of Care 3B.8: Evaluate treatment effectiveness and client response
2S: Conduct ongoing assessment for at-risk behaviors (i.e., suicide, homicide, self/other injury, and relationship violence)	2B. Assessment 2B.2: Assess risk to self and others
2T: Use pre-test and post-test measures to assess outcomes	2B. Assessment 2B.8: Use formal (e.g., assessment results) and informal (e.g., body language) observations 2B.9: Use screening instruments 2B.11: Select, administer, and/or interpret appropriate instruments/assessments that align with contextual, cultural, and developmental considerations
2U: Evaluate counseling effectiveness	3B. Continuity of Care 3B.8: Evaluate treatment effectiveness and client response
3. Areas of Clinical Focus	Areas of clinical focus are assessed throughout the examinations through representation of various presenting concerns. See supplemental information on the exam specifications for more information.

4. Treatment Planning	2A, 3A, 3B, 4, 5
4A: Collaborate with client to establish treatment goals and objectives	3A. Treatment Planning 3A.2: Develop SMART (Specific, Measurable, Attainable, Realistic, and Timely) counseling goals and objectives 3A.9: Collaborate with client to establish treatment goals and objectives 3A.11: Develop behavioral management plans
4B: Establish short- and long-term counseling goals consistent with clients' diagnoses	3A. Treatment Planning 3A.2: Develop SMART (Specific, Measurable, Attainable, Realistic, and Timely) counseling goals and objectives
4C: Identify barriers affecting client goal attainment	2A. Intake 2A.2: Initially evaluate barriers to service 3A. Treatment Planning 3A.4: Identify strengths and barriers affecting client goal attainment
4D: Identify strengths that improve the likelihood of goal attainment	3A. Treatment Planning 3A.4: Identify strengths and barriers affecting client goal attainment
4E: Refer to different levels of treatment (e.g., outpatient, inpatient, residential, etc.)	3B. Continuity of Care 3B.1: Refer clients and/or family members to community resources or to specialists
4F: Refer to others for concurrent treatment	3B. Continuity of Care 3B.1: Refer clients and/or family members to community resources or to specialists
4G: Guide treatment planning	3A. Treatment Planning 3A.3: Develop an initial treatment plan

4H: Discuss termination process and issues	3B. Continuity of Care 3B.2: Develop an aftercare plan 3B.4: Develop a discharge plan 3B.5: Develop a relapse prevention plan 3B.9: Collaborate with client to determine Counseling termination criteria
4I: Discuss transitions in group membership	4. Provision of Counseling Interventions 4.5: Foster the group therapeutic process
4J: Follow-up after discharge	3B. Continuity of Care 3B.2: Develop an aftercare plan 3B.4: Develop a discharge plan
4K: Use assessment instrument results to facilitate client decision making	3A. Treatment Planning 3A.5: Integrate assessment results into treatment plans
4L: Review and revise the treatment plan	3A. Treatment Planning 3A.10: Collaborate with client to revise treatment plan as needed 3B. Continuity of Care 3B.7: Engage with client in review of progress toward treatment goals at planned intervals
4M: Engage clients in review of progress toward treatment goals	3A. Treatment Planning 3A.10: Collaborate with client to revise treatment plan as needed 3B. Continuity of Care 3B.7: Engage with client in review of progress toward treatment goals at planned intervals

4N: Collaborate with other providers and client support systems (documentation and report writing)	2A. Intake 2A.4: Obtain collateral information from other relevant parties (e.g., child and family services, clergy, legal services) 5. Indirect Client Care 5.3: Collaborate with other treatment providers (e.g., care coordination, interdisciplinary treatment team)
4O: Discuss with clients the integration and maintenance of therapeutic progress	3B. Continuity of Care 3B.3: Discuss with clients how they will maintain progress
4P: Educate client to the value of treatment plan compliance	3A. Treatment Planning 3A.7: Review diagnosis with client 3B. Continuity of Care 3B.3: Discuss with clients how they will maintain progress
5. Counseling Skills and Interventions	2A, 3A, 3B, 4, 5, 6
5A: Align intervention with client's developmental level	3A. Treatment Planning 3A.6: Integrate client's contextual and cultural considerations into treatment plans
5B: Align intervention with counseling modality (individual, couple, family, or group)	4. Provision of Counseling Interventions 4.1: Engage in dynamic Couples/Family Counseling 4.7: Implement interventions aligned with service modality
5C: Align intervention with client population (e.g., veterans, minorities, disenfranchised, disabled)	3A. Treatment Planning 3A.6: Integrate client's contextual and cultural considerations into treatment plans
5D: Implement individual counseling in relation to a plan of treatment	4. Provision of Counseling Interventions 4.7: Implement interventions aligned with service modality
5E: Establish therapeutic alliance	3A. Treatment Planning 3A.9: Collaborate with client to establish treatment goals and objectives

5F: Apply theory-based counseling intervention(s)	4. Provision of Counseling Interventions 4.7: Implement interventions aligned with service modality
5G: Address addiction issues	4. Provision of Counseling Interventions 4.7: Implement interventions aligned with service modality
5H: Address cultural considerations	3A. Treatment Planning 3A.6: Integrate client's contextual and cultural considerations into treatment plans 4. Provision of Counseling Interventions 4.8: Integrate contextual and cultural influences into Counselor–client relationship
5I: Address family composition and cultural considerations	3A. Treatment Planning 3A.6: Integrate client's contextual and cultural considerations into treatment plans 4. Provision of Counseling Interventions 4.2: Explore the impact of the client's culture, context, values, and worldview
5J: Evaluate and explain systemic patterns of interaction	4. Provision of Counseling Interventions 4.4: Facilitate clients' ability to navigate interpersonal relationships
5K: Explore family member interaction	4. Provision of Counseling Interventions 4.4: Facilitate clients' ability to navigate interpersonal relationships
5L: Explore religious and spiritual values	4. Provision of Counseling Interventions 4.2: Explore the impact of the client's culture, context, values, and worldview
5M: Guide clients in the development of skills or strategies for dealing with their problems	4. Provision of Counseling Interventions 4.3: Facilitate client's skill development
5N: Help clients develop support systems	4. Provision of Counseling Interventions 4.4: Facilitate clients' ability to navigate interpersonal relationships 4.13: Support client in advocating for their needs

5O: Help facilitate clients' motivation to make the changes they desire	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment
5P: Improve interactional patterns	4. Provision of Counseling Interventions 4.4: Facilitate clients' ability to navigate interpersonal relationships
5Q: Provide crisis intervention	4. Provision of Counseling Interventions 4.10: Provide crisis intervention and de-escalation
5R: Educate client about transference and defense mechanisms	4. Provision of Counseling Interventions 4.11: Provide psychoeducation
5S: Facilitate trust and safety	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment
5T: Build communication skills	4. Provision of Counseling Interventions 4.3: Facilitate client's skill development
5U: Develop conflict resolution strategies	4. Provision of Counseling Interventions 4.11: Provide psychoeducation
5V: Develop safety plans	4. Provision of Counseling Interventions 4.10: Provide crisis intervention and de-escalation 6. Legal & Ethical Compliance 6.1: Activate (i.e., follow) an emergency preparedness plan for your Counseling practice in response to a relevant incident
5W: Facilitate systemic change	5. Indirect Client Care 5.1: Collaborate with client's relevant support systems (e.g., advocate, family, wraparound services, legal services) with goals and objectives

5X: Provide distance counseling or telemental health	6. Legal & Ethical Compliance 6.4: Adhere to telemental health best practice guidelines 6.11: 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)
5Y: Provide education resources (e.g., stress management, assertiveness training, divorce adjustment)	3B. Continuity of Care 3B.1: Refer clients and/or family members to community resources or to specialists
5Z: Provide psychoeducation for client	4. Provision of Counseling Interventions 4.11: Provide psychoeducation
5AA: Summarize	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment
5AB: Reframe/redirect	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment
5AC: Facilitate empathic responses	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment
5AD: Use self-disclosure	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment
5AE: Use constructive confrontation	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment
5AF: Facilitate awareness of here-and-now interactions	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment
5AG: Facilitate resolution of interpersonal conflict	4. Provision of Counseling Interventions 4.4: Facilitate clients' ability to navigate interpersonal relationships
5AH: Use linking and blocking in a group context	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment

5AI: Management of leader–member dynamics	4. Provision of Counseling Interventions 4.5: Foster the group therapeutic process
5AJ: Model giving and receiving of feedback	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment
5AK: Address impact of extended families	4. Provision of Counseling Interventions 4.2: Explore the impact of the client’s culture, context, values, and worldview
5AL: Contain and manage intense feelings	4. Provision of Counseling Interventions 1B.6: Utilize self-regulation techniques
5AM: Explore the influence of family of origin patterns and themes	4. Provision of Counseling Interventions 4.2: Explore the impact of the client’s culture, context, values, and worldview
5AN: Address the impact of social support network	5. Indirect Client Care 5.1: Collaborate with client’s relevant support systems (e.g., advocate, family, wraparound services, legal services) with goals and objectives
5AO: Use “structured” activities	4. Provision of Counseling Interventions 4.6: Implement empirically supported interventions
5AP: Promote and encourage interactions among group members	4. Provision of Counseling Interventions 4.5: Foster the group therapeutic process
5AQ: Promote and encourage interactions with the group leader	4. Provision of Counseling Interventions 4.5: Foster the group therapeutic process
5AR: Use psychoeducation as a part of the group process	4. Provision of Counseling Interventions 4.11: Provide psychoeducation
5AS: Explain phases in the group process	4. Provision of Counseling Interventions 4.5: Foster the group therapeutic process
5AT: Identify and discuss group themes and patterns	4. Provision of Counseling Interventions 4.5: Foster the group therapeutic process

5AU: Create intervention based on the stage of group development	4. Provision of Counseling Interventions 4.5: Foster the group therapeutic process
5AV: Challenge harmful group member behaviors	4. Provision of Counseling Interventions 4.5: Foster the group therapeutic process
5AW: Address the potential interaction of members outside of the group	4. Provision of Counseling Interventions 4.5: Foster the group therapeutic process
6. Core Counseling Attributes	1B, 4
6A: Awareness of self and impact on clients	1B. Counselor Self-Awareness 1B.2: Assess your exposure to vicarious trauma 1B.11: Practice self-reflection
6B: Genuineness	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment
6C: Congruence	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment
6D: Demonstrate knowledge of and sensitivity to gender orientation and gender issues	4. Provision of Counseling Interventions 4.8: Integrate contextual and cultural influences into Counselor–client relationship
6E: Demonstrate knowledge of and sensitivity to multicultural issues	4. Provision of Counseling Interventions 4.2: Explore the impact of the client’s culture, context, values, and worldview 4.8: Integrate contextual and cultural influences into Counselor–client relationship
6F: Demonstrate conflict tolerance and resolution	4. Provision of Counseling Interventions 4.15: Monitor and resolve therapeutic ruptures

6G: Empathic attunement	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment
6H: Empathic responding	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment
6I: Foster the emergence of group therapeutic factors	4. Provision of Counseling Interventions 4.5: Foster the group therapeutic process
6J: Non-judgmental stance	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment
6K: Positive regard	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment
6L: Respect and acceptance for diversity	4. Provision of Counseling Interventions 4.2: Explore the impact of the client's culture, context, values, and worldview 4.8: Integrate contextual and cultural influences into Counselor–client relationship
6M: Use foundational listening, attending, and reflecting skills	4. Provision of Counseling Interventions 4.14: Use core Counseling skills to facilitate treatment

Novel Tasks

There were several new tasks identified in the 2024–2025 work analysis that are not directly mapped to areas on the 2019 content outline. These new tasks are delineated in the table below.

2027 Content Outline	New Tasks
1A. Professional Development	1A.3: Complete continuing education 1A.6: Engage in training related to Counseling ethics 1A.7: Engage in training related to ethical and legal use of artificial intelligence (AI) 1A.8: Engage in training related to working with different cultures or populations
2A. Intake	2A.7: Obtain informed consent for telemental health services
3A. Treatment Planning	3A.8: Assess for contraindications of treatment approaches
3B. Continuity of Care	3B.6: Develop a plan for disruption of service
4. Provision of Counseling Interventions	4.12: Solicit client feedback regarding the Counseling process
5. Indirect Client Care	5.7: Secure appropriate translation services for clients' preferred language

6. Legal and Ethical Compliance	6.6: Engage in activities to maintain licensure status 6.8: Engage in compliance-related training (e.g., insurance, credentialing, billing, payment) 6.9: Ensure telemental health platforms are utilized in compliance with state and federal laws 6.12: Maintain professional liability insurance 6.13: Practice in accordance with license portability (e.g., Counseling Compact) 6.15: Review and update an emergency preparedness plan for your Counseling practice 6.18: Use an electronic health record (EHR) or electronic medical record (EMR) system 6.19: Use artificial intelligence (AI) within your Counseling practice 6.20: Market your Counseling business appropriately (e.g., proper utilization of social media, proper protection of client information)
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For more information about the work analysis process that led to this new content, [please visit our website](#).