

# Frequently Asked Questions about the Licensed Professional Counselor Name Change to Licensed Clinical Mental Health Counselor

## 1. *Why the change?*

The North Carolina Board of Licensed Professional Counselors (NCBLPC) is proposing a name change a) to further define and clarify our professional identity, b) to be in concert with the nomenclature used by National Board of Certified Counselors (NBCC), American Mental Health Counseling Association (AMHCA), and Council for Accreditation of Counseling and Related Educational Programs (CACREP) and c) to align ourselves with the nomenclature being used in the Medicare provider recognition bills for mental health counselors namely, S. 1879 and H.R. 3032. These bills, if made into law, would allow Medicare enrollees access to medically necessary covered services provided by mental health counselors who are properly trained and licensed to deliver such services.

Let us further illuminate our reasons why:

Since 2009, the term “clinical mental health counselor” is being used by AMHCA, NBCC, CACREP, and others in our profession to denote counselors who have specialized expertise in the diagnosis and treatment of mental health disorders. The idea is that we are specialists who can also be healthcare practitioners who serve on insurance panels, just like the term “clinical social worker” denotes social workers with such expertise and “clinical psychologist” denotes psychologists with such expertise.

Furthermore, “clinical mental health counseling is a proactive mental health profession that treats mental illness, addresses life distress and adjustment issues, and facilitates wellness in individuals, families, and their related contexts (Shallcross, 2013). Although clinical mental health counselors, also known as professional counselors, are eligible for licensure in all 50 states and widely recognized as effective and efficient providers of mental health services to both clinical and non-clinical populations, evidence of professional identity confusion remains. There are several explanations for this confusion and ambiguity (Gerig, 2014), which are explained in the American Mental Health Counselors Association’s (2016) white paper entitled *The Professional Identity of Clinical Mental Health Counselors*.

“First, to counsel is a people-helping process commonly referring to deliberating, consulting, guiding, and advice-giving. Pastors, cosmetologists, bartenders, car salespersons and good friends are all providers of counseling in this general, non-professional sense. Thus, no single profession has ownership of the general helping process we call counseling.” (AMHCA, 2016, p. 1)

“Second, counseling is a basic role and process practiced by the array of mental health providers (Mellin, Hunt, & Nichols, 2011). Psychiatrists, counseling and clinical psychologists, marriage and family therapists, social workers, and counselors often draw upon a common set of theories and techniques to facilitate behavioral change among their clientele. Thus, the fact that clinical mental health counselors do counseling does not separate us from allied mental health professions.” (AMHCA, 2016, p. 1)

“Third, the counseling profession itself contributes to this confusion by applying the term counseling as a generic title applied to related specializations within the profession, all of whom counsel. Addictions, career, school, college, and clinical mental health are qualifying terms that connote specializations within the counseling profession.” (AMHCA, 2016, p. 1)

The National Board of Certified Counselors, American Association of Marriage and Family Therapists, American Counseling Association, American Mental Health Counseling Association, California Association of Marriage and Family Therapist (2016) developed a proposal so that Medicare beneficiaries should have access to mental health counselors and marriage and family therapists (MFTs). Their recommendation is that “Congress should pass legislation recognizing mental health counselors and MFTs as covered Medicare providers” (Medicare Access Coalition, 2016, p. 1). In April 2018 in AMHCA’s article *AARP Strongly Supports Medicare Recognition for Clinical Mental Health Counselors* states that, “AMHCA staff [were] working closely with AARP governmental relations staff representatives to secure their support—working with the Medicare Access Coalition—for our Medicare provider recognition bills for mental health counselors namely, S. 1879 and H.R. 3032” (Weeks, 2018, ¶1).

**2. Why change the name now?**

The reason the NCBLPC is addressing the name change at this time it is a legislative “long” session. Specifically, a long session occurs following an election year, therefore long sessions occur during odd numbered years. This is when a new legislative session begins. It is the year when new legislation can be introduced and a new biennium budget is passed. It starts in January and lasts some years until July and others as late as December. Statute changed can only be addressed during those times. This is in contrast to “short” session which convenes in even number years following the primary elections and is primarily used to make second year budget adjustments. A short session last from late May until normally July to October. This year, 2019, is a long session year. We would like to submit this change for consideration to allow for the time needed to go through the new legislative process and to give stakeholders enough time to adjust in light of the adaptation of the CACREP standards in July 2022. The Board is extremely sensitive to licensees’ time requirements to make necessary changes and therefore will endeavor to be highly reasonable in the allowance of an appropriate timeframe for change.

**3. Will the North Carolina Board of Licensed Professional Counselors (NCBLPC) change its name to North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC)?**

Yes. In the effort to be consistent with the renaming of our license, the governing Board’s title will need to change as well.

**4. How will the name change affect the licensed names Licensed Professional Counselor Associate (LPCA), Licensed Professional Counselor (LPC) and Licensed Professional Counselor Supervisor (LPCS)?**

The new license names would be as follows:

Current Names	Proposed New Names
Licensed Professional Counselor Associate (LPCA)	Licensed Clinical Mental Health Counselor Associate (LCMHCA)
Licensed Professional Counselor (LPC)	Licensed Clinical Mental Health Counselor (LCMHC)
Licensed Professional Counselor Supervisor (LPCS)	Licensed Clinical Mental Health Counselor Supervisor (LCMHCS)

**5. Why we are adding “clinical” to our proposed license title?**

According to Oxford Dictionaries (2019), the term clinical is defined as a. diagnosing and treating patients; b. Relating to the observation and treatment of actual patients rather than theoretical or laboratory studies. Since 2009, the term “clinical mental health counselor” is being used by American Mental Health Counseling Association, National Board of Certified Counselors, Council for the Accreditation of Counseling and Related Educational Programs, and others in our profession to denote counselors who have specialized expertise in the diagnosis and treatment of mental health disorders (AMHCA, 2019).

Further we are adding “clinical” to our proposed licensee title in order to accurately describe what our licenses have been educated and trained to do as well as describe what they already do in their daily work. a. Clinicians treat patients and/or provide direct patient care with the goal of helping patients/clients achieve emotional and mental wellness. b. Clinicians provide direct diagnosis, treatment, or care for the patient on an ongoing basis as one part of a treatment plan. The idea is that we are specialists who can also be healthcare practitioners who serve on insurance panels, just like the term “clinical social worker” denotes social workers with such expertise and “clinical psychologist” denotes psychologists with such expertise (AMHCA, 2019) and "clinical addiction specialist" denotes addiction specialists with such expertise (NCSAPPB, n. d.). According to our “definitions: practice of counseling” (Article 24. Licensed Professional Counselors Act. § 90-330) **we have that expertise;** therefore we are “clinical.”

Clinical mental health counseling is a distinct profession with national standards for education, training and clinical practice. Clinical mental health counselors are highly-skilled professionals who provide flexible, consumer-oriented therapy. They combine traditional psychotherapy with a practical, problem-solving approach that creates a dynamic and efficient path for change and problem resolution (AMHCA, 2017). Please see the table below to see how North Carolina’s practice of counseling is substantially equivalent to AMHCA’s description of the services provided by clinical mental health counselors.

<p><b>American Mental Health Association (2017) says Clinical Mental Health Counselors offer a full range of services, including</b></p>	<p><b>The "practice of counseling" means holding oneself out to the public as a professional counselor offering counseling services that include, but are not limited to, the following: (Article 24. Licensed Professional Counselors Act. § 90-330)<sup>b</sup></b></p>
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Assessment and diagnosis	<p>a. Counseling. – Assisting individuals, groups, and families through the counseling relationship by <b>evaluating and treating mental disorders and other conditions through the use of a combination of clinical mental health and human development principles</b>, methods, <b>diagnostic procedures</b>, treatment plans, and other psychotherapeutic techniques, to develop an understanding of personal problems, to define goals, and to plan action reflecting the client's interests, abilities, aptitudes, and mental health needs as these are related to personal-social-emotional concerns, educational progress, and occupations and careers.</p> <p>b. <b>Appraisal Activities.</b> – Administering and interpreting tests for assessment of personal characteristics.</p>
Psychotherapy	<p>a. Counseling. – Assisting individuals, groups, and families through the counseling relationship by evaluating and treating mental disorders and other conditions through the use of a combination of clinical mental health and human development principles, methods, diagnostic procedures, treatment plans, and other <b>psychotherapeutic techniques</b>, to develop an understanding of personal problems, to define goals, and to plan action reflecting the client's interests, abilities, aptitudes, and mental health needs as these are related to personal-social-emotional concerns, educational progress, and occupations and careers.</p>
Treatment planning and utilization review	<p>a. Counseling. – Assisting individuals, groups, and families through the counseling relationship by evaluating and treating mental disorders and other conditions through the use of a combination of clinical mental health and human development principles, methods, diagnostic procedures, <b>treatment plans</b>, and other psychotherapeutic techniques, to develop an understanding of personal problems, to define goals, and to plan action reflecting the client's interests, abilities, aptitudes, and mental health needs as these are related to personal-social-emotional concerns, educational progress, and occupations and careers.</p>
Brief and solution-focused therapy	<p>a. Counseling. – Assisting individuals, groups, and families through the counseling relationship by evaluating and <b>treating mental disorders and other conditions through the use of a combination of clinical mental health and human development principles</b>, methods, diagnostic procedures, <b>treatment plans, and other psychotherapeutic techniques</b>, to develop an understanding of personal problems, to define goals, and to plan action reflecting the client's interests, abilities, aptitudes, and mental health needs as these are related to personal-social-emotional concerns, educational progress, and occupations and careers.</p>
Alcoholism and substance abuse treatment	<p>a. Counseling. – Assisting individuals, groups, and families through the counseling relationship by <b>evaluating and treating mental disorders and other conditions through the use of a combination of clinical mental health and human development principles, methods, diagnostic procedures, treatment plans, and other psychotherapeutic techniques</b>, to develop an understanding of personal problems, to define goals, and to plan action reflecting the client's interests, abilities, aptitudes, and mental health needs as these are related to personal-social-emotional concerns, educational progress, and occupations and careers.</p>
Psychoeducational and prevention programs	<p>a. Counseling. – Assisting individuals, groups, and families through the counseling relationship by evaluating and treating mental disorders and other conditions through the use of a combination of clinical mental health and human development principles, methods, diagnostic procedures, treatment plans, and other psychotherapeutic techniques, to develop an understanding of personal problems, <b>to define goals, and to plan action reflecting the client's interests, abilities, aptitudes, and mental health needs as these are related to personal-social-emotional concerns, educational progress, and occupations and careers.</b></p>
Crisis Management	<p>a. Counseling. – Assisting individuals, groups, and families through the counseling relationship by evaluating and treating mental disorders and other conditions through the use of a combination of clinical mental health and human development principles, methods, diagnostic procedures, treatment plans, and other psychotherapeutic techniques, <b>to develop an understanding of personal problems, to define goals, and to plan action reflecting the client's interests, abilities, aptitudes, and mental health needs as these are</b></p>

related to personal-social-emotional concerns, educational progress, and occupations and careers.

Note.

<sup>a</sup> <https://amhca.site-ym.com/page/facts>

<sup>b</sup> For more information on the clinical work that NC LPCs do as well as consulting, referral and research activities, please see our counseling practice act as described in Article 24. Licensed Professional Counselors Act § 90-330.

[http://www.ncblpc.org/assets/lawsandcodes/LPC\\_Practice\\_Act\(NCGSArticle24\).pdf](http://www.ncblpc.org/assets/lawsandcodes/LPC_Practice_Act(NCGSArticle24).pdf)

**6. What is the trend of licensure names in other states?**

The Board staff researched the licensure names, education requirements, endorsement requirements, supervision requirements, etc., of the other 49 states, DC and Puerto Rico and found that the **majority** (*n*=27) of the states’ licensure names differed from Licensed Professional Counselor. Specifically, 15 states have identified themselves as **mental health counselors** by the following licensure names: Clinical Mental Health Counselor, Licensed Clinical Mental Health Counselor, Licensed Mental Health Counselor, Licensed Independent Mental Health Practitioner, Professional Clinical Mental Health Counselor, Licensed Professional Counselor-Mental Health Service Provider and Licensed Professional Counselor of Mental Health.

Here is a table of the 27 States and their Licensure Names (not Licensed Professional Counselor):

License Name	State(s)
Clinical Mental Health Counselor	Utah
Licensed Clinical Mental Health Counselor	New Hampshire, Vermont
Professional Clinical Mental Health Counselor	New Mexico
Licensed Mental Health Counselor	Florida, Hawaii, Indiana, Iowa, Massachusetts, Washington, New York, Rhode Island
Licensed Independent Mental Health Practitioner	Nebraska
Licensed Professional Counselor of Mental Health	Delaware
Licensed Professional Counselor – Mental Health Service Provider	Tennessee
Licensed Clinical Professional Counselor	Idaho, Illinois, Kansas, Maine, Maryland, Montana, Nevada
Licensed Professional Clinical Counselor	California, Kentucky, Minnesota, North Dakota, Ohio

**7. When will I receive my new license?**

Licensees will be notified of the new law and given a timeframe in which changes and updates must be made. By the effective date of the new law, the Board will provide notice to all licensees of the date to submit/upload an updated Professional Disclosure Statement with updated license name. Upon receipt licensees will be emailed a .pdf of their new license. Renewal dates will remain the same. Upon renewal, each licensee will receive an official certificate suitable for display and a pocket certificate.

**8. Will licensees have to pay a fee for any updated official Board issued documentation?**

No. The only fees one will have to pay are associated with initial licensures and renewals.

**9. All of the materials identify me as an LPCA/LPC/LPCS. Will it be a violation to have market materials to continue to list me as such as the change?**

The Board is extremely sensitive to licensees’ time requirements to make necessary changes and therefore will endeavor to be highly reasonable in the allowance of an appropriate timeframe for change. Licensees will be notified of the new law and given a timeframe in which changes and updates must be made. By the effective date of the new law, you are required to represent your license accurately according to North Carolina statute 90-340(4) and the ACA code of ethics (C3A).

**10. How will this change or affect my business status as an PLLC?**

You may inquire with the NC Secretary of State’s Office about your PLLC and/or you may also consult with an attorney.

**11. What obligations, if any, will I have in notifying my clients of the change?**

The Board is extremely sensitive to licensees' time requirements to make necessary changes and therefore will endeavor to be highly reasonable in the allowance of an appropriate timeframe for change. Licensees will be notified of the new law and given a timeframe in which changes and updates must be made. By the effective date set by the board, you would be required to inform your clients. You would present your clients with a new Professional Disclosure Statement with the updated name.

**12. *How will this title change affect portability?***

It will not.

**13. *Will this title change result in changes to requirements for licensure?***

The name change, itself, will not change requirements for licensure.

**14. *Will the name change affect how I do insurance filing for eligible clients (i.e., having to go through the process of becoming a paneled provider again, or being "kick off" panels)?***

The Board does not anticipate the name change will affect how licensees file insurance claims. We encourage you to verify this information with the appropriate insurance companies.

**15. *My name and license title are utilized as my business name and has an associated Tax ID number. Will I have to close my corporation and re-incorporate myself?***

Please check with the Secretary of State's Office and/or your accountant or lawyer.

**16. *Will the name change, is there HOPE for greater portability of licensure state-to-state?***

In keeping with new current trends, it is anticipated that the name change will provide increased opportunities for licensees in North Carolina.

**17. *How will the name change affect supervision?***

Until there are a sufficient number of supervisors to meet the demand, the Board will need to continue to allow other board approved supervisors from other professions to supervise.

**18. *Will the name change help licensees, clients, the public and other stakeholders have a clearer understanding of what our profession's clinical focus is with regard to the services we are trained to offer?***

It is the hope of the Board that the name change will more clearly define the clinical training and expertise of our licensees.

**19. *How do National Board for Certified Counselors (NBCC) and Center for Credentialing & Education (CCE) view the proposed changes?***

Other states have also made name changes and NBCC and CCE abide by the decisions of state boards. Furthermore, NBCC provides certification for those who pass the appropriate exam and meet the requirements for the Certified Clinical Mental Health Counselor (CCMHC) credential.

**20. *How will the name change affect the National Certified Counselor certification?***

It will not as these two credentials are separate.

**21. *Will the name change affect the name of NBCC?***

No it will not.

**22. *I am an administrator or school counselor, who does not do any clinical work. How will this affect me?***

It will not affect you.

**23. I have earned the Certified Clinical Mental Health Counselor (CCMHC) credential. How will this be affected?**

It will not be affected.

**24. Will the name change affect my scope of practice?**

It will not be affected.

**25. Are we merging with Licensed Clinical Social Workers?**

No.

**26. Is this a national change? If not, how long will it take for other states to change their names to LCMHC?**

This is not a part of national name change, however the American Mental Health Counseling Association uses the terminology “clinical mental health counselor” to refer to those professional counselors in all 50 states as they advocate for the profession. Each state decides the license name. For example, currently there are 27 states that have a license name other than LPC. At present 15 of those states in some way identify with being mental health counselors. The other 12 states identify as either a Licensed Clinical Professional Counselors or a Licensed Professional Clinical Counselor. (See chart under the response for Question 3).

**27. Licensed Professional Counselor is a part of my registered business name. Will I have to change it?**

Yes. Once the bill has become a law, you are required to represent your license accurately according to North Carolina statute 90-340(4) and the ACA code of ethics (C3A). The Board is extremely sensitive to licensees’ time requirements to make necessary changes and therefore will endeavor to be highly reasonable in the allowance of an appropriate timeframe for change. You will need to inquire with the NC Secretary of State’s Office about how to change your Professional Corporation name, if applicable.

*Thank you to the many counselors and leaders who gave valuable insight to this process and provided these questions. Your collaboration is greatly appreciated!*

#### References

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