

Professionalism's Challenges to Professional Counselors' Collective Identity

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The authors discuss how attaining various standards of professionalism has inadvertently resulted in challenges to professional counselors' collective identity. The authors reviewed interviews with senior contributors to the profession published in the Journal of Counseling & Development, identifying themes in their comments to suggest potential solutions to helping professional counselors find unity in diversity.

Counseling has attained many criteria identified as essential to a profession: a professional organization, an ethical code and standards of practice, an accrediting body to prescribe curriculum and to sanction preparation programs, credentials, and licensing governing practice (Feit & Lloyd, 1990; Ritchie, 1990). Paradoxically, achieving professional status has done little to promote professional counselors' sense of collective identity or to distinguish counselors from other mental health professionals. In fact, the criteria for professionalism have been attained through multiple avenues, some of which conflict with one another. Achieving professional status has led to the creation of greater diversity and less unity among persons who identify as professional counselors. As a result, the occupational title "professional counselor" lacks sufficient specificity to secure its role in the eyes of other mental health professionals and the general public.

The lack of a specific identity for professional counselors has many causes. Persons who identify themselves as professional counselors may have received their training in programs accredited by different accrediting bodies. They may belong to multiple professional organizations that hold opposing positions. They may hold various credentials and licenses and, owing to these professional memberships and to their licensing, may be required to adhere to different and sometimes conflicting codes of ethics. It is our opinion that differences in training, specialization, professional affiliations, and credentialing have challenged professional counselors' sense of collective identity. Advanced students in counseling programs, counselor educators, and practic-

ing counselors often find themselves in the dilemma identified by O'Bryant (1994) of being unable to explain exactly how professional counselors differ from helping professionals such as psychologists and clinical social workers. If counseling were considered analogous to a client, a professional counselor might characterize it as suffering from an identity crisis.

Striving for a collective identity is not new to counselors. The American Counseling Association (ACA) originally was formed from four groups representing different specialties (Myers, 1995). Given this origin, it is not surprising that ACA's flagship publication, the *Journal of Counseling & Development (JCD)*, is a rich source for tracing the quest for the profession's identity. Rodney K. Goodyear, in the 1984 inaugural issue of his *JCD* editorship, emphasized promoting professionalism that included a shared identity and an appreciation for counseling's history and for counselors' unique skills. Goodyear (1984) noted,

It is important, then, that we do not forsake aspects of our profession that are uniquely ours as we struggle to become recognized as legitimate providers of mental health services. For example, our knowledge of testing distinguishes us from social workers; our foundations in vocational counseling and in working with essentially normal people distinguishes us from all other mental health professions. (p. 5)

At the beginning of the 1990s, *JCD* contributors (Heck, 1990; Ivey & Van Hesteren, 1990; Robinson, 1990; Steenbarger, 1990, 1991; Van Hesteren & Ivey, 1990) created a dialogue addressing counseling's professional identity. Van Hesteren and Ivey saw counseling professionals working somewhere between psychology and social work, based on their his-

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tory of educational and environmental interventions. Weinrach (1987) found counseling's lack of identity understandable: "Its identity has always been confusing, even to those who have worked in the field for several decades. Counseling falls somewhere between education and psychology. Its literature, theories, and role models come from these two disciplines" (p. 397). (See Hanna & Bemak, 1997, who have provided a summary of discussions on counseling's identity.)

Recently, in a brief synopsis of the histories of counseling and psychology, Goodyear (2000) indicated that the strained relationships between the two professions began in the 1970s arising from professional counselor licensure, accreditation of counseling programs, and changes in counseling's professional organization. Even though Goodyear (2000) recognized the existing conflict, he emphasized that "counselor and counseling psychologist groups continue to have a shared identity and many interests in common, which is reflected in the continuing overlap in membership between Division 17 and ACA" (p. 105). In truth, despite commonalities, the relationship between professional counselors and psychologists has frequently been acrimonious. Counselors promoting the passage of professional counseling licensure law often encountered opposition from psychologists and other professionals working in mental health fields.

Trends of the past 30 years show that counselors' seeking licensure has further fragmented the profession. Various specialties may or may not require a license to practice. Requirements for obtaining a license differ from state to state. 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. Furthermore, professional counselors' scope of practice continues to be challenged by state psychology boards (Guerra, 1998), ironically, often in the arena of standardized testing, which Goodyear (1984) indicated has historically been a purview of counselors. 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.

In 2002, ACA celebrated its golden anniversary with the theme "Unity Through Diversity." It is an appropriate time to reactivate the dialogue on counseling's collective identity and its relations with other helping professions. In this article, we review a series of interviews published in *JCD* to gain insight into the evolution of various challenges to the counseling profession. We believe the perspectives of those who have made significant contributions to the counseling profession provide inspiration on how to promote a collective identity and give professional counselors a sense of *unity in diversity*.

CHALLENGES TO PROFESSIONAL COUNSELORS' SENSE OF COLLECTIVE IDENTITY

The initiatives undertaken to advance counseling's status as a profession during the last 30 years have enhanced counse-

lors' sense of professionalism while presenting challenges to counselors' sense of collective identity. We specifically discuss in further detail challenges that relate to professional counselors' identity, exploring issues pertaining to training, specialization and credentials, and counseling's professional associations.

Training

Goodyear (2000) identified the 1981 implementation of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) to accredit counseling programs as a factor in differentiating counselors from psychologists, the American Psychological Association (APA) having accredited counseling psychology programs since 1951. With the advent of CACREP, many counseling programs that had been APA accredited sought and maintained accreditation from CACREP. Currently, although some training programs have both CACREP and APA accreditation, more typically programs are either CACREP accredited and prepare professional counselors or are APA accredited and prepare counseling psychologists. Because many jurisdictions do not award licensure to master's-level psychologists, master's-level graduates of APA counseling psychology programs often seek licenses as professional counselors. Doctoral graduates of APA programs may also become licensed as either psychologists or as professional counselors and may find employment as faculty in CACREP-accredited programs. This is not usually the case for doctoral graduates of CACREP programs, who typically do not qualify for psychology licensure or for positions as faculty in APA-accredited programs.

Nor are differences in training programs limited to two accrediting agencies. Graduates of programs accredited by the American Association of Marriage and Family Therapists' (AAMFT) Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and graduates from CACREP-accredited programs having a specialty in marital, couple, and family counseling/therapy face faculty employment situations similar to what was described earlier. AAMFT graduates usually qualify for licensure as professional counselors, but typically only graduates of CACREP-accredited programs in marital, couple, and family counseling/therapy qualify for licensure as marriage and family therapists. Other organizations that accredit programs in which counselors are trained include the Council on Rehabilitation Education (CORE), which accredits graduate programs in rehabilitation counseling, and the American Association of Pastoral Counseling (AAPC).

Within CACREP-accredited programs, not all master's degrees are equal (CACREP, 2001). Entry-level programs in mental health counseling or in marital, couple, and family counseling/therapy require a minimum of 60 semester hours, 12 semester hours more than the programs in career, college, community, school, or gerontological counseling. The argument has been made that counselors in the two 60-hour programs require additional training because they work either with clients who have mental disorders or with families. However, school counselors, whose daily duties require dealing with both dysfunctional children and their families, would seem to

require the same training if not more, given the recent focus on violence in schools and the wide range of needs found in public schools. Likewise, demographic statistics indicate that populations worldwide have an increased percentage of older persons with an increased incidence of psychological difficulties. With state licensure boards increasingly calling for 60 credit hours of graduate work, graduates of career, of college, and of community counseling programs are likely to face difficulties obtaining professional licenses unless they seek additional training or unless such training programs adjust to the 60 hours requirement.

Graduates of many different types of training programs that differ in accreditation training requirements are all entering the profession of counseling. The differences in training they have received and the differences in credentialing and licensure they face pose a challenge to developing a collective identity as professional counselors.

Specialization and Credentials

Typically, professional counselors' specialization determines their employment settings and the credentials they must hold to practice in those settings. Counselors who work for public agencies, at either the state or federal levels, generally are not required to obtain any credential beyond their university degree (U.S. Department of Labor, 2000). Counselors in public schools levels K–12, across all states and the District of Columbia, are certified by each state's department of education, all of which have their own requirements (Kaye, 2000). For example, it varies from state to state whether a school counselor must have a teaching certificate. Persons who engage in pastoral counseling as a duty of their ministry may not be required to be licensed as counselors. Counselors employed in all other settings are subject to each jurisdiction's law regarding credentials they must possess.

In 1976, Virginia passed legislation to grant individuals who had doctoral degrees licenses as professional counselors. In 1979, Arkansas became the second state to grant professional counseling licenses, and the first to grant them to master's-level applicants. The master's level became the standard educational requirement for entry-level counselors among the various jurisdictions currently overseeing the practice of counseling. Requirements for qualifying for licensure vary from state to state. There is no reciprocity among state licensing boards that allows portability of licenses, an issue that is being addressed by ACA (Ford, 1999; Schmitt, 1999) and the American Association of State Counseling Boards (AASCB). Although efforts to increase portability of licensure are desirable, it must be acknowledged that these efforts will not benefit school counselors, who also experience difficulties in portability of their credentials if they move to a different state (Baker, 1994).

Among jurisdictions granting licenses, the majority require satisfactory completion of either the National Counselor Examination (NCE) or the National Clinical Mental Health Counselor Examination (NCMHCE), both of which are owned by the National Board of Certified Counselors (NBCC). The NCE is a knowledge-based examination of the core curriculum areas required by CACREP. The

NCMHCE, as its name implies, is oriented toward mental health practice, requiring skills in both clinical assessment and diagnosis. At the 1999 AASCB national conference, delegates passed the AASCB/NBCC Testing Proposal (B. Neilsen, personal communication, January 18, 2000). This proposal endorsed using the NCE to qualify for licensure with supervision and the NCMHCE to qualify for postsupervision licensure.

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 qualify for third party reimbursements. While it is laudable to promote professional counselors' expertise as mental health providers, these efforts may be detrimental to counselors employed in colleges, business organizations, and a wide variety of other employment arenas, where they do not engage daily in clinical practice. If knowledge of mental health practices is crucial to qualifying for licensure, these counselors will have to seek other types of credentials available to them that will reflect the nature of their practices and the level of their professionalism.

A graduate of a CACREP-accredited program meets the requirements to become a National Certified Counselor (NCC). However, NBCC does not offer credentials for the CACREP specialty areas of college, community, career, or gerontological counseling. NBCC offers a specialty credential for substance abuse counselors, although there is no CACREP accreditation for substance abuse programs (CACREP, 2001). Different credentials have different requirements for continuing education and supervision. The majority of licensure regulations require postgraduate supervision, but it is not typically required of counselors working in public schools.

Differences in the counseling programs that can be accredited, in credentials that can be obtained, and in the usefulness of these credentials all lead to disparity among counselors. Credentials that qualify their holders to receive insurance reimbursements typically require a greater level of training than those that allow employment in schools, colleges, and public agencies where third party payments are not a factor. Credentials that do not directly influence reimbursement or employment are often not as sought after, as evidenced by NBCC's decision to retire the specialty designation "National Certified Career Counselor" in June 1999, "due to declining applications for the credential" (Reile & Carver, 1999, p. 1).

Professional Organizations

Currently, there are many professional organizations to which persons identifying themselves as counselors may belong. Goodyear (2000) indicated that many counseling psychologists who were affiliated with the American College Personnel Association (ACPA) withdrew from ACA when ACPA left in 1992. Persons trained as marital, couple, and family counselors/therapists often affiliate

with AAMFT, not ACA. Pastoral counselors may choose to join AAPC but not ACA. As counselors have increasingly identified with their areas of specialization, divisions of ACA have either sought disassociation, like ACPA, or have begun to maintain separate memberships. These changes in counseling's professional organization have further contributed to professional counselors lack of collective identity.

PERSPECTIVES OF SENIOR CONTRIBUTORS TO THE PROFESSION

Referring to a series of interviews published in *JCD* with senior contributors to the counseling profession, Heppner, Rogers, and Lee (1984) stated that the interviews, considered as a whole, "uncover something of what binds us together, the thread of a common mission" (p. 12). In 1990, Heppner, Wright, and Berry discussed themes that appeared throughout the interviews including (a) meanings attached to working within the profession and (b) the evolving nature of the profession. Since then, additional interviews with persons who have made major contributions to counseling have been published in *JCD* Volumes 66 to 77, with the last "Lifelines" appearing in Vol. 73(2) and the "Profiles" series beginning in Vol. 75(1).

We sought to obtain perspective on the challenges professionalism has posed to counseling by reviewing interviews with Carolyn Attneave (Lafromboise & Fleming, 1990), Roger Aubrey (Briddick, 1997), Edward Bordin (Goodyear, Roffey, & Jack, 1994), Robert Callis (Greer, 1990), George Gazda (Rotter, 1994), Arnold Goldstein (Goldberg, 1998), Norman C. Gysbers (Good, Fischer, Johnston, & Heppner, 1994), Carl McDaniels (Gale, 1998), Chuck Warnath (Mallinckrodt & Sprinkle, 1991), and Garry R. Walz (Schmidt, 1998). In the current article, we recognize that not all the interviewees listed would identify as "professional counselors" but that their remarks are pertinent to the central concern of this article.

The breadth and diversity of counseling's professional arenas are well represented by the interviewees who, throughout their careers, filled professional roles as practitioners, educators, administrators, theorists, and researchers. Their employment settings included private practices, colleges and universities, and research foundations. All were active in ACA and in various divisions of ACA. The theme of human growth and development across the life span is a commonality in their major areas of interest that included (a) psychotherapy and human change, (b) career and leisure development, (c) developmental school guidance, and (d) college student development. Finally, the same three areas discussed earlier (i.e., training, specialization and credentials, and counseling's professional associations) are again reviewed in terms of the interviewee's comments. Also, the added area "unifying factors" is used to summarize the interviewee's comments that pertain to those aspects of counseling that will directly contribute to establishing a collective identity for professional counselors.

Training

The notion that regardless of specialization all counselors use the same techniques was reiterated as senior contributors voiced that counselor training needs to return to a foundation of basic skills. Callis (Greer, 1990) put it, "If we provide sound generic training, our graduates can adapt to a wide variety of settings" (p. 401). This perception of counseling was supported by another senior contributor:

We do not place enough emphasis in our training and our research on the qualities that change approaches have in common. . . . what we need to focus on in our training and research are what approaches have in common: relationship, empathy, dependency, suggestibility, expectancy, and so forth. (Arnold Goldstein as cited in Goldberg, 1998, p. 356)

Gazda echoed this sentiment:

We need to refocus on training on some fundamentals: Make sure that we're training counselors to be effective listeners, effective responders at a very basic level before they can get fancy and start using all kinds of other interventions. . . . going back to the core conditions as a starting point. . . . work on improving the quality of training. . . . put more emphasis on skills development and carefully supervised practicum experience. (Rotter, 1994, pp. 343-344)

Senior contributors agreed that counselor education training has not sufficiently responded to the broadened scope of counseling practice providing services to people who are experiencing psychopathology. As Warnath put it, "I believe there is a clash between the very theoretical kind of training you get and the practical stuff you have to face when you're working on a daily basis in a counseling center" (Mallinckrodt & Sprinkle, 1991, p. 284). Aubrey provided specific critique of weakness in counselor training at the master's level:

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. (Briddick, 1997, p. 12)

Generally, senior contributors indicated that CACREP accreditation and licensing of professional counselors resulted in the adoption of higher standards for counselor preparation. However, both of these developments were seen as potentially limiting creative flexibility in counseling training programs. For example, Roger Aubrey said, "I am well aware of many counseling programs whose entire curriculum is structured by the state licensure board, and I feel this is a mistake" (Briddick, 1997, p. 12). Also, Robert Callis revealed, "The control . . . has shifted from the faculty to the accrediting agencies and licensing boards. No doubt this aids in quality control, but it also tends to set the curricu-

lum in concrete and will stifle innovation in the future" (Greer, 1990, p. 400).

The senior contributors all endorsed the "scientist practitioner" model both as having great influence on their careers and as being desirable for professional counselors in training. However, they indicated that there was a lack of integration of research into professional counselor training programs and a lack of research interest among both students and practitioners. Callis remarked that today's students' desire to meet licensure requirements and to enter the private practice marketplace often preempted their scientific curiosity and interest in doing research. Bordin suggested that counseling is divided between those who are practicing and counselor educators who are doing research: "The person who is equally balanced between science and practice is a rare bird. . . . I believe we have a bimodal distribution in the field" (Goodyear et al., 1994, p. 571). Garry Walz indicated that counselors dealing with new problems and issues do not sufficiently reference the existing research because research is not sufficiently present in counselor training:

When we look at our in-service training or our traditional curriculum, research is frequently taught as a separate course—as something students must acquire to be certified as counselors. Seldom is it integrated throughout the curriculum where every course or every topic we teach is integral to what research says about a particular issue. I think we need to see a triad of training, research, and practice. (Schmidt, 1998, p. 485)

Not only was the lack of research by professional counselors deplored by these senior contributors, they also criticized the nature and the quality of research efforts in which professional counselors have engaged as both having short-term focus and lacking depth. They saw a tendency in the profession to pursue fads rather than to establish a well-proven base of research knowledge. As Walz put it, "The helping professions are rife with new theories and strategies relatively untested" (Schmidt, 1998, p. 487). Both Walz and Aubrey (Briddick, 1997) regretted the lack of interest in replication studies. Aubrey also noted a lack of adoption of methods, such as qualitative naturalistic inquiry, that he saw as appropriate to the field but requiring long-term effort.

Several senior contributors acknowledged that the nature of achieving success as a counselor educator contributed to the difficulties of developing worthwhile research. Carolyn Attneave (Lafromboise & Fleming, 1990) indicated that academic competition and lack of collaboration inhibit the professional development of both students and college professors. Several of the senior contributors stated they were unable to accomplish what they considered their most important work until after they had been tenured.

Specialization and Credentials

All of the senior contributors acknowledged that throughout their professional lives they had seen professional counselors entering new employment arenas and providing services to increasingly diverse types of clientele. As Gazda put it, "We have added many new specialties through divi-

sions, because we're encompassing a greater diversity of the population . . . a kind of clientele with whom counselors work now that they didn't work with years ago" (Rotter, 1994, p. 344). Although broadening counselors' scope of practice was seen as a positive development, senior contributors expressed concerns regarding its effects on counseling students' development. Goldstein noted, "Unfortunately, there's so much pressure on students to specialize, to become an expert, that we often wind up training narrow experts" (Goldberg, 1998, p. 355). Aubrey stated, "When we start master's programs by forcing some individuals to specialize, I think we limit greatly their usefulness to the profession and to the clients they serve" (Briddick, 1997, p. 13). McDaniels captured the general sentiment of senior contributors that specialization should not lead to diverseness among professional counselors:

There have become artificial barriers and lines of demarcation drawn around mental health counseling, college counseling, career counseling, and rehabilitation counseling. I recognize that there are specializations. . . . but I still believe that there is a generic base in counseling theories and helping relationships that is important for everybody. The circumstance of our being collectively in counseling is more important to me, and more significant than our separation into specialties . . . counselors are still more alike than they are different. (Gale, 1998, p. 205)

Considering their own varied professional backgrounds, it is not surprising that senior contributors not only found differences based on specialization that was not particularly important but indicated counseling is much like other helping professions that address similar concerns. Goldstein noted, "All of us, whether in school psychology, clinical psychology, counseling, or social work are interested in changing human behavior. Perhaps formal disciplines that divide up human behavior are necessary. . . . But unfortunately it's to our detriment" (Goldberg, 1998, p. 352). Goldstein emphasized the synchronization of knowledge in clinical psychology, counseling, developmental psychology, and social psychology. He was concerned that the concept of specialization could be constrictive and result in "narrow experts who are very good in a segmented domain but whose knowledge of the domain is greatly damaged by the fact that they not only don't know what surrounds it broadly, they don't even know what surrounds it immediately" (p. 355).

Professional Associations

Senior contributors also regretted that, over time, research contributions have become less expected from professional associations.

Professional associations have changed from being learned societies to becoming more like trade associations. . . . Although I believe we must continue to work on professionalism and credentialing, I am afraid that if we just do that, we will lose our research and theory base. (Norman Gysbers as cited in Good et al., 1994, p. 119)

Garry Walz repeated this theme:

I sometimes think professional associations in our field . . . which at one time were seen to be learned societies, were established as a

way of assembling and bringing together the best knowledge that a collective group of people were interested in. They have strayed somewhat from that as a major concern in the body politic. (Schmidt, 1998, p. 486)

Also, Carl McDaniels had some prescriptive advice:

We need leaders who are professionally active, theorizing, researching, writing, publishing, and presenting about successful practices. Modern professional associations have evolved in ways that make it easy to get caught up, in the moment, and in the politics: meeting and planning the next meeting, but not paying attention to the long-range issues, such as developing the next generation of leadership. (Gale, 1998, p. 205)

Unifying Factors

Many of these senior contributors agree with Van Hesteren and Ivey (1990) that what is necessary is a positive developmental model of counseling that includes psychosocial, psychosexual, career, and moral development issues, with a focus on the task of meaning construction and dealing with existential issues as the core of counseling. Senior contributors urged a return to an emphasis on normal development and prevention. For example, Aubrey said, "I don't want to see counselor educators or counselors getting sucked into pathology models and lose sight of what healthy human development is all about" (Briddick, 1997, p. 15). Also, Gazda said, "We're complaining about the people who follow the medical model, but we're adopting it, too. . . . We need to lobby for payments for providing preventive mental health interventions" (Rotter, 1994, p. 344).

Several of these senior contributors developed programs in school or agency settings that promoted counselors' roles in increasing students' and clients' repertoires in domains such as social and coping skills. Others advocated shifting the counseling context from the *individual* to the *individual in environment*. McDaniels put it, "We have to be concerned with other societal issues . . . issues of poverty, crime and violence, issues of family availability, or lack of availability. It's important to ensure that we have a broader, more holistic view of counseling" (Gale, 1998, p. 205). Aubrey provided details for this conceptualization:

We have never had a solid foundation in the social and behavior sciences. That means a total neglect of the environment our clients deal with daily. People still think that a once-a-week, 50 minute session, which is obsolete, is the norm for effective intervention. We just aren't dealing with . . . natural therapeutic supports that are evident in the lives of people outside of the counseling context. . . . We need to spend more time looking at resources that may be available but unknown to the client. (Briddick, 1997, pp. 12-13)

Overall, these professionals emphasized that professional counselors must be willing to undertake new roles and to work collaboratively both with each other and with professionals from other helping occupations. Aubrey suggested that counseling must examine both its similarities with and its distinctions from other helping professions:

I think the counseling profession needs to be much more aware of competing professions. Clinical counseling, clinical psychology, counseling psychology, psychiatric nursing, pastoral counseling, social

work and so on. . . . What do we duplicate that they are already doing? What do we do that's unique to counseling? Where do we overlap? Where are these professions, and where are these professions moving to? And can we and do we want to compete with them? We've stepped on a lot of toes over the past 20 years, especially in the last 10 years. (Briddick, 1997, p. 14)

The senior contributors visualized counseling as an evolving profession that should be open to growth and innovation with the next century. Walz acknowledged the potency of technology: "It is only logical that we would take the next step—counseling over the Internet or 'cyber-counseling' as it is called by some" (Schmidt, 1998, p. 488). Goldstein suggested that change is inevitable, so counselors should adopt the following mantra: "I not only will accept changes in knowledge and procedure in my field, but I will welcome such change and contribute to it" (Goldberg, 1998, p. 355). Walz suggested counseling's future will depend on researching its effectiveness such as

the evaluation and verification of the practices that we use. All helping professionals are under the gun to demonstrate that what they do in fact makes a difference. . . . is there a reasonable expectation that the service will bring about helpful results? (Schmidt, 1998, p. 488)

Senior contributors to the profession realized that counseling's quest for an identity that is professional, collective, and unique from other professions providing mental health services is hardly at an end, nor is it an issue that can safely be ignored. McDaniels warned,

Counseling won't continue just because there are people working in an occupation called "counseling." It needs professional representation in today's complex society because there are people who would deny us the opportunity to work in ways, and with groups, that are best reached through counseling. We have to work hard collectively to represent each other. (Gale, 1998, p. 206)

Aubrey confirmed the continuing need for professional identity, repeating a theme that he initiated in the 1970s, "I think the profession needs to continue to explore and search for a system that can tie together and integrate the diverse elements within our profession" (Briddick, 1997, p. 15).

Beyond the clarity of hindsight, it is apparent that senior contributors to counseling, observing trends in the counseling profession during the last several decades, anticipated the challenges facing the profession today. They remind professional counselors that counseling's roots are in education and in developmental models. The discussions of counseling's identity in the 1990s echoed these sentiments. Steenbarger (1991) contended, "Counseling's identity is inextricably bound with those preventive and developmental activities issuing from organismic (growth-oriented, holistic) and contextualist (person/environment-sensitive) perspectives" (p. 380). Hanna and Bemak (1997) identified the educational component, an emphasis on human development and on multiculturalism, as differentiating counseling from other helping professions. It seems that counselors are able to identify their strengths but have not yet formulated a method

to use them collectively to promote the profession. A review of the senior contributors' comments speaks to the importance of professional counselors establishing a collective identity distinct from other helping professionals.

RECOMMENDATIONS

Our review of the senior contributor's comments led to the following recommendations for formulating a collective identity that will help establish counseling's unique role.

1. *As of its golden anniversary year, and in keeping with the theme of "Unity Through Diversity," ACA should initiate a task force to devise a comprehensive strategic plan for the profession's future.* This strategy should aim at anticipating future developments and considering their impact on the profession. It is realistic to expect that market demands influence the development of a profession. The last several decades of counseling's history have been driven more by the profession striving to meet market forces than by the profession's promotion to create new markets. The desire to qualify for third party reimbursements has been and currently is shaping the profession's development, with ramifications that have the potential to fragment the profession. The next market development that will challenge the profession will be technological developments such as the offering of counseling services over the Internet. ACA needs to plan for the future of all its members and to initiate comprehensive strategies that will benefit all its members rather than undertaking initiatives that benefit counseling specialties in a piecemeal fashion.

Specifically, the professional organization should work to create market demand. As pointed out by several of the interviewees, philosophically and theoretically, professional counselors are more aligned with *normal growth and development, holistic approaches, and wellness* (e.g., Darden, Ginter, & Gazda, 1996; Ivey & Ivey, 1998; Myers, Sweeney, & Witmer, 2000) than with medical or deficit models. Counseling needs to move away from the stigmas of a medical, deficit model and be associated with normal development and with positive lifestyles. ACA could actively promote research that would demonstrate the benefit of counseling in supporting healthy approaches to living. ACA lobbying efforts should include seeking ways that proactive, preventative counseling can be reimbursed. For example, business organizations could save money in insurance payments and could retain healthy, productive employees if counseling was integrated strongly into the human resource services. The market of people who are not seriously distressed but who want to improve the quality of their lives is larger than the market of those in need of clinical mental health services. Professional counselors miss opportunities when they fail to create, recognize, and take advantage of situations in which they can help normal individuals who want to develop healthier habits of living appropriate to their ages and stages of development. A professional association that would undertake market research could guide the profession's development versus allowing it to be market driven. Finally, even

in the clinical arena, counseling's focus on normal growth and development can be relied on to plan and structure the course of treatment (see Ivey & Ivey, 1998, for an example).

2. *Professional associations, accrediting organizations, and credentialing bodies, such as ACA, CACREP, NBCC, and AASCB, which are most significant to counseling, need to work together to promote the unity of the profession.* Emphasis should be placed on the basis of counseling rather than on specialty areas. Counseling would benefit if current efforts to promote portability of credentials from state to state were made for all counselors—those who practice in agencies, in schools, and in all other types of work settings. Likewise, differences in training requirements for some specialties, lack of national credentials for accredited specialty programs, and the lack of accredited specialty programs for acquiring national certification all work toward divisiveness rather than cohesiveness in the profession.

3. *Professional counselors, themselves, should actively continue discussions about their collective identity, the nature of the profession, and the planned future of counseling.* Goodyear (2000) recently suggested that as a profession, counseling must continue to define its relationships with other helping professions with which it shares similar interests. Of course, recognizing and acknowledging similarities is not the same as abdicating one's unique identity. For example, whereas counseling is similar to other mental health professions in its interests in working with clinical populations, counseling is unique in that it can infuse the clinical setting with a different type of perspective.

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