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The purpose of this study was to create a reliable and valid measure of counselor professional identity (CPI) that could be used with all counseling specialties and across the career span. A comprehensive definition of counselor professional identity was derived from the literature and used as the framework for creating the measure. Confirmatory factor analysis revealed that the original six subscale structure of the instrument was too simplistic. To gain a better understanding of the factor structure of the measure, exploratory factor analysis, along with confirmatory factor analysis, was conducted. Findings from both the confirmatory and exploratory factor analysis, along with results from additional exploratory analyses are reported. Implications for the counseling profession are discussed in relation to the findings.

COUNSELOR PROFESSIONAL IDENTITY: CONSTRUCTION AND VALIDATION
OF THE COUNSELOR PROFESSIONAL IDENTITY MEASURE

By

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To my husband, Brian Emerson, for sharing and supporting my goal

and

to Dr. Kelly Wester for showing me how to achieve it.

APPROVAL PAGE

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CHAPTER I
INTRODUCTION

Rationale for the Study

Counseling is a young profession compared to other mental health professions (Remley & Herlihy, 2007). As a profession, there are many different roles and areas in which a person could specialize or train (<http://www.cacrep.org>). These various opportunities have, at times, caused rifts within the field (Gale & Austin, 2003; Myers, 1995). In order to strengthen the profession, influence training programs, and enhance advocacy efforts, professionals and counseling organizations have set a goal of developing a unified professional identity (Gale & Austin 2003; Goodyear, 1984; Ivey & Van Hesteren, 1990; Maples & Altekruise, 1993). The difficulty in developing a unified professional identity is that writers and scholars in this area tend to use only parts of a more comprehensive definition. Thus, definitions used and instruments created have examined only subsections of counselor professional identity (CPI) instead of a comprehensive understanding of all components of CPI. Related to this lack of a comprehensive definition and comprehensive measure is the lack of a psychometrically strong instrument to measure counselor professional identity. These deficits leave unanswered questions regarding how counselor professional identity develops, educational components that can influence or create strong professional identity, and post graduation factors that can strengthen or relate to counselor professional identity.

Before beginning an examination of counselors' professional identity, it is important first to consider the term *profession*. The word itself is derived from Latin meaning "public declaration" and was first used in relation to an occupation in 1541 (The Oxford English Dictionary, 1989). Some of the first jobs publically declared as professions set a precedent regarding the criteria for achieving professionalization, which include the performance of a social service, requirement of specialized training, and a code of ethics which guides professional behaviors (McCully, 1962).

In counseling, the term profession has not been defined specifically. Instead, comparisons between counseling and already established professions in American society have been made (Ponton & Duba, 2009). As an example, Harold McCully (1962) assessed school counseling as a profession by adapting criteria set by Lieberman (1956) for school teachers. McCully's criteria were found to fit well with other widely accepted definitions and criteria of a profession (VanZandt, 1990). Through this comparison his findings reflected the then newness of school counseling, as it did not meet all the criteria outlined.

McCully's (1962) criteria were used once again by Feit and Lloyd (1990) and Ritchie (1990) to assess the counseling profession in general. The results of these two assessments were dissimilar, with Feit and Lloyd determining counseling was indeed a profession, while Ritchie stated it was not. Although counseling's professional status has not been reassessed formally since 1990, the counseling literature and organizations have supported the notion that counseling is indeed a profession (e.g., American Counseling Association [ACA], 2008a; CACREP, 2009; Feit & Lloyd, 1990; Hanna & Bemak,

1997; Messina, 1999; Myers & Sweeney, 2001; Smith, 2001; Sweeney, 2001; Van Hesteren & Ivey, 1990). As counseling nears its 100th year, few counselors would argue that counseling has not established itself as a profession.

The majority of recent authors (e.g., Feit & Lloyd, 1990; Gale & Austin, 2003; Hanna & Bemak, 1997; Messina, 1999; Myers & Sweeney, 2001; Myers, Sweeney, & White, 2002; Ponton & Duba, 2009; Smith, 2001; Sweeney, 2001; Vacc & Loesh, 1987; Van Hesteren & Ivey, 1990; VanZandt, 1990) seem to agree, or at least imply, that counseling has obtained status as a profession; however, the path of professionalization has not ended simply because the minimum requisites for professional status have been met (Feit & Lloyd, 1990). Achievement of professional status leads to the necessary development of a professional identity, which serves as the foundation for who we are as professional counselors. At a basic level, professional identity includes who counselors are, what counselors do, and how counselors are different from other mental health professionals. A deeper understanding of what contributes to individual counselors' professional identities will ensure that the counseling profession maintains its status as a profession through its collective professional identity.

Professional Identity

Over the past 25 years, contributors to the counseling literature have reiterated the importance of and need for a collective professional identity (Gale & Austin 2003; Goodyear, 1984; Ivey & Van Hesteren, 1990; Maples & Altekruise 1993). Some contributors to the professional literature believe the very future and survival of the profession depends on the achievement of this single, concrete, and unique identity

(Calley & Hawley, 2008; Ritchie, 1994; Smith, 2001). For example, Eriksen (1997) and Myers, Sweeney, and White (2002) identified development of a professional identity as the foundation of counselor advocacy. They believed advocacy efforts, conducted by counselors with strong professional identities, were necessary to continue to maintain the professional status of counseling, as well as propel the profession forward. O'Bryant (1992) highlighted the importance of counselors' professional identity, and thereby the future of the profession, when she declared the counseling profession is only as strong "as its weakest links" (p. 2). Following this line of thinking, professional identity at the individual level directly impacts the collective professional identity and, likewise, the future of the profession.

In line with the literature, many counseling organizations and accrediting bodies also have recognized the need to promote strong professional identities for both individual counselors and the counseling profession as a whole. For instance, the initiative titled "20/20: A Vision for the Future of Counseling," jointly sponsored by the American Counseling Association (ACA) and the American Association of State Counseling Boards (AASCB), named "strengthening identity" as one of the top concerns and goals of the initiative (Kaplan, 2006; Rollins, 2007a, 2007b). Delegates to the initiative also concluded a strong professional identity not only is vital for unifying and strengthening the profession, but also for moving the profession forward (ACA, 2008a). Another professional organization, the Council for Accreditation of Counseling and Related Educational Programs (CACREP), emphasized the important role of developing professional identity in every counselor-in-training, stating that its standards are written

“to ensure that students develop a professional counselor identity...” (CACREP, 2009, p. 1). Regardless of the continued emphasis of the impact of counselor professional identity, an agreed upon and unified definition of counselor professional identity continues to be needed.

Defining Counselor Professional Identity

Professional identity in general has been defined as “the possession of a core set of values, beliefs, and assumptions about the unique characteristics of one’s selected profession that differentiates it from other professions” (Weinrach, Thomas, & Chan, 2001, p. 168). Definitions of counselor professional identity rarely have been provided in the literature or by professional organizations, but, when they are, most are not comprehensive. A comprehensive definition of CPI however, can be derived from the work of Remley and Herlihy (2007). This definition is comprised of six components including knowledge and understanding of (a) counseling’s history, (b) counseling’s philosophy, (c) the roles and functions of counselors, and (d) professional ethics, as well as the components of (e) professional pride and (f) professional engagement. Although Remley and Herlihy did not compile these six components into a definition of CPI themselves, the current author has derived these components from the work of Remley and Herlihy in order to comprise a comprehensive definition counselor professional identity. What is more typically seen in the literature are counselor professional identity definitions that are incomplete and have been loosely defined or lumped together with overall counselor development (e.g., Bernard & Goodyear, 2004; Calley & Hawley, 2008; Mrdjenovich & Moore, 2004). For example, Moore-Pruitt (1994) defined

counselor identity as “an integration of theoretical orientation and methodology that is consistent with the counselor’s personal values and beliefs; the counselor is authentic” (p. 34). Although authenticity is important, it does not fully encompass professional identity as generally defined by Weinrach et al. or the comprehensive definition derived from the work of Remley and Herlihy.

More in line with the general definition of professional identity provided by Weinrach et al. (2001), Gray (2001) defined counselor professional identity as “understanding and having a sense of pride in one’s profession...[that] is essential both for one’s own internal satisfaction with one’s chosen career and for the continued societal recognition of the profession” (p. 12). Although pride is an important aspect of professional identity, Gray left out other critical components, such as a core set of values and beliefs or aspects that differentiate the field of counseling from other professions (Weinrach et al., 2001), such as ethical codes and counseling philosophy (Remley & Herlihy, 2007). Thus, Gray’s definition is not comprehensive.

Building another definition, Puglia (2008) defined counselor identity as being comprised of three parts, which included “agreement with the counseling philosophy, beliefs that the counseling profession includes activities such as becoming licensed and certified, and professional engagement” (p. 13). Puglia’s definition is slightly more comprehensive than Gray’s, but still neglects components such as knowledge of the profession’s history, roles and functions, and professional ethics. In addition, her definition does not include an element of professional pride, which was the cornerstone of Gray’s definition. As can be seen, each author has focused on similar criteria to define

the same concept; however, very few have used a common, comprehensive definition of counselor professional identity.

To make matters more complicated, the American Counseling Association (ACA) does not provide a definition of counselor professional identity (<http://www.counseling.org>). Neither does the National Board for Certified Counselors (NBCC, www.nbcc.org). CACREP, on the other hand, does give counselor professional identity a prominent place in their standards and attempts to provide a definition. CACREP provides a description of professional identity, which includes knowledge and understanding of (a) history and philosophy, (b) roles and functions, (c) advocacy, and (d) ethical standards of professional organizations and credentials (CACREP, Section II. G. 1., 2009). Although this definition is more comprehensive than most, it still lacks the components of professional pride and professional engagement. Puglia (2008) also found CACREP's definition to be incomplete because it does not include a definition of counseling philosophy. But CACREP also includes one aspect Puglia did not, ethics, which was listed as an original criteria for establishing a profession by McCully (1962).

One could say the lack of a consistent comprehensive definition of counselor professional identity is the counseling profession's weakest link. This lack of a consistent definition can result in difficulty comparing results of studies on professional counselor identity, leading to less clear communication on the topic and, above all, it continues to leave the profession without a single definition that can be used in the literature, training of students, advocacy efforts, or research.

As mentioned earlier, a definition that does seem to be comprehensive is one derived from Remley and Herlihy (2007), which includes the following six components: (a) knowledge and understanding of the profession's history, (b) knowledge and understanding of the philosophical foundations of the profession, (c) knowledge of the roles and functions of counselors and how they are similar and different from other mental health professions, (d) a sense of pride in the profession, (e) involvement in professional organizations and advocacy (i.e., professional engagement), and (f) knowledge and understanding of professional counselor ethics. This definition appears comprehensive because it includes the main components of the CACREP (2009) definition and adds the component of professional pride. It also has been used, at least in part, in various studies on counselor professional identity (e.g., Gray, 2001; Puglia, 2008). Although this derived definition of CPI has not previously been used in the literature, for the purposes of this study, it was deemed a comprehensive definition of counselor professional identity. A brief discussion of each of the five components of this definition follows.

History. Counselors with a strong professional identity have knowledge of the history of the counseling profession and believe it is important for counselors to have the knowledge and understanding. Learning the history of the counseling profession, typically presented during professional orientation courses, is required of all students (CACREP, 2009). An example of important facts, moments, and people in the profession's history, and counselor beliefs about counseling's history include the following: (a) Russia's 1957 launch of Sputnik spurred Congress to pass the National

Defense Act of 1958 (NDEA) which provided funds for more guidance and counseling programs in schools as well as training for guidance professionals (Bradley & Cox, 2001; Sweeney, 2001), and (b) agreement that understanding the counseling profession's history is important.

Philosophy. Along with knowledge of counseling history, counselors with a strong professional identity should understand and agree with the counseling philosophy. There are four main tenets of the counseling profession's philosophy which are readily supported in the literature: (a) the wellness perspective (Myers 1991, 1992; Myers, Sweeney, & Witmer, 2001; Remley, 1991; Remley & Herlihy, 2007; Sweeney, 2001; Van Hesteren & Ivey, 1990); (b) a developmental orientation (ACA, 2007; Hanson, 2003; Ivey & Riggazio-DiGiglio, 1991; Ivey & Van Hersteren, 1990; Myers, 1992; Remley, 1991; Remley & Herlihy, 2007; Sweeney, 2001; Van Hersteren & Ivey, 1990); (c) a focus on prevention and preventive care (ACA, 2007; Herr & Niles, 2001; Myers, 1992; Remley, 1991; Remley & Herlihy, 2007; Smith, 2001); and (d) client empowerment (McWhirter, 1991; Remley & Herlihy, 2007). Most counselors would agree that these components combine to create a unique philosophy that underlies a distinct counselor professional identity, one which sets counseling apart from other mental health professions. Yet this philosophy has not always been included or clearly defined as a part of counselor professional identity in the literature or by counseling organizations.

Roles and functions. Counselors with a strong professional identity have knowledge of the various roles and services counselors provide the public (e.g.,

counselor, consultant, educator) and how these roles are similar to and different from other mental health professionals. Heck (1990) posited that “stability and distinctiveness” (i.e., knowing who we are and who we are not) is a central issue for professional identity. It is the counseling philosophy that distinguishes and guides professional counselors’ attitudes and behavior and helps discriminate the functions of a professional counselor from those of other mental health professionals. “The goal of counseling is to help the person accomplish wellness rather than cure an illness” (Remley & Herlihy, 2007, p. 24). Therefore, something that sets counselors apart from other mental health professionals in the services they provide is the developmental perspective thought to be held by counselors and as well as the wellness perspective, which includes a focus on strengths and includes a holistic approach to working with clients. Another example of counselor function is empowerment of clients. Counselors do not encourage clients to become dependent on their services for life but to be as autonomous and self-reliant as possible for each client’s individual circumstances (Remley & Herlihy). It is inevitable that there would be overlap between the counseling philosophy and the roles and functions of counselors. It is the philosophy underlying the profession that should be guiding our behaviors (i.e., functions) as counselors as well as differentiating counselors from other mental health professionals.

Professional pride. Having a sense of pride in choosing counseling as a profession is a significant part of having a strong professional identity. The term *professional pride* is being used here to encompass the positive feelings a counselor has regarding choosing the profession; appreciating the philosophy, beliefs, and history of the

profession; and communicating this sense of pride to others. Counselors with a strong professional identity are able to translate their knowledge and understanding of the profession into an appreciation of the profession. Professional pride has been suggested as a necessary ingredient for advocacy (Myers et al., 2002) and is a fundamental element of personal satisfaction in choosing counseling as a career, as well as a contributing factor for societal recognition of the profession (Gray, 2001).

Professional engagement. Counselors with a strong professional identity act in a way that demonstrates they are professionals by becoming involved in professional organizations or engaging in advocacy for the counseling profession. Such activities include membership or leadership positions in professional organizations; attendance and presentations at conferences, workshops, and seminars; advocacy for clients and the profession; and participation in research (Puglia, 2008). Advocacy has been found to be important to the profession's future (Myers & Sweeney, 2004) and those who have a strong professional identity will be knowledgeable and motivated to participate in activities that promote the profession.

Ethics. Not only is an explicit code of ethics one of the criteria necessary to establish a profession (McCully, 1962). It also is a fundamental aspect of counselor professional identity as it outlines many of the practices and procedures to which counselors are expected to adhere. Ponton and Duba (2009) asserted knowledge and understanding of the ACA Code of Ethics (ACA, 2005) to be both a "statement of counselor identity and an ethical covenant with society" (p. 117). At a minimum, counselors with a strong professional identity should be familiar with the ACA Code of

Ethics, and subsequently are able to apply this knowledge to their daily professional activities (Remley & Herlihy, 2007).

Measuring Counselor Professional Identity

Due to the lack of a consistent comprehensive definition of counselor professional identity, empirical research on this topic has been difficult. Some researchers who have stated a focus on professional identity actually have measured professional counselors' overall growth and development (e.g., Auxier, Hughes, & Kline, 2003; Nelson & Jackson, 2003; Skovholt & Ronnestad, 1992; Woodside, Oberman, Cole, & Carruth, 2007). Of the empirical measures of counselor professional identity that exist, each has serious limitations. Specifically, these limitations include an inadequate or inappropriate definition, a narrow focus on specific subsets of the counseling profession (e.g., counselor educators, school counselors), and a lack of validity and reliability.

The first problem is that multiple instruments exist, each based in a different definition of counselor professional identity (i.e., Gray & Remley, 2000; Moore-Pruitt, 1994; Puglia, 2008). The continued use of such divergent instruments will only serve to hinder the research on professional identity by making comparisons between studies impossible. Results from studies using these instruments not only have little meaning, but continue to add to the confusion regarding the definition of counselor professional identity. Even though some measures use similar definitions (i.e., Gray & Remley, 2000; Puglia, 2008) these definitions are still incomplete and fail to encompass counselor professional identity as a whole. A measure that uses a comprehensive complete definition of counselor professional identity is needed.

A second limitation to current measures is that the populations used in developing the measures have been limited. Many of the studies, both qualitative and quantitative, have been based on counselors-in-training (Auxier, Hughs, & Kline, 2003; Moore-Pruitt, 1994; Nelson & Jackson, 2003; Puglia, 2008; Woodside, Oberman, Cole, & Carruth, 2007) or other specific subsets within the counseling profession (e.g., newly graduated counselors, Gray, 2001; counselor educators, Calley & Hawley, 2008; counselor education doctoral graduates in private practice, Swickert, 1997; and school counselors, Brott & Myers, 1999). Although the research on students and specific groups is informative, it is limited and may not be generalizable to professional identity of counselors in general. More research is needed on counselors across all specialties within the counseling profession and at various points in the span of their careers.

Finally, problems with psychometrics exist among the current measures. More specifically, existing measures that assess at least some portion of the definition of CPI derived from the work of Remley and Herlihy (2007) have low validity, lack concurrent validity testing against other measures, and do not include examinations of reliability (e.g., Gray & Remley, 2000; Puglia, 2008).

Several steps can be taken in order to achieve appropriate levels of validity and reliability of a measure (Crocker & Algina, 1986; DeVellis, 2003). These include achieving Cronbach alpha scores of .70 or higher and using independent expert reviewers to ascertain content validity. Factor analysis can provide evidence of construct validity, yet Moore-Pruitt (1994) is the only researcher to date who has conducted a factor analysis of a counselor professional identity measure. Correlations with other instruments

measuring relevant constructs also will infer test validity. For example, Stoltenberg's (1981) counselor complexity model has indicated a connection between self-efficacy and counselor identity development as both being a part of the overall counselor development process. Several contributors to the literature have found both counselor self-efficacy and counselor identity to increase with training (Johnson et al., 1989; Melchert et al., 1996; Stoltenberg, 1981; Skovholt & Ronnestad, 1992). Thus, it may be argued that both constructs appear to be part of the developmental process which counselors undergo as a part of their growth and emergence as counseling professionals, and that continues throughout the career span. Following this line of thinking, it can be presumed that counselor professional identity and counselor self-efficacy are both a part of overall counselor development and therefore are potentially related constructs.

However, Gray and Remley (2000), and Puglia (2008), neglected to examine the relationship between their measures and counselor self-efficacy or any other related factors. These comparisons to related factors would facilitate the creation of a solid measure of counselor professional identity. Thus, although a few measures of counselor professional identity have been created, they are not psychometrically sound.

Purpose of the Study

The purpose of this study is to create a valid and reliable instrument based on a comprehensive definition of counselor professional identity. Contributors to the literature have emphasized the importance of counselor professional identity, but have yet to define or measure the construct consistently or comprehensively. Filling this gap in the literature is a necessary next step in understanding counselor professional identity. Developing and

testing a measure that has face, content, and construct validity, and that is reliable, is the first step toward creating a measure that can be used across counseling specialties and with counseling professionals at various stages of their career or in various roles of the profession. Understanding and cultivating strong counselor professional identities is imperative to the future of the profession; however, in order to better do this, an understanding of factors related to strengthening and developing counselor professional identity is needed. Research on counselor professional identity ultimately will serve to strengthen this weak link in the profession.

Research Questions

The following questions will be addressed in this study:

1. Is the measure of counselor professional identity reliable and valid; specifically, are the six subscales (i.e., history, philosophy, roles and functions, professional pride, professional engagement, and ethics) reliable and valid?
2. Can a total score (i.e., combination of the six subscale scores) be used to create an overall score of counselor professional identity?

(Those scales and subscales that are valid and reliable will be used to answer the following research questions.)

3. Is there a significant relationship between counselor self-efficacy and counselor professional identity?
4. Is the CPIM sensitive to socially desirable responding?

Need for the Study

Professional identity is a much discussed topic in the counseling literature and among professional counseling organizations. Some have argued it is vital to the very future of the counseling profession (Calley & Hawley, 2008; Goode, 1960; Myers & Sweeney, 2004; Ritchie, 1994; Smith, 2001). Developing a professional identity has been posited as a crucial aspect of counselor development that should begin during the training program and continue over the course of one's professional career (Auxier, Hughes & Kline, 2003; Brott, 2006; Brott & Myers, 1999; Loganbill, Hardy, & Delworth, 1982; Remley & Herlihy, 2007; Skovholt & Ronnestad, 1992). However, despite the importance of counselor professional identity noted in the literature, a comprehensive definition has yet to be used.

CACREP recently has placed emphasis on student learning outcomes in their 2009 Standards. These outcomes "necessitate that programs document that student learning is occurring in relation to the specified knowledge and skills and practices requirements in the standards" (Urofsky, 2008, p. 6). The 2009 Standards indicate students' learning and performance on professional identity be evaluated and those findings used to inform program changes (CACREP, 2009, Section 1. AA. 4-5). As stated, however, no valid measure currently exists to evaluate the development of professional identity as requested by CACREP. The creation of a valid and reliable instrument of CPI could provide a means of measuring this construct for both individual students and counselor education programs. Specifically, a measure of CPI could help counselor educators know which aspects of counselor professional identity need to be

enhanced or better addressed in their training programs. Additionally, a measure of counselor professional identity will enable researchers to better understand the ongoing process of counselor professional identity development and ultimately how it relates to other factors in a counselor's career and life. Professional identity has been cited as crucial to the future of the counseling profession, and currently the lack of a cohesive identity and a way to measure it may be our profession's downfall. Therefore, more research and understanding of this construct is vital to the profession's future. The current study will offer a comprehensive definition of counselor professional identity as well as an assessment and research tool that can be utilized by counselor educators and researchers.

Definition of Terms

Professional Identity is defined by Weinrach, Thomas, and Chan (2001) as “the possession of a core set of values, beliefs, and assumptions about the unique characteristics of one's selected profession that differentiates it from other professions” (p. 168).

Counselor Professional Identity as derived from the work of Remley and Herlihy (2007) is comprised of six components, including (1) knowledge and understanding of the profession's history, (2) knowledge and understanding of the philosophical foundations of the profession, (3) knowledge of the roles and functions of counselors and how they are similar and different than other mental health professions, (4) a sense of pride in the profession (i.e., professional pride), (5) involvement in professional organizations and

advocacy (i.e., professional engagement), and (6) and knowledge and understanding of professional code of ethics.

Counseling History, for the purposes of this study, will be defined as a basic knowledge of and beliefs regarding the importance of the counseling profession's history, which includes pivotal moments and important people in the profession. Examples include understanding the impact of the development of state-level licensure for counselors and the how the Army Alpha and Beta intelligence tests used in World War I affected the counseling profession.

Counseling Philosophy is the belief system underlying the profession of counseling. It is comprised of four components: developmental perspective, wellness perspective, prevention, and empowerment. (See below for definitions of each of these four components.)

Developmental Perspective is the belief that people must meet and overcome many challenges over the course of the lifespan and these problems are developmental in nature; therefore, they are natural and normal (Remley & Herlihy, 2007).

Wellness Perspective is strength based (i.e., focuses on the clients' strengths as opposed to the clients problems) and includes a holistic (e.g., psychological, emotional, behavioral, spiritual, systemic, and cultural) view of the client. The goal of the wellness perspective is to help each person achieve positive mental health to the maximum degree possible for that individual person (Remley & Herlihy, 2007).

Prevention. Counselors prefer to help clients avoid problems when possible and encourage early intervention of problems over remediation (Remley & Herlihy, 2007). Counselors believe clients do not need to have a significant problem in order to seek improvements in their lives through counseling services.

Empowerment is the “process by which individuals gain an awareness of the external influences on their lives and how they learn to gain control of their lives within these contexts” (Puglia, 2008, p. 12).

Counselor Roles and Functions, for the purposes of this study, will be defined as having knowledge of the various roles counselors hold (e.g., counselor, consultant, counselor educator), as well as the variety of services counselors are able to provide (e.g., individual, group, couples, and family counseling; mediation; consultation) and how these are similar to and different from other mental health professionals.

Professional Pride comes from an appreciation of the profession’s past, a dedication to present practices, and a belief in the future of the profession (VanZandt, 1990).

Counselors with strong professional pride are able to communicate their positive feelings for and knowledge, understanding, and appreciation of the profession to others.

Professional Engagement was defined by Puglia (2008) as the set of behaviors a professional counselor participates in as a result of being a member of a profession.

These behaviors include membership and leadership in professional organizations; professional conference attendance; legislative lobbying; advocating for clients and the profession; participation in research, workshops, and seminars; and communicating one’s professional identity to others.

Ethics, for the purposes of this study, will be defined as a counselor's knowledge and understanding of the professional code of ethics for counseling as set forth by the American Counseling Association (ACA, 2005).

Counselor Self-Efficacy is the belief that one is capable and competent to perform successfully the roles and duties of a professional counselor. For the purposes of this study, counselor self-efficacy will be measured by the *Counselor Self-Efficacy Scale* (CSES, Melchert, Hays, Wiljamen, & Kolocek, 1996).

Brief Overview

This study will be presented in five chapters. The first chapter has served as an introduction to professional identity, the relevance of professional identity both for the profession of counseling and individual counselors, and the importance of using training programs as a place to promote the development of strong professional identities in counselors. The purpose of the study, statement of the problem, and the need for the study also were outlined in this introduction, and definitions of key terms were included. The second chapter contains a review of the literature as it relates to counselor professional identity development, particularly the establishment of the professional status of counseling, definitions of CPI, attempts at measuring CPI, and the relevant empirical research that has been conducted to this point. The third chapter presents the methodology to be used in the study, including participants, sampling method, instruments, data analyses and results of a pilot study. The fourth chapter presents the results of this research by addressing each research question. Finally, the fifth chapter

summarizes the study and includes limitations and recommendations for future research on counselor professional identity.

CHAPTER II

REVIEW OF THE LITERATURE

In chapter one, the rationale for a study on counselor professional identity was presented: specifically, the need to secure a comprehensive definition and create a valid and reliable measure of counselor professional identity was discussed. In this chapter, literature relevant to this study is reviewed in the following order: (a) professional status of counseling; (b) professional identity; (c) importance of counselor professional identity; (d) barriers to counselor professional identity; (e) defining counselor professional identity; (f) study definition of counselor professional identity; (g) examinations of counselor professional identity; (h) measuring counselor professional identity; (i) the Counselor Professional Identity Measure; (j) CPIM validity; (k) need for the study; and (l) summary. The chapter concludes with a summary which underscores the need for creating a measure of counselor professional identity.

Professional Status of Counseling

The debate over whether counseling is considered a profession has been ongoing for decades (Darley, 1949; Feit & Lloyd, 1990; Gale & Austin, 2003; Hill & Green, 1960; McCully, 1962; Mueller, 1959; Ponton & Duba, 2009; Ritchie, 1990; Wrenn, 1949). Beginning in the mid to late 1940s and continuing into the millennium, researchers and counselors have been comparing counseling to various lists of criteria to

determine if counseling has reached the status of “profession” or if it still remains an occupation.

Origins of the Profession

Though closely related, a profession differs from an occupation. An *occupation* is defined as the usual work (i.e., vocation) in which a person may engage in to earn a living (Random House, 1997) and involves a person’s “engagement on a regular basis in a part of the whole of a range of work tasks which are identified under a particular heading or title by both those carrying out these tasks and by a wider public” (Watson, 2003, p. 249). The word *profession* was drawn from the Latin language for “public declaration,” and emerged in relation to an occupation in 1541 (The Oxford English Dictionary, 1989). A profession is an occupation that has gained autonomy and status thru specialized training or education in a particular area (Random House, 1997; Watson, 2003).

Some of the first professions emerged in the 18th century. These included the occupations of divinity, law, and medicine, followed soon thereafter by the military (Gardner & Shulman, 2005; Kimball, 1996). In order for these and other occupations to gain the highest level of achievement or function an occupation can achieve (i.e., status as a profession; Emener & Cottone, 1989, an occupation must meet several criteria. Although the criterion appear to change depending on the approach taken and who one may ask, similarities exist. These include a possession of a specific body of knowledge, specialized training at an advanced level, autonomy, a code of ethics, altruistic behavior, and public and political recognition (e.g., Caplow, 1954; Leiberman, 1956; McCully, 1962; Ritzer & Walczak, 1986).

Establishing Professional Status. Several approaches to determining whether an occupation has achieved professional status have been identified. Specifically, Ritzer and Walczak (1986) described three basic approaches researchers use to study professions: process, structural-functional, and power approaches. The process approach centers on the process (historical steps) by which an occupation becomes a profession. Ritzer and Walczak combined two lists of steps outlined by Wilensky (1964) and Caplow (1954) to create a six step process for professionalization. The first step is whether an occupation is considered full-time. The thought behind this is that a profession grows from a societal need, and when this need becomes necessary on a full time basis the occupation moves toward professionalization. The second step is a name change, which becomes the occupation's exclusive domain. The name change separates the occupation from its former nonprofessional position and endows upon it a title that implies an exclusive discipline. Step three is the establishment of a professional association or organization, such as the American Counseling Association or the American Psychological Association, which brings together individuals in the same occupation. This professional organization further promotes and develops the profession. Establishment of a training school, usually within a university setting, is the fourth step. It is in training programs where profession-specific knowledge is shared. The fifth step is the establishment of a code of ethics which would serve to protect consumers and the public from those who may be corrupt or unprincipled. Finally, the sixth step in the process approach involves political agitation to win popular and legal support. This support will serve to protect the professional title (e.g., licensed counselor) and prevent those who are not qualified from

practicing or providing the professional service. The steps can be in any order and may take place simultaneously (Ritzer & Walczak, 1986).

Thus far, in the counseling literature, the process approach for determining professional status does not appear to have been utilized. It is possible however, to consider counseling's professionalization in this manner. Counseling appears to meet the full time occupation criteria, based on Ritzer and Walczak's (1986) process approach. Counselors work in a variety of settings on a full time basis in order to provide their services to the public. Simultaneous to achieving full time status, the field of counseling has undergone a variety of name changes as it has progressed into a profession. What was once referred to as the personnel profession (Mueller, 1959) and guidance and personnel workers (Hill & Green, 1960) are now titled the counseling profession and professional counselors respectively.

Counseling easily has met the next two steps in the process approach as well. For example, the American Personnel and Guidance Association (APGA, currently the American Counseling Association) was first established in 1952 (Sweeney, 2001) and there are hundreds of accredited counselor training programs across the United States. Step five is the establishment of a code of ethics, which the counseling profession also has met. Their first ethical standards were delineated by the APGA in 1961 (Arsenian, 1961) and have since undergone multiple revisions, with the most recent revision being by ACA in 2005. Finally, counseling has been able to obtain public and legal support as demonstrated by public recognition, national certification, and professional licensure in all 50 states in the U.S., the District of Columbia, and Puerto Rico.

(<http://www.counseling.org>). Though this study is not a formal investigation of counseling's professionalization using the process model, the comparison does illustrate the achievement of all six historical steps (i.e., process approach) necessary for establishing a profession as outlined by Ritzer and Walczak (1986).

The power approach, as discussed by Ritzer and Walczak (1986), views a profession according to “the ability of an occupation (really its leaders) to obtain and retain a set of rights and privileges (and obligations) from societal groups that otherwise might not grant them” (p. 79). For example, if counselors have convinced the public that they can provide a service which requires their specific expertise, they would obtain an exalted place in society. The attainment of this acclaimed societal position, and the privileges that come with it, indicate the occupation's power and therefore its professional status. On the extreme end, the power approach presumes there are no qualitative differences between the professions and non-professions aside from the greater power held by the professions. The profession has greater power than the occupation because it has been successful in having its claims (e.g., tasks cannot be routinized or conducted by laypersons) accepted by society and public policy (Ritzer & Walczak, 1986). A less extreme view of the power approach posits it is through power that an occupation obtains all the characteristics set forth in the process and structural-functional approaches, and thereby becomes a profession (Ritzer & Walczak, 1986). More simply stated, power is the profession's ability to obtain certain characteristics or convince others that they have obtained them. As of now, it does not appear that

researchers have utilized this approach in examining the professional status of counseling.

The structural-functional approach concentrates on the characteristics that discriminate a profession from occupations. Ritzer and Walczak (1986) stated the six most frequently cited characteristics include (1) a general systematic knowledge (theory) that “can only be transmitted formally from one professional to another in a lengthy training program” (p.70) and is exclusively their own; (2) norm of (professional) autonomy including the development of a professional code of ethics; (3) norm of altruism by which the profession focuses on community interest and service rather than self-interest; (4) norm of authority over clients; (5) a distinctive occupational culture including formal organizations, professional associations, and a number of distinctive values, norms, and symbols; and (6) recognition by the community and law that the occupation is a profession. The degree to which an occupation has accrued these traits indicates whether said occupation has achieved the status of a profession. Over the years, the structural-functional approach is the method that has been most utilized in the literature as a means to identify counseling’s professional status, with researchers assembling various lists of criteria to assess counseling (e.g., Dunlop 1968; Feit & Lloyd, 1990; McCully, 1962).

Assessment of counseling’s professional status. The results of structural-functional approach studies of counseling often have been as varied as the criterion on which they are judged. These assorted criterion lists and studies in the counseling literature are discussed further. One of the earliest references to professional criteria in

the counseling literature is found in the preamble to the first ethical standards for the American Personnel and Guidance Association (Arsenian, 1961). APGA indicated there are ten marks of a profession, “and therefore of a professional organization” (p. 206), which included the following:

1. Possession of a body of specialized knowledge, skills, and attitudes known and practiced by its members.
2. This body of specialized knowledge, skills, and attitudes is derived through scientific inquiry and scholarly learning.
3. This body of specialized knowledge, skills, and attitudes is acquired through professional preparation, preferably on the graduate level, in a college or university as well as through continuous in-service training and personal growth after completion of formal education.
4. This body of specialized knowledge, skills, and attitudes is constantly tested and extended through research and scholarly inquiry.
5. A profession has a literature of its own, even though it may, and indeed must, draw portions of its content from other areas of knowledge.
6. A profession exalts service to the individual and society above personal gain. It possesses a philosophy and a code of ethics.
7. A profession through the voluntary association of its members constantly examines and improves the quality of its professional preparation and services to the individual and society.
8. Membership in the professional organization and the practice of the profession must be limited to persons meeting stated standards of preparation and competencies.
9. The profession affords a life career and permanent membership as long as services meet professional standards.
10. The public recognizes, has confidence in, and is willing to compensate the members of the profession for their services. (p. 206)

At that time, in 1961, there was no direct mention or formal assessment of the professional status of the counseling and guidance occupation. But through the inclusion of this criteria, and the additional mention that APGA “is an educational, scientific, and *professional* [italics added] organization dedicated to the service of society” (Arsenian,

1961, p. 206) in the preamble, one is led to assume the inherent argument being made was that counseling was a profession. Today, the list of professional criteria is no longer listed in the American Counseling Association's Code of Ethics (ACA, 2005).

When conducting more formal assessments to determine whether counseling should be considered a profession, researchers have compared it to criteria used to determine the status of other professions, most often utilizing criterion lists in the form of the structural-functional approach. One example of this was an attempt to validate the current status of school counseling. This was conducted in 1962 by Harold McCully. McCully used a structural-functional approach and assessed school counseling against a list of criteria. McCully indicated he examined the professionalism criteria lists used by a variety of other writers (e.g., Caplow, 1954; Laski, 1935; Lieberman, 1956; Mueller, 1959; Selden, 1960; Wrenn, 1945) in determining the characteristics by which he would assess school counseling. The following criteria were used by McCully as a measure of evaluation:

- (1) the members perform a unique and definite social service;
- (2) performance of the specified social service rests primarily upon intellectual techniques;
- (3) society has delegated to qualified members of the occupational group exclusive authority to provide the specified social service;
- (4) the members possess a common body of knowledge which can be identified and can be communicated through intellectual process of higher education;
- (5) entry into qualified membership requires an extensive period of specialized training;
- (6) the members as a corporate group assure minimum competence for entry into the occupation by setting and enforcing standards for selection, training, and licensure and certification;
- (7) the members possess a broad range of autonomy in performing the specified social service;

- (8) the members accept broad personal responsibility for judgments made and acts performed in providing the specified social service;
- (9) emphasis is placed on service to society rather than on economic gain in the behavior of the corporate group as well as in the performance of the specified social service by individual members;
- (10) standards of professional conduct are made explicit by a code of ethics;
- (11) throughout his (sic) career the member constantly takes positive steps to update his (sic) competency by keeping abreast of relevant technical literature, research, and participation in meetings of the corporate group of members. (1962, p. 682-683)

In his findings, McCully (1962) concluded that school counseling still maintained the status of an occupation at the time since it did not meet the criteria outlined.

Specifically, at that point in time McCully felt school counseling needed to improve on six of the eleven aforementioned developmental tasks. These six tasks included a need for improvement of (1) the differentiation of the service provided by school counselors; (2) the establishment of standards for the selection and training of school counselors; (3) a formal means to accredit those institutions and training programs which had met established standards; (4) a set of minimum competencies for school counselors to determine certification; (5) the professional autonomy for school counselors; and (6) the establishment of a code of ethics that would be enforced by the corporate group of school counselors.

A few years later, Dunlop (1968) reexamined the professional status of school counseling. However, he used a different set of criteria than McCully (1962). Specifically, Dunlop used the ten marks set forth in the APGA ethical standards preamble (Arsenian, 1961) and combined them with two sets of additional criteria. The first set of additional criteria Dunlop pulled from Lieberman's (1956) criteria. Dunlop felt some of

Lieberman's criteria were not covered in APGA's ten marks. These included a need for (1) a broad range of autonomy for both the individual and the group as a whole; (2) a practitioner to take personal responsibility for his or her actions; and (3) a professional organization (e.g., ACA) governed by practitioners. In addition Dunlop himself added nine other traits he felt appeared common among the established professions. These additional traits included (a) personal responsibility of members to uphold the professions ethics, (b) self-disciplining profession which is able to control licensing, (c) professional courtesy which serves to further exalt the profession, (d) public understanding of the services being provided, (e) practitioners informing the public of their expertise and who may be included and excluded from the profession, (f) training programs controlled in part by practicing professionals, (g) associated titles limited to only qualified professionals, (h) rigorous examination required for certification or licensure, and (i) extension of professional courtesies to members in good standing only (e.g., addressed respectfully, especially in public; steps are taken to exalt the profession and worthy professionals not demean them).

The criteria set forth by Dunlop (1968) appear to be more stringent than those used by McCully (1962), and therefore both authors seem to have come to the same conclusion. After inspection and citing failure of several specific criteria, Dunlop agreed with McCully and determined school counseling did not meet the criteria to be considered a profession at the time. Specifically, Dunlop (1968) indicated that school counseling did not meet the status of a profession because it did not meet multiple criteria. The first failed criterion regarded practice limitations; that only those who meet

certain standards be able to participate in the professional practice or service provided by these professionals. Dunlop felt the existence and over abundance of so called “counselors” who lack competency and specialized knowledge (e.g., finance counselors, friendly mortgage counselors, and others who hold “counseling” positions without training or with a postponement of requirements) caused counseling to fail to meet this criterion. To rectify this problem Dunlop suggested counselors “be prepared to assure ourselves and the public that counselors are appropriately trained professional people” (p. 181).

The second failed criterion was a lack of professional autonomy. Dunlop (1968) gave as an example the veto power an administrator may have over a school counselor even though he or she may not have competency in a counseling specialization. The third failed criterion cited by Dunlop was the professions’ failure to require allegiance to APGA’s statement on ethical standards. He felt this left both the public and the profession without a guarantee that any kind of standards would be upheld. Other established professions, such as medicine, require its members to take an oath by which they swear they will abide. There was no oath or requirement to abide by APGA’s ethical standards and Dunlop felt this was a limitation to counseling’s professional status. To amend these two shortcomings, he recommended the profession establish an autonomous, self-disciplining, internal government so that the services provided by school counselors would be administered in a manner fitting with expectations of the profession (e.g., APGA, licensure boards). Today, Article 2, Section 1.e. of ACA’s Bylaws state that all

“members must agree to abide by the ACA Code of Ethics and Standards of Practice” (ACA, 2005, p. 1).

The fourth failure Dunlop (1968) noted was the absence of an entrance examination that protects the public from the entrance of incompetent counselors like those found in other professions (e.g., the profession of law and the Bar exam). This criterion, along with a lack of professional autonomy noted above, also were cited by McCully in 1962 as failed criteria. In order to resolve this issue Dunlop recommended professional organizations and training programs work to create thorough and extensive examinations that would cover all the areas of knowledge that counselors should be acquainted with. School counselors would need to pass such examinations prior to obtaining certification or licensure.

The final failed criterion was that APGA allowed anyone to be a member if he or she was “interested in and wishes to help promote the vocational aspects of guidance and personnel work” (Dunlop, 1968, p.180) thus, allowing individuals who are not counselors to gain admittance to our professional organization. Dunlop suggested APGA modify the membership requirements so that only those who meet minimum requirements are able to participate in certain privileges, such as voting within the organization. Today, membership in ACA is still open to anyone. “Individuals whose interests and activities are consistent with those of the Association, but who are not qualified for Professional membership” can join ACA with what is called a Regular Membership (<http://www.counseling.org/Counselors/MemberJoin.aspx>). Likewise, anyone interested in counseling who does not meet professional, retired, or student membership

requirements can become an Affiliate Member of ASCA

(http://www.schoolcounselor.org/join_selecttype.asp) The fact that membership in many professional counseling associations, especially ACA, remains open to anyone is even more interesting when one considers that one of the ten marks of a profession listed on APGA's first ethical standards preamble states, "Membership in the professional organization and the practice of the profession *must be limited* [italics added] to persons meeting stated standards of preparation and competencies" (Arsenian, 1961, p. 206).

After conducting another examination of school counseling's professional status the following year, Dunlop (1969) reiterated his conclusion that school counseling had not reached professional status. Before beginning his assessment Dunlop stated his assumption that school counseling is a specialty of education (like teaching or administration) and therefore he examined counseling in conjunction with education. He did concede, however, that counselors might evolve into a profession separate from education, and counselors might serve both inside and outside the school setting. For this analysis, Dunlop reviewed the works of various authors on professionalism (e.g., APGA, 1961; Caplow, 1954; Dunlop, 1968, 1969; Greenwood, 1966; Hughes, 1965; Leiberman, 1956; McCully, 1962) and found nine broad agreements on characteristics that define a profession, which included uniqueness of service, rigor of and control over training, examinations for entry into the profession, self-licensing, role of professional organizations, professional autonomy and responsibility of the professional, monopoly over practice and title of teacher or counselor, promotion of a positive professional image, and compensation. All of these characteristics can be found in Dunlop's (1968)

previous work where he used 22 characteristics to examine the professional status of school counseling. These nine appear to be broader characteristics that encompass all of the prior criteria. He found school counseling to be deficient in all nine areas.

For each inadequacy, Dunlop (1969) again offered a means for making improvement. Several of his recommendations echoed his previous statements in 1968 [e.g., must have licensure to practice, professional autonomy, and a high level of training (graduate school) combined with rigorous entrance examinations]. In addition, Dunlop also included three other suggestions for improving the inadequacies he felt the profession had at that time: (1) To improve the uniqueness of service, Dunlop suggested training should become more specialized and in depth so that laypersons would not be adept at performing the same services as the professional school counselor or educator; (2) A strong push for public campaigns that would improve the image of the education and school counseling profession also was encouraged, and (3) Dunlop suggested that all educators develop pride in their profession and that they be compensated in a manner comparable to other professionals who have completed rigorous training.

Shelvin also explored the professional status of guidance counselors in 1968. In her assessment of guidance (school) counselors' professional status, she used the eleven criteria set forth by McCully (1962). Of the eleven criteria, Shelvin felt only three were met by guidance counseling: performance of services rests on intellectual techniques, emphasis is placed upon the betterment of society rather than personal gain, and professional conduct standards are outlined in a code of ethics. Though she stated the majority of the criteria could be fulfilled in the "foreseeable future" (p. 162), two criteria

were noted as being the most difficult to fulfill. These two included that the service provided is a unique and definite social service, and that society had delegated the group's members exclusive authority to provide said service. Though she did not provide any specific suggestions for meeting the failed criterion, Shelvin did acknowledge that if guidance counseling was sincere in its yearning to achieve professional status, then nothing less than diligent efforts would be necessary.

To this point, school counseling had yet to meet the criteria for professionalism as established by four various structural-functional approach methodologies (Dunlop 1968, 1969; McCully, 1962; Shelvin, 1968). Although the criteria for judgment may have varied to some extent from assessment to assessment, the outcome remained the same: school counseling was in need of improvement and growth before it would have a chair at the table of profession. Similarities could be found easily in the recommendations of the previous authors. These included a need for a more autonomous and self-policing profession and professional organizations, more rigorous training followed by scrupulous examination and required licensure, and improved public awareness of counseling, specifically school counseling. These points of contention would continue to be addressed in the coming years and during further examination of counseling's (both the larger counseling profession and its specialties) professional status.

Mixed conclusions regarding counseling's professional status. Over a decade later, in 1983, Pate discussed the larger counseling profession and indicated movement toward professionalization, yet noted the process was not complete. His conclusion was based on the work of Greenwood (1966) and Moore (1970) who, while still using a

structural-functional approach, stated that occupations fall on a continuum relative to individual criterion rather than being professional or non-professional. Greenwood stated, “Succinctly put, all professions seem to possess: (1) systematic theory, (2) authority, (3) community sanction, (4) ethical codes, and (5) culture” (p. 10). Pate believed that compared to most occupations, counseling was well on the professional end of the continuum for all of Greenwood’s criteria. Moore (1970) cited slightly different criteria that included (1) full-time status, (2) commitment to a calling, (3) formal professional organization, (4) requiring specialized education and training, (5) service oriented, and (6) professional autonomy. Pate believed counseling was on the professional end of the continuum in all but one of the areas listed by Moore, professional autonomy. Pate stated that counseling fell short in this area because counselors tended to work for others as employees instead of being independent practitioners. He did not discuss the issue further or take try to distinguish the autonomy of the profession with the autonomy of individual practitioners. Pate reiterated that counseling had achieved much in the process of becoming a profession, but there was more work to be done for the process to be complete. He did not offer any suggestions on the next steps for counseling to take in order to fully obtain professional status.

However, by 1987, Vacc and Loesch declared counseling was a profession and offered supporting material for their declaration. This declaration was based on the definition of profession used by Wittmer and Loesch (1986) and stated that “a profession is typically defined as a vocational activity having (1) an underlying body of theoretical and research knowledge, (2) an identifiable set of effective skills and activities, and (3) a

publically professed, voluntarily self-imposed set of behavioral guidelines” (p. 301).

Vacc and Loesch stated that counseling did meet these criteria and therefore, counseling *was* a profession.

The three criteria used by Vacc and Loesch (1987) to establish counseling’s professional status can be found in many of the structural-functional criterion previously discussed. However, the use of only three criteria may make their assessment of professional status appear to be less stringent than those previously conducted. This point does not necessarily negate their finding that counseling had reached professional status. It does, however, beg the question of why the authors only used three criteria instead of a list of 10 to 15 criteria that has commonly had been used in the literature. The authors did not indicate why they chose to use this set of characteristics and not others. Although it can only be presumed that Vacc and Loesch concluded these three criteria were sufficient enough for a decision to be based upon, they did offer further discussion of professional guidelines for counseling and professional counselors “in order to give full credence” (p. 195) to their conclusion. These included elaboration on topics often covered in other professionalism criteria lists such as professional organizations, professional credentials and licensure, professional development activities, contributions to professional theory and knowledge base, and ethical standards. Although Vacc and Loesch did not specifically say these additional elements were part of their assessment for their conclusion, these elements do provide support for Vacc and Loesch’s conclusion, as these criteria have been found on many of the professionalism criteria lists previously discussed.

Similarly to Vacc and Loesch (1987), Emener and Cottone (1989) also used a small number of criteria in their professionalism assessment. Specifically, Emener and Cottone sought to investigate the professionalization of rehabilitation counseling. They reviewed the literature on various profession typologies and delineated that it was possible to assemble the most critical characteristics of a profession. In their study Emener and Cottone selected and examined four of, what they believed, were the most critical characteristics, (1) body of specialized knowledge and theory-driven research, (2) professional preparation and review, (3) code of ethics, and (4) professional identification and practice control. Emener and Cottone noted the steps toward professionalization the specialty of rehabilitation counseling had made, the setbacks (e.g., deprofessionalization) that had occurred, as well as the efforts made toward reprofessionalization. Although the authors insinuated rehabilitation counseling had reached professional status, Emener and Cottone fell short of a straight forward declaration, and instead recommended that the leaders in the field continue to “(a) study existing models of professionalism... [and] (b) repeatedly identify and operationalize specific strategies to enhance rehabilitation counseling’s development, stature and status as a profession” (pp. 579-580). Although it can only be presumed, it sounds like Emener and Cottone may have concluded that rehabilitation counseling was a profession because they wanted counselors to continue efforts that would *enhance* and *further develop* rehabilitation counseling’s status as a profession. It can also be presumed that the authors felt rehabilitation counseling certainly had room to grow as a profession.

Although the debate of counseling's professional status had been ongoing for nearly thirty years at this point, the debate was far from over. The year 1990 brought with it much dialogue in the literature regarding the professional status of counseling (e.g., Fiet & Lloyd, 1990; Ritchie, 1990; Spruill & Fong, 1990; Van Hesteren & Ivey, 1990; Vanzandt, 1990). McCully's (1962) criteria were again used as the foundation for the criteria used to examine counseling's professional status by Fiet and Lloyd (1990) and Ritchie (1990). Results from both of these studies, however, still did not present a definitive answer as to the professional status of counseling. In fact, the results contradict one another.

On one hand, and similar to other's findings, Ritchie (1990) determined counseling had not reached professional status. Ritchie evaluated counseling along ten criteria, which were predominantly based on McCully's (1962) criteria. He stated counseling was "not yet a profession primarily because it lacks professional autonomy and legal recognition" (p. 220). More specifically, Ritchie noted the deficits included the lack of a knowledge base that was *unique* to the counseling profession because the knowledge base (e.g., theory, skills, interventions) was shared with other mental health fields such as psychology. The second deficit pertained to the service counselors provide the public being exclusive to the profession. Ritchie stated that counseling provided by a licensed counselor is arguably no different than that provided by a psychologist or other mental health professional. Upon closer examination of these first two deficits proposed by Ritchie, a question arose. Can counseling ever overcome these two deficits? All mental health fields (e.g., counseling, psychology, social work) to some extent share the

same core knowledge base (e.g., theories, interventions, basic helping skills) and all offer some type of counseling service. It seems unlikely that this will ever change. Does this mean that no mental health field will ever reach professional status as long as other mental health professions exist? Is counseling's philosophy and emphasis on strengths, holistic wellness, and development enough to set the counseling profession apart from other mental health professions?

Ritchie's (1990) third deficit was one which Ritchie felt was close to being met by counseling but was not quite there. These criteria included a highly selective and extensive period of specialized training in higher education institutions with explicit and uniform standards. Ritchie felt counseling had a fairly stringent training, however, he felt this training was still considered a deficit as it was not as stringent as professions requiring a doctorate to practice (e.g., law, medicine). In addition, he believed that training in counseling was not uniform because not all programs met CACREP accreditation standards.

Similarly to the previous deficit noted by Ritchie (1990), believed counseling came close but did not fully meet the criteria of an autonomous profession. He stated that counseling had lost some of its control to external sources including, other mental health professions that may advocate to limit what counselors can do, government agencies that enact laws for counselors to follow, credentialing agencies that establish rules and regulations for counselors, and insurance companies that decide who gets reimbursed for professional services and who does not. Until the above criteria are met successfully, Ritchie (1990) posited counseling would not reach its place as a legitimate profession.

Subsequent to examining Ritchie's argument, one criticism that can be made is that the established, and undisputed as Ritchie further called it, profession of medicine also finds itself limited by government agencies, legislation, and insurance companies. However, little to nothing has been discussed about how this impacts the professional status of the medical field.

As previous authors have done, Ritchie (1990) also provided five suggestions for counseling to follow in order to improve its professional standing. Although these proposed steps do not directly counter the deficits previously mentioned by the author, Ritchie seemed to feel these were important actions nonetheless. The first suggestion Ritchie offered was a better demonstration of counseling's effectiveness through research so insurance companies would be more likely to pay for counseling services. Second, counselor educators should ascertain that all counselor training programs meet the minimum standards for counselor preparation (e.g., become CACREP accredited). Third, counselors should advocate for licensure in all fifty states and push for nationwide, uniform, minimum licensure requirements. Ritchie's fourth suggestion was to encourage counselors to work in conjunction with insurance companies and other accrediting or regulatory organizations to find an appropriate balance of professional autonomy and accountability. Finally, the last idea offered was for counselors to improve public relations by educating the public about counseling and counseling services.

While conducting their study in the same year and using similar criteria, Feit and Lloyd (1990) determined counseling had clearly reached professional status. In addition to McCully's (1962) previously discussed criteria, Feit and Lloyd also examined the

criteria and events necessary for professionalization outlined by Goode (1960) and Wilensky (1964). From these three lists of criteria, the authors determined the most frequently repeated traits in the literature. These criteria include the following characteristics: “(a) specialized training, (b) ethical standards, and (c) a strong identity with the field as a profession or vocation” (p. 216). Using these most frequently cited traits, the authors determined counseling indeed had met the criteria necessary for being a profession. In conclusion, Feit and Lloyd felt the focus should shift from determining counseling’s professional status (since they had been determined counseling was a profession) to clarifying the behaviors (i.e., those behaviors that one must exhibit to be a part of the profession; licensure, accredited training programs) of the counseling professionals.

Again, the question arises; why not include more criteria in the assessment? It is helpful that Feit and Lloyd (1990) explained the process by which they came to determine these were the appropriate characteristics to use in the assessment (i.e., they were the most frequently cited in the literature they examined). With the vast array of criterion lists available for use in determining professional status it could be logical that the best way to determine professional status is to use those most frequently cited traits on which multiple sources appear to agree. Following this line of thinking, Feit and Lloyd’s conclusion that counseling is a profession seems probable.

The sentiment of Feit and Lloyd (1990) was echoed by VanZandt (1990), who also stated that counseling had reached professional status. McCully’s (1962) criteria was here again used as the basis for reaching this conclusion. VanZandt stated, “Through role

statements, codes of ethics, accreditation guidelines, competency standards, licensure, certification and other standards of excellence, the counseling profession has reached the threshold of acceptance as one of the ‘professions’” (p. 68). This declaration of professional status seems to be just that, however - a declaration. While VanZandt mentioned McCully’s criteria, a detailed examination was not provided. VanZandt described counseling as an emerging profession. Again, the author’s meaning is not completely clear. Is an emerging profession a true profession, or one that has almost hit the mark but isn’t quite there yet? The dictionary defines emerging as “1. the act or process of emerging, 2. to rise or come forth from or as if from water, 3. to arise, as a question, 4. to come into existence; develop, 5. to rise, as from an inferior state.” (Random House, 1997, p. 427). Based on a quick examination of the definition it seems safe to assume that VanZandt felt counseling had risen from the inferior state of being an occupation into existence as a profession. VanZandt further stated the continued growth and development of the counseling profession was a responsibility of its members. Similar to Feit and Lloyd (1990), VanZandt charged counselors with moving beyond professional status and exhibiting increased professionalism, which the author stated is “an attitude that motivates individuals to be attentive to the image and ideals of their profession” (p. 243).

Though they did not attempt to empirically establish counseling’s professional status, Van Hesteren and Ivey (1990) augmented the literature by taking the dialogue on professionalization in a slightly different direction. They focused on the impact counseling’s core identity has on its professional status. They made several statements

regarding the professional status of counseling. It would be best to examine these statements individually. First, Van Hesteren and Ivey stated “the time has come for counseling and development to claim its space as a first-class profession in its own right – a profession distinct from but incorporating important aspects of the related professional disciplines...” (p. 524). This statement indicated the authors believed counseling was a profession. Furthermore, this notion of *distinct from but incorporating* also might help refute the first two limitations by Ritchie (1990), that the profession is not based on a body of knowledge that is *unique* to the profession and that the service counselors provide the public was not exclusive to counseling. It could be inferred from Van Hersteren and Ivey’s writing that counseling, while similar to other mental health professions in some areas (i.e., incorporating), was still distinct, too, due in part to its unique philosophy which they described as “a unique positive developmental orientation that is attuned to person-environment interaction and the broad sociocultural context.” (p. 525).

Van Hesteren and Ivey (1990) acknowledged the American Association of Counseling and Development (AACD, currently ACA) had already acquired several important characteristics for becoming a profession (e.g., counseling laws and certification requirements, ethics and professional standards, and a recommended curriculum). The authors, however, posited that in order for AACD to “become a profession on its own merits” (p. 525), it must first narrow the gap between its philosophy, which according to Van Hesteren and Ivey was a developmental orientation, and its practice. It appears the authors believed AACD and the larger counseling

profession were merely talking the developmental talk, but was not effectively implementing developmental concepts into practice. They further stated, “AACD could take a significant step in the direction of *solidifying* [italics added] its professional status” (p.525) by more strongly identifying with the developmental aspect of the profession. Van Hesteren and Ivey appeared to be saying that, in their opinion, counseling had already obtained status as a profession; it simply needed to be fine tuned, which for them meant focusing on counseling’s developmental facet. They even went so far as to advocate for counseling organizations to add the word development into their titles. Van Hestern and Ivey also implied that counseling’s use of systemic approaches also helped to add to the uniqueness of the profession and helped to separate it from counseling psychology, which they believed focused on individuals. In conclusion, Van Hesteren and Ivey stated they would suggest counseling was not only a profession; it was an important profession, and one that “no longer needs to depend exclusively on psychology for its models” (p.528) because the developmental orientation and philosophy of the profession bestow a model separate from other mental health professions. Again, this line of thinking would serve to refute those who have stated counseling is not a profession based on its failure to provide a unique service and one that is different from other mental health professions (e.g., Dunlop, 1968; 1969; McCully, 1962; Ritchie, 1990, Shelvin, 1968).

Although Van Hestern and Ivey (1990) argued that counseling was a profession, various other points in the article appeared to capture more attention and caused some members of the profession to respond disapprovingly (Heck, 1990; Robinson, 1990;

Steenbarger, 1991). More specifically, Robinson (1990) felt Van Hesteren and Ivey were implying that counseling was a subpar profession and disagreed with several points made in the article regarding counseling's identity. The points of contention noted by Robinson included, first and foremost, Van Hesteren and Ivey's implication that the *only* way counseling would reach the same level of professional status as other mental health professions (i.e., clinical psychology, counseling psychology, and social work) was through the implementation of a developmental philosophy. Robinson stated this line of reasoning implied that AACD is "currently a profession that is 'less than'" (p.529). Her second point of contention regarded Van Hesteren and Ivey's implication that counseling psychologists, as opposed to counselors, focus only on individuals, or occasionally families, when in fact counseling psychologists often do use systemic approaches. Steenbarger (1991) resonated with this point when he stated that counseling psychology does not solely focus on individuals while counseling focuses on both the individual and the larger systems that surround them. Although Robinson and Steenbarger were not trying to exalt psychology over counseling, they believed the differences between the two professions Van Hesteren and Ivey were trying to point out had been exaggerated. Both Robinson and Steenbarger believed counseling's use of systemic approaches was not unique to the counseling profession alone.

Thirdly, Robinson (1990) believed Van Hestern and Ivey (1990) implied (though they did not explicitly state this in their article) that developmental counseling would be a "cure all" (p. 529); Robinson stated, however, there is no one way to help clients. Robinson pointed out that Van Hesteren and Ivey contradicted themselves with this

implication as they also cited an article written by Ivey (1989) that stated, “No one profession has all the answers or can meet the nation’s complex mental health needs” (p. 28). The manner in which counseling is separated from counseling psychology is yet another point refuted by Robinson. She stated that the two professions are remarkably similar; in fact, the counseling psychology literature describes the work of counseling psychologists in much the same manner as Van Hesteren and Ivey described counseling and development. Again, Steenbarger (1991) indicated her agreement with Robinson and stated that the developmental model as described by Van Hesteren and Ivey is not embraced by counseling profession alone, but is readily supported by counseling psychology. However, it should be noted that Van Hestern and Ivey did state that while counseling was a unique profession, it did incorporate many important aspects of other mental health professions. Robinson on the other hand, seemed to struggle to find anything other than the similarities among counseling and counseling psychology. Lastly, Robinson took argument with Van Hesteren and Ivey’s assertion that the Association for Counselor Education and Supervision (ACES) should change its name to include the word development. Robinson believed Van Hersteren and Ivey were indicating that ACES was one of the last AACD divisions to make the move toward including the word in its title. Robinson however, felt a name change for ACES was unnecessary and further stated she was unaware of “a mass movement to include the word *development*” (p. 530) in the titles of professional counseling organizations.

Heck (1990) took up another argument with Van Hesteren and Ivey (1990) regarding their conception of identity. Heck stated the profession’s identity set forth in

the article was too inclusive and the authors failed to provide any information on what counseling was not, or should not be, as a profession. Although Robinson (1990), Heck, and Steenbarger (1991) did not dispute the professional status of counseling touted by Van Hesteren and Ivey, they each vehemently disagreed with specific points, most intensely the agenda to intensely push the developmental orientation onto the profession, which Van Hesteren and Ivey believed was vital to furthering counseling's professional status.

Assumptions of professional status. Although the “counseling as a profession” debate, by this point, had been occurring for nearly four decades, no conclusions had been reached. In 1997, Hanna and Bemak discussed counseling's professional identity but failed to provide any conclusion to the debate. Instead, they straddled the fence by citing both Ritchie (1990) and Feit and Lloyd (1990) and said “counseling has accomplished all, or nearly all, of the requisites for status as a profession” (p. 194). Further in the article however, they implied counseling's professional status by indicating the use of an uppercase “C” (i.e., Counseling) refers to Counseling as a profession, yet they still neglected to state out right that counseling had obtained professional status. The bulk of their article, however, focused on the achievement of a recognizable professional identity for counseling, though they failed to specifically state that counseling was a profession. Hanna and Bemak reiterated the importance of realizing and establishing a professional identity for counseling in order to secure the future of the profession and encouraged further dialogue on the issue. Again, though they did not formally declare counseling a true profession, through their use of Counseling with “C” (meant to indicate

the profession of counseling) and their emphasis on professional identity, it can be assumed that Hanna and Bemak believe counseling has obtained professional status. After all, it would seem that only a profession can have a professional identity.

In a fashion similar to Hanna and Bemak (1997), Gale and Austin (2003) failed to make a clear determination of counseling's professional status. They noted that counseling had attained many of the criteria necessary for the achievement of professional status, including a professional organization, code of ethics and standards for practice, an accrediting body, credentials and licensure. Although this first statement implies that the authors believed counseling may not have met all of the necessary criteria, they went on to say that "achieving professional status has done little to promote professional counselors' sense of collective identity..." (p. 3). The latter statement of "achieving professional status" serves to imply they believed counseling indeed had reached status as profession, but they did not clearly state this. Similar to Hanna and Bemak, the authors continued to reiterate their implied belief that counseling was a profession by the language they use throughout the article (e.g., achieving professional status, professional counselors, professional counseling organizations, professional affiliations). Also akin to Hanna and Bemak, the focus of Gale and Austin's article again aligned more with counseling's professional identity than with counseling's professional status.

Is asserting that counseling has reached professional status enough? Ritchie (1990) stated that "professional status, however, cannot be proclaimed; it must be ascribed to an occupation by others" (p. 220), and McCully stated in 1962 that "we seem

to have been guilty of assuming that by calling ourselves professional and our work professional we would somehow become a profession” (p. 682). It could be argued then, that by jumping past the definite establishment of counseling’s status as a profession and talking about professional identity, Hanna and Bemak (1997) and Gale and Austin (2003) got the cart before the horse.

Stepping back to examining professional status, Ponton and Duba (2009) recently stated that counseling has reached professional status. Although the main focus of their work was not to empirically test the professional status of counseling, they noted the development of professional organizations, education programs and standards, and legal recognition of licensure as contributing factors that have led to counseling’s professional status. Also noted as factors indicating counseling’s status were the following; all professions grow from a societal need, members are obliged to act on behalf of the good of the public, and members’ behaviors are guided by a code of ethics. All three factors the authors indicated, were true for counseling. Ponton and Duba noted that the literature on professions most often defines professions by the characteristics they share with other established professions (e.g., the structural-functional approach; Ritzer & Walczak, 1986). Upon this line of thinking and after noting that counseling had obtained the aforementioned necessary factors for professional status, the authors concluded that counseling is a legitimate profession.

Professional status conclusions. Throughout the five decades of debate there has been disagreement on counseling’s status as a profession. The majority of recent authors (e.g., Feit & Lloyd, 1990; Gale & Austin, 2003; Hanna & Bemak, 1997; Messina, 1999;

Myers & Sweeney, 2001; Myers, Sweeney, & White, 2002; Ponton & Duba, 2009; Smith, 2001; Sweeney, 2001; Vacc & Loesh, 1987; Van Hesteren & Ivey, 1990; VanZandt, 1990) however, seem to agree, or at least imply, that counseling has obtained status as a profession. Nevertheless, it is important to note that counseling's professional status has not been formally reassessed since 1990. A current reassessment of counseling's professional status based on historical criteria for a profession, using one or more of the approaches outlined by Ritzer and Walczak (1986), could eliminate the need for assumptions and implications, and would be a welcomed addition to the literature on this topic.

So far there does not appear to be one agreed upon set of criteria or approach that can without a doubt confirm an occupation's rise to professional status. If Friedson (1983) was correct in encouraging the abandonment of such designations, then perhaps it is time the counseling profession shifted its focus, as has been the current trend in the literature, to what has been identified as a different issue: the professional identity of counseling and counselors (Feit & Lloyd, 1990; Gale & Austin, 2003; Hanna & Bemak, 1997). Although examining the professional identity of counseling and counselors may prove to be equally ambiguous as examining the topic of professional status, understanding what has been said about professional identity in the counseling literature will begin to guide this process.

Professional Identity

A review of the counseling literature and statements made by professional counseling organizations has shown a significant interest in the topic of counselor

professional identity (CPI). Some contributors to the literature have emphasized the importance of and need for the counseling profession to have collective identity (Gale & Austin 2003; Goodyear, 1984; Ivey & Van Hesteren, 1990; Maples & Altekruze 1993). Other contributors have maintained the belief that the very future and survival of the profession depends on the achievement of a single, concrete, and unique identity (Calley & Hawley, 2008; Ritchie, 1994; Smith, 2001). Eriksen (1997) and Myers et al., (2002) identified development of a professional identity as the foundation of counselor advocacy. Counselor professional identity is often stated as being an integral part of overall counselor development (e.g., Loganbill, Hardy, & Delworth, 1982; Skovholt & Ronnestad, 1992; Stoltenberg, 1981). The CACREP Standards (2009) even stress the importance of counselors-in-training developing a strong professional identity. Although the above examples illustrate that interest in this topic has been strong, a conclusive definition of what counselor professional identity is remains elusive.

Weinrach, Thomas, and Chan (2001) defined professional identity as “the possession of a core set of values, beliefs, and assumptions about the unique characteristics of one’s selected profession that differentiates it from other professions” (p. 168). Few definitions of counselor professional identity (CPI) can be found in the literature. The existing definitions are inconsistent, which makes counselor professional identity a difficult topic to grasp. Typically, counselor professional identity has been loosely defined (e.g., authenticity, Moore-Pruitt, 1994) or lumped together with overall counselor development (e.g., a well-integrated theoretical identity, Loganbill, Hardy, & Delworth, 1982). As illustrated, many contributors to the counseling literature have

talked about counselor professional identity (e.g., Gale & Austin, 2003; Goodyear, 1984; Hanna & Bemak, 1997; Ivey & Van Hesteren, 1990; Maples & Testa, 1993; Myers, Sweeney & White, 2002; Pistole & Roberts, 2002; Skovholt & Ronnestad, 1992; Smith, 2001). Throughout the dialogue one point that seems to be agreed up by most contributors is the importance of establishing a professional identity for counselors and the counseling profession.

Importance of Counselor Professional Identity

Professional identity is an important issue for both individual counselors and the counseling profession as a whole (CACREP, 2009; Gale & Austin, 2003; Myers, Sweeney, & White, 2002; Stoltenberg, 1981). At the most basic level, a professional identity is important because it helps a person understand who they are and what they do as a professional as well as what they would not do as a professional in a particular profession. Moreover, a professional identity “provides a stable frame of reference which enables persons to make sense of their work and their lives, as it contributes to both a sense of belonging and uniqueness” (Friedman & Kaslow, 1986; Heck, 1990, as cited in Pistole & Roberts, 2002, p. 1). Although there has been much debate and discussion about counselor professional identity (e.g., Feit & Lloyd, 1990; Gale & Austin, 2003; Goodyear, 1984; Hanna & Bemak, 1997; Ivey & Van Hesteren, 1990; Maples & Altkruse, 1993; Myers et al., 2002; Pistole & Roberts, 2002; Smith, 2001), there has been little agreement about counseling’s professional identity, which has created difficulty for the counseling profession. More specifically, Smith (2001) stated that counseling’s lack of clearly defined parameters not only caused counselors to suffer from a lack of

professional identity, but also could cause confusion with the public and lead to turf battles with other professionals. Smith went so far as to say that counseling was having an identity crisis. Even more recently, Calley and Hawley (2008) stated that a unified professional identity is especially pertinent in relation to counselors gaining parity and independent recognition from other mental health professions.

The importance of professional identity has been suggested to extend even to the very survival of the counseling profession (Myers et al. 2002). For example, Ritchie (1994) stated that trained counselors who go on to be licensed as psychologists or social workers, therefore not developing a professional identity as a counselor, actually may be supporting efforts by other mental health professions to deny counselors both their professional rights to practice and have a professional identity. Ritchie went on to say that the very future of the counseling profession may depend on counselors developing a strong counselor professional identity. A similar concern for the future of the counseling profession was articulated by Eriksen (1997) and Myers et al. (2002). Both agreed that a strong professional identity was the foundation of professional advocacy. Myers et al. went on to say that a lack of professional identity made it difficult to explain to others (i.e., policy makers, counselors-in-training, general public) who counselors are and what the counseling profession is about.

Contributors to the counseling literature are not the only people supporting the idea that counselor professional identity is important; counseling organizations also have pushed the importance of strong counselor professional identity. In line with the literature, many counseling organizations and accrediting bodies have recognized the

need to promote strong professional identities for both individual counselors and the counseling profession as a whole. CACREP (2009) stated in the introduction to their latest standards that one of the main premises behind the standards is to “ensure that students develop a professional counselor identity” (p. 1). Individual standards also point to CACREP’s emphasis on professional identity. For example, Standard W. 4. stated that the core faculty and noncore (e.g., adjunct, affiliate, clinical) faculty of any CACREP accredited program must identify with the counseling profession. Furthermore, section AA of the standards states that all programs must have a systematic program of evaluation in place that includes, “assessment of student learning and performance on professional identity...” (p. 7). Not only does CACREP expect that programs and faculty have a professional identity as counselors; they also must instill that professional identity into students and be able to evaluate student learning performance.

The American Counseling Association is another professional counseling organization that has emphasized the importance of professional identity in recent years. In 2006 ACA and the American Association of State Counseling Boards (AASCB) jointly sponsored the “20/20: A Vision for the Future of Counseling” initiative, with strengthening the identity of the counseling profession as one of the top concerns and goals of the initiative (Kaplan, 2006; Rollins, 2007a, 2007b). The delegates to this initiative, which represented 30 professional counseling organizations, concluded that a strong professional identity not only is essential for unifying and strengthening the profession but also for moving the profession forward (ACA, 2008c). This conclusion reached by the delegates reiterated the important role professional identity plays in the

future of the counseling profession, a premise that had been echoed in the professional literature.

Chi Sigma Iota, Counseling Academic and Professional Honor Society International (CSI) is yet another counseling organization that has supported the advancement of counseling's professional identity. CSI's mission is "to promote scholarship, research, professionalism, leadership, and excellence in counseling; to encourage the pursuit of personal excellence by members; and to recognize high attainment in the pursuit of academic and clinical excellence in the profession of counseling" (<http://www.csi-net.org/>). Providing awards and grants for research that is focused on professional identity is one way CSI has shown that professional identity is a significant focus of the organization.

The Association for Counselor Education and Supervision (ACES) found professional identity to be important enough to include it as a main point in the organization's vision statement (http://www.acesonline.net/strategic_plan.asp). In their vision statement, ACES illustrated their commitment to the promotion of a unified professional identity for all counselors, supervisors and counselor educators.

Barriers to Counselor Professional Identity

Authors, researchers, professional organizations and accrediting bodies seemed to have reached a consensus that professional identity is important; however, many factors appear to stand in the way of the development of a strong counselor professional identity. A lack of knowledge and understanding of counselor professional identity seems to have permeated the counseling profession, and thereby has stymied halted the ability to

solidify a definition and fully understand counselor professional identity. For example, in 1994, O'Bryant noted that counselors often had difficulty explaining their identity and how counselors were different from other mental health professionals. Echoing the same opinion, Remley and Herlihy (2007) stated that counselors often struggle to describe counseling's distinctions from other mental health profession.

One reason for the confusion about counseling's professional identity may be that there are many similarities between counseling and other mental health professions. Distinguishing counseling from other mental health professions sometimes has proved to be a difficult task (Remley & Herlihy, 2007). For example, the end goal of helping the client is the same across mental health professions. In addition, theories and techniques used by mental health professionals are often similar or the same. Gale and Austin (2003) cited several issues as contributors to the confusion in counseling's professional identity. These issues included the point that many professionals who identify as counselors may have received their training from programs accredited by bodies other than CACREP. A second point noted by Gale and Austin was that many counselors may hold professional memberships and licenses that may require them to abide by various standards and codes of ethics that may conflict with the counseling profession's standards and codes.

Another issue that has had a significant impact on counselors' abilities to understand and express their professional identity is the fact there is yet to be a consistently used and comprehensive definition of counselor professional identity. In 1997, Hanna and Bemak stated "A unique identity that serves to conceptually unify counselors continues to be elusive..." (p. 194). It makes sense that counselors would

struggle to understand and articulate their professional identity when a consensus has yet to be reached on the definition of counselor professional identity. Due to the concerns listed above, some counselors are experiencing issues of identity confusion (Gale & Austin, 2003; Hanna & Bemak, 1997). Thus, how can counselors be expected to promote the counseling profession when articulating the identity of the profession appears to be so challenging? Moreover, how can the general public be expected to understand the unique identity of the counseling profession when so many counselors struggle with this themselves? The counseling profession needs to begin defining counselor professional identity so that it can be improved, understood, and adhered to by all counseling professionals. There is also a need to improve the knowledge and understanding of counseling on the behalf of the general public. If the general public does not understand who counselors are, what counselors do, and how counselors are trained, credentialed, and licensed, then how can we expect them to trust in our abilities and our profession? The importance of improving the general public's understanding of the counseling profession has been noted previously in the counseling literature by both Dunlop (1968) and Ritchie (1990), though little progress seems to have been made at this point in time.

Remley and Herlihy (2007) stated that counselors with a strong professional identity should be able to articulate counseling's professional identity and distinguish it from other mental health professions. Therefore, it is vital that counselors develop a strong professional identity, not just for their own understanding, but also so that they may be able to share their professional identity with others, thereby increasing the general public's knowledge and understanding of the counseling profession. This process must

begin with counseling professionals. Counselor educators should play a vital role in this professional identity awakening, as many authors and researchers have stated that the professional identity process begins during the training program and continues across the career span (e.g., Auxier, Hughes, & Kline, 2003; Brott & Myers, 1999; Loganbill, Hardy, & Delworth, 1982; Remley & Herlihy, 2007; Skovholt & Ronnestad, 1992). Unfortunately, because a comprehensive definition of counselor professional identity has yet to be established and adopted (e.g., Gale & Austin, 2003; Hanna & Bemak, 1997; Myers, 1995; Myers & Sweeney, 2004), it has been difficult to further the knowledge and understanding of counselor professional identity.

Defining Counselor Professional Identity

Several authors have offered suggestions for counseling's professional identity. Although many have similar ideas regarding professional identity, there is little consistency in the literature. Most authors "have sought to isolate nuances that differentiate Counseling from other helping professions..." (Hanna & Bemak, 1997, p. 198) and have fallen short of a comprehensive definition of counselor identity. For example, Wittmer (1988) focused on counseling being more practice-oriented than counseling psychology or clinical psychology. Lanning (1988) stated "Counselors' identity can be found in the distinctiveness of our philosophy, curriculum, history, world view and practice" (p. 296). Vacc (1990) highlighted the educational component in counseling as being what differentiated it from psychology. Van Hesteren and Ivey (1990) declared counseling's developmental perspective and roots are what make it unique. They even suggested calling the profession counseling and development as

opposed to counseling. Myers (1991, 1992) offered wellness, development, and prevention as foundations of the counseling profession. Myers' characteristics were echoed by Pistole (2001), who agreed, specifically for mental health counseling, that the profession's identity is based on wellness, holistic, and developmental perspectives. Hansen (2003) indicated that the identity of the counseling profession is rooted in humanism, which encompasses the developmental view espoused by others in the literature. Ultimately, however, a comprehensive adopted definition has yet to be established (Gale & Austin, 2003; Hanna & Bemak, 1997).

Professional identity and overall counselor development. An additional problem found in the literature is that professional identity and overall counselor development are often amalgamated in the counseling literature, with some authors noting the importance of identity but none ever truly defining it. For example, Stoltenberg (1981) developed the counselor complexity model, which is a model of counselor and therapist development (his model, although relevant, did not adhere to a particular mental health profession). The counselor complexity model consisted of four levels of development (dependent on supervisor, dependency-autonomy conflict, conditional dependency, master counselor). Stoltenberg described the process of counselor development as being more complex than the attainment of skills alone, but also a journey where the counselor "is embarking on a course of development that will culminate in the emergence of a counselor identity" (p. 59). For each level of counselor development, Stoltenberg described the counselor's level of professional identity development. In level one, a professional identity is just beginning to develop as the

neophyte counselor is just beginning to understand counseling techniques and processes. At this point the counselor is very dependent on the supervisor. A counselor in level two has more self-awareness and strives for independence from the supervisor. The counselor is in a place of dependency-autonomy conflict. Imitation of the supervisor lessens and the counselor begins to define his or her individual counselor professional identity. Reaching level three provides the counselor with an “increased sense of personal counselor identity and professional self-confidence” (p. 62), with the counselor becoming more comfortable and secure with his or her counselor professional identity. If and when level four is reached, the counselor has an integrated counselor professional identity, and is at a place where he or she is a master counselor who is ready to supervise others. Although Stoltenberg’s description of counselor development has a focus on professional identity, at no point does he ever define counselor professional identity specifically or discuss its components. Loganbill, Hardy, and Delworth (1982) introduced another conceptual developmental model of supervision [similar to Stoltenberg (1981), this model is not specific to the counseling profession]. In their model of supervision they discussed the formation of identity as being central to the overall developmental process. Loganbill et al. stated that a counselor’s professional development involves more than the acquisition of skills; it is “the integrated formulation of a therapist with an identity” (p. 15). In fact, the authors found the development of a professional identity to be so essential that it is a main focus of the assessment section of the model. The supervisee’s levels of development in numerous areas (e.g., competence, autonomy, theoretical identity, professional ethics) are all concerned with either personal or professional identity

development. Loganbill et al.'s model posits that counselor development (and therefore counselor professional identity development) takes place in three stages. During the first stage, Stagnation is characterized by naivety, unawareness, a lack of knowledge or insight, and simplistic black and white thinking. Stage two, Confusion, is exemplified by disorganization, flip-flopping, and instability of the counselor. The last stage of the model is Integration. This stage is characterized by the development of new understanding and insight, flexibility, and personal security. Loganbill et al. stated this latter stage is ongoing for the counselor who has now reached a certain level of personal and professional mature development. The authors noted that their model is heavily influenced by the developmental work of Erik Erikson (1963, 1968, 1989), Margaret Mahler (1979), and Arthur Chickering (1969). They further stated one way Erikson's "views have added to this model lie in his perspective of the formation of identity as central to overall development" (p. 15). Loganbill et al. declared their model to be based on the process of forming professional identity.

The model provided by Loganbill et al. (1982) illustrates the importance of counselor professional identity and presents it as evolving from a place of naivety about what it means to be a counseling professional to a place where the counselor has grown into the professional counselor role and is now able to identify as a member of the profession. Although Loganbill et al.'s model provides meaningful information on counselor development, it does not focus on CPI alone, nor did the authors ever concretely define counselor professional identity. They merely looked at counselor professional identity as one piece of the overall development of a counselor.

Similarly, Skovholt and Ronnestad (1992) established 14 themes in counselor development. Theme 1 included the process of professional individuation. The authors themselves noted that this individuation concept is comparable to the Loganbill et al.'s (1982) work on professional identity development. Skovholt and Ronnestad stated, "The individuation process involves an increasingly higher order integration of the professional self and the personal self" (p. 507). This integration process includes a strong consistency between ideology (one's values and theoretical stance) and methods used in one's professional practice; and is an expression of the deeper layers of oneself, which means it is "founded on the individual's own integrated, experience-based generalizations..." (p. 507). This process of individuation, as explained by Skovholt and Ronnestad, appears to contain some of the elements of Weinrach et al.'s (2001) definition of professional identity; the attainment of a core set of values, beliefs, and assumptions was a key part of the latter's idea about professional identity. However Skovholt and Ronnestad did not examine professional identity in congruence with the definition derived from Remley and Herlihy (2007). Although Skovholt and Ronnestad stated the theme of professional individuation is similar to professional identity as described by Loganbill et al., the authors still neglected to define counselor professional identity specifically.

Another example from the supervision literature is Bernard and Goodyear (2004), who discussed professional identity as a part of the development of clinical supervisees. The authors stated that professional identity is best gained through the supervisees' associations with more experienced and senior members of their own profession. Bernard and Goodyear talked about the socialization process that occurs between supervisors and

supervisees. It is during the interactions between these two that supervisors become role models by which supervisees establish their own professional identities. Bernard and Goodyear did stress the point that in order to develop an appropriate professional identity, it is essential that supervisees and supervisors be members of the same profession (i.e., counselors-in-training are supervised by counselors). Here again, the pattern continues; the authors noted the importance of professional identity, but failed to define it and lumped it together as part of overall counselor development.

Inadequate definitions of counselor professional identity. Some researchers, however, have offered deliberate definitions of counselor professional identity. Unfortunately, most have only produced a loose definition at best. One example is Moore-Pruitt (1994) who based much of her definition on the work of Skovholt and Ronnestad (1992). Moore-Pruitt examined counselor identity as a part of ego identity development, and believed that counselors develop their professional identity in much the same way they might develop religious or political ideologies. Although she did consider counselor identity to be a part of ego identity, Moore-Pruitt did offer a definition of counselor identity which defined it as “an integration of theoretical orientation and methodology that is consistent with the counselor’s personal values and beliefs: the counselor is authentic” (p. 34). It would seem hard to argue the importance of authenticity in professional identity; however, this concept does not encompass the components of the Remeley and Herlihy (2007) derived definition of CPI which is appears to be more comprehensive and includes (a) history and philosophy, (b) roles and functions, (c) ethics, (d) professional pride, and (e) professional engagement.

Continuing in the supervision literature, Gray (2001) also investigated aspects surrounding counselor professional identity and attempted a definition. In his study, Gray sought to examine supervisor factors (e.g., type of license, extent of supervision training, years of clinical experience) and the impact of those factors on counselor professional identity. For the purposes of his research, Gray defined counselor professional identity as “understanding and having a sense of pride in one’s profession...,[that] is essential both for one’s own internal satisfaction with one’s chosen career and for the continued societal recognition of the profession” (p. 12). Knowledge and understanding of one’s profession and pride are both very important pieces of professional identity and are two of the five components of the Remley and Herlihy (2007) derived definition of CPS. However, similar to Moore-Pruitt (1994), Gray’s definition is a step in the right direction but leaves out other critical elements, such as a core set of values and beliefs or aspects that differentiate counseling from other professions (Weinrach et al., 2001), like a code of ethics, counseling philosophy, roles and functions, and professional engagement (Remley & Herlihy, 2007). Without the inclusion of such elements, Gray’s definition of counselor professional identity fails to be comprehensive.

Going in a somewhat different direction than Gray (2001) and Moore-Pruitt (1994), Puglia (2008) defined counselor identity as being comprised of three parts: “agreement with the counseling philosophy, beliefs that the counseling profession includes activities such as becoming licensed and certified, and professional engagement” (p. 13). One positive attribute of Puglia’s definition is that she noted the importance of a counselor’s *agreement* with the counseling philosophy. This concept is aligned with the

individuation process outlined by Skovholt and Ronnestad (1992), which was used by Moore-Pruitt (1994) and also linked to Loganbill et al.'s (1982) model of counselor development. Puglia believed that it is important for counselors to embrace and believe in the counseling philosophy if they are going to have a strong professional identity. As the second part of her definition, Puglia (2008) also included licensure and certifications (e.g., licensed professional counselor, licensed school counselor, licensed clinical counselor, National Certified Counselor). Licensure and certification repeatedly have been discussed in the literature as important aspects of professionalism and professional status (Dunlop, 1968; McCully, 1962; Shelvin, 1968; Vacc & Loesch, 1987). Finally, Puglia also included professional engagement in her definition of CPI. She defined professional engagement as behaviors that one with a professional identity would participate in as a part of their professional practice such as attending conferences, participating in research, mentoring other counselors. The inclusion of professional engagement represents the introduction of a component of professional identity that has not been part of other definitions of CPI. However, similar behaviors have been linked to professional identity in the past. For example; Myers et al. (2002) believed that a strong professional identity promoted advocacy efforts. Feit and Lloyd (1990) and VanZandt (1990) believed that clarifying counselor's professional behaviors and exhibiting increased professionalism was an important task for counselors and the counseling profession. Spruill and Benschhoff (1996) were of the same mind regarding professionalism. They stated that professionalism, which they believed included professional identity, was evidenced by the professional's behaviors, such as participation

in professional organizations, licensure and certification, and a continued pursuit of professional knowledge. Puglia's concept of professional engagement seems to encompass behaviors such as those espoused by Myers et al., Feit and Lloyd, VanZandt, and Spruill and Benschhoff. Although Puglia's (2008) definition is slightly more comprehensive than Moore-Pruitt's (1994) and Gray's (2001) definitions, she still neglected several important components, such as what Gray did include, which is knowledge of the profession and professional pride.

Adding to the problem, many important professional counseling organizations and other contributors to the literature have failed to provide a definition for counselor professional identity. For example, in 1997 the American Counseling Association adopted definitions for both the *practice of professional counseling* and *professional counseling specialty* (<http://www.counseling.org/PressRoom/>) but did not adopt or attempt to provide a definition for counselor professional identity (<http://www.counseling.org>). This is very surprising considering the emphasis that ACA has placed on counselor professional identity in recent years.

The same holds true for the Association for Counselor Education and Supervision (ACES). ACES made professional identity the focus of commitment number three of their 2009 vision statement, which reads "Promote a unified professional identity for counselors, supervisors, and counselor educators" (http://www.acesonline.net/strategic_plan.asp). The commitment toward professional identity is present, yet ACES neglected to state a specific definition of CPI. The National Board for Certified Counselors (NBCC), another significant counseling organization, also

has failed to provide a definition of counselor professional identity and provide little mention of counselor professional identity on their website (www.nbcc.org).

One organization that has continued to give counselor professional identity a prominent place throughout its 2009 Standards, and actually attempted to provide a definition, is CACREP. Specifically, section II. G. 1., *Professional Orientation and Ethical Practice* (previously Section II. K. titled *Professional Identity* in the 2001 standards) lists several components necessary for the development of a professional identity and an understanding of professional functioning, including the following:

- a. history and philosophy of the counseling profession;
- b. professional roles, functions, and relationships with other human service providers, including strategies for interagency/interorganization collaboration and communications;
- c. counselors' roles and responsibilities as members of an interdisciplinary emergency management response team during a local, regional, or national crisis, disaster or other trauma-causing event;
- d. self-care strategies appropriate to the counselor role;
- e. counseling supervision models, practices, and processes;
- f. professional organizations, including membership benefits, activities, services to members, and current issues;
- g. professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues;
- h. the role and process of the professional counselor advocating on behalf of the profession;
- i. advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients; and
- j. ethical standards of professional organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling. (p. 8)

The list outlined by CACREP includes several components of counselor professional identity that have been specified previously in the literature. For example,

knowledge and understanding of the profession (Gray, 2001), elements of a philosophy (Myers, 1991 & 1992; Puglia, 2008; Van Herstern & Ivey, 1990; Weinrach et al., 2001), and advocacy and other professional engagement activities (Puglia, 2008; Myers & Sweeney, 2004) are included. Yet, still missing from this description are two main components of professional identity. The first is professional pride, which was the cornerstone of Gray's (2001) work. Secondly, although CACREP does list philosophy in its description of professional identity, the definition falls short because a definition for the construct of counseling philosophy is not provided (Puglia, 2008).

The lack of a consistently used comprehensive definition of counselor professional identity may be the counseling profession's weakest link. Failure to reach consensus in this area can have a significant negative impact across the profession. Most notably, the process of teaching professional orientation and beginning to instill professional identity in counselors-in-training may prove difficult when elders in the profession may still be struggling with defining who we are as professional counselors.

Study Definition of Counselor Professional Identity

Although a comprehensive definition of counselor professional identity has not been adopted at this time, it is necessary nonetheless to establish a definition for the purposes of this research. A definition that seems to be the most comprehensive is one derived from the work of Remley and Herlihy (2007), which includes the following six components: (1) knowledge and understanding of the profession's history, (2) knowledge and understanding of the philosophical foundations of the profession, (3) knowledge of the roles and functions of counselors and how they are similar and different from other

mental health professions, (4) a sense of pride in the profession, (5) involvement in professional organizations and advocacy (i.e., professional engagement), and (6) knowledge and understanding of professional counselor ethics. This definition appears comprehensive because it includes the pieces of the CACREP description which have been repeated in the literature (i.e., history and philosophy, roles and functions, advocacy, and ethical standards) and also includes the element of professional pride. Furthermore, this definition has been used, at least in part, in various other studies of counselor professional identity (e.g., Gray, 2001; Puglia, 2008). A description of each of the six components of this definition follows.

History

Counselors with a strong professional identity will have knowledge of the history of the counseling profession (Remley & Herlihey, 2007). Vacc and Loesch (1987) underscored the importance of understanding the history of the counseling profession when they stated, “Although heritage is not destiny, destiny is in part contingent upon heritage” (p. 19). Knowing the origins of the counseling profession should provide insight for counselors into what it means to be a member of the counseling profession. Learning the history of the counseling profession, typically presented during professional orientation courses, is one of the eight common core curricular experiences is required of all students in CACREP accredited programs (CACREP, 2009).

The National Counselor Examination (NCE) also contains a section on professional orientation which covers the history of the profession (<http://www.nbcc.org/certifications/ncc/>). The NCE is used as the examination for those

seeking the National Certified Counselor (NCC) credential and is the licensing examination for many states (<http://www.nbcc.org/certifications/ncc>). Thus, it can be derived that knowledge of the counseling professions' history is not only an important part of professional identity, but also has been deemed a necessary element for entrance to work independently as a counseling professional.

For the purposes of this study, counseling history will be defined as a basic knowledge of and beliefs regarding the importance of the counseling profession's history, which includes pivotal moments and important people in the profession. Examples of this include understanding the impact the Russian satellite Sputnik had on the profession and the how the Army Alpha and Beta intelligence tests used in World War I affected the counseling profession.

Philosophical Foundations

Along with a strong grasp of the counseling profession's history, knowledge and understanding of the counseling philosophy is also necessary for the achievement of a strong professional identity (Remley & Herlihy, 2007). Counseling philosophy is defined here as the belief system underlying the profession of counseling. It is comprised of four components: developmental perspective, wellness perspective, prevention, and empowerment. Counselors with a strong professional identity should be able to articulate the philosophy that underlies the counseling profession (Remley & Herlihy). Each of these components of counseling's philosophy will be discussed.

Developmental perspective. The developmental perspective that constitutes part of the counseling philosophy is based on the assumption that people will be faced with,

and must successfully meet, many challenges as they progress through their lives (Remley & Herlihy, 2007). Because of this developmental perspective, counselors may view the issues and obstacles that clients bring to the counseling session with a positive developmental orientation (Van Hesteren & Ivey, 1990) and as a part of the individual clients' developmental process instead of a pathological problem. Ivey and Rigazio-DiGilio (1991) stated that ACA and the American Mental Health Counseling Association (AMHCA) "do have a distinctive educational-developmental view of the helping process" (p. 22) which allows counselors to redefine pathology as developmental blocks or delays.

Wellness perspective. The second component of the counseling philosophy is the wellness perspective. The wellness perspective is strength based (i.e., focuses on the client's strengths as opposed to the client's problems) and includes a holistic (e.g., psychological, emotional, behavioral, spiritual, systemic, and cultural) view of the client. The goal of the wellness perspective is to help each person achieve positive mental health to the maximum degree possible for that individual person (Remley & Herlihy, 2007). Myers (1991, 1992) stated that the wellness perspective in the counseling field was not new but a deeply ingrained part of the profession's history.

The wellness perspective is focused on helping individuals grow, develop, and reach the level of potential that is possible for each individual (Ardell, 1988; Dunn, 1961; Myers, Sweeney & Whitmer, 2000; Myers, Sweeney, & Whitmer, 2001). Within this perspective, counselors do not believe that a person has to be ill or in a state of dysfunction in order to become more well. For example, a couple who currently are not

experiencing significant problems in their relationship can participate in couples counseling as a way to maintain a healthy relationship and continue to grow as a couple. The wellness perspective promotes wellbeing for all people across all areas of life (e.g., cognitive, emotional, spiritual). Wellness is about optimizing the living experience.

Prevention. The third component of the counseling philosophy is prevention and preventive care (ACA, 2007; Herr & Niles, 2001; Myers, 1992; Remley, 1991; Remley & Herlihy, 2007; Smith, 2001). Within this aspect of our philosophy, counselors prefer to help clients avoid problems when possible and encourage early intervention of problems over remediation (Remley & Herlihy, 2007). Counselors believe clients do not need to have a current significant problem in order to seek improvements in their lives through counseling services. Counselors use education (e.g., parenting programs, guidance curriculum; assertiveness training, premarital counseling, stress management, skill development) as a tool to help clients prevent potential emotional, psychological, and relational problems (Herr & Niles, 2001; Remley & Herlihy, 2007). Albee (1982) stated that one way to reduce the prevalence of mental disorders and other problems was to increase persons' competence and ability to deal with life stressors. If counselors can help clients gain the tools necessary to deal with the hurdles they may encounter in life, much maladjustment, pathology, and disturbance could be greatly decreased, if not avoided altogether.

Empowerment. Finally, the last element of the counseling philosophy is empowerment. Empowerment is the "process by which individuals gain an awareness of the external influences on their lives and how they learn to gain control of their lives

within these contexts” (Puglia, 2008, p. 12). McWhirter (1994) referred to empowerment as the “process by which people, organizations, or groups who are powerless or marginalized (a) become aware of the power dynamics at work in their life context, (b) develop the skills and capacity for gaining some reasonable control over their lives, (c) which they exercise, (d) without infringing on the rights of others, and (e) which coincides with actively supporting the empowerment of others in the community” (p. 12). Counselors strive to give their clients the tools necessary to overcome the developmental obstacles they may face.

Counselors do not want clients to become dependent on the counselor; rather, the goal of counseling is to help clients become able, or more able, to problem-solve independently (Remley & Herlihy, 2007). This is accomplished by teaching clients communication skills and problem-solving strategies, providing psycho-education, and increasing client self-awareness and understanding (Remley & Herlihy). Of course, some clients may need continued assistance throughout their lives; however, it is important to take each individual client’s unique circumstances and characteristics into account when considering the level of empowerment that is appropriate for a client. Not all clients will be able to independently problem–solve. However, empowering clients to reach their maximum potential is the idea behind empowerment within the counseling philosophy.

Roles and Functions

Roles and functions performed by members of a profession also serve as a component of professional identity Remley and Herlihy (2007). Counselors with a strong professional identity should have knowledge of the various roles and functions

counselors provide to clients and how those roles compare to the roles and functions of other mental health professionals (Remley & Herlihy, 2007). One way to begin to grasp the various roles and functions that counselors hold is to examine the tracks and specialties within the counseling profession.

CACREP's scope of accreditation includes the following: (a) addictions counseling, (b) career counseling, (c) clinical mental health counseling, (d) marriage, couple, and family counseling, (e) school counseling, (f) student affairs and college counseling, and (g) counselor education and supervision (<http://www.cacrep.org/>).

Knowledge and understanding of the different counseling tracks is one way to develop an understanding of the wide variety of roles and functions counselors may fulfill. Although there are key underlying philosophical roles and functions that apply to all tracks (i.e., individual and group counseling, consultation, collaboration, assessment, supervision, advocating), depending on specific setting and population, some roles and functions may be varied.

An examination of ACA divisions can provide further information on the potential roles and functions of the modern day counselor. ACA currently has 19 divisions including the following:

- Association for Assessment in Counseling and Education (AACE),
- Association for Adult Development and Aging (AADA),
- Association for Creativity in Counseling (ACC),
- American College Counseling Association (ACCA),
- Association for Counselors and Educators in Government (ACEG),
- Association for Counselor Education and Supervision (ACES),
- Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC),

- Association for Multicultural Counseling and Development (AMCD),
- American Mental Health Counselors Association (AMHCA),
- American Rehabilitation Counseling Association (ARCA),
- American School Counselor Association (ASCA),
- Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC),
- Association for Specialists in Group Work (ASGW),
- Counseling Association for Humanistic Education and Development (C-AHEAD),
- Counselors for Social Justice (CSJ),
- International Association of Addictions and Offender Counselors (IAAOC),
- International Association of Marriage and Family Counselors (IAMFC),
- National Career Development Association (NCDA),
- National Employment Counseling Association (NECA)
(<http://www.counseling.org/AboutUs/DivisionsBranchesAndRegions/TP/Divisions/CT2.aspx>)

These ACA divisions further illustrate the many roles and functions of professional counselors. Counselors work in a vast array of settings, including schools, community based agencies, mental health centers, hospitals, colleges and universities. Counselors provide an extensive range of services (i.e., functions), including individual, group, couple, and family counseling, supervision, consultation, testing, diagnosis, and treatment planning. Counselors work with clients of all ages and backgrounds who present with issues ranging from self-improvement to chronic and severe mental illness.

Professional Pride

Professional pride comes from an appreciation of the profession's past, a dedication to present practices, and a belief in the future of the profession (VanZandt, 1990). Counselors with strong professional identity have professional pride and are able to communicate their positive feelings for and knowledge, understanding, and

appreciation of the profession to others (Remley & Herlihy, 2007). When counselors have knowledge and understanding about their profession, and they feel a connection with the profession, they feel good about being a member of their profession. A counselor with strong professional pride would be comfortable speaking about the counseling profession and eager to share knowledge with others when appropriate. For example, Remley and Herlihy stated that a counselor with strong professional identity and resulting professional pride will demonstrate their pride by defending counselors and the counseling profession against inaccurate statements. Gray (2001) stated that having a sense of pride in one's profession was the cornerstone of professional identity. He further stated, "This sense of pride is essential both for one's own internal satisfaction with one's chosen career and for the continued societal recognition of the profession" (p. 12). These statements by Gray, and Remley and Herlihy are congruent with Myers et al, (2002) who stated that professional identity, which is comprised in part by professional pride, is necessary for professional advocacy and in turn is vital to the future of the counseling profession. Sweeney (2001) echoed this sentiment when he suggested that "being proud of and clear about our professional identity" (p. 24) become a priority for counselors for the sake of the future of the profession.

Professional Engagement

Professional engagement is defined by Puglia (2008) as the set of behaviors a professional counselor participates in as a result of being a member of a profession. These behaviors include membership and leadership in professional organizations; professional conference attendance, legislative lobbying; advocating for clients and the

profession; participation in research; workshops and seminars; and communicating one's professional identity to others. Puglia stated it is important for counselors to have an understanding of the behaviors (noted above) that are expected of them as members of the counseling profession. These behaviors also have been branded "professionalism" and as part of professional identity in the literature (Feit & Lloyd, 1990; Spruill & Benschhoff, 1996; Van Zandt, 1990; Zimpher & Mohdzain, 1992). Borders and Benschhoff (1992) stated that professionalism is exemplified by active participation in professional actions, such as those described as professional engagement by Puglia (e.g., writing professional manuscripts, participating in advocacy efforts, attending conferences). Spruill and Benschhoff (1996) discussed the importance of professionalism and noted that all counselors (e.g., counselors-in-training, counselor educators, supervisors, professional counselors, professional organizations) have important roles to play in upholding professionalism in counseling.

Ethics

Having knowledge and understanding of professional counseling code of ethics and being able to apply this information to daily professional activities not only is a part of professional identity, but also a vital aspect of counselor training (Remley & Herlihy, 2007). Ethics are "moral principles adopted by an individual or group to provide rules for right conduct" (Corey, Corey, & Callanan, 1998, p. 3). Professional counseling organizations (e.g., ACA, ASCA, AMHCA) have ethics that have been codified, and members of the counseling profession are expected to be familiar and abide. Remley and Herlihy explained that counselor professional ethics are founded on both principle ethics

(i.e., autonomy, nonmaleficence, beneficence, justice, fidelity, and veracity) and virtue ethics (i.e., integrity, discernment, acceptance of emotion, self-awareness, and interdependence with the community). Ethical standards play a vital part in the counseling profession. Ethics inform counselors regarding what behavior is appropriate and professional. Ethics also inform the public and clientele of what kind of behaviors they can expect from professional counselors. Ponton and Duba (2009) viewed the ACA Code of Ethics “as both a statement of counselor identity and an ethical covenant with society” (p. 117). They are so important that CACREP (2009) requires that the ethical standards of professional organizations and credentialing bodies be taught to counselors in training.

For the purposes of this study ethics will be defined as the knowledge and understanding of professional counseling code of ethics. It is presumed that because ethics are so integral to who counselors are as professionals, it is necessary to have knowledge and understanding of counseling ethics in order to have a strong professional identity.

Examinations of Counseling Professional Identity

Examining counselor professional identity has not been an easy task. There has been much disagreement on a definition of counselor identity, which has made conducting empirical research on the topic quite difficult. Because there is not one comprehensive adopted definition of counselor professional identity, researchers and contributors to the literature often discuss different constructs under the guise of counselor professional identity. For example, some researchers who have stated they

have measured or studied professional identity actually have examined professional counselors' overall growth and development or have failed to fully separate and distinguish professional identity from overall counselor development.

Examinations of CPI as a Part of Overall Counselor Development

Skovholt and Ronnestad (1992) conducted a qualitative study of therapist-counselor development. They interviewed 100 therapists and counselors who ranged from first year graduate students to upwards of 40 years post graduate. Skovholt and Ronnestad's analysis of the interview data resulted in 20 themes of therapist-counselor development, which included the following:

1. Professional development is growth toward professional individuation.
2. An external and rigidity orientation in role, working style, and conceptualizing issues increases throughout training, then declines continuously.
3. As the professional matures, continuous professional reflection constitutes the central developmental process.
4. Beginning practitioners rely on external expertise: senior practitioners rely on internal expertise.
5. Conceptual system and role, and working style become increasingly congruent with one's personality and cognitive schema
6. There is movement from received knowledge toward constructed knowledge.
7. Development is influenced by multiple sources that are experienced in both common and unique ways.
8. Optimal professional development is a long, slow, and erratic process.
9. Post-training years are critical for optimal development.
10. As the professional develops, there is a decline of pervasive anxiety.
11. Interpersonal encounters are more influential than are impersonal data.
12. Personal life strongly influences professional functioning.
13. Clients are a continuous major source of influence and serve as primary teachers.
14. Newer members of the field view professional elders and graduate training with strong affective reactions.
15. External support is most important at the beginning of one's career and at transition points.
16. Professional isolation becomes an important issue with increased experience and age.

17. Modeling/imitation is a powerful and preferred early – but not later – learning method.
18. There is a movement toward increased boundary clarity and responsibility differentiation.
19. For the practitioner there is a realignment from a narcissistic position to a therapeutic position.
20. Extensive experience with suffering produces heightened tolerance and acceptance of human variability. (pp. 507-514)

The 20 themes identified by Skovholt and Ronnestad (1992) illustrate the process of counselor development across the career span. They stated the themes suggest that counselor development “involves a movement from reliance on external authority to reliance on internal authority and that this process occurs through the individual’s interaction with multiple sources of influence over a long period of time” (p. 514). This idea that the development of counselors, both over all development and professional identity development, begins during the training program, if not earlier, and continues throughout the career span, has been supported in the literature (e.g., Brott & Myers, 1999; Stoltenberg, 1981).

Although all of the themes that Skovholt and Ronnestad (1992) identified are important aspects of overall counselor identity development, theme one, however, is the most relevant to professional identity development. The first theme the researchers identified discusses a counselor’s growth toward professional individuation. They stated the process of individuation includes “a strong consistency between ideology – one’s values and theoretical stance – and methods and techniques...” (p. 507), and focuses on two components; (1) a self-other differentiated component and (2) a relational component. This process as described by Skovholt and Ronnestad includes some of the

general elements of professional identity as defined by Weinrach, Thomas, and Chan (2001), including the possession of values, beliefs, and assumptions, which indicates the process of professional individuation is similar to that of professional identity development. What's more, Skovholt and Ronnestad stated that this concept of individuation is similar to the professional identity development work of Loganbill, Hardy, and Delworth (1982). Skovholt and Ronnestad indicated that the optimal result of the professional individuation process would be to have a *mélange* of the professional self with the personal self.

The acknowledgement of the professional identity development process in Skovholt and Ronnestad's (1992) work is an important milestone in counselor professional identity research. However, this study only examined the process of professional individuation as an aside; only one out of twenty themes identified in the overall counselor development process pertained to professional identity. Identification of this single theme in counselor development still left many questions regarding counselor professional identity unanswered: What elements comprise counselor professional identity? How are those elements defined? How can professional identity be measured?

Another investigation of counselor identity was conducted by Auxier, Hughes, and Kline (2003), who used a grounded theory approach to examine to develop a tentative theory of counselor identity development that was bases in master's level counselor-in-training experiences. The researchers used a purposive sampling procedure and selected 8 full-time master's students currently enrolled in the fall semester of their second year. The methodology consisted of two in-depth individual interviews and one

focus group comprised of all participants. Data analysis of the interviews revealed a recycling identity formation process (Auxier et al.). The researchers stated the recycling identity formation process was comprised of three elemental processes: conceptual learning, experiential learning, and external evaluation, all of which interacted with one another.

Conceptual learning included traditional learning experiences such as writing papers, attending classes and lectures, reading, and studying (Auxier et al., 2003). The authors found that, over time, student learning emphasis shifted from conceptual learning to experiential learning which they defined as the “learning that occurred during participants' involvement in counseling techniques classes, practicums, internships, and small group experiences” (p 32). The final process, external evaluation, included the feedback students received from peers, supervisors, professors, and clients regarding their behavior. Auxier et al. further stated that the external evaluation process (i.e., feedback from others) was integral to the identity development of counselors because it constantly challenged participants' self-concepts as counselors. The overall cyclical/recycling process of identity development was described by the researchers as a movement through conceptual and experiential learning experiences to “form a progressively clearer personal counseling identity [in which] participants identified, clarified, and reclarified...” (p. 35).

The model proposed by Auxier et al. (2003) certainly added to the literature on developmental stage models of counselor development (e.g., Loganbill, Hardy, & Delworth, 1982; Skovholt & Ronnestad, 1992; Stoltenberg, 1981). However, it appears

that the researchers are actually examining overall counselor development (i.e., a counselor-in-training's experience of learning how to be a counselor) and not counselor identity. Auxier et al. did little to illustrate the components of counselor professional identity set forth in the general definition of professional identity provided by Weinrach et al. (2001): the values, beliefs, assumptions, the unique characteristics with which counseling students are beginning to identify themselves as counselors-in-training. Neither did Auxier et al. address the six components of the CPI definition derived from Remley and Herlihy (2007; history, philosophy, roles and functions, ethics, professional pride, and professional engagement).

Similarly to Auxier et al. (2003), Nelson and Jackson (2003) used a qualitative approach (phenomenological) to examine what they called counselor identity development of Hispanic student interns. The researchers interviewed 8 Hispanic counseling students who were enrolled in practicum/internship experiences at a university in south Texas. The researchers hoped that, by allowing the participants the opportunity to “story about their own professional development” (p. 4), the researchers could identify important factors that impact Hispanic students emerging professional counseling identity. From their data, Nelson and Jackson identified 7 general themes including: knowledge (e.g., gaining knowledge, lifelong learning), personal growth (e.g., insight, changes in perceptions, self-awareness), experience (e.g., experiential learning, practicum/internship, role-plays), relationships (e.g., impact of relationships with professors, peers, site supervisors, and family on professional identity), accomplishment (e.g., being awarded degree, pride or achievement of status for completing degree,

personal satisfaction for completing steps toward goal), costs (e.g., personal financial and emotional sacrifices made in order to achieve goal and identity as a counselor), and perceptions of the counseling profession (e.g., student perceptions and perceptions of others). Nelson and Jackson stated that all of these factors impacted the student's development. However, the Hispanic participants indicated that relationships were the most meaningful factor in their journey. Again, Nelson and Jackson focused well on the overall development of Hispanic counselors-in-training but did not examine CPI based on the definition derived from the work of Remley and Herlihy (2007).

Narrowly Focused Examinations of Counselor Professional Identity

Research focused on overall counselor development with a tangential focus on counselor professional identity has made wonderful contributions to the counseling literature. However, it has done little to provide in-depth information on counselor professional identity. Some authors, on the other hand, have examined counselor identity separate from overall counselor development. They also have contributed to the literature and information regarding counselor professional identity. Unfortunately, these studies often were focused too narrowly to provide information that can be generalized across all professional counselors regardless, of specialty or place in the career lifespan.

One example of a narrowly focused examination of counselor professional identity is Zimpfer and Mohdzain (1992), who examined the professional identity of counselor preparation programs. Interestingly, the researchers did not offer an explicit definition of counselor professional identity. They surveyed 521 counselor preparation programs across the United States to determine if programs adhered to a counseling

orientation as opposed to a psychology or other mental health orientation. Zimpfer and Mohdzain made their point for assessing the professional identity/orientation of counselor training programs when they stated, “If we accept that students and the field at large are significantly influenced by their professional education, then it seems appropriate to assess information about the preparation programs and the persons who staff them” (p. 92). Zimpfer and Mohdzain asked program coordinators to respond on behalf of their entire program faculty. Each coordinator was sent an 18 item survey which focused on three general categories: “(a) the overall professional philosophical orientation of each program in relation to CE [counselor education] or CPsy [counseling psychology]; (b) the preference of each program for affiliation with a particular professional organization and its activities, vis-à-vis APA [American Psychological Association] or ACA...; and (c) the conduct of the program in a manner showing alignment with counseling or psychology” (e.g., accreditation, focus of faculty education programs, participation in national conferences). Of the 399 programs that responded with useable data, the researchers determined that 60% (N = 159) of master’s only programs, 42% (N = 55) of master’s and doctorate combination programs, and 25% (N = 1) of doctorate only programs were found to have a counselor professional identity. The researchers also found 20% (N = 52) of masters only programs, 38% (N = 50) of master’s and doctorate combination programs, and 25% (N = 1) of doctorate only programs were found to have a dual counseling/psychology identity in their programs. It is the programs that have dual identities, and those counselor training programs that have an exclusive psychology identity (N = 31), that were most concerning in terms of counselor professional identity,

as these programs may have been adding confusion to counselor professional identity. As far as counselor preparation programs that had a psychology identity, one could wonder if they were actually training and preparing counselors or if they were training psychologists and calling it counselor preparation?

The professional identity claimed by the counselor preparation program faculty yielded equally mixed results (Zimpfer & Mohdzain, 1992). Zimpfer and Mohdzain found that 56% (N = 45) of faculty proclaimed a counselor orientation and 44% (N = 35) proclaimed a psychology orientation. How then, might counselor professional identity have been impacted in these programs when nearly half of the faculty educating counselors-in-training had a psychology orientation and identity at that point in time.

Taking a step toward answering that question, Calley and Hawley (2008) more recently examined the professional identity of counselor educators. The researchers created the Counselor Educators: Professional Identity and Current Trends Survey for the purposes of their study. Calley and Hawley based the instrument development on eight themes they found to emerge in the literature: “(a) training and credentials, (b) professional affiliations, (c) scope of professional orientation, (f) pedagogical tools, (g) service, and (h) self-proclaimed identity” (p. 8). The instrument was administered to 70 counselor educators. The results of this study indicated the majority of participants had academic training in counseling (70% PhD in counseling), held a state counseling license (70%) and National Certified Counselor credential (NCC, 46%), and were members of the American Counseling Association (93%). Most of the participants (79%) stated that student professional identity was discussed by faculty. Theoretical orientations were

examined in hopes of understanding what theories are prominently used by counselors. The researchers found 64% of the participants subscribed to either humanistic (e.g., person-centered, existential, Gestalt) or constructivist (e.g., solution-focused, narrative) theoretical orientations. Calley and Hawley believed theoretical orientation could be tied to professional identity. They indicated that humanistic and constructive theories implied certain values of the participants' professional identity, including (a) belief that therapeutic relationships focus on partnership and therapeutic alliance, (b) view of the client as the expert, and (c) belief that clients have the resources necessary for change. Calley and Hawley did not indicate particular orientations that may be considered not to fit with counseling. The researchers stated an implication of their study was that counselor educators value professional identity when it is based on belongingness (e.g., licensure, certifications, professional organization membership, conference attendance), yet they were less involved in activities such as leadership (less than 25% were involved in leadership in ACA), and advocacy (nearly half of respondents stated little to no involvement in advocacy). The authors further explored these dimensions using cross tabulations of counselor education as a first career choice. Those who responded that counselor education was their first (vs second) career choice were more likely to be involved in leadership activities within ACA (25% compared to 10%), to participate in professional advocacy efforts (93% compared to 79%), and even more likely to use counseling textbooks (98% compared to 95%).

It seems logical that counselor professional identity development would best be served by ensuring that counselor preparation faculty members also have a strong

counselor professional identity. After all, CACREP (2009) has stated that one goal of the Standards is to ensure that counselors-in-training develop strong professional identities as counselors. The 2009 CACREP Standards may, in time, begin to eliminate the potential problem of faculty not having a strong counselor professional identity. Section 1. W. stated “The academic unit has faculty resources of appropriate quality and sufficiency to achieve its mission and objectives. The academic unit has an identifiable core faculty who meet the following requirements:

1. Number at least three persons whose full-time academic appointments are in counselor education.
2. Have earned doctoral degrees in counselor education and supervision, preferably from a CACREP-accredited program, or have been employed as full-time faculty members in a counselor education program for a minimum of one full academic year before July 1, 2013.
3. Have relevant preparation and experience in the assigned program area.
4. Identify with the counseling profession through memberships in professional organizations (i.e., ACA and/or its divisions), and through appropriate certifications and/or licenses pertinent to the profession.
5. Engage in activities of the counseling profession and its professional organizations. (CACREP, 2009, p. 5)

Implementation of these new standards will begin to ensure that CACREP accredited counselor preparation programs are comprised of faculty who have a counselor professional identity, who in turn should be able to assist in facilitating the counselor professional identity of their students. Unfortunately, these standards only apply to CACREP accredited programs and would not necessarily impact the professional identity of counselor preparation programs that do not have CACREP accreditation.

The studies conducted by Calley and Hawley (2008) and Zimpfer and Mohdzain (1992) both illustrated the importance of the training environment in the development of counselor professional identity. These researchers have begun to address the importance of understanding the professional identity of counselor training programs and counselor educators and how they may impact the professional identity of counselors and the counseling profession. However, there is still a lack of understanding about counselor professional identity in general. Furthermore, there a comprehensive definition of counselor professional identity by which to measure CPI also is lacking.

Examinations of Counselor Professional Identity with Specific Populations

Twelve years ago, Swickert (1997) conducted a study on CPI, but with a specific population. She examined the professional identity of counselor education doctoral graduates who were currently working in private practice. Swickert interviewed 10 doctoral graduates of CACREP accredited programs and asked the following open-ended questions: “(a) What do you, a graduate of a counselor education program, do in private practice? (b) How did you get to this point in your life and career? What path did you follow? (c) Why did you choose a counselor education doctoral program? What meaning, if any, does that have at this point? (d) How does what you are doing have meaning for you personally?” (p. 332). Swickert interviewed each participant for approximately 1 ½ hours. The interviews were audio taped and transcribed for qualitative analysis. Swickert did not state a specific qualitative methodology was used in her study, however, she did state that she used methodological triangulation “combining interviews, observations, and

physical evidence” (p. 334) such as brochures and business cards to ensure internal validity.

Swickert’s (1997) analysis revealed seven significant themes; (a) counselor uniqueness, (b) issues in career development, (c) dislike of research, (d) grouping for support, (e) dislike of managed care, (f) negative feelings regarding turf wars with psychologists, and (g) identification with holistic and preventive medicine. Many of these themes illustrated the professional identity of the participants. For example, information Swickert placed under the theme of counselor uniqueness included the participants’ belief that counselor training was more practice oriented than other mental health training programs and that counselors think in terms of wellness. Also, under the theme of identification with holistic and preventive medicine, the participants described their work as developmental, holistic, relation, preventive, and health oriented. Many of these words (preventive, developmental, holistic) describe elements of the counseling philosophy in the definition derived from Remley and Herlihy (2007) and others in the literature (e.g., ACA, 2007; Hanson, 2003; Herr & Niles, 2001; Ivey & Riggazio-DiGiglio, 1991; Ivey & Van Hersteren, 1990; Myers, 1992; Remley, 1991; Sweeney, 2001; Van Hersteren & Ivey, 1990). It can thereby be presumed that these participants would readily identify with the counseling philosophy. Swickert stated that several of the participants spent many hours a week advocating (e.g., lobbying legislators, contacting insurance companies) for the profession because they so strongly believed in the uniqueness of counselors and the counseling profession.

Participants in Swickert's 1997 study also discussed their dislike of managed care citing their frustration at being told they were not qualified providers. One participant stated that if counselors and the counseling profession are not able to get their identity issues straight, then legislators and managed care certainly could not be expected to understand counselor identity. Swickert's results seemed to indicate that the ten counselor education doctoral graduates working in private practice she interviewed had indeed developed counselor professional identity. Swickert's study began to get at several of the components of the CPI definition derived from Remley and Herlihy (2007), including prevention, wellness, holistic, strength based, professional pride (e.g., personal meaning) however, the components of knowledge and understanding of counseling's history, roles and functions, and professional engagement were not examined. Furthermore the results of this study were based on qualitative methodology, and not a quantitative measure that could examine CPI on a larger scale.

Continuing on assessing CPI with qualitative methodology, Brott and Myers (1999) conducted a grounded theory study of the development of professional identity in school counselors. Brott and Myers noted that a major theme in the development of school counselors is resolving the conflict between what is taught in counselor training programs and what is expected in the real work environment. They stated that understanding how school counselors make decisions based on these conflicting expectations reflects the professional identity of school counselors. Brott and Myers stated that the process of developing a professional identity does not end with the conclusion of professional training, but continues across the span of one's career. Thus,

school counselors must try to resolve what they have learned in their training programs with the realities of working in a school. Brott and Myers chose to examine ten post-graduate school counselors whose years of experience ranged from one to 29 to assess the process of resolving conflict decisions. Through the qualitative analysis the researchers found eight theoretical categories which included: (a) accounts, (b) advocates, (c) defines, (d) intertwines, (e) manages, (f) rates, (g) responds, and (h) sustains.

Brott and Myers (1999) stated that the basic problem grounded in the interviews was the school counselor's need for personal guidelines (i.e., self-conceptualization/professional identity) in order to carry out their role as professional school counselors. The researchers discovered that each of the counselors they interviewed found themselves faced with multiple influences, both internal and external, which impacted them as counselors. Brott and Myers identified a process which they termed the "blending of influences," which occurred as counselors tried to consolidate internal and external influences as they performed their roles as school counselors. For example, a counselor may be influenced by his or her professional beliefs and at the same time also be influenced by his or her supervisor or colleagues. Counselors must find their way through the various influences as they make decisions about their professional role, which in turn shapes the counselor's professional identity (Brott & Myers). The researchers stated that counselor identity ultimately impacts the role of school counselors, as well as the counseling program and services that are provided to students. Brott and Myers noted that professional identity is not an outcome, but a fluid process that changes and develops across time, and called for further research on professional identity across

the career span. Although this research provided information about school counselors' process of developing a professional identity, the authors stated that it is not known if this developmental process is similar for counselors in other specialties.

In 1998 Weinrach, Lustig, Chan, and Thomas examined the publication patterns of the *Personnel and Guidance Journal/Journal of Counseling and Development (P&GJ/JCD)*. The authors found that, under the editorships of Goodyear (1984-1990) and Claiborn (1990-1993), a trend emerged in which the editors increasingly published articles written by psychologists as opposed to articles written by authors with a counselor affiliation. The authors viewed the *P&GJ/JCD* as a tangible indicator of what the counseling profession views as important. Goodyear (2000), however, stated that Weinrach et al.'s (1998) article made "unwarranted claims about the number of psychologists publishing" (p. 103) in the *JCD*. Goodyear went on to state that the methodology used by Weinrach et al. was flawed to the point where no clear conclusions could be made regarding (a) the program affiliations of the individual contributors to the *JCD* or (b) that there was a trend indicating an increasing number of psychologists publishing in the *JCD*.

In 2001, Weinrach, Thomas, and Chan provided their rebuttal to Goodyear's (2000) response to their previous article. They stated that Goodyear (2000) actually supported their findings in his article when he stated "Almost all of the counseling psychology programs that have developed over the past 20 years have evolved from counselor education programs... Given this fact as well as the reasonable expectation that faculty in doctoral programs face higher demands to publish than do counseling

practitioners or even faculty in master's level programs, it makes sense that (a) proportionally more publications would come from doctoral programs than from other sources, and (b) that a substantial portion of these would be from counseling psychology programs" (p. 104). Goodyear seemed to be saying that due to those reasons it was perfectly understandable that a substantial portion of the articles in the *JCD*, the flagship journal of the counseling profession, would be written by psychologists. However, Weinrach et al. contended that "the issue of journal content goes to the heart of professional identity" (p. 79) if the *JCD* is to be seen as an accurate representation of the counseling profession and what it deems as important. Whether or not the professional identity contributing *JCD* authors has impacted counselor professional identity is unknown at this point. However, it certainly is a point of consideration.

It seems a consensus may not have been reached regarding the influence of professional affiliations of contributors to the *Journal of Counseling and Development* from 1978 to 1993. However, Weinrach et al. (2001) stated "One would reasonably expect that the Journal's [*JCD*] content would accurately reflect the professional identity of its contributors" (p.168). The concern here seemed to be that if a significant number of contributors are psychologists, then the *JCD* may be, at times, reflecting a psychology professional identity as opposed to a counselor professional identity. If it can be assumed that contributors to the journal are influenced by their own professional identity, then their writing may reflect philosophies and points of view that are not always congruent with those of the counseling profession.

Although the articles and research conducted on each of the above populations (i.e., counselor education programs, counselor education doctoral graduates in private practice, school counselors, and contributors to the *JCD*) provided valuable information regarding specific areas of counselor professional identity, the information they provide is not generalizable to the counseling profession as a whole. Neither does this information inform the definition of counselor professional identity as derived from the work of Remley and Herlihy (2007).

Measuring Counselor Professional Identity

Because of disagreement on 1) a definition of counselor professional identity, 2) use of multiple models of counselor identity development, 3) inconsistent criteria for assessing CPI, and 4) various populations examined, quantitative research on counselor professional identity has been difficult. Several researchers have attempted to quantify CPI by creating instruments to measure the construct (i.e., Moore-Pruitt, 1994; Gray & Remley, 2000; Puglia, 2008). Of the quantitative measures of counselor professional identity that exist, each falls short of providing a valid, reliable, comprehensive measure of counselor professional identity. Specifically, these limitations include an incomplete definition of counselor professional identity, a narrow focus on specific subsets of the counseling profession (e.g., counselor educators, school counselors), a broad focus on counselor identity (e.g., including personal and professional identity) and/or a lack of empirical evidence regarding validity and reliability of each measure.

The Counselor Identity Scale (CIS, Moore-Pruitt, 1994).

Moore-Pruitt (1994) constructed the Counselor Identity Scale (CIS) to operationalize counselor ego identity. Although Moore-Pruitt uses the terminology *counselor identity*, the scale created actually is intended to measure *counselor ego identity*, using Erikson's definition of ego identity as a guide. Moore-Pruitt states that counselor identity is a measurable domain of ego identity. For the purposes of her study Moore-Pruitt defined counselor identity as "an integration of theoretical orientation and methodology that is consistent with the counselor's personal values and beliefs: the counselor is authentic" (p. 34). Based on Moore-Pruitt's definition of counselor identity and her rationale for creating the instrument (i.e., to operationalize counselor ego identity) it is clear that although this measure uses the term *counselor identity*, counselor identity is defined more broadly to include both the personal and professional identities of counselors and was not intended to strictly measure counselor professional identity only. Instead Moore-Pruitt wanted to examine how counselors integrate their personal and professional identities and how this process impacts the therapeutic abilities of counselors. For a comparison Moore-Pruitt's study definition of counselor identity and the definition of counselor professional identity derived from the work of Remley and Herlihy see Table 1.

The CIS (Moore-Pruitt, 1994) contains four scales each representing one of four identity statuses based on the work of Marcia (1966). The first status is Identity Achievement. Individuals who have reached this status have made a decision and have committed to a self-chosen occupation and ideology. Characteristics of these individuals include a high internal locus-of-control, high self-esteem, and absence of anxiety. The

second identity status is Identity Diffusion. Moore-Pruitt described this status as the opposite of Identity Achievement, or role confusion. Characteristics of individuals in this status include a lack of self-definition, no commitment to a career or ideology, and they “suffer little guilt or discomfort from lack of direction” (Moore-Pruitt, 1994 p. 37). The third identity status is Identity Foreclosure. Characteristics of individuals in this status include making decisions without full deliberation of choices as a means of reducing anxiety, and they have little to no tolerance for ambiguity. The fourth identity status is Identity Moratorium. Individuals in this status are described as being in crisis and they are furiously trying to find an identity. Originally each scale contained 11 items and scores on each subscale ranged from 11 to 77.

Moore-Pruitt followed the guidelines for scale construction set for by Dawis (1987) and pulled her items from relevant theory and literature. Forty-eight items were sent out for expert review. She stated that the four reviewers were experts on ego identity, and that the reviewers related the items back to theory thus, providing content validity for the items. The scale was reduced to 44 items based on the ratings of the experts. The tested CIS was a 44 item measure that uses a seven point Likert scale ranging from seven (totally agree) to 1 (not at all). Participants used the seven point scale to rate how well each statement represented their experiences.

A total of 213 counseling students from 10 CACREP accredited counselor training programs completed the Counselor Identity Scale (CIS; Moore-Pruitt, 1994), validating instruments, and a demographics form. A factor analysis of the Counselor Identity Scale (CIS, Moore-Pruitt, 1994) produced a revised 36-item version CIS

(Achieved scale, 9 items; Foreclosure scale, 9 items; Moratorium scale, 10 items; and Diffusion scale, 8 items). As previously mentioned content validity for the CIS items were obtained by Moore-Pruitt by independent ratings from experts on ego identity. Moore-Pruitt stated that The CIS subscales had test-retest correlations ranging from .701 to .759. Moore-Pruitt stated she was able to establish some convergent and divergent validity for her instrument by comparing scores on the CIS with scores on other instruments. The Achieved scale of the CIS and the Multiple Stimulus Types of Ambiguity Tolerance, (MSTAT; McLain, 1993) were found to positively correlate using the Pearson product moment correlation ($r = .30$, $p < .001$) providing some convergent validity for the scale. The Problem Solving Inventory (Heppner & Peterson, 1982) was found to have a significant negative correlation ($p < .001$) with the Achieved scale of the CIS providing some divergent validity for the scale. The Pearson product moment correlation found the Problem Solving Inventory to be significantly correlated with the Moratorium scale ($r = .394$) and Foreclosure scale ($r = .406$).

The Counseling Profession Scale (CPS, Gray & Remley, 2000)

The CPS was developed for use in a dissertation study conducted by Gray (2000). The purpose of Gray's study was to "investigate whether the counselor supervisor's type of license, extent of training in supervision, and years of clinical experience as a counselor are associated with the supervised counselor's satisfaction with the supervisor, perceived self-efficacy, and degree of positive professional identity as a counselor" (Gray, p. 4) Gray stated that the CPS measures the "degree to which individuals believe counselors should have strong professional identities" (p. 55). Based on this explanation

of the CPS it is clear that the CPS was not intended to measure counselor professional identity as constructed by actual behaviors and beliefs, but on what they perceive their behaviors and beliefs should be.

Gray's (2000) definitions of counselor's professional identity and professional identity are also important to examine. In his study, Gray defined professional Identity as "Understanding and having a sense of pride in one's profession. This sense of pride is essential both for one's own internal satisfaction with one's chosen career and for the continued societal recognition of the profession" (p. 12). Pulling from the work of Remley and Herlihy (2001) Gray defined counselor professional identity as "the level at which a supervisee identifies with the profession of counseling and takes pride in being a counselor" (p. 11). These definitions do contain the component of professional pride and hint at the importance of knowledge and understanding of one's the profession, which are elements of the comprehensive definition of counselor professional identity derived from the work of Remley and Herlihy (2007). However Gray's definitions do not include the components of counseling philosophy, roles and functions, ethics, and professional engagement, thus these definitions are not comprehensive. For a comparison of Gray's study definitions of counselor's professional identity and professional identity with the definition of counselor professional identity derived from the work of Remley and Herlihy see Table 1.

The CPS (Gray & Remley, 2000) consists of 14 items which the authors believed represented areas which were important to counselor identity. The CPS asks respondents to rate each item on a five point Likert scale ranging from 1 (strongly disagree) to 5

(strongly agree). The scores on the CPS can range from 14-70 with higher scores indicating more deeply held beliefs regarding the importance of professional identity.

Gray (2000) stated that the items were reviewed by five “very experienced counselors who are leaders in the field of counseling” (p. 56) in an effort to establish content validity for the CPS (Gray & Remley, 2000). Gray stated that the reviewers were asked to answer questions about whether they believed the items appeared to be measuring a counselor’s beliefs about professional identity. Gray did not provide specific details regarding this review process. In an effort to establish reliability for the CPS, Gray (2000) conducted two pilot studies of the instrument. For the first pilot study, the CPS was given to 10 doctoral students in a counselor education program. Two weeks later the same participants were given the CPS a second time in order to obtain test-retest reliability. A Pearson product moment correlation found the correlation between the two administrations to be high ($r = .81$).

A second pilot study included five doctoral students who were given the CPS and three other survey instruments. The participants were asked to disclose any problems completing the survey and how long it took to complete the survey. Gray (2000) stated he completed a data analysis on the results of these five surveys to determine if any problems would arise within the data analysis procedures. Based on his results (which were not disclosed), Gray determined the instruments were appropriate for his full study and there were not problems in the procedures for the study.

Although Gray (2000) did use the CPS (Gray & Remley, 2000) in his full study with a sample of 331 Licensed Professional Counselors he did not conduct any analyses

(e.g., factor analysis, correlations with other measures for convergent or divergent validity) in an effort to further investigate the psychometrics of the measure. Because the CPS has not undergone further analyses since being tested with a small sample of doctoral students, the reliability and validity of the measure cannot be determined at this time.

Professional Identity and Engagement Survey (PIES; Puglia, 2008)

The Professional Identity and Engagement Survey (PIES; Puglia, 2008) was created for a study that investigated how professional identity developed in master's level counselors-in-training of CACREP accredited programs. Puglia's PIES measure is most closely related to the proposed studies' comprehensive definition of counselor professional identity and is based on aspects of the same framework being utilized (i.e., Remley & Herlihy, 2007). Puglia defined professional identity as "comprised of three components, agreement with the counseling philosophy, beliefs that the counseling profession includes activities such as becoming licensed and certified, and professional engagement" (p. 13). Puglia's definition of professional identity contains two of the six components (philosophy and professional engagement) of the comprehensive definition of counselor professional identity derived from Remley and Herlihy (2007). However, Puglia's definition does not include the other four components of history, roles and functions, ethics, and professional pride. For a comparison of Puglia's definition of professional identity and the comprehensive definition of counselor professional identity derived from the work of Remley and Herlihy see Table 1.

The PIES (Puglia, 2008) contained three sections. The first section contained 18 items and measured the respondents knowledge of the counseling philosophy based on a five point Likert scale ranging from one (strongly disagree) to five (strongly agree). Scores on this philosophy scale can range from 18 to 90 with higher scores indicating higher levels of agreement with the counseling philosophy.

The second section of the PIES (Puglia, 2008) contained three questions which were exploratory in nature. These items examined how knowledge of counselor licensure and credentialing were best gained. Response choices for these three items included: “(a) class I am taking or have already completed; (b) faculty member in whose class I was not enrolled; (c) another counseling master’s student in the program; (d) a doctoral student in my program; (e) professional counselor not associated with my university; (f) through my own research for school or clients; (g) I haven’t learned about this; (h) I don’t remember where I learned this; and (i) other.” (p. 43). Puglia stated she was interested in the respondents’ perceptions of knowledge sources regarding licensure and credentialing.

The third section of the PIES (Puglia, 2008) examined professional engagement (i.e., professional behaviors). This section contained 16 items and scoring was determined by organizing the professional behaviors into three rankings that would represent three levels of professional engagement. Low level behaviors were assigned 3 points, mid level behaviors were assigned 10 points, and high level behaviors were assigned 20 points. The level ratings of behaviors were assigned by Puglia.

Puglia (2008) stated that the initial 56 (this does not include the three exploratory items regarding licensure and credentialing) item PIES was reviewed by four individuals

who she determined to be experts on professional identity. For the Counseling Philosophy section of the PIES the reviewers were asked to rate how well the items matched the four components of the counseling philosophy (i.e., development, prevention, wellness, and empowerment) on a scale ranging from zero (not at all) to seven (totally). Puglia constructed a three step process for examining the reviewer feedback. In the first step any items that were rated a zero, indicating *not at all*, on all four components by two reviewers were dropped from the scale. The first step eliminated five items. In the second step, Puglia eliminated six items by removing any item that was rated a zero on all four components of philosophy by any one reviewer. Finally in the third step, Puglia eliminated any item that was rated a zero on any single component of philosophy, resulting in the removal of seven more items.

After reverse coding several of the items, a second expert review was conducted on the Counseling Philosophy scale of the PIES (Puglia, 2008). This was conducted by three counselor educators who have published on the topic of professional identity. Feedback from the reviewers promoted Puglia to create four more items, thus bringing the final revised Counseling Philosophy scale to 18 items. The Professional Engagement scale of the PIES (Puglia, 2008) also was reviewed by experts. However, Puglia only stated that commentaries and feedback were considered and incorporated into this section. No other details were provided.

Puglia (2008) sent her survey which contained the PIES created for her study and the previously discussed Counseling Profession Scale (CPS, Gray & Remley, 2000) to 212 CACREP accredited master's programs and asked the department chair of each

program to invite master's students to participate in the study. A total of 1,011 surveys were completed. Puglia stated the internal consistency was tested for each scale using a Cronbach's alpha. The Counseling Philosophy scale (18 items) and Professional Engagement scale (16) items of the PIES had a Cronbach alpha of .65 and .56, respectively. Puglia's analysis of the CPS (14 items; Gray & Remley, 2000) indicated a Cronbach alpha of .56.

In an effort to establish evidence of validity for the PIES Puglia (2008) conducted a Pearson product moment correlation of the two PIES scales (i.e., Counseling Philosophy and Professional Engagement) and the established CPS (Gray & Remley, 2000). The correlation analysis indicated a significant relationship between the Counseling Philosophy scale of the PIES and Gray and Remley's CPS ($r = .21, p < .001$). The correlation analysis of the Professional Engagement scale of the PIES and CPS also was found to be significant ($r = .12, p < .001$). It is important to note that the measure Puglia used to provide convergent validity, the CPS (Gray & Remley, 2000), has limited established reliability and validity. The only reliability established on the CPS is from a test-retest pilot study of 10 doctoral students in a counselor education program. No other analyses (e.g., factor analysis) were conducted on the PIES.

The previous discussion of each of the quantitative measures of counselor professional identity (e.g., Gray & Remley, 2000; Moore-Pruitt, 1994; Puglia, 2008) illustrates the purpose studies for which the measures were created, the definitions used to guide the construction of the measures, and the available psychometrics of each of the measures. It is the guiding definitions, however, that demonstrate a fundamental

Table 1

Comparison of Professional Identity Definitions

Author	Measure	Construct	Definition
*Derived from Remley & Herlihy (2007)	Counselor Professional Identity Measure (being created in this study)	Counselor Professional Identity	Counselor Professional Identity, as derived from the work of Remley and Herlihy (2007), is comprised of six components, including (1) knowledge and understanding of the profession's history, (2) knowledge and understanding of the philosophical foundations of the profession, (3) knowledge of the roles and functions of counselors and how they are similar and different than other mental health professions, (4) a sense of pride in the profession (i.e., professional pride), (5) involvement in professional organizations and advocacy (i.e., professional engagement), and (6) knowledge and understanding of professional code of ethics.
Moore-Pruitt (2008)	Counselor Identity Scale (CIS)	Counselor Identity	"Counselor Identity is defined here as an integration of theoretical orientation and methodology that is consistent with the counselor's personal values and beliefs: the counselor is authentic" (p. 34)
Gray & Remley (2000)	The Counseling Profession Scale (CPS)	Counselor's Professional Identity Professional Identity	"The level at which the supervisee identifies with the profession of counseling and takes pride in being a counselor" (p. 11) "Understanding and having a sense of pride in one's profession. This sense of pride is essential both for one's own internal satisfaction with one's chosen career and for the continued societal recognition of the profession." (p. 12)
Puglia (2008)	Professional Identity and Engagement Survey (PIES)	Professional Identity	"is comprised of three components, agreement with the counseling philosophy, beliefs that the counseling profession includes activities such as becoming licensed and certified, and professional engagement" (p. 13)

Note. Definition marked with * indicated the comprehensive definition of counselor professional identity being used in this study.

difference between all of the above measures of counselor professional identity. As noted in Table 1, the definitions used to create the measures developed by Gray and Remley (2000), Moore-Pruitt (1994), and Puglia (2008) do not encompass all six components of

the comprehensive definition of counselor professional identity that has been derived from the work of Remley and Herlihy (2007). Although each of these studies is worthwhile and contributes to the examination of counselors' professional identity, there are still gaps that need to be filled in this area of research. Thus, these three measures are not adequate measures of counselor professional identity due to the limited manner in which they defined and examined professional identity.

Based on a review of the counseling professional identity literature, it can be concluded that most examinations of the topic have (a) focused on narrow subsets of the counseling field, (b) were intertwined with overall counselor development, (c) failed to use a comprehensive definition of counselor professional identity or failed to define counselor professional identity altogether, or (d) used an instrument to measure counselor professional identity based on narrow populations, poor definitions, and lacks validity and reliability. The continued use of such divergent instruments and definitions only continues to hinder the research on counselor professional identity by making comparisons between studies impossible. Results from studies using such instruments (e.g., Moore-Pruitt, 1994, Gray & Remley, 2000; Puglia, 2008) provide information that is valuable to the profession, but will continue to add to the confusion regarding counselor professional identity unless a definition and scope can be set as a standard for all further research in this area. Based on the above review of the literature, it can be concluded that a measure of counselor professional identity that is based on a comprehensive definition and can be found to be reliable and valid has yet to be created and is certainly is needed.

Counselor Professional Identity Measure (CPIM)

The purpose of this study is to create an instrument that will measure counselor professional identity regardless of one's counseling specialty or place in the career span. The Counselor Professional Identity Measure (CPIM) is based on a comprehensive definition of counselor professional identity derived from the work of Remley and Herlihy (2007). This definition of counselor professional identity is comprised of six components which include (1) understanding of the profession's history, (2) knowledge and understanding of the philosophical foundations of the profession, (3) knowledge of the roles and functions of counselors and how they are similar to and different from other mental health professions, (4) a sense of pride in the profession, (5) involvement in professional organizations and advocacy, and (6) knowledge and understanding of professional counselor ethics. The CPIM is comprised of six subscales, one corresponding to each of the six components of the comprehensive counselor professional identity definition.

The CPIM not only is based on a comprehensive definition of counselor professional identity, but also is designed for use with a vast population. As previously discussed, many previous studies and measures were designed to focus on specific subsets of the counseling population. A measure of CPI that is appropriate for all counselors does not currently exist. The CPIM, on the other hand, is designed to be used as a measure of CPI for all counselors regardless of professional specialty or point in the career span.

Counselor Professional Identity Measure (CPIM) Validity

Counselor Self-Efficacy

Counselor self-efficacy and counselor professional identity development are often paired together in the literature and research. For example, Melchert, Hays, Wiljanen, and Kolocek (1996) reviewed models of counselor development (e.g., Blocher, 1983; Hogan, 1964; Loganbill et al., 1982; Stoltenberg, 1981) and found that all the models were similar in that they focused on developing competence and an identity as a therapist (i.e., CPI). Melchert et al. noted that several studies (e.g., Friedlander & Snyder, 1983; Johnson, Baker, Kopala, Kiselica, & Thompson, 1989; Larson, Suzuki, Gillespie, Potenza, Bechtel & Toulouse, 1992; Sipps, Sugden, & Favier, 1988) had been conducted applying self-efficacy theory to the examination of counselor professional development. Melchert et al. stated that the results of these studies indicated that as counselors develop and gain experience, their levels of self-efficacy increases. Therefore, if overall counselor development is positively correlated with counselor self-efficacy and counselor identity development is a substantial part of counselor development, then it is reasonable to presume that counselor self-efficacy and counselor professional identity will also be correlated.

Another example of the relationship between counselor self efficacy and counselor professional identity is provided by Marshall (2000). Marshall indicated that counselor identity and development and self efficacy go hand in hand. She stated, “people training to be counselors need to develop both competence [e.g., skills, experience, identity as a counselor] and confidence [e.g., self-efficacy as a counselor]”

(p. 2). In their research and personal experiences, Marshall and Andersen (1995; 1996) observed that counselors-in-training have an “ah-ha” moment when students begin to truly see themselves as counselors. They described this moment as the time when students become aware of their counselor identity. Marshall (2000) stated that she and Andersen observed that “subsequent to this ‘identification’ is a definite shift in their [counselors-in-training] confidence and a lessening of their general anxiety about being able to counsel” (p. 4). In order to further examine this phenomenon, Marshall and a colleague, Anderson, interviewed five students to gain an understanding of their experience in becoming counselors. They stated that all of the counselors-in-training interviewed had a moment when they recognized a developing counselor identity, a moment when they realized they could do this (i.e., counseling). Marshall and Anderson believed the process described by students was similar to what Bandura (1989) called self efficacy, which is one’s beliefs or judgments regarding his or her ability to successfully perform tasks or behaviors.

Both counselor professional identity and counselor self-efficacy have been found to increase with training and development (Johnson et al., 1989; Melchert et al., 1996; Stoltenberg, 1981; Skvholt & Ronnestad, 1992). Thus it may be argued that both constructs appear to be part of the developmental process which counselors undergo as a part of their growth and emergence as counseling professionals, and that continues throughout the career span. Following this line of thinking, it can be presumed that counselor professional identity and counselor self-efficacy are both a part of overall counselor development and therefore are potentially related constructs. Because of the

relationship demonstrated between counselor professional identity and counselor self-efficacy in the literature, a measure of counselor self-efficacy (Counselor Self-Efficacy Scale, COSE, Melchert et al., 1996) will be used to aid in the establishment of convergent validity for the Counselor Professional Identity Measure (CPIM).

Summary

Professional identity has been and currently is a much discussed topic in the counseling literature and among professional counseling organizations. Some have argued that a strong professional identity is vital to the very future of the counseling profession (Calley & Hawley, 2008; Goode, 1960; Myers & Sweeney, 2004; Ritchie, 1994; Smith, 2001). Developing a professional identity has been posited as a crucial aspect of counselor development that begins during the training program and continues over the course of one's professional career (Auxier, Hughes & Kline, 2003; Brott, 2006; Brott & Myers, 1999; Loganbill, Hardy & Delworth, 1982; Remley & Herlihy, 2007; Skovholt & Ronnestad, 1992). However, despite the importance of counselor professional identity noted in the literature a comprehensive definition has yet to be adopted. The definition offered in this study, derived from the work of Remley and Herlihy (2007), attempts to provide a comprehensive definition of counselor professional identity which may provide a launching pad for more research and understanding of counselor professional identity.

In addition to a comprehensive definition, the need for a measure of counselor professional identity is increasing. CACREP recently has placed emphasis on student learning outcomes in their 2009 Standards. These outcomes "necessitate that programs

document that student learning is occurring in relation to the specified knowledge and skills and practices requirements in the standards” (Urofsky, 2008, p. 6). The 2009 Standards indicate students’ learning and performance on professional identity be evaluated and those findings used to inform program changes (CACREP, 2009, Section 1. AA. 4-5). As stated, however, no empirically validated, comprehensive measure of CPI currently exists to evaluate the development of professional identity as requested by CACREP. The instruments that do exist are focused on narrow populations (e.g., Calley & Hawley, 2008), based on limited definitions of the construct, or are not psychometrically sound (e.g., Gray & Remley, 2000; Moore-Pruitt, 1994; Puglia, 2008).

The primary purpose of this study is to create, test, and validate a measure of counselor professional identity (Counselor Professional Identity Measure, CPIM). The creation of a valid and reliable instrument of counselor professional identity could provide a means of measuring this construct with individual students, counselor education programs, and practitioners, across specialties and points in the career span, and in research. Additionally, a measure of counselor professional identity will enable researchers to better understand the ongoing process of counselor professional identity and ultimately how it relates to other factors in a counselor’s career and life. Professional identity has been cited as crucial to the future of the counseling profession and currently the lack of a cohesive identity and a way to measure it may be our profession’s downfalls. Therefore, more research and understanding of this construct is vital to the professions’ future. The current study will begin to provide information on counselor

professional identity as well as an assessment and research tool that can be utilized by counselor educators and researchers.

Understanding and cultivating strong counselor professional identities is imperative to the future of the profession; however, in order to better do this an understanding of factors that related to strengthening and developing counselor professional identity is needed. Research on counselor professional identity will ultimately serve to strengthen this weak link in the profession.

CHAPTER III

METHODOLOGY

In Chapters I and II, the rationale and literature foundation for the study of counselor professional identity were presented. The purpose of this chapter is to provide a detailed description of the methodological plans for the current study, including hypotheses, participants, procedure, instrumentation, and data analyses.

As indicated in Chapter Two, current measures of counselor professional identity, such as the Counselor Identity Scale (CSI; Moore-Pruitt, 1994), and The Professional Identity and Engagement Survey (PIES; Puglia, 2008), are based on differing definitions and appear to measure only selected aspects of counselor professional identity. What may be of more use to researchers, counselor educators, and the professional counseling community is a measure based on a comprehensive definition of counselor professional identity and designed to be used with counselors across counseling specialties and throughout the professional career span. The Counselor Professional Identity Measure is designed to operationalize counselor professional identity based on the comprehensive definition derived from the work of Remley and Herlihy (2007).

Research Questions and Hypotheses

The present study seeks to create an instrument to measure counselor professional identity. The measure will be based on a definition derived from the work of Remley and

Herlihy (2007) and is comprised of six parts, including knowledge and understanding of (1) the history of the profession, (2) philosophy of the profession, (3) the roles and functions of counselors, (4) professional pride, (5) professional engagement, and (6) professional ethics. Additionally, the relationship of counselor self-efficacy to counselor professional identity will be explored as a way to examine the validity of the Counselor Professional Identity Measure (CPIM). The five major research questions of the current study were introduced in chapter one. The following are those five research questions, along with the corresponding hypotheses.

Research Question 1: Is the measure of counselor professional identity reliable and valid; specifically are the six subscales (i.e., history, philosophy, roles and functions, professional pride, professional engagement, and ethics) reliable and valid?

Hypothesis 1: These subscales, based in the literature, can be constructed in a reliable and valid way to measure counselor professional identity.

Research Question 2: Can a total score (i.e., combination of the six subscale scores) be used to create an overall score of counselor professional identity?

Hypothesis 2: The six subscales (i.e., history, philosophy, roles and functions, professional pride, professional engagement, and ethics) will be associated with each other to create an overall score of counselor professional identity.

(Those scales and subscales that are determined to be valid and reliable enough will be used to answer the following research questions.)

Research Question 3: Is there a significant relationship between counselor self-efficacy and counselor professional identity?

Hypothesis 3: As a way to show convergent validity counselor self-efficacy will be related to counselor professional identity.

Research Question 4: Is the CPIM sensitive to socially desirable responding?

Hypothesis 4: The respondents will not answer items on the CPIM in a socially desirable manner. The correlation will be low and nonsignificant.

Counselor Professional Identity Measure (CPIM): Instrument Development

The initial process of this instrument development takes place in four phases based on the steps for instrument creation outlined in the literature (Crocker & Algina, 1986; Dawis, 1987; DeVellis, 2003). The first three phases have been completed at this time. Each phase of development is described in detail below.

Phase One: Use, Definition, Scale, and Proportion Determination

The first phase of instrument development included four steps: (a) the identification of primary intended use of the instrument; (b) establishment of a well articulated definition of the construct to be measured; (c) establishment of the scale format; and (d) determination of proportion of items that should focus on each part of the construct (i.e., each of the six parts of the counselor professional identity definition) (Crocker & Algina, 1986; Dawis, 1987, DeVellis, 2003). In step one, it was determined that the primary purpose of this instrument was to be able to measure the construct of counselor professional identity (CPI). More specifically, the instrument aims to be able to measure CPI across all roles in counseling and throughout the development and career of

counselors. The second step in phase one was to establish the definition of the construct being measured. The definition of counselor professional identity being used in this study was derived from the work of Remley and Herlihy (2007). Although Remley and Herlihy did not specifically group these components together as a definition of counselor professional identity, they did emphasize the importance of each. The author pulled these six components together to derive the study definition of counselor professional identity (CPI). This definition is comprised of six parts: (a) knowledge and understanding of the history of the profession; (b) knowledge and understanding of the philosophy of the profession; (c) knowledge and understanding of the roles and functions of counselors; (d) professional pride; (e) professional engagement; and (f) knowledge and understanding of professional ethics. Definitions for each component of CPI are supported by the professional literature and have been clearly stated in Chapters I and II. Items for each subscale of CPI were based on these definitions.

The third step was to determine the scale format that will be used in this instrument. Because the primary interest of the researcher was to be able to locate individuals on different points of a continuum of counselor professional identity, a subject-centered scale format (e.g., personality trait scale inventory/questionnaire; often utilizing a Likert format) will be used for this instrument (Crocker & Algina, 1986). Dawis (1987) described subject-centered scales (also called individual difference scales) as “scale scores reflect differences among the subjects (respondents) in terms of their standing along the scale’s dimension” (p. 481) and one can expect variable response patterns.

The instrument developed in this study utilizes two types of response formats. The majority of the measure (i.e., 5 subscales; history, philosophy, roles and functions, ethics, professional pride) utilizes a Likert scale format. A Likert scale response was selected for the remaining five subscales. The Likert (1932) method is a classic method for developing subject-centered scales (as cited in Dawis, 1987). A Likert scale presents the test item “as a declarative sentence, followed by response options that indicate varying degrees of agreement with or endorsement of the statement” (DeVillis, 2003, pp. 78-79). The number of response options can vary in Likert type scales. Five to seven options commonly are provided, with odd number of choices allowing for a neutral response (DeVillis, 2003). The researcher has chosen to use a six point Likert scale for five of the subscales in this instrument (e.g., strongly disagree, disagree, somewhat disagree, somewhat agree, agree, strongly agree). The use of an even number of response choices takes away the option of a neutral response, and forces the respondents to choose a level of agreement or disagreement with each item. Using a six point rating response format also generates more variability in the responses, which Dawis (1987) stated is desirable and contributes to reliability. The professional engagement subscale employs a response checklist and open ended questions with numerical counts to assess a counselor’s engagement in various professional behaviors. Assessment of professional engagement includes such behaviors as membership in professional organizations; attendance and presentations at conferences; conducting, participating and consuming research; and advocacy efforts. Therefore it was deemed that open ended numerical count responses would be the most effective method to assess the degree to which counselors

engage in a variety of professional behaviors. The CPIM provides a possible range of scores for each of the six subscales of counselor professional identity, as well as an overall score of CPI with higher scores indicating stronger counselor professional identity.

Finally, the item proportions were determined in the fourth step. The number of items for each of the six components of counselor professional identity was not set to any specific number of items per subscale when the instrument was initially created. The number of items used were selected to ensure the breadth of each subscale definition was covered. The reason for the initial indefinite number of items on each subscale was due to a lack of literature or previous research indicating any specific component of CPI having more weight or impact on the overall development of counselor professional identity.

Phase Two: Item Construction

The second phase of instrument development was initial construction of the item pool. Items were generated by the author for each of the six components of the counselor professional identity definition. The study definition of each component of CPI, previous research, professional counseling organization definitions, interviews with counseling professionals conducted by the author, and the professional literature were all used in the creation of items. The item creation process was guided by the steps outlined by Devillis (2003) and Crocker and Algina (1986), which include such guidelines as using present tense language and avoiding the use of indefinite qualifiers (e.g., merely, seldom) and double negatives, and keeping statement length under 20 words when possible. These guidelines were applied by the author to the initial item pool during the creation of the

items. The initial item pool consisted of 149 items. A table of all the items in the initial item pool by subscale can be found in Appendix A.

Phase Three: Item Evaluation, Revision, and Pilot Study

The third phase of instrument development included evaluation and subsequent revision to the items.

Expert review. Crocker and Algina (1986) and DeVillis (2003) suggested having the item pool reviewed by experts in the field who are knowledgeable in the areas covered on the measure. In the case of the current study this area is counselor professional identity. The researcher selected six leaders in the counseling profession to provide an expert review of items. Reviewers were chosen because they had written on the topic of counselor professional identity or components of counselor professional identity, authored definitions of professional identity, or were strong leaders in counseling professional organizations. All expert reviewers were currently working as counselor educators. As suggested by Croker and Algina, each reviewer was provided a structured framework (i.e., expert reviewer form) for the process of reviewing the test items (see Appendix B for a sample of the expert reviewer form). Each item was placed in the expert reviewer chart which was broken down into sections based on the component (i.e., subscale) of the counselor professional identity definition the item was intended to measure. The expert reviewers were provided with the study definition of counselor professional identity and the definitions of each component of CPI. Then each expert reviewer was asked to rate each item on how well the item matched its corresponding definition using a seven point Likert scale, with seven representing a

strong descriptor of the CPI component definition and one representing a weak descriptor. The reviewers also were asked to provide specific and structured feedback on each item, section, and the overall instrument. A goal of this expert review process was to reduce the initial item pool to contain only the items that best fit the definition for each subscale and to ensure the breadth of the definitions were covered.

Five of the six reviewers returned expert review forms and provided feedback on the instrument. The author and faculty member established criteria for evaluating the expert reviewer feedback and revising the initial 149 item CPIM. Items with high inter-rater agreement by the experts were retained. Specifically, items rated all six's and seven's by expert reviewers were kept. Items with low or no inter-rater agreement were reworked or eliminated from the instrument. Specifically, items that had a wide range of ratings (e.g., three or more various ratings) or had one rating below 4 were dropped from the measure.

Item comments by reviewers also were examined and taken into consideration. If a reviewer commented that an item was poorly worded or awkward, the author took the comments under advisement and either reworded the item or dropped it from the scale. Of the original 149 items in the initial item pool, 50 were dropped from the scale. The remaining 99 items comprised the CPIM. For the revised 99 item (pre-pilot study) CPIM see Appendix C.

Pilot study. After the expert review, a pilot study was conducted on the 99 item Counselor Professional Identity Measure (CPIM). The purpose of the pilot study was threefold. First, the pilot study attempted to examine the first two research questions in

order to provide preliminary assessment of the CPIM's total scale and subscales (i.e., Research Question 1: Is the measure of counselor professional identity reliable and valid; specifically are the six subscales reliable and valid?; Research Question 2: Can a total score, the combination of the six subscale scores, be used to create an overall score of counselor professional identity?). Second, while exploring the first research question, a second purpose was to evaluate the remaining 99 items and determine if any further revisions needed to occur to the CPIM before the full study. Finally, a third purpose was to identify any potential problems with the study's procedures.

Sample. A sample of 175 counselors was selected from the professional organization membership lists that were obtained from ACA and the ASCA website for the pilot study. One hundred and fifty email addresses were randomly selected from the ACA membership list and 25 email addresses were selected from the ACSA membership list. Of the 175, eighteen participants responded. However, of the eighteen, six were removed due to incomplete data. The remaining twelve participants were female, with an average age of 38 (sd = 12.76, range 23-60. Their average years of professional counseling experience was 6 years with a range of five months of internship to 34 years. For race and ethnicity participants identified as African American (n = 3, 25%), Asian American (n = 1, 8.3%), and white European American (n = 8, 66.7%). For their role or specialization affiliations the participants identified themselves as the following: school counselor (n = 0), mental health counselor (n = 8), college development/higher education counselor (n = 1), couples and family counselor (n = 4), counselor educator (n = 1),

master's student (n = 3), doctoral student (n = 0), and counseling supervisor (n = 2).

Participants were able to identify more than one role.

Procedures. After obtaining approval from the Institutional Review Board (IRB), the researcher compiled a randomly selected list of 175 email addresses from the potential participant lists from ACA and ASCA. An email (see Appendix D) was sent to each email address inviting each individual to participate in the study. A link to the electronic survey was provided in the body of the email. Participants were asked to complete two forms including: the 99 item CPIM (See Appendix C) and a 12 item demographics form (see Appendix E).

Data analysis. Item analyses were conducted for each subscale. Due to only 12 people responding to every item on the pilot measure, factor analysis could not be conducted. Thus, correlation and reliability analysis, along with item descriptives were examined and used only for the purposing of flagging or highlighting an item so that the author and faculty member could further examine the item. Three decisions were made about items that were flagged; these included (a) keeping an item as it was worded, (b) keeping an item, but rewording the item, or (c) dropping the item from the scale. This process and decision are described below for each scale and each item.

The process used to flag an item included examination of corrected item-total correlation scores and item ranges (i.e., mean, standard deviation). First, corrected item-total correlations were examined. Specifically, any item negatively correlated with the subscale were flagged and examined. This was followed by examining items with positive but low item correlations. Specifically, a .40 corrected item-total correlation was

selected, as at .40 and above would be considered a moderate or high level of correlation. Thus, items that were determined to have low correlation with the subscale total (i.e., .01-.39 corrected item-total correlation) were flagged for examination. In addition negatively correlated items were flagged first and examined by the author and faculty member followed by the next lowest item correlation.

If it was decided that an item would be dropped from the subscale, using the statistics from the corrected item-total correlation, only one to two items would be dropped at a time before running the item analysis again. This limit was set as subscale totals would change when items were dropped.

The next step in examining the items was to address items with low range (i.e., mean, standard deviation). Items with a standard deviation below .5 were flagged for individual examination as standard deviation less than .5 would indicate limited variance on the item. Once final decisions were made, final item analyses were conducted for each subscale to obtain the revised reliability and correlation statistics. It is important to note that several items with low correlations and/or low range were not dropped from the subscales, but instead were either left as written or revised, which may affect the final statistics presented from the pilot study.

Results. The first research question explored the reliability and validity of the six individual subscales (i.e., history, philosophy, roles and functions, professional pride, professional engagement, and ethics) of the CPIM. The second research question explored the total score (i.e., combination of the six subscale scores) of the CPIM for the use of creating an overall score of counselor professional identity. The analyses and

decisions for each item on each of the subscales are listed in detail below. The original 99 item CPIM, decisions made on each item, and the final 80-item CPIM can be found in Appendix C.

History subscale. The History subscale originally contained nine items and yielded a Cronbach's alpha of .73 in the pilot study, indicating a moderate level of reliability and internal consistency of items within the subscale. Examination of the item correlation scores and ranges flagged four items to be individually reviewed (see Table 2).

Table 2
History Subscale Item Analysis

Item no.	Mean	SD	Initial Item Correlation	Revised Item Correlation
H1	5.08	.669	.843	.916
H2 ^a	5.08	1.168	.132	*
H3	4.08	1.084	.308	.445
H4	5.00	.739	.811	.825
H5 ^a	3.25	.965	.031	*
H6	5.50	.789	.436	.639
H7 ^a	4.33	1.155	.351	.312
H8 ^b	5.75	.452	.447	*
H9	4.92	1.084	.805	.886

Note. Item Correlations on table are all Corrected Item-Total Correlations. Missing items in the Revised Item Correlation Column marked with * were dropped from the scale therefore they do not have a revised correlation.

^a indicates items that were flagged due to low corrected item-total correlations.

^b indicates items that were flagged due to restricted range.

As noted in the table, H2, H5, and H7 were flagged for review due to their low corrected item-total correlations (.132, .031, .351, respectively). Upon review of each of the items, H2 and H5 were dropped from the subscale. It was determined these items focused on very specific events rather than on basic knowledge of the counseling profession history, which is what is specified by the study definition history and the other seven items on the scale. Thus, respondents may have responded to these two items in terms of guessing rather than actual basic knowledge (Fink, 2003). The third item, H7, flagged for a low item-total correlation was reviewed. It was determined that this item lacked clarity. Therefore the item was reworded for clarity and kept within the History subscale to be used in the full study. The revised item and specific wording can be found in Appendix C.

In addition to the three items flagged due to low item-total correlations, one additional item was flagged due to having a restricted item range (H8, $M = 5.57$, $SD = .452$). This item was dropped from the scale because the researcher determined the content of the item may have led to a potentially desirable response from respondents, thus potentially limiting its ability to distinguish between counselors with high or low professional identity.

After item analysis, of the original nine items on the History subscale, 3 were removed and 1 was reworded. This resulted in a total of six items for the revised version of the CPIM, yielding a Cronbach's alpha of .840. The revised items including specific wording for the History subscale can be found in Appendix C.

Philosophy subscale. The Philosophy subscale originally contained 22 items and yielded a Cronbach's alpha of .851 in the pilot study, indicating a strong level of reliability and internal consistency of items within the subscale. Examination of the item correlation scores and ranges initially flagged 13 items to be individually reviewed (see Table 3).

As noted in the table, PhD1, PhD2, PhD3, PhW5, PhP2, PhP3, and PhP5 were flagged for review due to low corrected item-total correlations (.032, .223, .326, .343, .374, .305, and .320, respectively). To follow procedures, only one to two items were selected at a time to examine before running the item statistics for the subscale, starting with the lowest correlations. Three items were ultimately dropped from the subscale. Items, PhD3 and PhP2 were dropped from the subscale because they appeared to be duplicating the main ideas in other items found in the Philosophy subscale. Thus, duplication of ideas and topics was deemed unnecessary. Item PhP5 also was dropped from the subscale because it was determined that this item seemed to be more focused on roles and functions than on philosophy, therefore was not an appropriate item for the Philosophy subscale. Items PhD2 and PhP3 also were flagged for low corrected item-total correlations. It was determined that item PhD2 was a double edged questions (i.e., a question containing two ideas). After reviewing the item it was determined that one portion of the question was not necessary and thus the item was reworded to reflect the single question that best fit the subscale. Item PhP3 was determined to contain confusing or strong language and was reworded for clarity. Both PhD2 and PhP3 remain in the

Table 3

Philosophy Subscale Item Analysis

Item no.	Mean	<i>SD</i>	Initial Item Correlation	Revised Item Correlation
PhD1 ^a	4.33	1.371	.032	.040
PhD2 ^a	3.17	1.030	.223	.225
PhD3 ^a	5.58	.669	.326	*
PhD4	5.50	.674	.568	.641
PhD5	5.42	.669	.563	.601
PhD6	5.17	.937	.482	.514
PhW1	4.33	1.073	.494	.525
PhW2	5.33	.651	.735	.725
PhW3 ^b	5.33	.492	.471	*
PhW4 ^b	5.67	.492	.557	.535
PhW5 ^a	5.58	.669	.343	.425
PhW6	5.50	.674	.413	.375
PhP1	5.33	.778	.539	.481
PhP2 ^a	4.83	1.030	.374	*
PhP3 ^a	5.00	.953	.305	.259
PhP4	5.17	.835	.628	.559
PhP5 ^a	4.83	.835	.320	*
PhE1	5.42	.669	.423	.395
PhE2 ^b	5.67	.492	.721	.757
PhE3 ^b	5.67	.492	.721	.757
PhE4 ^b	5.83	.398	.654	.557
PhE5 ^b	5.67	.492	.721	.757

Note. Item Correlations on table are all Corrected Item-Total Correlations. Missing items in the Revised Item Correlation Colum marked with * were dropped from the scale therefore they do not have a revised correlation.

^a indicates items that were flagged due to low corrected item-total correlations.

^b indicates items that were flagged due to restricted range.

and it was determined that the item content was important to the purpose of the

Philosophy subscale. Item PhD1 was kept, as worded, because it had a high range (1.371) Philosophy subscale and the overall scale being created (i.e., CPIM). It was determined upon review that item PhW5 would be kept as worded because the construct it appraises is important to the subscale and a desire to test it among a larger sample was expressed.

In addition to the seven items flagged due to low corrected item-total correlations, six additional items were flagged due to having a restricted item range (PhW3, $M = 5.33$, $SD = .492$; PhW4, $M = 5.67$, $SD = .492$; PhE2, $M = 5.67$, $SD = .492$; PhE3, $M = 5.67$, $SD = .492$; PhE4, $M = 5.83$, $SD = .389$; and PhE5, $M = 5.67$, $SD = .492$). One item, PhW3, was dropped due to low range and because it was determined to be similar to another item on the subscale. The remaining five flagged items were all kept as worded because it was determined that the items were important to the Philosophy subscale and warranted further examination in the full study.

After the item analysis for the Philosophy subscale, of the original 22 items, four were dropped from the subscale and two were reworded. The remaining seven flagged items were kept as originally written for further item exploration with a larger sample. This resulted in a total of 18 items for the revised version of the Philosophy subscale, yielding a Cronbach's alpha of .840. The revised items and specific wording for the Philosophy scale items can be found in Appendix C.

Roles and Functions subscale. The Roles and Functions subscale originally contained 18 items and yielded a Cronbach's alpha of .590 in the pilot study, indicating a low level of reliability and internal consistency of items within the subscale. Upon review, some items correlated with the subscale total negatively (see Table 4), this

potentially causing the low Cronbach alpha. Examination of the item correlation scores and ranges initially flagged 8 items to be individually reviewed (see Table 4).

Table 4
Roles and Functions Subscale Item Analysis

Item no.	Mean	SD	Initial Item Correlation	Revised Item Correlation
RF1	5.42	.900	.593	.577
RF2	5.58	.515	.655	.666
RF3 ^a	4.58	.900	-.106	*
RF4	5.08	.793	.346	.463
RF5	5.42	.515	.331	.529
RF6 ^a	5.50	.674	-.012	*
RF7 ^a	4.50	1.732	.153	-.109
RF8	5.17	.577	.563	.685
RF9	5.50	.674	.511	.599
RF10	5.58	.515	.441	.503
RF11	5.42	.515	.796	.735
RF12 ^a	4.25	1.658	-.350	-.304
RF13 ^a	5.58	.515	.202	*
RF14	4.58	.793	.452	.491
RF15 ^a	5.42	.515	.297	*
RF16 ^a	5.17	.577	-.155	-.074
RF17	5.17	.718	.754	.808
RF18 ^a	4.50	1.087	.135	*

Note. Item Correlations on table are all Corrected Item-Total Correlations. Missing items in the Revised Item Correlation Column marked with * were dropped from the scale therefore they do not have a revised correlation.

^a indicates items that were flagged due to low corrected item-total correlations.

^b indicates items that were flagged due to restricted range.

As noted in the table, RF3, RF6, RF7, RF12, RF13, RF15, RF16, and RF18 were flagged for review due to low corrected item-total correlations (-.106, -.012, .153, -.350, .202, .297, -.155, and .135, respectively). The items with a negative correlation were reviewed first. Item RF3 was dropped because the item was double edged, and thus may have been interpreted as asking two separate questions. Item RF6 was dropped because it duplicated content represented by another item on the subscale. Two other negatively correlated items, RF12 and RF16, were determined to be unclear as originally written. Therefore, these items were reworded for clarity and kept in the final measure. Three more items, RF13, RF15, and RF18, were flagged due to low positive correlations. These three items were dropped from the subscale as it was determined they were too generic in content, thus may be more representative of all mental health professions instead of the counseling profession specifically. Item RF7, also was flagged for review. This item was determined to represent an important construct for the roles and functions subscale (i.e., supervision) and was kept as worded in the subscale. In the Roles and Functions subscale, no items were flagged for review due to restricted range. The revised items and specific wording can be found in Appendix C.

After item analysis, of the original 18 items on the Roles and Functions subscale, five were removed, two were reworded and one was kept as originally written. This resulted in a total of 13 items for the revised version of the Roles and Functions subscale, yielding a Cronbach's alpha of .615. Again, some of the items that were kept on the revised subscale yielded a negative item-total correlation, thus potentially impacting the Cronbach alpha.

Ethics subscale. The Ethics subscale originally contained 19 items and yielded a Cronbach's alpha of .737 in the pilot study, indicating a moderate level of reliability and internal consistency of items within the subscale. Examination of the item correlation scores and ranges initially flagged 11 items to be individually reviewed (see Table 5).

Table 5

Ethics Subscales Item Analysis

Item no.	Mean	SD	Initial Item Correlation	Revised Item Correlation
E1	5.33	.985	.504	.535
E2 ^a	5.08	.900	-.163	*
E3 ^{ab}	5.67	.492	.327	.224
E4 ^a	5.00	.739	.085	.078
E5	5.25	.622	.513	.617
E6 ^a	5.08	.900	.303	*
E7 ^b	5.75	.452	.658	.553
E8 ^a	5.00	.853	.226	.368
E9 ^a	5.50	.522	.205	*
E10 ^a	4.83	1.337	.242	.342
E11	5.50	.522	.821	.826
E12 ^a	4.58	1.311	-.090	*
E13	4.83	1.193	.813	.871
E14	5.00	1.348	.573	.581
E15	5.25	.622	.491	.415
E16 ^a	4.75	1.712	.091	*
E17 ^a	5.33	.651	.315	.200
E18	5.58	.515	.751	.713
E19	5.75	.452	.778	.758

Note. Item Correlations on table are all Corrected Item-Total Correlations. Missing items in the Revised Item Correlation Column marked with * were dropped from the scale therefore they do not have a revised correlation.

^a indicates items that were flagged due to low corrected item-total correlations.

^b indicates items that were flagged due to restricted range.

As noted in the table, E2, E3, E4, E6, E8, E9, E10, E12, E16, and E17 were flagged for review due to low corrected item-total correlations (-.163, .327, .085, .303, .226, .205, .242, -.090, .091, and .315, respectively). The two negative correlations were addressed first. Items E2 and E12 were dropped because it was determined that these items could be confusing and/or very situation specific; therefore, they may not be an appropriate items for all respondents. The low positively correlated items were addressed next. Items E6 and E9 were dropped because it was determined that the items were generic in content and may not be specific to the counseling profession. E16 was dropped because it was determined that the item was more clinical than ethical in content; therefore, it was not appropriate for the Ethics subscale. Items E4, E10, and E17 were reviewed and found to be unclear and poorly worded. These items were reworded and kept as a part of the subscale. Item E3 was kept as worded because it was determined to exemplify an important component of the subscale (i.e., ethical consultation). Item E8 also was kept as worded because it was an important component and also provided a larger item range (.853) and may provide variance in participant responses.

In addition to the ten items flagged due to low corrected item-total correlations, two items were also flagged for review due to restricted item range (E3, $M = 5.67$, $SD = .492$; E7, $M = 5.75$, $SD = .452$). Item E3 already had been reviewed during examination of the items corrected item-total correlation and a decision was made to keep the item as worded. Item E7 was examined and determined to be unclear or poorly worded. The item was reworded and kept as a part of the subscale.

After the item analysis, of the original 19 items on the Ethics subscale, five were removed, four were reworded, and two were kept as originally written. This resulted in a total of 14 items for the revised version of the CPIM, yielding a Cronbach's alpha of .826. The revised items and specific wording for the Ethics subscale can be found in Appendix C.

Professional Pride subscale. The Professional Pride subscale originally contained 13 items and yielded a Cronbach's alpha of .774 in the pilot study, indicating a moderate level of reliability and internal consistency of items within the subscale. Examination of the item correlation scores and ranges initially flagged 4 items to be individually reviewed (see Table 6).

Items PP6, PP11, and PP13 were all flagged due to low corrected item-total correlations (.230, .323, and -.171, respectively). The review began with the negatively correlated item, PP13. It was determined that this item may have produced socially desirable response and ultimately was determined that this item may not be relevant to professional pride. Therefore, item PP13 was dropped. Items PP6 and PP11, which had low positive correlations, were determined to be important content items for the subscale and both had high item ranges, suggesting they may help differentiate between respondents with low and high counselor professional identity; therefore, both items were kept as worded. One item, PP10, was flagged due to low range. This item was dropped from the scale because it was determined the item may not be discriminating counseling from other mental health professions.

Table 6

Professional Pride Item Analysis

Item no.	Mean	<i>SD</i>	Initial Item Correlation	Revised Item Correlation
PP1	4.00	1.348	.413	.431
PP2	5.33	.778	.605	.597
PP3	5.08	.669	.532	.560
PP4	5.08	1.311	.831	.820
PP5	5.42	.669	.732	.664
PP6 ^a	4.67	1.670	.230	.183
PP7	5.50	.674	.651	.655
PP8	5.58	.515	.436	.489
PP9	4.17	1.467	.525	.629
PP10 ^b	5.83	.389	.893	*
PP11 ^a	5.25	.754	.323	.411
PP12	5.00	.953	.609	.635
PP13 ^a	4.50	1.567	-.171	*

Note. Item Correlations on table are all Corrected Item-Total Correlations. Missing items in the Revised Item Correlation Column marked with * were dropped from the scale therefore they do not have a revised correlation.

^a indicates items that were flagged due to low corrected item-total correlations.

^b indicates items that were flagged due to restricted range.

After the item analysis, of the original 13 items on the Professional Pride subscale, two were removed, and two were kept as originally worded. This resulted in a total of 11 items for the revised version of the Professional Pride subscale, yielding a Cronbach's alpha of .823. The items and specific wording for the Professional Pride subscale can be found in Appendix C.

Professional Engagement subscale. The Professional Engagement subscale originally contained 18 items and yielded a Cronbach's alpha of .767 in the pilot study,

indicating a moderate level of reliability and internal consistency of items within the subscale. Examination of the item correlation scores and ranges initially flagged 7 items to be individually reviewed (see Table 7).

Table 7
Professional Engagement Subscale Item Analysis

Item no.	Mean	SD	Initial Item Correlation	Revised Item Correlation**
PE1	1.92	1.505	.556	.556
PE2	.58	.669	.623	.623
PE3	.75	.866	.808	.808
PE4	.42	1.165	.696	.696
PE5	.50	.905	.799	.799
PE6	.50	.674	.730	.730
PE7 ^{ab}	.17	.389	.075	.075
PE8	1.92	2.065	.800	.800
PE9 ^a	.67	1.775	.371	.371
PE10	3.67	5.774	.452	.452
PE11	2.08	3.579	.593	.593
PE12 ^{ab}	.67	.492	.227	.227
PE13 ^{ab}	.25	.452	.345	.345
PE14 ^a	.25	.866	.202	.202
PE15 ^a	.17	.577	-.179	-.179
PE16	.58	.515	.525	.525
PE17 ^b	.25	.452	.455	.455
PE18	.42	.515	.753	.753

Note. Item Correlations on table are all Corrected Item-Total Correlations. Missing items in the Revised Item Correlation Colum marked with * were dropped from the scale therefore they do not have a revised correlation.

**indicates that the revised corrected item-total correlations were the same as the initial corrected item-total correlations for the Professional Engagement subscale.

^a indicates items that were flagged due to low corrected item-total correlations.

^b indicates items that were flagged due to restricted range.

As noted in the table, six items were flagged due to low corrected item-total correlations, and four items were flagged due to having a restricted item range. This subscale however, is not based on a six point Likert scale like the previous five subscales. The answers are open ended, numerical responses creating a potential indefinite item range. For this reason, deleting or changing items based on range would not be helpful to the review process. Similarly, deleting or changing items based on corrected item-total correlations would also be ineffective as all items represent various activities a counseling professional could engage in and, thus, the items may be unrelated (e.g., participation in research and service are both professional behaviors; however, they may not be related behaviors). Therefore, it was determined that all of the items on the Professional Engagement subscale would be kept for the full study.

Total CPIM Scale. The Total CPIM scale was originally comprised of all six subscales and all 99 original items, and yielded a Cronbach's alpha of .614 in the pilot study, indicating a low to moderate level of reliability and internal consistency of items within the total scale. Examination of the subscale correlation scores and ranges flagged three subscales to be individually reviewed (see Table 8).

As indicated in Table 8 the original corrected subscale-total correlations for the total CPIM scale vary from low to high. (i.e., .007 on the History subscale to .790 on the Ethics subscale). The revised corrected subscale-total correlations for all of the revised subscales increased after the item analyses were conducted. The one exception was the Professional Engagement subscale which may be due to several factors, including (a) no items were dropped from the scale, (b) the different response format, and/or (c) the low

sample size. However, further examination of the scale will be conducted in the full study. This increase in the revised corrected subscale-total correlations for the other five subscales may be due to the removal of several items within each subscale. It needs to be noted that these correlations may continue to change in the full study because of a larger sample size, and some subscale items were reworded for use in the full study.

Table 8

Total CPIM Scale Analysis

Scale	Mean	<i>SD</i>	Original ^a Subscale Correlation	Revised ^b Subscale Correlation
History	42.416	4.718	.007	.201
Philosophy	114.333	8.467	.398	.428
Roles/Function	92.416	5.517	.500	.519
Ethics	99.083	7.329	.790	.843
Pro. Pride	65.416	7.191	.464	.551
Pro. Engagement	17.583	15.132	.241	.203

Note. Subscale Correlations on table are all Corrected Subscale-Total Correlations.

^a indicates the original subscale correlations before any item analysis were conducted and revisions were made to the subscales.

^b indicates the subscale correlations after items had been dropped from the scale due to post pilot study analysis and examination.

After the individual subscale analysis, of the original 99 items on the CPIM total scale, 19 flagged items were removed, 9 were reworded, and 12 were kept as originally worded. This resulted in a total of 80 items for the revised CPIM, yielding a moderate

level Cronbach's alpha of .639. The revised CPIM items and specific wording can be found in Appendix C.

Due to the small sample size in the pilot study, only 12 people responding to every item on the pilot measure, statistical analyses must be interpreted with caution. Although these preliminary pilot results indicate the revisions to the subscales positively impacted the psychometrics of the measure, further investigation via the full study is necessary before any conclusions can be drawn.

Total survey and procedure review. The third purpose of the pilot study was to assess the procedures of the study; in addition, the actual procedures of how participants were contacted were examined. The first issue the pilot study highlighted was the low response rate. For the pilot study, 175 email addresses were selected from the ACA and ASCA membership lists and sent an email invitation to participate in the online survey. Of the 175 emails sent to potential participants, five were undeliverable, 18 (11%) began the survey and only 12 participants (7%) completed the survey. One potential difficulty may be that the email message was blocked by spam filters, because the survey was sent out to all 175 people at once. In an effort to prevent the survey invitation emails from going to spam boxes, the email invitations to those in the full study sample will be sent to 25-50 email addresses at a time.

Another potential problem was that no school counselors responded. This may have been due to only an initial pool of 25 school counselors in the pilot study. Thus, in order to increase the possibility of having school counselors respond, the number of school counselors included in the final sample will increase.

A third difficulty in the pilot study was the overall low response rate (i.e., 11% responded and 7% completed). In an effort to increase the overall response rate the literature on online surveys was consulted. From this review, two ideas for increasing the response rate will be incorporated into the full study. First, the number of reminder emails sent to potential participants will be increased by two, for a total of four contacts with participants. Follow-up contact has been found to increase response rates and multiple follow-up contacts may increase response rates even more (Cook, Heath, & Thompson, 2000; Kittleson, 1997; Sheehan, 2001; Solomon, 2001). Therefore the procedure for the full study will include the original invitation to participate in the survey and will be followed with three follow-up email contacts reminding and re-inviting participants who have not yet responded to participate in the survey.

Another suggestion to increase response rate is to utilize incentives and compensation (Gaddis, 1998; Watt, 1999). In an attempt to increase the response rate on the full study, an incentive will be offered. Participants who complete the survey will be offered a chance to enter a drawing to win one of four fifty dollar gift cards to Target.

Changes to sampling procedures and attempts to increase the response rate are two post pilot revisions being made for the full study. The third revision that was made to the survey included changing some items on the Professional Engagement subscale of the CPIM form in order to simplify and clarify the items. For example, several questions on the Professional Engagement subscale asked that participants respond twice to a single item. For example, item PE6 asked, "In the past two years have you served as a committee member for any professional counseling associations?" The participant is first

asked to respond “yes or no” and is then asked if their response is yes to indicate how many committees on which they have served. Questions such as this will be reworded so that participants can simply indicate the number of committees they have served on in the past two years. A response of zero will indicate that the participant did not serve on any committees in the past two years. All revisions to the CPIM including specific wording can be found in Appendix C.

Phase Four: Validation, Field Testing, and Final Adjustment of Items

As mentioned earlier, instrument development occurs in four phases. The first three phases have been conducted and described. The final phase of initial instrument development was the full study portion of the research. This included consideration of validation items, field testing of the items, evaluation of items, and a final adjustment to the instrument’s length (Crocker & Algina, 1986; DeVillis, 2003). DeVillis suggested including two types of validation items. The first is an assessment of social desirability to determine if participants are motivated to paint themselves in a socially preferred manner that may influence the instrument analysis. A brief 10-item version of the *Marlowe-Crowne Social Desirability Scale* (M-C SDS, Crowne & Marlowe, 1960) created by Strahan and Gerbasi (M-C 1(10), 1972) and was included in the study for this purpose.

To further determine the construct validity of an instrument DeVillis stated, “if theory asserts that the phenomenon you are setting out to measure relates to other constructs, then the performance of the scale vis-à-vis measures of those other constructs can serve as evidence of its validity” (p. 88). Self-efficacy has been related to counselor identity development in the literature (e.g., Blocher, 1983; Hogan, 1964; Loganbill et al.,

1982; Melchert, Hays, Wiljanen, and Kolocek, 1996; Stoltenberg, 1981); therefore, the 20 item *Counselor Self-Efficacy Scale* (CSES, Melchert, Hays, Wiljanen, & Kolocek, 1996) was administered along with the *Counselor Professional Identity Measure* (CPIM) in order to assess construct validity of the instrument.

The next step in phase four of instrument creation was to field test, evaluate, and revise the length of the instrument. This methodology is described below.

Participants

Participants were recruited through two professional organization membership lists in order to gain a wide range of participants. One of the goals for creating this instrument is to use it with counselors in various specialties and at various points in their training and careers. Therefore, it is important that the sampling and recruitment for this study reflect this goal. The American Counseling Association was contacted for a randomly selected list of email addresses. After ACA approved the study, a list of 2000 (150 have already been used in the pilot study) email addresses was purchased for the purpose of inviting members to participate in this research study. Because school counselors do not have to be members of ACA to be members of their national specialty organization, school counselors email addresses were obtained from the publically available membership list on the ACSA website. Stratified by state and the District of Columbia, ten email addresses were randomly selected for a total of 510 (25 have already been used in the pilot study) school counselor email addresses. The researcher attempted to obtain a randomly selected list of mental health counselors from the American Mental Health Counseling Association (AMHCA); however, the financial cost of procuring

AMHCA member email addresses for this study was not feasible at this time and the pilot study revealed that practitioners were being reached by the current sampling method.

All of the participants acquired from both ACA and ASCA ($N = 2335$) will be invited to participate in the study. To determine an adequate sample size for factor analysis, the literature was consulted. A wide range of recommendations for sample size have been offered. Kline (1979) recommend N to be at least 100, while others have recommended a sample size of at least 200 to 250 (Cattell, 1978; Guilford, 1954). MacCallum and Widaman (1999) found a sample size between 100 and 200 to be sufficient if several items are used to define each factor. Guadagnoli and Velicer (1988) indicated a sample size of 150 should be sufficient to obtain a stable and accurate solution if the construct is well defined and has at least 10 variables representing the construct. Thompson (2004) noted recommended ratios often fall within the range of 10 to 20 participants for each variable being measured. Gorsuch (1983) suggested a ratio of five participants to each variable as minimum, but never less than 100 participants for any analysis. Based on this review of the literature, the minimum sample size needed for this study was 200 participants. If a response rate similar to that of the pilot study is obtained (i.e., 11% with 7% completed data), then 2857 potential participants would be needed. Although this number exceeded the remaining number of available email address for potential participants, additional methods were used to increase the response rate in the full study.

Instrumentation

Counselor Professional Identity Measure (CPIM)

The CPIM (see Appendix C) was created for the purpose of this study. The CPIM consists of 80 items that were designed to measure counselor professional identity. The measure is comprised of six subscales, one for each component of the definition of counselor professional identity presented in this study (i.e., history, philosophy, roles and functions, ethics, professional pride, professional engagement) which is derived from the work of Remley and Herlihy (2007). A six point Likert type scale is used on the first five subscales of the CPIM. The researcher chose to use an even number of response choices, removing the option of a neutral response, and thereby forcing the respondents to choose a level of agreement or disagreement with each item. Using a six point rating response format will also generate more variability in the responses (Dawis, 1987). An open-ended numerical and check response format is used for the sixth subscale of the CPIM, Professional Engagement. In this subscale participants are asked to indicate if they have participated in certain professional behaviors and their frequency of participation. The instrument will provide a possible range of scores for each subscale of counselor professional identity (CPI), as well as an overall score of CPI with higher scores indicating stronger counselor professional identity. The items were based on a review of the counseling literature, books, and professional counselor organizations. Each of the items has undergone an expert review and been piloted for content validity and clarity.

Counselor Self-Efficacy Scale (CSES)

The CSES (Melchert et al., 1996; see Appendix F) consists of 20 items regarding knowledge and skills pertinent to the practice of both individual and group counseling. The CSES was designed to “examine change in counselors across a broad range of training and experience from the perspective of self-efficacy theory [Bandura, 1989]” (p. 640). The instrument uses a five point Likert type scale indicating agreement regarding respondents’ confidence in their counseling skills and abilities. Scores on the CSES range from 20 to 100, with higher scores corresponding with higher levels of self-efficacy. The Cronbach alpha internal consistence correlation coefficient for the measure was found to be .91 for a sample of 138 participants who ranged from no clinical experience to 15 years of clinical experience. A subsample of 89 participants was given the instrument once and then again one week later. The test-retest reliability coefficient for the total scale scores was .85. Convergent construct-related validity of the CSES, explored by correlating participant scores on the CSES with scores on the Self-Efficacy Inventory (Friedlander & Snyder, 1983), was found to be high ($r = .83$). Criterion validity was obtained by comparing CSES scores with level of training and clinical experience. A multiple regression of CSES scores with level of training (i.e., 1st year master’s, 2nd year master’s, 3rd-6th year doctoral, psychologist) and years of clinical experience (i.e., none, 0-1, 1-2, 3-4, 5-10, 10-15, 15 or more) as the independent variables, the F values were significant for both ($p < .0001$). Sample items include “My knowledge of ethical issues related to counseling is adequate for me to perform professionally” and “I can effectively facilitate client self-exploration” (p. 643).

Other measures of counselor self-efficacy do exist; however, the CSES (Melchert et al., 1996) was chosen for use in this study for three main reasons. First, other instruments measuring counselor self-efficacy were intended for use with students only (i.e., The Self-Efficacy Inventory, Friedlander & Snyder, 1983; Counseling Self-Efficacy Scale, Johnson et al., 1989; Counseling Self-Estimate Inventory; Larson et al., 1992). The CSES was created for use with samples that represent the full range of counselor development from training throughout one's professional career. Similarly, the current study sample will include counselors at all stages of the counseling career span, not solely counseling trainees. Secondly, the CSES has been used frequently in other studies in the counseling literature (e.g., Barbee, Scherer, & Combs, 2003; Bidell, 2005; Constantine, 2001). The third reason the CSES was chosen for this study was because it has only 20 items. The Counseling Self-Estimate Inventory (Larson et al., 1992) does have strong reliability and validity and has been factor analyzed; however, it contains 37 items. Because the length of the survey for this study including the 80 item Counselor Professional Identity Measure is already quite long, the shorter CSES was chosen for this study.

Marlow-Crowne 1(10).

The *M-C 1(10)* (Strahan & Gerbasi, 1972, see Appendix H) is a ten item social desirability instrument derived from the 33 item *Marlowe-Crowne Social Desirability Scale* (M-C SDS, Crowne & Marlowe, 1960). Scores range from one to ten, with higher scores indicating higher levels of socially desirable responses. The *M-C 1(10)* is described by Strahan and Gerbasi as a short, homogeneous version of the *M-C SDS*.

Kuder-Richardson formula 20 (K-R 20) reliability coefficients for this scale were found to range between .59 and .70. Correlations between the *M-C I(10)* and the *M-C SDS* were reported as being in the .80s and .90s (Strahan & Gerbasi, 1972). The *M-C I(10)* was researched further by Fischer and Fick (1993), who reported a correlation of .968 with the *M-C SDS* and an internal consistency reliability of .876. Participants are asked to indicate whether the statement is true or false for them personally. The main reason for using the shortened version of the *M-C SDS* as opposed to the full social desirability scale is to reduce the number of items in the survey since the survey is already quite lengthy.

Demographic Information Form

Study participants were asked to provide the following descriptive information: age, sex, race/ethnicity, current professional roles, currently in a counselor training program, highest degree completed, degree track/concentration/specialty, training program accreditation, full-time/part-time status during training, date received current degree, years (post master's degree) worked as a counselor, current work setting, and primary professional identification.

Procedures

After obtaining approval from the Institutional Review Board (IRB), the researcher sent an email to all counselors on the randomly selected ACA and ASCA list inviting them to participate in the research study. The email invitation (see Appendix D) to all potential participants included a brief description of the study, the estimated time it will take to complete the survey, a description of the incentives offered for participation in the research (i.e., a chance to win one of eight \$25 gift cards), and a link to the survey.

Counselors who chose to participate were able to click on a link to the survey located on SurveyMonkey, an online site for electronic survey research. The first page contained informed consent (see Appendix I) information and instructions for completing the survey. All participants were asked to complete the entire survey. The survey was comprised of four sections. Section one contained the 80 item Counselor Professional Identity Measure, which was created in this study. Section two contained the 20 item *Counselor Self-Efficacy Scale* (CSEC, Melchert et al., 1996). Section three contained the 10 item social desirability scale (Strahan & Gerbasi, 1972). Finally, section four was a demographics questionnaire (see Appendix J). Upon completion of the survey participants had the option to participate in a drawing for one of eight \$25 gift cards to Target. This was done using a separate SurveyMonkey website that was not attached to the participant data. After the eight recipients of the gift cards were randomly selected, and the recipients were contacted for a mailing address for receipt of their gift card. After gift cards were mailed, any email correspondence between the researcher and the eight recipients was deleted.

Data Analysis

After the data was collected, it was entered into IBM SPSS Statistics 18 (formerly SPSS Statistics, and hereafter referred to as SPSS) and Mplus for data analyses. Descriptive statistics and examination of missing data was completed prior to running analyses for specific research questions.

Factor analysis using SPSS and Mplus was conducted to examine the factor loadings of each item within the specific subscales, as well as for the overall scale of

counselor professional identity on the CPIM. Mplus is being used because the response format for the sixth subscale of the CPIM, Professional Engagement, differs from the other subscales. The Professional Engagement subscale uses open ended numerical counts as the response format (a six point Likert scale is used for the other five subscales). This different response format could cause the data to become positively skewed and potentially lead to a violation of typical factor analysis. Mplus is able to combat this potential issue, as it will allow for different types of data to be used in the factor analysis of the CPIM scale and subscales.

Once the factor structure of the CPIM is determined, and the CPIM is concluded to be reliable, research questions 3-5 will be examined. Correlation analyses will be used to examine the relationship between CPIM and *Counselor Self-Efficacy Scale* (Melchert et al., 1996) and the *Marlow-Crowne 1(10)* (Strahan & Gerbasi, 1972). These relationships will continue to assist in establishing the validity of the CPIM. See Table 9 for each research question and the analysis being used.

Table 9

Research Questions, Variables, and Data Analysis

Research Question	Hypothesis	Variables	Analysis
<p>Research Question 1: Is the measure of counselor professional identity reliable and valid; specifically are the six subscales (i.e., history, philosophy, roles and functions, ethics, professional pride, and professional engagement) reliable and valid?</p>	<p>Hypothesis 1: These subscales, based in the literature can be constructed in a reliable and valid way to measure counselor professional identity.</p>	<p>All items on each individual subscale (i.e., History subscale, 6 items; Philosophy subscale, 18 items; Roles and Functions subscale, 13 items; Ethics, 14 items; Professional Pride, 11 items; and Professional Engagement; 18 items)</p>	<p>Cronbach alpha Factor Analysis using Mplus and SPSS</p>
<p>Research Question 2: Can a total score (i.e., combination of the six subscale scores) be used to create an overall score of professional identity?</p>	<p>Hypothesis 2: The six subscales (i.e., history, philosophy, roles and functions, ethics, professional pride, and professional engagement) will be associated with each other to create an overall score of professional counselor identity (CPI).</p>	<p>Each of the revised subscales (i.e., History, Philosophy, Roles and Functions, Ethics, Professional Pride, and Professional Engagement)</p>	<p>Subscale Correlation Cronbach alpha Factor Analysis using Mplus</p>
<p>Research Question 3: Is there a significant relationship between counselor self-efficacy and counselor professional identity?</p>	<p>Hypothesis 3: As a way to show convergent validity, counselor self-efficacy will be related to counselor professional identity.</p>	<p>Counselor Professional Identity (as measured by the CPIM)</p> <p>Counselor Self-Efficacy (as measured by the Counselor Self-Efficacy Scale; CSES; Melchert et al., 1996)</p>	<p>Correlation</p>
<p>Research Question 4: Is the CPIM sensitive to socially desirable responding?</p>	<p>Hypothesis 4: The respondents will not answer items on the CPIM in a socially desirable manner. The correlation will be low and nonsignificant.</p>	<p>Counselor Professional Identity (as measured by the CPIM)</p> <p>Social Desirability (as measured by the M-C 1(10); Strahan & Gerbasi, 1972)</p>	<p>Correlation</p>

CHAPTER IV

RESULTS

In this chapter the results of the study are presented using descriptive, factor analysis, and correlation statistics. First, the characteristics of the sample are described. Second, the analyses to test each research hypothesis are described.

Resulting Sample Characteristics

Invitations to participate in the research study were sent to 2,325 potential participants whose email addresses were obtained from membership lists of two professional counseling organizations (i.e., ACA, ASCA). Of the 478 (20.56%) individuals who accessed the online data collection site, 48 were not admissible for data collection according to the preset criteria of being a professional counselor. Specifically, when asked to identify their primary professional identity these 48 individuals identified their primary professional identity as a psychologist ($n = 12$), social worker ($n = 5$), school social worker ($n = 3$), or therapist ($n = 28$). These individuals from the original sampling pool were dropped due to being inappropriate participants, resulting in, in a final sample of 430 ($N=2,277$, 18.84% response rate).

Table 9 contains a summary of participant demographics including gender, race/ethnicity, degree level, track/concentration/specialty, and current role/position and years in current role/position held. Participants ranged in age from 22 to 81 years old ($M = 40.36$, $SD = 12.86$). Over two-thirds of participants (80.5%) were female and 19.5% were male. As displayed in Table 9, 84.2% ($n = 362$) of participants identified as White/European American, 6% ($n = 26$) African American, 2.6% ($n = 11$) Asian

American, 2.2% ($n = 10$) Biracial/Multiracial, 1.9% ($n = 8$) Hispanic/Latino(a), 0.7% ($n = 3$) Asian, 0.7% ($n = 3$) Native American, 0.5% ($n = 2$) Pacific Islander, and 1.2% ($n = 5$) other.

The primary professional identification of the study participants is also illustrated in Table 9. One-third of participants (34.2%, $n = 147$) identified as a counselor/professional counselor, 27.4% ($n = 118$) as school counselor, and 22.3% ($n = 96$) as mental health counselor. The remaining 16% percent of participants identified as addiction counselor (1.9%, $n = 8$), college/higher education counselor (6.0%, $n = 26$), counselor educator (6.0%, $n = 26$), or marriage/couple/family counselor (2.1%, $n = 9$).

Illustrated in Table 9 are the degree levels obtained by the participants and the professional field of the respective degrees. All 430 participants had completed a bachelor's degree. Thirty seven percent of participants ($n = 161$) reported completing a bachelor's degree in psychology, 2.6% ($n = 11$) in social work, and 2.1% ($n = 9$) in counseling. The remaining 57% ($n = 249$) of participants completed bachelor's degrees in other fields.

Participants were asked to indicate *all* fields in which they completed a master's degree, post-masters/specialist degree, and doctorate/professional degree. Sixty-five percent ($n = 281$) completed a master's degree in counseling/counselor education, 13% ($n = 56$) counseling psychology, 4.4% ($n = 19$) clinical/other psychology, 0.2% ($n = 1$) social work, 2.5% ($n = 11$), 0.9% ($n = 4$) marriage and family therapy, 1.4% ($n = 6$) divinity/pastoral counseling, 5.1% ($n = 22$) indicated other, and 16.2% ($n = 70$) indicated not applicable or master's degree was currently in progress. Twenty percent ($n = 97$) of

participants indicated they had completed a post-masters/specialist degree; ($n = 43$) counseling/counselor education, ($n = 18$) counseling psychology, ($n = 3$) clinical/other psychology, and ($n = 33$) other. Fifteen percent ($n = 70$) of participants had completed a doctorate or professional degree. Half of these degrees ($n = 34$) were in the counseling/counselor education field, ($n = 9$) counseling psychology, ($n = 2$) clinical/other psychology, ($n = 2$) social work, and ($n = 23$) indicated doctorates or professional degrees in other fields (e.g., educational leadership, law).

A summary of the track/concentration/specialty in which participants had obtained degrees also is illustrated. Participants were asked to indicate *all* the tracks and specialties in which they had obtained degrees. Thus, some participants indicated more than one track/specialty as applicable across their entire career and training experiences. Eighty-eight percent of participants indicated specializations in at least one of the following three areas; school counseling (34.7%, $n = 149$), mental health counseling (28.8%, $n = 124$), and community counseling (24.4%, $n = 105$). Other specializations included addiction counseling (6.3%, $n = 27$), career counseling (.7%, $n = 3$), clinical psychology (4%, $n = 17$), clinical social work (0.5%, $n = 2$), college counseling/student affairs/student development (2.5%, $n = 11$), counselor education and supervision (1.2%, $n = 5$), counseling psychology (11.2%, $n = 48$), couples/marriage/family counseling (10%, $n = 43$), other psychology (1.8%, $n = 8$), rehabilitation counseling (2.3%, $n = 10$), and school psychology (1.4%, $n = 6$). Four percent (4.1%, $n = 18$) indicated degree training in other tracks and specialties (e.g., corrections counseling, holistic studies, psychiatric nursing, secondary education, and no specialty when I went to school).

Participants were asked to indicate *all* their *current* professional roles or positions. As shown in Table 9, participants reported currently working as school counselors (19.8%, $n = 85$), mental health/community counselors (34%, $n = 146$), college development/higher education counselors (6.7%, $n = 29$), couples/family counselors (9.8%, $n = 42$), counselor educators (5.3%, $n = 23$), masters level counseling students (28.4%, $n = 122$), doctoral level counseling students (7.4%, $n = 32$), counseling supervisors (7%, $n = 30$), counseling psychologists (0.9%, $n = 4$), clinical psychologists (0.2%, $n = 1$), social workers (1.2%, $n = 5$), and other roles or positions (11.6%, $n = 50$). Table 9 also includes information regarding how long participants had held their current professional roles or positions. This table shows that participants represented all points in the career span, ranging from less than one year of professional practice to more than 20 years of professional practice.

Table 9

Participant Demographics and Characteristics

Characteristic	Frequency	Percent of Sample	N
Gender			
Male	84	19.5	430
Female	346	80.5	430
Race/Ethnicity			
African American	26	6.0	430
Asian	3	.7	430
Asian American	11	2.6	430
Hispanic/Latino	8	1.9	430
Native American	3	.7	430
White/European American	362	84.2	430
Biracial/Multiracial	10	2.2	430
Pacific Islander	2	.5	430
Other	5	1.2	430
Primary Professional Identification			
Addiction Counselor	8	1.9	430
College/Higher Ed Counselor	26	6.0	430
Counselor Educator	26	6.0	430
Counselor/Professional Counselor	147	34.2	430
Marriage/Couple/Family Counselor	9	2.1	430
Mental Health Counselor	96	22.3	430
School Counselor	118	27.4	430
Bachelors Degree			
Counseling	9	2.1	430
Psychology	161	37.4	430
Social Work	11	2.6	430
Other	249	57.9	430
Master's Degree			
Counseling/Counselor Education	281	65.3	430
Counseling Psychology	56	13.0	430
Clinical/Other Psychology	19	4.4	430

Social Work	1	.2	430
Education	11	2.5	430
Marriage & Family Therapy	4	.9	430
Divinity/Pastoral Counseling	6	1.4	430
Other	22	5.1	430
Not Applicable/Degree in Progress	70	16.2	430
Post-Master's/Specialist Degree			
Counseling/Counselor Education	43	10.0	430
Counseling Psychology	18	4.2	430
Clinical/Other Psychology	3	.7	430
Social Work	0	0.0	430
Other	33	7.7	430
Not Applicable	342	79.5	430
Doctorate/Professional Degree			
Counseling/Counselor Education	34	7.9	430
Counseling Psychology	9	2.1	430
Clinical/Other Psychology	2	.5	430
Social Work	2	.5	430
Other	23	5.3	430
Not Applicable	367	85.3	430
Track/Concentration/Specialty in Which Participants Obtained Degree(s)			
Addiction Counseling	27	6.3	430
Career Counseling	3	.7	430
Clinical Psychology	17	4.0	430
Clinical Social Work	2	.5	430
College Counseling/Student-Affairs/Student Development	11	2.5	430
Community Counseling	105	24.4	430
Counselor Ed/Supervision	5	1.2	430
Counseling Psychology	48	11.2	430
Couples/Marriage/Family	43	10.0	430
Gerontological Counseling	0	0.0	430
Mental Health Counseling	124	28.8	430
Psychology Other	8	1.8	430
Rehabilitation Counseling	10	2.3	430
School Counseling	149	34.7	430
School Psychology	6	1.4	430
School Social Work	1	.2	430
Other	18	4.1	430

Current Role/Position			
School Counselor	85	19.8	430
Mental Health/ Community Counselor	146	34.0	430
College Development/ Higher Ed Counselor	29	6.7	430
Couples/Family Counselor	42	9.8	430
Counselor Educator	23	5.3	430
Counseling Student (Master's Level)	122	28.4	430
Counseling Student (PhD Level)	32	7.4	430
Counseling Supervisor	30	7.0	430
Counseling Psychologist	4	.9	430
Clinical Psychologist	1	.2	430
Social Worker	5	1.2	430
Other	50	11.6	430
Current Role/Position Years Held			
Less than a year	126	29.3	430
1-2 years	165	38.3	430
3-5 years	157	36.5	430
6-10 years	96	22.3	430
11-15 years	34	7.9	430
16-20 years	19	4.4	430
More than 20 years	31	7.2	430

Note. Participants were asked to indicate multiple masters, postmasters/specialist, and doctoral/professional degrees if applicable. Participants were asked to indicate all tracks and specialties applicable to their degree work. Participants were asked to indicate all current roles and positions.

Data Analyses and Results

The Counselor Professional Identity Measure (CPIM) was created to measure the professional identities of a wide variety of counselors, in various phases of their careers.

Analyses were conducted on the responses of 430 survey participants, all of whom

identified as counselors. These analyses are intended to answer the following research questions:

1. Is the measure of counselor professional identity reliable and valid; specifically, are the six subscales (i.e., history, philosophy, roles and functions, professional pride, professional engagement, and ethics) reliable and valid?
2. Can a total score (i.e., combination of the six subscale scores) be used to create an overall score of counselor professional identity?

(Those scales and subscales that are valid and reliable will be used to answer the following research questions.)

3. Is there a significant relationship between counselor self-efficacy and counselor professional identity?
4. Is the CPIM sensitive to socially desirable responding?

Research Question 1

The first research question explored the reliability and validity of the six subscales, which are based on the six components of the working definition of *counselor professional identity*, introduced in Chapter I: 1) professional pride, 2) philosophy, 3) roles and functions, 4) ethics, 5) history, and 6) professional engagement. The CPIM is comprised of these six subscales, each of which was found to be made up of 1-4 factors through exploratory factor analysis.

A preliminary confirmatory factor analysis using M-Plus (Muthen & Muthen, 2009) was used to determine if a one-factor structure for each of the six subscales was

possible. The confirmatory factor analysis revealed that a single factor structure for each of the subscales was not possible, indicating that a six component structure of counselor professional identity may be too simplistic. In order to explore the potential factor structure of each of the six subscales, exploratory factor analyses were deemed necessary.

Specifically, each individual subscale (i.e., history, philosophy, roles and functions, ethics, history, and professional engagement) was explored to determine the number of factors that exist within each subscale as well as to identify each factor's respective items. Merenda (1997) stated "a sensible rule for an experimenter to follow in the extraction and rotation of factors or components is either to specify the number of factors or components to extract and retain for rotation or to apply the Scree or MAP (matrix of partial correlations) method. The best rule to follow is to override the defaults and never depend solely on the computer to dictate any decision rule" (p. 159). Thus, the process used for exploring the factor structure of the six subscales included evaluation of initial eigenvalues, scree plots, and specified factor extraction. Specifically, the following steps were used to evaluate each subscale:

1. Exploratory factor analysis, using SPSS, with principle component analysis, was conducted to examine the items within each subscale. The resulting initial eigenvalues and scree plot were examined to determine a possible range of factors within each subscale.
2. A Direct Oblimin (i.e., oblique) rotation was used because the factors were suspected to be correlated (Merenda, 1997) as they were based on the study definition of counselor professional identity.

3. Each subscale was explored by specifying the number of factors to be extracted. This was based on the range of possible factors revealed by initial eigenvalues above 1.0 and the scree plot for each subscale.
4. The results from each specified factor extraction was investigated to determine which number of factors within the subscale was the most interpretable.
5. Once the factor structure was determined, the subscale item loadings were examined. A typical rule of thumb to determine whether an item has “loaded” on a factor are loadings of .30 or higher (Domholt, 2000; Portney & Watkins, 2000). For this study it was determined that .33 would be the cutoff point. Items with low factor loadings below .33, were individually examined to determine why the items were not loading. One of three decisions regarding each item was made: keep the item as worded, reword the item for further study, or delete the item from the subscale.
6. The Cronbach’s alpha for each factor within the subscale was then determined.

Professional pride subscale. The professional pride subscale was found to include two factors: 1) internal beliefs and 2) action oriented pride. An initial exploratory factor analysis of the Professional Pride subscale revealed three factors with initial eigenvalues greater than 1.0. The accompanying scree plot revealed a possible range of 1 to 3 factors on this subscale (see Figure 1). Thus, there was evidence for a possible range of 1 to 3 factors within this subscale. Using a Direct Oblimin rotation, the subscale was

explored three times specifying one, two, and three factor extractions respectively. Upon further inspection of each extraction, it appeared that the 2 factor Professional Pride subscale extraction revealed the cleanest loading, and most interpretable factors. All items loaded on one of the two factors above the .33 level (see Table 10). Thus no items were dropped.

Table 10.

Pattern Matrix for Professional Pride Subscale Two Factor Extraction.

Pattern Matrix^a

	Component	
	1	2
PP5	.673	
PP3	.667	
PP6	.655	
PP1	.644	
PP2	.514	
PP9	.437	
PP7		.803
PP11		.691
PP8		.581
PP4		.498
PP12		.485

Extraction Method: Principal

Component Analysis.

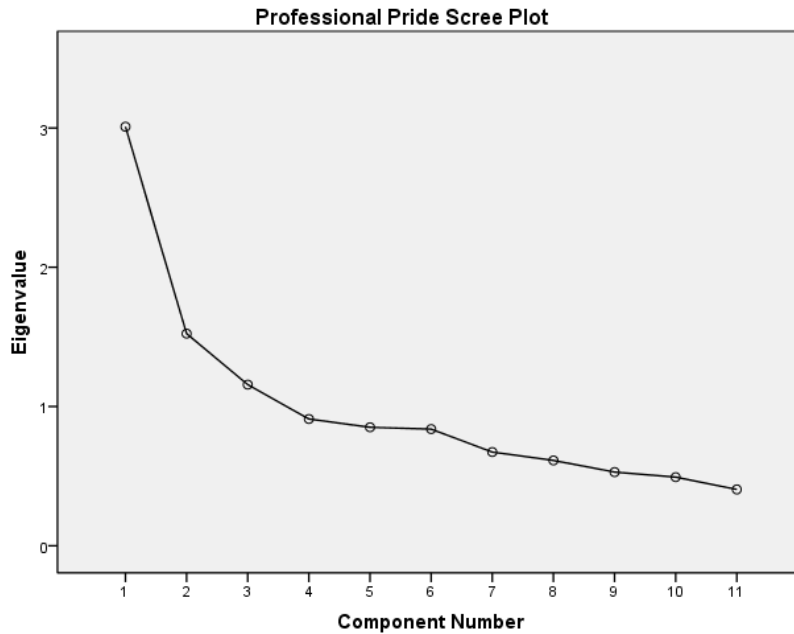
Rotation Method: Oblimin with

Kaiser Normalization.

a. Rotation converged in 6 iterations.

Using the loading of items in the resulting two factor pattern matrix in Table 10, the respective factors were then interpreted. Please note that items loaded within each factor, but items that loaded below the .33 level were removed from the table. The first factor included six items (PP5, PP3, PP6, PP1, PP2, PP9, see Appendix I). This factor was interpreted to consist of items that focused on the counselor's "internal/personal" focused beliefs regarding professional pride (e.g., PP5: I am proud to be a counselor.). The second factor included five items (PP7, PP11, PP8, PP4, PP12). This factor was interpreted to consist of items considered to be "action oriented pride" focused beliefs regarding professional pride. For example, the accuracy of the general public's understanding of the profession (e.g., PP11: It is important for the general public to understand what the counseling profession is and how it differs from other mental health professions.). The Professional Pride Subscale Factor 1: Internal Pride had a Cronbach's alpha of .622. The Professional Pride Subscale Factor 2: Action Oriented Pride had a Cronbach's alpha of .615. Thus indicating that a counselor can have internal pride but may not reveal that pride to others. A breakdown of the Professional Pride subscale items by factor can be found in Appendix I.

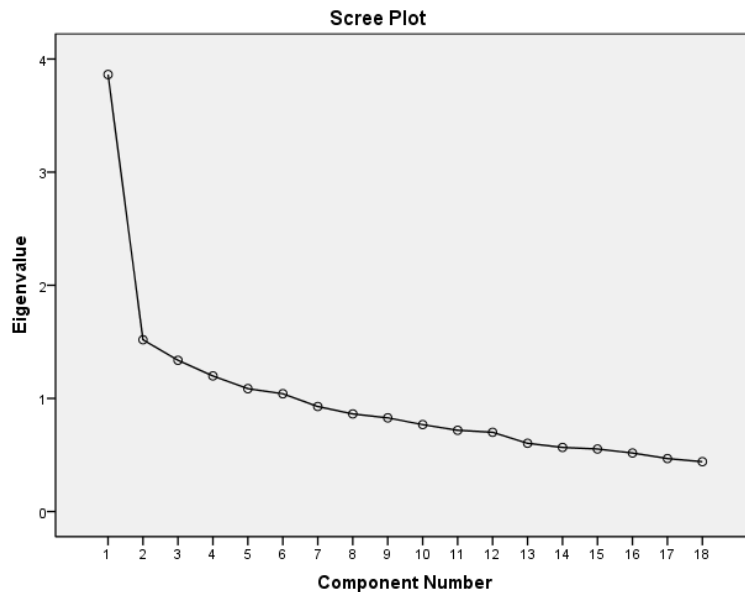
Figure 1. Professional Pride Subscale Principle Component Analysis Scree Plot.



Philosophy subscale. The Philosophy subscale was found to include four factors: 1) developmental, 2) wellness, 3) prevention, and 4) empowerment. The Initial Eigenvalues indicated six components above the 1.0 level and the related Scree Plot (see Figure 2) could be interpreted as indicating up to four components would be reasonable for this subscale. It is important to note that this subscale was created differently than the other five subscales. Items for this subscale were created to represent one of the four parts of the counseling philosophy (i.e., development, wellness, prevention, and empowerment). With that in mind, an examination of the resulting pattern matrix (see Table 11) indicated an interesting result. With only a few exceptions, the items that were created to measure a specific factor (i.e., part of the philosophy) were loading together.

Please note that items loaded within each factor, however items that loaded below the .33 level were removed from the table.

Figure 2. Philosophy Subscale Principle Component Analysis Scree Plot.



The three items (PhW1, PhD2, PhD1) which did not load on one of the first four factors in the pattern matrix were examined individually to determine why they items did not load as expected. An individual examination of item PhW1 revealed that the item contained strong language that may have been interpreted as absolute language (e.g., “solely” and “is the way”) and the item was deleted. Upon further inspection it was determined that PhD1 was not actually focused on any particular aspect of the developmental perspective of counseling’s philosophy but rather was asking if participants were able to explain the difference between counseling’s philosophy and the philosophies of other mental health professions; thus the item was deleted. Examination

Table 11.

Pattern Matrix for the Philosophy Subscale.

Pattern Matrix ^a						
	Component					
	1	2	3	4	5	6
PhE1	.773					
PhE2	.708					
PhE4	.653					
PhE5	.554					
PhE3	.487					
PhD4		.842				
PhD6		.803				
PhW5			-.772			
PhW4			-.692			
PhW6			-.677			
PhW2			-.534			
PhD5			-.387			
PhP3				.787		
PhP4				.637		
PhP1				.445		
PhW1					-.777	
PhD2						.771
PhD1					-.427	.642

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

a. Rotation converged in 26 iterations.

of item PhD2 revealed a potential problem with the item wording (i.e., Most problems experienced by clients are developmental in nature). Although counselors may believe client problems have a developmental aspect, as written this item does not allow for other contributing aspects of a problem to be considered. The item may need to be reworded (i.e., Most problems experienced by clients are, at least in part, developmental in nature).

A reworded item version of this item may warrant further exploration in future studies, but for now the item will be deleted.

The only other item that did not load on an expected factor was PhD5, which loaded with the wellness factor items instead of the development factor items. One possible explanation for item PhD5 loading on the Wellness factor would be that the focus of this item, positive human change, could be interpreted as both an important part of development as well as an important part of an individual's overall wellness. Thus the item may be worded in such a manner that it is actually reflecting the wellness. Item PhD5 will remain on the wellness factor as it has loaded.

After deleting items PhW1, PhD1, and PhD2 the pattern matrix revealed a four factor structure (see Table 12.). Please note that items loaded within each factor, but however items that loaded below the .33 level were removed from the table. Philosophy Factor 1: Empowerment contained five items (PhE1, PhE2, PhE4, PhE5, PhE3) and had a Cronbach's alpha of .691. Philosophy Factor 2: Development contained two items (PhD6, PhD4) and had a Cronbach's alpha of .569. Philosophy Factor 3: Wellness contained five items (PhW5, PhW4, PhW6, PhW2, PhD5) and had a Cronbach's alpha of .667. Philosophy Factor 4: Prevention contained three items (PhP3, PhP4, PhP1) and had a Cronbach's alpha of .426. All Philosophy subscale items by factor can be found in Appendix I.

Table 12.

Pattern Matrix for Philosophy Subscale Using Principle Component Analysis After Deleting Items PhD1, PhD2, and PhW1.

Pattern Matrix^a

	Component			
	1	2	3	4
PhE1	.784			
PhE2	.712			
PhE4	.647			
PhE5	.557			
PhE3	.487			
PhD6		.840		
PhD4		.816		
PhW5			-.752	
PhW4			-.692	
PhW6			-.690	
PhW2			-.558	
PhD5			-.411	
PhP3				.813
PhP4				.598
PhP1			-.336	.411

Extraction Method: Principal Component Analysis.

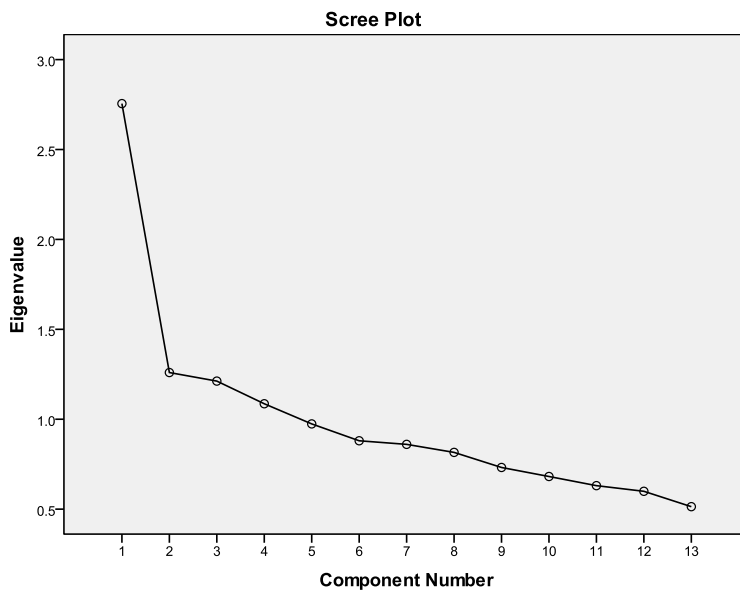
Rotation Method: Oblimin with Kaiser Normalization.

a. Rotation converged in 9 iterations.

Roles and functions subscale. The Roles and Functions subscale was found to include two factors: 1) Interactional and 2) Foundational. An initial exploratory factor analysis of the Roles and Functions subscale revealed four potential factors with initial eigenvalues greater than 1.0. The accompanying scree plot also revealed a possible range of 1 to 5 factors on this subscale (see Figure 3). Thus, there is evidence for a possible

range of 1-4 factors within this subscale. Using a Direct Oblimin rotation, the subscale was explored five times specifying one, two, three, four, and five factor extractions respectively.

Figure 3. Roles and Functions Subscale Principle Component Analysis Scree Plot.



Upon further inspection of each extraction, it appeared that the 2 factor Roles and Functions subscale revealed the cleanest loading and most interpretable factors. All items loaded on one of the two factors above the .33 level except RF4, RF5, RF7, and RF12. Each of these four items was examined individually. The focus of item RF4 is quite general and does not focus on a particular role or function like the other items on the subscale. Therefore it was determined that this item should be deleted. The focus of item RF5 is the importance of understanding DSM-IV diagnosis. Opinions on diagnosis can

vary on an individual basis. Moreover, the level of importance placed on DSM-IV diagnosis can vary vastly between counseling specialties. For example, mental health counselors often have to diagnose clients using the DSM-IV in order to gain third party reimbursements. School counselors, on the other hand, would not typically diagnose a student, but instead would refer a student to someone else if a diagnosis was necessary. Thus, item RF5 is not an appropriate item to measure roles and functions regardless of specialty and therefore was deleted. Inspection of item RF7 revealed the use of absolute language (i.e., only) and was determined to be more of an ethics item because continued supervision is an ethical responsibility not a role or function. Therefore it was determined the item should be deleted. Finally, item RF12 was deleted because it was determined that the item may be considered double edged and indicating two possible ideas in one item. With the removal of items RF4, RF5, RF7, and RF12, the remaining items cleanly loaded on two factors.

The resulting two factor pattern matrix (see Table 13) of the Roles and Functions subscale was then interpreted. Please note that items loaded within each factor, but items that loaded below the .33 level were removed from the table. The first factor included five items (RF1, RF8, RF9, RF10, RF11). This factor was interpreted to consist of items that focused on “interactional” roles and functions. The second factor included four items (RF2, RF14, RF16, RF17) and was interpreted as “foundational” roles and functions. These items illustrated the basis or groundwork necessary for working with clients (e.g., theory and conceptualization, knowledge of assessments). These overarching themes provide reasonable explanation and interpretation of the two factors that emerged in the

Roles and Functions subscale. The Roles and Functions Subscale Factor 1: Process had a Cronbach's alpha of .693. The Roles and Functions Subscale Factor 2: Foundational had a Cronbach's alpha of .455. A breakdown of the Roles and Functions subscale items by factor/component can be found in Appendix I.

Table 13.

Pattern Matrix for Roles and Functions Subscale Using Principle Component Analysis After Deleting Items RF4, RF5, RF7, and RF12.

Pattern Matrix^a

	Component	
	1	2
RF9	.745	
RF10	.744	
RF8	.679	
RF11	.610	
RF1	.552	
RF16		.717
RF17		.600
RF14		.600
RF2		.498

Extraction Method: Principal

Component Analysis.

Rotation Method: Oblimin with

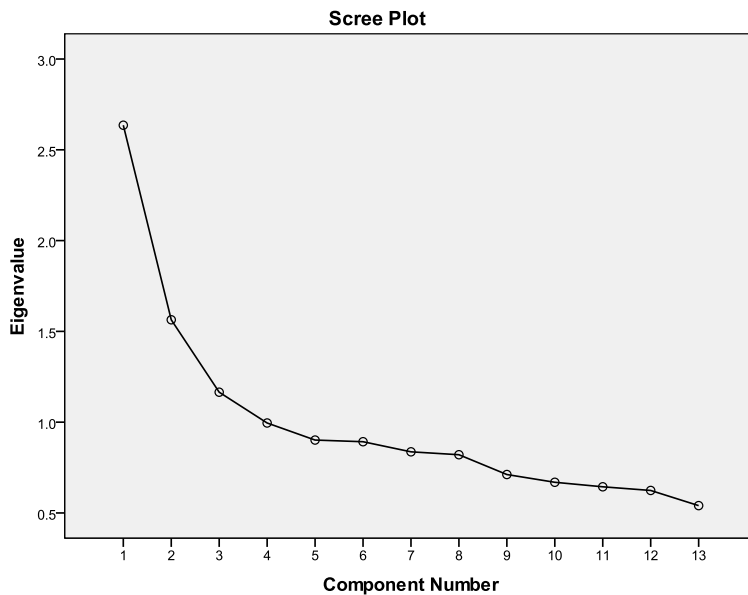
Kaiser Normalization.

a. Rotation converged in 4

iterations.

Ethics subscale. The Ethics subscale was found to include two factors: 1) Ethical Deficit and 2) Ethical Strength. An initial exploratory factor analysis of the Ethics subscale revealed three potential factors with initial eigenvalues greater than 1.0. The accompanying scree plot revealed a possible range of 2 to 4 factors on this subscale (see Figure 4). Thus, there is evidence for a possible range of 1-3 factors within this subscale. Using a Direct Oblimin rotation, the subscale was explored three times specifying two, and three factor extractions respectively. This extraction process revealed two items, E13 and E4, which did not load above the .33 level on any factor. Individual review of these two items was conducted. Item E4 was determined to be double edged as it was asking about three different competencies, thus it was deleted from the subscale. Item E13 was determined to contain wording that may be interpreted as absolute language and therefore it also was deleted from the subscale. After the deletion of the above noted items, it appeared that the 2 factor extraction revealed the cleanest loading, and most interpretable factors for the Ethics subscale (see Table 14). Please note that items loaded within each factor, but items that loaded below the .33 level were removed from the table.

Figure 4. Ethics Subscale Principle Component Analysis Scree Plot.



Examination of the two factor pattern matrix in Table 14 revealed one main difference in the two sets of items. The first factor contained six items (E1, E5, E8, E10, E14, E18) was interpreted as items that focused on potential “ethical deficits.” The second factor contained the remaining five items (E3, E7, E11, E15, E19) and was interpreted as items that focused on “ethical strengths.” It was also observed that the items broke out by reverse coding. Specifically, all reversed coded items fell under “ethical deficits” and the straight coded items all fell under “ethical strengths”. The Ethics Subscale Factor 1: Ethical Deficits had a Cronbach’s alpha of .591. The Ethics Subscale Factor 2: Ethical Strengths had a Cronbach’s alpha of .589.

Table 14.

Pattern Matrix for Ethics Subscale Using Principle Component Analysis After Deleting Items E4 and E13.

Pattern Matrix^a

	Component	
	1	2
E18	.669	
E5	.644	
E1	.624	
E14	.599	
E8	.512	
E10	.357	
E11		.660
E19		.650
E7		.643
E15		.625
E3		.476

Extraction Method: Principal Component Analysis.

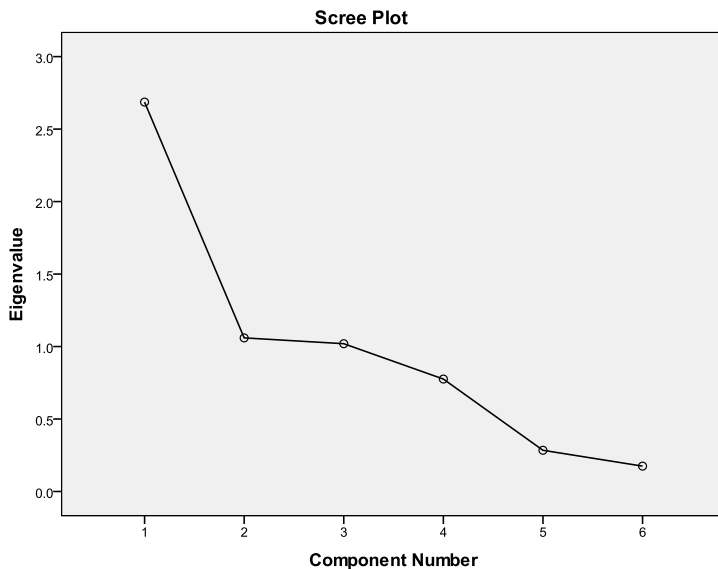
Rotation Method: Oblimin with Kaiser Normalization.

a. Rotation converged in 5 iterations.

During the review and analysis of this subscale it was discovered that one item, E17, was accidentally omitted from the survey, thus data is not available for this item. This item will be included on the Ethics subscale during future studies. A breakdown of the Ethics subscale items by factor/component can be found in Appendix I.

History subscale. The History subscale was found to include one factor: 1) History. An initial exploratory factor analysis of the History subscale revealed three potential factors with initial eigenvalues greater than 1.0. The accompanying scree plot revealed a possible range of 1-2 factors on this subscale (see Figure 5). Thus, there is evidence for a possible range of 1-3 factors within this subscale. Using a Direct Oblimin rotation, the subscale was explored three times specifying one, two, and three factor extractions respectively. All three extractions showed items H1, H4, and H9 all correlating highly together. Examination of these items led to the conclusion that these three items are all asking the same question in slightly varied wording. It was determined that this question only needed to be asked once on the subscale therefore, items H1 and H9 were deleted and the exploratory factor analysis and factor extractions were run again.

Figure 5. History Subscale Principle Component Analysis Scree Plot.



The second analysis revealed two potential factors with initial eigenvalues above 1.0. The accompanying scree plot also indicated two possible factors within the subscale. Items H6, H4, and H7 loaded on the first factor. Item H7 also loaded, though not as high, on the second factor with item H3. An examination of the individual items indicated that Item H3 referred to a very specific event in the counseling profession's history, while the other items contained more general content. Therefore, item H3 may be responded to differently because participants may not recall information about this specific event. It was determined that Item H3 should also be deleted from the subscale.

An exploratory factor analysis of the remaining three History subscale items (H4, H6, H7) revealed one factor with an initial eigenvalue above 1.0 and the accompanying scree plot also indicated one factor (see Table 15). Please note that items loaded within each factor, but items that loaded below the .33 level were removed from the table. The Cronbach's alpha for the remaining three items on the History subscale was .356. A breakdown of the History subscale items by factor can be found in Appendix I.

Table 15.

Component Matrix for History Subscale Using Exploratory Factor Analysis After
Deleting Items H1, H3, and H9.

Component Matrix^a

	Component
	1
H6	.726
H4	.685
H7	.597

Extraction Method:

Principal Component

Analysis.

a. 1 components

extracted.

Professional engagement subscale. The Professional Engagement subscale was found to include two factors: 1) Structural Professional Behaviors and 2) Active/Participatory Engagement. The Professional Engagement subscale is the only one of the six components that did not use a Likert scale response. Instead, this subscale used open-ended numerical counts and dichotomous “Yes-No” response formats. This subscale was intended to measure the participants’ level of engagement in a variety of professional behaviors. Participants were asked to indicate if they had participated in some professional behaviors (i.e., Yes-No response format) or how often they had engaged in a particular behavior within a set amount of time (open-ended numerical counts response format). Merenda (1997) stated:

Still another point to consider is the content (elements) of the correlation matrix to be factored. Even when n is sufficiently large, the matrix will not be positive definite if the elements are not Pearson correlation coefficients. Test construction presents such a problem. The items in many assessment instruments are unordered and dichotomously scored, as in “True-False,” or “Yes-No.” Setting up the dichotomy as a “dummy” variable, such as 0, 1, and calculating the Pearson cross-product coefficient or the four-fold point correlation coefficient, does not yield the desired result that is achieved by scaling. (p. 162)

Because the Professional Engagement subscale is using unordered and dichotomously scored items, examining the subscale with exploratory factor analysis using SPSS was not advisable. Thus, this subscale was examined using M-Plus which would attempt to fit a single factor model while taking into account the nature of the items. Specifically, these items are either open-ended counts or dichotomous.

The results of the Professional Engagement subscale M-Plus factor analysis were examined with the goal of identifying items that were most consistent that might be identifying an interpretable factor within the scale. Specifically, the item loadings were examined to determine if a reasonable interpretation could be made for items with the lowest loadings and items with the highest loadings (see Table 16). After examination of the six lowest loading items (PE1, PE12, PE3, PE13, PE2, PE17, respectively) it was determined that these items could be interpreted as indicative of “structural professional behaviors” (e.g., membership in professional organizations).

Table 16

Model Results for Professional Engagement Subscale Using M-Plus for Factor Analysis with Continuous Count and Dichotomous Factor Indicators.

Item	Estimates (Loading Level)	S. E.	Est. /S.E.
PE15	3.441	1.137	3.026
PE14	2.095	0.399	5.248
PE5	2.062	0.317	6.513
PE6	1.706	0.275	6.215
PE4	1.692	0.279	6.055
PE9	1.572	0.236	6.659
PE11	1.152	0.169	6.825
PE18	0.957	0.152	6.282
PE16	0.923	0.144	6.432
PE8	0.874	0.078	11.254
PE10	0.872	0.141	6.199
PE7	0.764	0.205	3.722
PE17	0.755	0.137	5.533
PE2	0.696	0.103	6.749
PE13	0.572	0.151	3.787
PE3	0.546	0.064	8.521
PE12	0.431	0.128	3.378
PE1	0.292	0.040	7.262

Examination of the six highest loading items (PE15, PE14, PE5, PE6, PE4, PE9, respectively) was interpreted as items indicative of “active/participatory engagement” behaviors (e.g., holding an elected position in a professional organization or presenting at a counseling conference). Next, the remaining six middle loading items (PE11, PE18, PE16, PE10, PE8, PE7) were examined in order to determine these items might fit in one of the two identified factors. Item PE11 (i.e., participation in formal advocacy efforts)

was determined to fit with the higher loading items on the “active/participatory engagement” factor. The remaining five items (PE7, PE8, PE10, PE16, PE18) were interpreted to fit with the lower loading items on the “structural professional behaviors.” It was observed that all of the items on the “active/participatory engagement” factor had estimated weights above 1.0 and conversely, all items on the “structural professional behaviors” factor had estimated weights below 1.0.

Further examination and interpretation indicated that there may be a progressive pattern that can be found in professional engagement behaviors. The lower loading structural professional behavior items appeared to be stepping stones to the higher loading active/participatory engagement items. For example, it is reasonable to conclude that membership in professional organizations (structural professional behavior) would preclude presenting at professional organization conferences (active/participatory engagement). Professional Engagement Factor 1: Structural Professional Behaviors contained 11 items and had a Cronbach’s alpha of .405. Professional Engagement Factor 2: Active/Participatory Engagement contained seven items and had a Cronbach’s alpha of .274. A breakdown of the Professional Engagement subscale items by factor can be found in Appendix I.

Research Question 1 Summary

A total of 12 items were deleted from the subscales during the above noted examination of the six subscales. No items were deleted from the Professional Pride subscale or the Professional Engagement subscale. Three items (PhD1, PhD2, PhW1) were deleted from the Philosophy subscale. Four items (RF4, RF5, RF7, RF12) were

deleted from the Roles and Functions subscale. Two items (E4, E13) were deleted from the Ethics subscale. Three items (H1, H3, H9) were deleted from the History subscale. All twelve deleted items (PhD1, PhD2, PhW1, RF4, RF5, RF7, RF12, E4, E13, H1, H3, H9) and the remaining 68 CPIM items by factor can be found in Appendix I.

The Cronbach's alpha levels for the factors ranged from .274 to .693 indicating low to moderate levels of reliability at this time. The factor loadings above .33 and solid factor structure indicates content validity. Furthermore, items on the factors do correlate with each other and thus potentially measure the same thing within each subscale/factor. However, more exploration needs to be conducted to determine construct validity, especially given the low to moderate reliabilities. The question of convergent/divergent validity is answered in research question three.

The overall means and standard deviations of the sample for each factor can be found in Table 17. All factors except the two Professional Engagement factors use the same rating scale, thus, they are comparable. As illustrated in the table, Professional Pride Factor 1 (Internal Beliefs) and Ethics Factor 1 (Ethical Deficit) had the highest mean scores which indicated that participants had the highest amount of knowledge and understanding or the strongest beliefs about these two factors. Two of the Philosophy Factors (Development and Prevention) and the History Factor had the lowest mean scores which indicated that participants had the least amount of knowledge and understanding of these three factors. As further indicated in the table, both Professional Engagement factors have the highest standard deviations (Factor 1 Structural Professional, 8.49303 and Factor 2 Active/Participatory, 6.87840). The high standard deviations revealed a high

amount of variance in participant answers on these two factors. However it is important to note that these two factors were not based on the six point Likert response format like the other subscale factors, but used an open-ended numerical count and dichotomous response formats. Thus, it was expected that the two Professional Engagement factors would have a large amount of variance. Professional Pride Factor 1: Internal Beliefs had the next highest amount of variance (i.e., $SD = 4.06923$) which indicated that individual counselors and or groups of counselors had a wide range of internal professional pride scores. Ethics Factor 1: Ethical Deficit had a standard deviation of 3.67279, indicating that the counselors in the sample had varying levels of knowledge and understanding about professional ethics. The remaining factors all had small standard deviations in ranging from 1.4 to 2.8.

A correlation matrix for all subscale factors can be found in Appendix K. The Pearson correlations for most factors were within the .1 to .3 range. The Professional Engagement Factor 1 and Ethics Factor 1 had the lowest Pearson correlation ($r = -.016$). The Roles and Functions Factor 1 and Philosophy Factor 1 had the highest Pearson correlation of factors ($r = .603$). Only five correlations were at or above the .4 level and those were Ethics Factor 2 and Philosophy Factor 4 ($r = .400$), Roles and Functions Factor 1 and Philosophy Factor 3 ($r = .415$), Ethics Factor 2 and Philosophy Factor 1 ($r = .428$), Ethics Factor 2 and Roles and Functions Factor 1 ($r = .518$), and Roles and Functions Factor 1 and Philosophy Factor 1 ($r = .603$). The low correlation level between the majority of the factors would be expected since the factors are intended to measure different constructs.

Table 17

Descriptive Statistics for Sample by Factor

Factor	<i>N</i>	Minimum	Maximum	Mean	<i>SD</i>
Professional Pride					
F 1: Internal Beliefs	429	11.00	36.00	29.8135	4.06923
F 2: Action Oriented	429	15.00	30.00	25.3706	2.80190
Philosophy					
F 1: Empowerment	422	21.00	30.00	26.7275	2.14867
F 2: Development	426	10.00	18.00	15.0915	1.96285
F 3: Wellness	424	15.00	24.00	21.3797	1.83341
F 4: Prevention	423	11.00	18.00	15.5343	1.42860
Roles & Functions					
F 1: Interactional	420	21.00	30.00	26.8405	1.92726
F 2: Foundational	420	12.00	24.00	19.4357	2.02093
Ethics					
F 1: Ethical Deficit	417	8.00	36.00	30.4604	3.67279
F 2: Ethical Strength	417	21.00	30.00	27.5612	1.90564
History					
F 1: History	415	10.00	18.00	14.8120	1.79326
Professional Engagement					
F 1: Structural/ Professional	430	0.00	89.00	10.8767	8.49303
F 2: Active/ Participatory	430	0.00	105.00	2.9163	6.87840

Note: F is being used as an abbreviation for the word Factor

Research Question 2

The purpose of the second research question was to determine if the six created subscales could be combined to create an overall score of counselor professional identity. Based on the results of research question one, it appears that the factor structure of each of the six subscales is more complex than originally hypothesized and some of the factors do not have strong reliability at this point. The complexities of each of the individual subscales must be better understood before analysis of an overall scale would be appropriate. At this time it is not possible to answer research question two.

Research Question 3

The third research question intended to explore the relationship between counselor self-efficacy and counselor professional identity for the purpose of establishing convergent reliability for the CPIM scale and the subscales. It was determined that this question, like research question two, is not appropriate to answer at this time because the factor structure of the subscales is more complex than originally hypothesized and the low to moderate reliability of the current subscales in research question 1. Thus further evidence of the factor structure of the subscales needs to be determined and reliability needs to be improved before convergent validity can be assessed against counselor self-efficacy or any other measure. This research question may be examined in future studies.

Research Question 4

The fourth research question was intended to explore the CPIM's sensitivity to social desirable responding. This analysis was conducted but not in the manner originally intended. Originally, similar to research question 3, the Marlowe-Crown Social

Desirability scale was going to be correlated with CPIM and its subscales; however, because the factor structure and appropriate levels of reliability have not been established for the total CPIM scale or any of its subscales examining correlations between the total scale scores is not appropriate at this point. Instead the individual items were correlated with the Marlow-Crown Social Desirability scale to determine if participants were responding to any particular individual item in a socially desirable manner, which potentially might impact the reliability of the subscale factors.

Of the 68 items that remained on the CPIM after the subscale analysis, only seven items correlated significantly with social desirability (see Appendix I for all correlations). One item on the Professional Pride subscale (PP1), three items on the Ethics subscale (E3, E5, E14), one item on the History subscale (H7) and two items on the Professional Engagement subscale (PE2, PE3) were significantly correlated with social desirability. As can be seen from Table 17 and Appendix I, these were the only seven items that were significantly correlated with social desirability. However, these items had low correlations (i.e., all correlations were below .20), and the amount of variance explained in the relationship between each of the items and social desirability was low (i.e., 1% to 3% of the variance was explained). This indicates that while these six items were correlated with social desirability, the effect sizes of these relationships were not strong. Thus, social desirability in fact does not appear to impact the response of these items.

Table 18

Items Significantly Correlated with Social Desirability.

Item	r	r ²
PP1	.180**	.032
E3	.123*	.015
E5	.169**	.028
E14	.164**	.026
H7	.115*	.013
PE2	.189**	.035
PE3	.136**	.018

Note. * p < .05
 ** p < .01

Further Exploratory Analysis

Further exploratory analyses were conducted in an attempt to understand the complexity of the factor loadings as well as the low reliabilities. Although one of the main purposes of this study was to develop a measure that can be used across roles and populations within the counseling field, it is also understood that these different roles, points in training, and settings potentially may be impacting the results in the development of the CPIM. Thus, it was deemed important to do exploratory analyses across groups within the current sample.

In order to explore differences across groups (identified by participants' self-identified current role/position), independent *t*-tests were used. Although it was deemed that a Multiple Analysis of Variance (MANOVA) might be more appropriate in order to examine differences across multiple groups, it needs to be noted that participants were able to indicate more than one current role/position if it was applicable. Thus, participants

could be in more than one specific group (e.g., be a school counselor while also indicating they were a doctoral student). Although this may not provide the cleanest analysis between groups, this was not the goal of the current exploratory analysis. The goal was to further understand the aspects that might be impacting the complexity of the factor loadings as well as the low to moderate reliabilities. Therefore, independent *t*-tests were used to compare groups one-by-one (e.g., master's students versus all other counseling roles; school counselors versus all other counseling roles). Significant results of the *t*-tests for all groups can be found on Appendix J.

The first two groups examined were the two student groups. When participants who identified as *current master's students* were compared with all other participants, their mean scores were significantly lower on the following five factors: Professional Pride Factor 1: Internal Beliefs $t(427) = -2.173, p = .030, \alpha = .05$; Professional Pride Factor 2: Action Oriented Pride $t(427) = -3.174, p = .002, \alpha = .05$; Philosophy Factor 1: Empowerment $t(420) = -2.295, p = .022, \alpha = .05$; Professional Engagement Factor 1: Structural Professional Behaviors $t(428) = -7.147, p = .000, \alpha = .05$; and Professional Engagement Factor 2: Active/Participatory Engagement $t(428) = -3.332, p = .001, \alpha = .05$. These findings indicate that master's students reported significantly lower levels of professional pride, knowledge of empowerment, and less professional engagement than all other counseling professionals.

Conversely, those participants who identified as *current PhD students* had significantly higher mean scores on six factors when compared to all other participants: Professional Pride Factor 1: Internal Beliefs $t(427) = 2.267, p = .024, \alpha = .05$;

Professional Pride Factor 2: Action Oriented Pride $t(427) = 3.259, p = .001, \alpha = .05$;
Roles and Functions Factor 1: Interactional $t(418) = 2.118, p = .035, \alpha = .05$; Roles and
Functions Factor 2: Foundational $t(418) = 2.385, p = .018, \alpha = .05$; Ethics Factor 2:
Ethical Strength $t(415) = 2.039, p = .042, \alpha = .05$; Professional Engagement Factor 1
 $t(428) = 2.084, p = .038, \alpha = .05$. This indicates that doctoral students reported
significantly higher levels of professional pride, knowledge of counselor roles and
functions, knowledge of professional ethics, and engagement in structural professional
behaviors.

The next groups examined were the six other current role/position groups. These
included current counselor educator, current school counselor, current mental
health/community counselor, current college development/higher education counselor,
current couples/family counselor, and current counseling supervisor. When compared to
all other participants, *current counselor educators* had significantly higher mean scores
on four factors: Professional Pride Factor 2: Action Oriented Pride $t(427) = 2.813, p =$
.005, $\alpha = .05$; Roles and Functions Factor 2: Foundational $t(418) = 4.219, p = .000, \alpha =$
.05; Professional Engagement Factor 1: Structural Professional Behaviors $t(428) =$
3.393, $p = .001, \alpha = .05$; and Professional Engagement Factor 2: Active/Participatory
Engagement $t(428) = 4.488, p = .000$. This indicates that counselor educators reported
significantly higher levels of action oriented professional pride, knowledge of
foundational roles and functions, and levels of professional engagement.

Participants who identified as *current school counselors* had mean scores
significantly lower on two factors and significantly higher on one factor when compared

to all other participants. The two significantly lower factors were Philosophy Factor 3: Wellness $t(422) = -.603, p = .010, \alpha = .05$; and Roles and Functions Factor 2: Foundational $t(418) = -3.010, p = .003, \alpha = .05$. Current school counselors mean scores were significantly higher on Professional Engagement Factor 1: Structural Professional $t(428) = 3.162, p = .002, \alpha = .05$. This indicates that school counselors reported significantly lower levels of knowledge or agreement with the wellness factor of counseling's philosophy and foundational roles and functions. However, school counselors did report higher levels of structural professional behaviors.

Participants who identified as *current mental health/community counselors* also had a mix of significantly higher and lower mean scores when compared to all other participants. They scored significantly lower on Professional Pride Factor 2: Action Oriented Pride $t(427) = -1.975, p = .049, \alpha = .05$; and they scored significantly higher on Philosophy Factor 2: Development $t(424) = 2.122, p = .034, \alpha = .05$; and Professional Engagement Factor 1: Structural Professional Behaviors $t(428) = 2.314, p = .021, \alpha = .05$. This indicates that mental health and community counselors reported significantly lower levels of action oriented professional pride, higher understanding of developmental perspective and an increased amount of structural professional behaviors.

Participants who identified as *current college development/higher education counselors* had mean scores significantly higher on one factor, Roles and Functions Factor 2: Foundational $t(418) = 2.333, p = .020$. This indicates that college development and higher education counselors reported significantly higher levels of knowledge and understanding of foundational counselor roles and functions.

Participants who identified as *current couples/family counselors* had mean scores significantly higher on four factors when compared to all other participants: Professional Pride Factor 1: Internal Beliefs $t(427) = 2.158, p = .031, \alpha = .05$; Roles and Functions Factor 1: Interactional $t(418) = 2.007, p = .045, \alpha = .05$; Professional Engagement Factor 1: Structural Professional $t(428) = 2.291, p = .022, \alpha = .05$; and Professional Engagement Factor 2: $t(428) = 4.001, p = .000, \alpha = .05$. This indicates that couples and family counselors reported significantly higher levels of internal professional pride, knowledge of counselor roles and functions, and engagement in professional behaviors.

Lastly, the participants who identified as *current counseling supervisors* had mean scores significantly higher on four factors when compared to all other participants: Professional Pride Factor 2: Action Oriented Pride $t(427) = 2.715, p = .007, \alpha = .05$; Roles and Functions Factor 2: Foundational $t(418) = 2.637, p = .009, \alpha = .05$; Professional Engagement Factor 1: Structural Professional $t(428) = 2.870, p = .004, \alpha = .05$; and Professional Engagement Factor 2: Active/Participatory Engagement $t(428) = 2.394, p = .017, \alpha = .05$. This indicates that counseling supervisors reported significantly higher levels of action oriented pride, increased knowledge of counselor roles and functions, and engagement in professional behaviors.

CHAPTER V

DISCUSSION

The purpose of this study was to create a reliable and valid measure of counselor professional identity (CPI) that could be used with all counseling specialties and across the career span. A comprehensive definition of counselor professional identity was derived from the literature and used as the framework for creating the measure. Confirmatory factor analysis revealed that the original six subscale structure of the instrument was too simplistic. To gain a better understanding of the factor structure of the measure, exploratory factor analysis was conducted. Findings from both the confirmatory and exploratory factor analysis, along with results from additional exploratory analyses, will be reported. Furthermore, implications for the counseling profession will also be discussed in relation to findings.

Definition of Counselor Professional Identity

Definitions of counselor professional identity rarely have been provided in the literature or by professional organizations, but when they are, most are not comprehensive. For the current study and development of a CPI measure, a comprehensive definition was derived from the work of Remley and Herlihy (2007). This definition was comprised of six components including knowledge and understanding of (1) the profession's history, (2) counseling's philosophy, (3) the roles and functions of

counselors, and (4) professional ethics, as well as the components of (5) professional pride and (6) professional engagement. As discussed earlier, what is more commonly seen in the literature is CPI definitions and measures that are incomplete and have been loosely defined or lumped together with overall counselor development (e.g., Bernard & Goodyear, 2004; Calley & Hawley, 2008; Gray, 2001; Moore-Pruitt, 1994; Mrdjenovich & Moore, 2004). Of those CPI measures that do exist, many limitations were found (e.g., Gray & Remley, 2000; Moore-Pruitt, 1994; Puglia, 2008). Thus, the main goal of this study was the creation of a reliable and valid measure of CPI.

Summary of Findings

The Counselor Professional Identity Measure (CPIM) was created using a six subscale structure. It was hypothesized that the items created for each of the subscales would load together providing a single factor structure for each subscale. The results of the confirmatory and exploratory factor analysis revealed that the factor structures of the six subscales of the CPIM were more complex than originally hypothesized and a single factor structure was not possible for five of the six subscales. Instead, what was found in the current results is that the six components of CPI are more multifaceted and contain more depth than simply having one factor measure the construct of each subscale. In addition, Cronbach alpha coefficients were low to moderate. Therefore, hypothesis one was not confirmed that the six subscales of counselor professional identity were reliable and valid.

More specifically, when examining the Professional Pride subscale two factors were found (i.e., Internal Beliefs and Action Oriented Pride). Considering the definition

of Professional Pride, these two factors seem to encompass the description because they both illustrate having a sense of professional pride (i.e., Internal Beliefs) and communicating these beliefs to others (i.e., Action Oriented Pride). However, while both factors may encompass the component of Professional Pride they may not necessarily be dependent of one another. For example, a counselor may have a high level of internal professional pride, but might not necessarily believe it is important for others to have an understanding of how counseling is different from other mental health professions or not be ready to advocate for the profession when talking with others. Thus this individual may score low on the Action Oriented Pride factor.

Similarly, the Philosophy subscale rendered a four factor structure (i.e. Empowerment, Development, Wellness, and Prevention) which was believed to be reasonable because the study definition stated that the counseling philosophy is comprised of four components: developmental perspective, wellness perspective, prevention, and empowerment. Therefore it is appropriate that the Philosophy subscale contain four complementary factors by which it can examine each of the components of the definition. Again, while all four factors may encompass the component of Philosophy they may not necessarily be dependent on one another. For example, a counselor may agree with and make sense of the wellness perspective and embrace prevention over remediation and empowerment of clients but not fully agree with the developmental perspective of the philosophy.

The Roles and Functions subscale also revealed more than one factor, with a resultant composition of a two factor structure (i.e., Interactional and Foundational). The

definition of Roles and Functions focused simply on having knowledge of the various roles and functions of counselors. The factor analysis revealed a more complex way to organize this knowledge. Roles and functions that focused on interacting with clients and others could be classified as Interactional (e.g., helping clients learn to problem solve). Other roles and functions seemed to illustrate the basis or groundwork necessary for working with clients (e.g., theory and conceptualization, knowledge of assessments) and could be classified as Foundational. Knowledge of both of these types of roles and functions would be vital for counselors. Thus, it would seem unlikely that a counselor would score significantly different on each of these two factors. However, it may be possible that for beginning counselors, interacting with clients is a skill that is developed across time and a skill in which they need to build self-efficacy around.

When examining the Ethics subscale two factors were found (i.e., Ethical Deficit and Ethical Strength). The study definition for ethics was defined as having knowledge and understanding of professional counseling ethics. Given this definition and the fact that all items were based on the ACA Code of Ethics (ACA, 2005) it is unclear why the analyses resulted in a clean two factor structure instead of a one factor structure. It was noted that all negatively worded items loaded on a factor and all positively worded on a different factor. Both factors seem to encompass the component of Ethics equally. Thus, the wording of items may be the only reason a two factor structure resulted. It seems unlikely that a counselor would score significantly different on these two factors if he or she has a basic understanding of a professional counseling code of ethics.

Examination of the History subscale ultimately produced a one factor structure (i.e., History). The items remaining on the subscale were focused on more general issues rather than specific events or people in counseling's history. The subscale as presented, with three generally focused items, still meets the criteria of the history definition which specifies having a basic knowledge of and beliefs regarding the importance of counseling's history. However, during the examination of this subscale a question emerged: do counselors really need to remember exact events and names of professional pioneers in order to have strong professional identity? Although having knowledge of and an appreciation for counseling's past may enrich a counselor's professional identity, it seems unlikely that it would be dependent on it, or at least it may not be dependent on remembrance of specific historical events. Future studies will determine the importance of this subscale.

The Professional Engagement subscale produced a two factor structure (i.e., Structural Professional Behaviors and Active/Participatory Engagement). Considering the definition of Professional Engagement, these two factors seem to encompass the definition because they illustrate both primary/foundational examples of professional activities such as joining a professional organization (i.e., Structural Professional Behaviors) as well as advanced initiative activities such as holding an elected position in a professional organization (i.e., Active/Participatory Engagement). The Structural Professional Behaviors can be interpreted as the necessary first steps a counselor would take before engaging in the activities represented on the Active/Participatory Engagement factor. For example, a counselor must first hold a membership in a professional

organization before being able to have an elected position in that organization. It would also make sense that a counselor would first attend conferences and workshops (Structural Professional Behaviors) before taking on the task of presenting at conferences (Active/Participatory Engagement). Thus, the factor structure of this subscale may be at least somewhat sequential, wherein engagement in Structural Professional Behaviors would generally precede Active/Participatory Engagement.

Factor Reliabilities

As mentioned earlier, the goal of this study was to create a measure of counselor professional identity that was reliable and valid. For reliability, a Cronbach's alpha of 0.7, or higher is considered acceptable (Nunnally, 1978). At this time, the six components of counselor professional identity were measured using multiple factors per component (i.e., the subscale factors described above), and none of these factors have reached an acceptable level of reliability. Cronbach's alpha's for all factors were below 0.7 indicating a low level of internal consistency (see Appendix I). Five of the factors were within the 0.6 level (Professional Pride Factor 1, .622; Professional Pride Factor 2, .615; Philosophy Wellness Factor, .667; Philosophy Empowerment, .691; Roles and Functions Factor 1, .693). Three factors were within the 0.5 level (Philosophy Development Factor, .569; Ethics Factor 1, .591; Ethics Factor 2, .589). The remaining five factors were below the 0.5 level (Philosophy Prevention Factor, .426; Roles and Functions Factor 2, .455; History Factor, .356; Professional Engagement Factor 1, .405; Professional Engagement Factor 2, .274).

Cronbach's alpha is a measure of internal consistency. In essence it indicates to what level items on an index (i.e., factor) are measuring the same thing (Vogt, 2005). Because the subscale factors had only low to moderate levels of reliability the literature was consulted to gain an understanding of what may be causing the low reliabilities. Two potential causes identified include not having enough items on a factor and noise in the data.

Low item number will be discussed first. Decoster (2000) stated that a scale's reliability is "heavily dependent on the number of items composing the scale" (p. 11) thus; having only a few items on a scale may be a cause of a low reliability level. Most of the identified factors in the current study only have four to six items, with some factors having as few as two or three. As originally constructed, the subscales were thought to have a single factor structure and each factor contained 10-18 items. However, once a multiple factor structure was found for subscales the items were then split across factors. For example, the Professional Pride subscale contained 11 items, all originally thought to load on a single factor. Once a two factor structure was revealed, those 11 items were split so that one factor (i.e., Internal Beliefs) contained six items and the other factor (i.e., Action Oriented Pride) contained five items. The reduction of items per factor therefore, may be a cause of the low reliabilities. DeCoster did not recommend a specific number of items per factor, but indicated that 10 items with average inter-item correlation can produce a reliability of .70 or higher. He further added that the benefit of additional items mostly disappears after 20 items. Although adding additional items to the factors is an option, creating a longer measure is not desirable. Thus, any new items created would

need to be strong items that match the subscale and factor definitions, not just average items being added to improve reliability based on increasing the number of items alone.

The second potential cause of low reliability levels is noise in the data. Devillis (2003) illustrated this by stating another way to think about variability is to “regard total variation as having two components: *signal* (i.e., true differences in patients’ desire for control) and *noise* (i.e., score differences caused by everything else by the true differences in desire for control)” (p. 29).” Since the alpha levels are lower than desirable on the factors, trying to uncover what constitutes some of the “noise” in the data may be helpful in improving the scales.

After careful consideration regarding the potential noise in this study, it was hypothesized that there may be two potential sources of noise in the current study: (a) socially desirable responding and (b) differences between the various specialties and groups being examined. Although the second reason was not listed as an original goal of the current study, due to the rejection of hypothesis 1 it was deemed necessary to understand how each group performed on the test individually to fully understand the causes of the low reliability and the complexity of each factor. Because the current study contained cross-sections of many different populations instead of just one population, the differences between groups may have significantly impacted the variance and reliability of the measure and thus needed to be explored.

Further Explanation of Factors

Social Desirability Correlations

If participants are responding in a socially desirable manner rather than how they honestly think or believe, the results of the study could be impacted. More specifically the variance of specific items could be impacted, with a result of the overall scale validity and reliability being influenced. Item analyses revealed seven items of 68 correlated significantly with social desirability. However, these items had low correlations (i.e., all correlations were below .20) and the amount of variance explained in the relationship between each of these items and social desirability also was low (i.e., 3% or less). This indicates that although these seven items were correlated with social desirability, the effect size of this relationship was not strong. Thus, social desirability does not appear to impact the responses of these items. Therefore, it does not appear to have impacted the resultant factor structure or low reliabilities.

Group Differences

As discussed above, the myriad of counselor groups included in this particular study may be causing noise on the current measure, impacting the variance and reliability of the measure. The independent *t*-tests were examined to see if there was any potential explanation between groups for the complexity and low reliabilities found on the factors. Significant differences were found for all but one of the counseling groups included. Specifically, the differences found with master's students, PhD students, counselor educators, mental health/community counselors, college development/higher education counselors, couples/family counselors, and counseling supervisors will be discussed as

there is reason to believe that these differences may be contributing noise to the results, consequentially causing the lower reliabilities.

For example, when examining master's students, they were found to have significantly lower scores on professional pride, empowerment, and professional engagement factors. When considering where master's students are in their training, it makes sense that they would not engage in as much professional activity or service, or hold as many memberships as professionals who have been in the field for a longer period of time – thus functioning more at the Structural Professional Behavior than at the Active/Participatory Behavior level. In addition, it also is reasonable to expect that because master's student are just beginning to learn about the counseling profession, they may not have professional pride, Internally or Action Oriented, to the extent that other professionals do. For example, it may be difficult to have pride for something that you have little knowledge about, and in turn master's students may not feel comfortable advocating or speaking up for the counseling profession with other mental health professionals or others outside of the field where they have limited knowledge. Therefore it makes sense that they scored lower on these factors.

Doctoral students were found to have significantly higher scores on professional pride, roles and functions, ethical strengths, and structural professional engagement factors. When considering the focus of doctor students' studies it makes sense that they would score significantly higher on these factors than other groups. It is reasonable to believe that a counselor would have to have a high level of professional pride, both internal and action oriented, to choose to pursue doctoral studies. A counselor without a

strong sense of professional pride likely would not choose to invest time, energy, or other resources a doctoral program requires if he or she did not feel strongly about the profession. In addition it is also reasonable to expect that doctoral students would have a higher understanding of counselor roles and functions because, as doctoral students, they are actively gaining training and experience in many of these roles, but yet still have the foundational knowledge from a master's program to understand the profession's philosophy and history and have pride. Furthermore, doctoral students often are working with master's level students and must be prepared to help them with ethical issues. Thus, it makes sense for doctoral students to score higher on the ethical strength factor. Finally, as a part of their training, and in an effort to prepare for post doctoral careers, PhD students often begin engaging in more professional behaviors. For example, doctoral students begin their own research studies during their training program. Thus, are conducting their own research and often participating in the research of their peers. In order to network and be competitive for their careers, doctoral students also may begin holding more memberships in professional organizations and attending more conferences. Therefore, it is understandable that doctoral students would score significantly higher on the Structural Professional Behaviors factor.

Counselor educators also had significant differences from all other professionals. Specifically, they had significantly higher scores on action oriented professional pride, foundational roles and functions, and professional engagement. When considering that counselor educators train counselors and provide information to others regarding the counseling profession as a part of their everyday jobs, it makes sense that they would

score higher on the Action Oriented Pride factor due to the desire and task of expressing their professional pride to those around them and passing that pride on to their students regarding the profession. In addition, counselor educators spend time training students on foundational roles and functions. Teaching master's and doctoral students the basis or groundwork necessary for working with clients (e.g., theory and conceptualization, knowledge of assessments) is a vital aspect of counselor education (CACREP, 2009). Thus, scoring higher on this subscale is intuitive to their role in counseling. In fact, some counselor educators have levels of expertise on particular roles and functions that they write the text books from which students learn the roles and functions. Furthermore, the role of the counselor educator requires significant levels of professional engagement. For promotion and tenure, many counselor educators are required to conduct research, write manuscripts, make presentations, and participate in the leadership of professional organizations. Higher scores on the Professional Engagement factors could be considered a job requirement for counselor educators.

Differences also were found among the practitioner groups. Current school counselors had lower scores on the Philosophy Wellness Factor and the Foundational Roles and Functions Factor and higher scores on the Structural Professional Engagement Factor. Mental health/community counselors scored lower on the Action Oriented Pride Factor and higher on the Philosophy Developmental Factor and the Structural Professional Engagement Factor. College development/higher education counselors had higher scores on the Foundational Roles and Functions Factor. Couples and family counselors had higher mean scores on four factors including Internal Professional Pride,

Interactional Roles and Functions, Structural Professional Engagement, and Active Participatory Professional Engagement. Lastly, counseling supervisors also had higher scores on four factors including Action Oriented Pride, Foundational Roles and Functions, and both the Structural and Active/Participatory Professional Engagement Factors.

Thus, as can be seen, the differences in factors across groups is logical, and makes a potential argument for separating the groups out when attempting to factor analyze each component of counselor professional identity. Therefore, these differences may have contributed to the noise found within each subscale, creating low reliabilities. Although an ideal next step would be to see if the subscales and factors would be more clean or more reliable with each specific counseling group, unfortunately, in the current study, there was not a large enough sample size in each group to do this.

Further examination of the *t*-test results revealed a pattern. Several factors appeared to be better at distinguishing groups. Specifically, mean scores for Professional Pride Factor 2: Action Oriented; Roles and Functions Factor 2: Foundational, and Professional Engagement Factor 2: Active/Participatory Engagement were significantly different for five of the eight groups examined. Mean scores on Professional Engagement Factor 1: Structural Professional Behaviors was significantly different for four groups, and Professional Pride Factor 1: Internal Beliefs was significantly different for three groups. This indicates that these factors of counselor professional identity may be contextual and therefore impacted by the counselors' current role and position.

Furthermore, the History Factor, Ethics Factor 1: Ethical Deficit, and Philosophy Factor 4: Prevention did not have mean scores that were significantly different for any of the eight groups examined. The remaining three Philosophy Factors (i.e., Empowerment, Development, Wellness) and the Ethics Factor 2: Ethical Strength were each found to have mean scores significantly different for only a single group. This indicates that these factors do not seem to be contextual, and that counselors from any group, specialty, role, or position seem to answer similarly on these factors.

Connecting Current Findings to Previous Literature

As mentioned, hypothesis one was not confirmed due to the subscales measuring the six components of the counselor professional identity definition being more complex than a one factor solution and each of the resulting factors having lower than .70 reliability. The difficulty in creating a measure of CPI has spanned across the literature with the few researchers who have attempted to do so.

Prior to this study, several researchers have attempted to create measures of CPI (Gray & Remley, 2000; Moore-Pruitt, 1994; Puglia, 2008). However, these measures were also found to have limitations. The measure created by Gray and Remley (i.e., The Counseling Profession Scale) reported a high Pearson product moment correlation ($r = .81$) in a test-re-test. This score was obtained by giving the measure to 10 doctoral students once and then again two weeks later. However, factor analysis or correlations with other measures for convergent or divergent validity were not conducted on this measure. Although Gray and Remley have not reported further analyses of their measure since being tested with a small sample of doctoral students, other researchers have

attempted to use the measure and have not been able to replicate the a high level of reliability. Hall, Emerson, and Wester (2006) reported Cronbach's alphas between .258 and .552 for the measure the Counseling Profession Scale and Puglia (2008) reported a Cronbach's alpha of .56.

Another CPI measure, created by Puglia (2008, Professional Identity and Engagement Survey), contained two scales, The Counseling Philosophy scale and Professional Engagement Scale with reported Cronbach alpha's of .65 and .56 respectively. Not only did Puglia have low reliability for each of her scales, she also did not conduct factor analysis of her measure, leaving even content validity questionable. Moreover both Gray and Remley's (2002) and Puglia's (2009) measures were based on less comprehensive definitions of CPI than the measure created in this study.

The Cronbach alpha's reported for previously created measures of CPI are comparable to the low to moderate Cronbach alpha's for the subscale factors in this study. Low reliabilities on the subscale factors prevented further testing for construct validity at this time. Although the creation of a new measure has not yet provided a reliable and valid measure of CPI, the measure created in this study does provide valuable information. First, the measure created here offers a more comprehensive definition of CPI than has previously been noted in the literature. Creating a measure based on a more compressive definition allowed more components of CPI to be examined. Furthermore, this study has revealed that the components of CPI (i.e., subscales) are more complex than may have been previously known. The emergence of multiple factors per subscale provided a framework for further understanding and

interpreting each subscale. For example, it is now known that two types of Professional Pride may exist (i.e., Internal Beliefs, and Action Oriented Pride). Thus, some counselor groups may score differently on the each of the Professional Pride subscales. In addition, professional pride may be found to be related to level of training and time spent in the field, something yet to be examined. Another example can be illustrated with the results of the Professional Engagement subscale analysis. Specifically, it was found that Professional Engagement consists of two factors (i.e., Structural Professional Behaviors and Active/Participatory Engagement) which may be sequential. Thus, some groups, such as master's level counselors-in-training would be expected to score lower on one or both of the Professional Engagement subscale's factors.

Limitations of the Study

The results of the study provide additional information regarding the measurement of counselor professional identity. However, some limitations need to be discussed. First is the study definition of counselor professional identity. The components that comprised the study definition were derived from the work of Remley and Herlihy (2007) and were supported in the counseling literature and professional counseling organizations. Although this study attempted to establish a comprehensive definition of counselor professional identity, other components of counselor professional identity may exist. Future studies may reveal that not all of the six components of the study definition are necessary or that other components will need to be added.

The sample was obtained from professional counseling organization membership lists. This may indicate that study participants already have a certain level of professional

identity because they belong to a professional group. By drawing members from two international professional organizations (ACA and ASCA) only, counselors who were not on these two lists did not have the opportunity to be selected for participation. Thus findings represent effects in the sample used in the study, and may not be generalizable to all counselors or counseling groups. In addition, while the sample size was large enough to conduct a factor analysis, the response rate of 18.84% is relatively low, even though it resulted in a large enough sample to conduct the factor analysis.

The length of the survey also is a potential limitation. The invitation to participate in the survey indicated that participation would take approximately 20 minutes. Thus, counselors who chose to participate in such a lengthy survey may have had an interest in the topic presented in the participation invitation. Furthermore, as participation in research activities is considered a professional identity behavior, all those who participated may have at least a certain level of professional identity already to begin with.

Implications for Counseling

The results of this study have implications for the counseling profession, counselor educators, and professional counselors. A strong collective identity has been discussed in the literature as vital to the future of the profession (e.g., Gale & Austin, 2003; Ivey & Van Hesteren, 1990; Maples & Altekruise). The results of the study indicate that significant group differences can be found on some factors. If significant differences can be found between groups does this mean that a collective identity does not exist in the counseling profession? Or do these differences simply underscore the fluidity of professional identity and that it continues to change and develop across the career span?

Either way, development of professional identity has been found to be the foundation of counselor advocacy (Eriksen, 1997; Myers, Sweeney, & White, 2002). Thus, learning more about this construct may be a vital aspect of the future of the profession.

The better the understanding of professional identity, the better prepared counselor educators will be to begin facilitating strong professional identities in their students. Understanding that group differences on professional identity factors are logical and may provide counselor educators and supervisors information on what the professional identity development process looks like for students. The group differences found with the master's student group provides counselor educators and supervisors with the knowledge that these students may need support in developing both their professional pride and their level of professional engagement. For counselors, professional identity provides a framework for understanding themselves as professionals and what they are expected to do as counselors. How counselors score on factors of professional identity may provide them with insight as to their professional identity strengths and areas for growth thereby providing them with a path for continued growth as professionals. Furthermore, knowing areas of strengths and weaknesses as professionals may help us understand where counseling is as a profession. For example, if counselors have strong internal pride, but very few counselors take action on this internal belief, it could limit our advocacy efforts as a profession. ACA and its divisions have created the 20/20 Vision for the Future of Counseling as a plan to help propel the profession forward (Rollins, 2007a, 2007b), part of which includes establishing a common professional identity for counselors. Once the reliability of this new measure of CPI can be established, such a

measure may help ACA better understand what professional identity looks like for counselors and counselor groups, thus providing valuable information on how professional identity is similar and different among counseling groups and at different points in the career span.

Suggestions for Future Research

Though the results of this study provided valuable information on the complexities of counselor professional identity, it also opens the door to many new questions. Evidence of group differences on factors suggests that the next step in the research is to examine the CPIM subscale and factors with individual groups (e.g., master's students, doctoral students, school counselors, mental health counselors, couples and family counselors, counselor educators) in order to better understand group differences and remove the noise from the factor analysis of the scale. Understanding any potential group differences will be necessary before the instrument can be used across all specialties and points in a counselor's career span. A study, or multiple studies, with a sample large enough to conduct individual group factor analyses, as well as MANOVA across groups, would begin to answer the questions raised in this study regarding group differences.

Future studies may also include qualitative research. Interviews with individual counselors could be conducted to determine how practicing counselors view their professional identity to determine what components practitioners believe comprise professional identity. Qualitative studies within groups of practitioners (e.g., school counselors, mental health counselors) in which examination of the definition of counselor

professional identity and the items on the measure can be conducted could provide information on how the definition and measure fit different groups of counselors. In addition, Delphi methodology could be used to obtain consensus on the CPI definition and items on the measure.

Creating a reliable and valid way to measure counselor professional identity was goal of this research and is a necessary step to further the understanding of this topic. At this point, the reliabilities of the CPIM subscale factors are low to moderate. Previous researchers (e.g., Gray & Remley, 2000; Puglia, 2008) also have struggled to create a reliable and valid measure of CPI. Clearly this is not a simple task; however, it is an important task. Future studies will need to continue to develop the subscales and factors and continue assess its reliability and validity.

In conclusion, as with many studies, the results of this study posed many new questions. The results of the study underscore the complexity of the topic and the need for continued research on counselor professional identity and the Counselor Professional Identity Measure.

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Appendix A
Initial Item Pool

History Subscale

<i>Item#</i>	<i>Item</i>
H1	I believe it is important to understand the origins of professional counseling.
H2	Acknowledging that Franks Parsons is the “father of guidance” is important.
H3	The funding that the National Defense Education Act (NDEA) of 1958 provided for training in counseling helped propel our profession by increasing both the number of guidance counselors in schools and counselor preparation programs.
H4	I believe World War I positively impacted the counseling profession by increasing recognition of counselors.
H5	I believe it is important to understand how educators like Jessie B. Davis and Eli W. Weaver influenced the counseling profession.
H6 reverse code	I believe use of the Army Alpha and Beta intelligence tests used in World War I had a negative impact on the counseling profession. [reverse code]
H7	The theory developed by E. G. Williamson helped the counseling profession grow beyond vocation guidance.
H8	I believe having an umbrella organization, such as the American Counseling Association, helps to unify our profession.
H9	Understanding that the history of professional counseling is in vocational guidance is important.
H10	I believe the launching of Russian satellite Sputnik-I was a catalyst for increasing the number of people employed in our profession.
H11	The development of state-level licensure for counselors was an important milestone for counseling as a profession.
H12	The creation of counseling’s first multicultural counseling competencies and standards was an essential addition for the profession.
H13	I believe it is important to the profession of counseling to be included as a mental health profession by the National Institute of Mental Health.
H14	It is important to me, as a counselor, that I understand the history of the counseling profession.

H15	Obtaining licensure status has been a struggle for the counseling profession.
H16	Lobbying efforts have played an important part in counseling gaining recognition by third party payers.

Philosophy Subscale

<i>Item#</i>	<i>Item</i>
Ph-D1	I am able to explain the difference between the counseling philosophy and the philosophy of other mental health professions.
Ph-D2	As a counselor, I view most “problems” individuals face as developmental in nature.
Ph-D3 reverse code	Only people who are experiencing problems can benefit from counseling. [reverse code]
Ph-D4	Most problems experienced by clients are developmental in nature and therefore are normal.
Ph-D5	While some difficulties clients experience may be severe, every client still has strengths on which they can rely.
Ph-D6	Clients with severe mental health concerns (e.g., Borderline Personality Disorder, Schizophrenia, Antisocial Personality Disorder) can benefit from counseling services.
Ph-D7 reverse code	It is important to maintain a medical model perspective when conceptualizing a client’s presenting concern. [reverse code]
Ph-D8	Positive human change is one of my main goals in counseling.
Ph-D9 reverse code	Counseling is not appropriate for those who are experiencing serious psychological problems. [reverse code]
Ph-W1 reverse code	Focusing solely on a client or students’ problem is the way to create successful behavioral change. [reverse code]
Ph-W2	I believe all persons have the potential for autonomy and successful living.
Ph-W3	I consider all aspects of a client’s life when providing counseling services.
Ph-W4 reverse code	I believe diagnosis is emphasized in the counseling philosophy. [reverse code]
Ph-W5	Counseling helps clients use their strengths to overcome their concerns.
Ph-W6	I believe, in counseling, it is important to focus on clients’ strengths in addition to the clients’ problems.

Ph-W7	I believe understanding a client holistically (e.g., mind, body, and spirit) is important.
Ph-W8	The goal of counseling's wellness perspective is to help each person achieve positive mental health to their maximum degree.
Ph-W9	A counselor can use a diagnosis to help educate a client and move them client toward wellbeing.
Ph-P1	Psycho-education is an important part of my work as a counselor.
Ph-P2	I encourage others to seek counseling services before symptoms and problems escalate.
Ph-P3 reverse code	In my opinion, most people should seek professional counseling services only when a problem becomes severe or chronic. [reverse code]
Ph-P4	I believe anyone can benefit from counseling services (regardless of the severity or scope of their concerns).
Ph-P5 reverse code	Counseling is not appropriate for those who are functioning well. [reverse code]
Ph-P6	Prevention is just as important as remediation in my work as a counselor.
Ph-P7	Psycho-education (or classroom guidance) can help an individual avert problems before they arise.
Ph-E1	As a counselor I tend to take the position that it is important for people to learn how to solve their own problems.
Ph-E2	I strive to give clients a sense of increased control over their lives.
Ph-E3	It is important to me that I help clients realistically examine external influences that may be impacting their lives.
Ph-E4	I believe clients are capable of making positive and constructive changes in their lives.
Ph-E5	I believe the empowerment of clients is emphasized in the counseling philosophy.

Roles and Functions Subscale

<i>Item#</i>	<i>Item</i>
RF1	I value the multitude of roles counselors can hold (e.g., educator, clinician, supervisor, advocate, consultant).
RF2	I believe, regardless of any area of specialization, counselors first must fulfill the requirements for the general practice of professional counseling.

RF3 reverse code	In selecting counseling as my profession, I feel I have limited the activities and services I could engage in or offer. [reverse code]
RF4	Counselors' roles may vary depending on their specialty or setting (e.g., school, college, addictions, mental health, educator, and supervisor).
RF5	It is important for a supervisor to foster the professional development of the supervisee.
RF6	Counselor educators' role of "gatekeeping" is important to the welfare of clients.
RF7	Although counselors may view diagnosis differently than other mental health professionals, I believe knowledge of DSM IV-TR diagnosis is an important function of all counselors.
RF8	Regardless of role (e.g., counselor, consultant, supervisor), a main goal is always the welfare of the client.
RF9	As a counselor, providing psycho-education is one of my responsibilities.
RF10	I believe counselors have a professional responsibility to address social, cultural, and economic challenges that may impact clients negatively.
RF11	Supervision is one way to ensure that quality counseling services are provided to clients.
RF12 reverse code	I believe it is only important for beginning counselors to seek supervision. [reverse code]
RF13	As a counselor, I provide clients with educational information that is relevant to their presenting concerns.
RF14	As a counselor, I aim to empower my clients to problem-solve independently.
RF15	I believe counselors help facilitate personal growth in clients.
RF16 reverse code	Remediation is the main objective of a counselor's services. [reverse code]
RF17	I believe professional counselors should value the importance of client advocacy.
RF18 reverse code	It is okay to not be active in lobbying for counselors as I believe others will do that for me. [reverse code]
RF19 reverse code	If a client comes in with a serious mental health disorder (e.g., Borderline Personality Disorder), as a counselor, I am not trained to work with him. [reverse code]
RF20	I make an effort to establish and maintain rapport with clients.
RF21	Reading and interpreting client nonverbal behavior is a function of being a counselor.
RF22	I conceptualize client issues within a theoretical context.

RF23	As a counselor, I must be prepared to respond to a variety of client emotions.
RF24 reverse code	As a counselor, I simply let a client's emotions pass before we continue. [reverse code]
RF25	As a counselor, I have a working knowledge of assessment instruments appropriate for the setting I am in.
RF26	When working with clients, it is my responsibility to determine which modality (e.g., individual, family, group) is the best fit for my client.
RF27 reverse code	I believe it is the counselor's responsibility to set the goals for a client. [reverse code]

Ethics Subscale

<i>Item#</i>	<i>Item</i>
E1	I am familiar with the ACA, or an ACA division, code of ethics.
E2 reverse code	I believe lack of knowledge or misunderstanding of ethical responsibility is sometimes a legitimate defense for unethical conduct. [reverse code]
E3 reverse code	I select the parts of the ACA (or an ACA division's) ethical codes to follow that are most relevant to me. [reverse code]
E4	When unsure how to respond to ethical dilemmas I consult with colleagues.
E5	I feel comfortable in my knowledge of ethical, legal, and professional standards for counselors.
E6 reverse code	When faced with an ethical dilemma, I rely on my professional judgment alone. [reverse code]
E7	I seek appropriate supervision and legal consultation when necessary.
E8	I inform clients of potential risks of all counseling services they receive from me.
E9	One of my main goals as a counselor is to respect my client's dignity.
E10 reverse code	It is important to deflect client questions when they are about me as their counselor. [reverse code]
E11 reverse code	I believe discussion of informed consent is only necessary at the beginning of the counseling relationship. [reverse code]

E12 reverse code	Ethically, I have the ability to engage in romantic relationships with former clients after three years. [reverse code]
E13	I may engage in nonprofessional interaction when it is beneficial to the client.
E14	When changing types of services offered to a client (e.g., individual counselor to family counselor), I would fully inform my client of any anticipated consequences of the change.
E15	As a counseling professional, I would consider the financial status of the locality when establishing fees for professional counseling services.
E16	If leaving for an extended absence (e.g., vacation, illness) as a counselor I must make appropriate arrangements for the continuation of care for my clients.
E17	If I determine I am unable to be of professional assistance to a client, I would avoid entering into a counseling relationship with that client.
E18 reverse code	I must maintain a client's confidentiality under all circumstances. [reverse code]
E19 reverse code	If I have knowledge of a client's communicable or life-threatening disease (e.g., AIDS), I must disclose this information to identifiable third parties who are at high risk of contracting the disease. [reverse code]
E20 reverse code	When consulting with other professionals, it is appropriate to disclose identifying information about the client. [reverse code]
E21	I believe counselors must have skills pertinent to working with diverse populations.
E22 reverse code	As long as I am effective, it is not necessary to participate in continuing education. [reverse code]
E23	If I realize a colleague has a professional impairment, I will assist them in recognizing the impairment.
E24 reverse code	Accepting employment in an agency or institution as a counselor does not imply that I agree with all its general policies and principles. [reverse code]
E25	When providing consultation, I have a responsibility to review, <i>both</i> in writing <i>and</i> verbally, the rights and responsibilities of both parties.
E26 reverse code	It is not necessary for all clients to know the results of the assessments they have taken. [reverse code]
E27 reverse code	Upon receiving a master's degree counselors are qualified to use any and all available assessment instruments (e.g., educational, psychological, career) with their clients. [reverse code]

E28	The culture of my clients affects the manner in which their problems are defined.
E29 reverse code	Socioeconomic status is not a necessary consideration when diagnosing mental disorders. [reverse code]
E30	If believed it would cause harm to a client, I would refrain from making and/or reporting a diagnosis.
E31 reverse code	A supervisor may provide counseling services to current supervisees. [reverse code]
E32	I believe self-growth experiences are ethically important aspects of counselor education programs.
E33 reverse code	Because they are in training, students are required to follow some, but not all, of the ACA (or an ACA division's) ethical codes. [reverse code]
E34 reverse code	Researchers do not need to explain to participants, at the end of a study, the reason for using deception in research. [reverse code]
E35	I believe it is important to continuously evaluate my effectiveness as a professional counselor.
E36	I believe it is important for counselors to follow the scientist-practitioner model.

Professional Pride Subscale

<i>Item#</i>	<i>Item</i>
PP1 reverse code	Sometimes I wish I had chosen to become a member of a different mental health profession. [reverse code]
PP2	The focus on client's strengths is a positive aspect of our profession.
PP3	Empowering clients to learn how to solve their own issues is a positive aspect of the counseling profession.
PP4	A focus on prevention and early intervention is one aspect that sets counseling apart from other mental health professions.
PP5	I share my positive feelings about the counseling profession with others.
PP6 reverse code	Sometimes it is easier to tell people, or let them think, I am a psychologist or a social worker instead of explaining that I am a counselor. [reverse code]
PP7	I always correct people when they assume I am a psychologist or social worker.
PP8	I am proud to be a counselor.

PP9 reverse code	I believe the counseling profession is not as credible as other mental health professions. [reverse code]
PP10	It is important for counselors to correct inaccurate statements regarding counselors and the counseling profession.
PP11 reverse code	Counseling is too young to have accomplished much as a profession. [reverse code]
PP12	I embrace counseling's wellness perspective.
PP13 reverse code	Counselors are not trained as well as psychologists. [reverse code]
PP14 reverse code	Counselors are not as well trained as social workers. [reverse code]
PP15	The counseling profession provides a valuable service to society.
PP16	It is important for the general public to understand what the counseling profession is and how it differs from other mental health professionals.
PP17	Counseling is continually gaining momentum that strengthens the field and practice.
PP18	I feel comfortable educating others on the field of counseling.
PP19	I have an appreciation for the counseling profession's past.
PP20	The counseling profession has made impressive growth in the relatively short amount of time it has been around.
PP21	Our historical roots in education are a positive factor that helps set counseling apart from other mental health professions.
PP22	Counseling's interdisciplinary origin is a strength of the profession.

Professional Engagement Subscale

<i>Item#</i>	<i>Item</i>
PE1	In the past two years how many <i>national or international</i> professional counseling associations have you held membership in? _____ Total
PE2	In the past two years how many <i>regional</i> professional counseling associations have you held membership in? _____ Total

PE3	<p>In the past two years how many <i>statewide</i> professional counseling associations have you held memberships in?</p> <p>_____ Total</p>
PE4	<p>Have you ever held an elected position in any of the professional counseling associations you have been a member of? (e.g., President, Treasurer, Secretary, Parliamentarian)</p> <p>___ yes ___ no</p> <p>If yes, how many? _____</p>
PE5	<p>Have you ever chaired or co-chaired a committee for a professional counseling association? (e.g., awards committee, interest network, Chi Sigma Iota chapter committees)</p> <p>___ yes ___ no</p> <p>If yes, how many? _____</p>
PE6	<p>In the past two years have you served as a committee member for any professional counseling associations?</p> <p>___ yes ___ no</p> <p>If yes, how many? _____</p>
PE7	<p>In the past two years have you been a student volunteer for a professional counseling association? (e.g., volunteer conference worker)</p> <p>___ yes ___ no</p> <p>If yes, how many? _____</p>
PE8	<p>In the past two years, how many professional counseling conferences have you attended?</p> <p>_____ Total number</p>
PE9	<p>In the past two years have you presented at a professional counseling conference? [A professional counseling conference is defined here as a meeting of professional counselors where information is presented specifically on counseling related matters. Please DO NOT include presentations at non-counseling conferences (i.e., psychology conferences, education conferences, communication conferences, etc...)]</p> <p>___ Yes ___ No</p> <p>If yes, please indicate the total number for the past two years. _____</p>

PE10	<p>In the past two years, how many professional counseling workshops have you attended? <i>(A counseling workshop is defined here as a brief, intensive, educational gathering for professional counselors which may include discussions, activities, demonstrations and learning generally centered around one specific topic. Workshops are not a part of professional counseling conferences.)</i></p> <p>_____ Total number</p>
PE11	<p>In the past two years how many times have you participated in advocacy efforts on the behalf of the counseling profession? <i>(this includes signing petitions, sending letters, emails, or phone calls to policy makers or counseling leaders)</i></p> <p>_____ Total number</p>
PE12	<p>In the past two years have you participated in counseling research? <i>(this includes things such as being interviewed, taking a survey, participating in a research group, or case study)</i></p> <p>_____ yes _____ no</p>
PE13	<p>In the past two years have you conducted any counseling research? <i>(Research is defined here as the systematic investigation of a counseling related issue and includes the collection and analysis of data, program evaluation, or case study in either a quantitative or qualitative manner)</i></p> <p>_____ yes _____ no</p>
PE14	<p>In the past two years have you written and submitted any articles or manuscripts for a professional journal?</p> <p>_____ yes _____ no</p> <p>If yes, please indicate the total number for the past two years. _____</p>
PE15	<p>In the past two years have you written any counseling focused articles for non-professional publications such as local newspapers or magazines?</p> <p>_____ yes _____ no</p> <p>If yes, please indicate the total number for the past two years. _____</p>
PE16	<p>Are you a licensed in your state as a professional counselor [e.g., Licensed Professional Counselor (LPC), Licensed Professional Clinical Counselor (LPCC), Licensed Mental Health Counselor (LMHC), or a Licensed School Counselor]?</p> <p>_____ yes _____ no</p>
PE17	<p>Do you hold the National Certified Counselor credential?</p> <p>_____ yes _____ no</p>

PE18	In the past two years, have you mentored a student, colleague, or junior faculty in the field of counseling? _____ yes _____ no
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Appendix B

Sample Expert Reviewer Form

Reviewer Directions:

Please Rank each item on a one to seven point scale with '1' indicating *Not at all in agreement* to '7' indicating *Totally in agreement* with the above definition for this section. You may highlight the correct number in the ranking box. Please note those items that will be reverse scored are indicated as such. You may turn on the "Track Changes" option in Microsoft Word so that your writing will automatically be distinguished if you choose to provide feedback directly on the item.

Not at all in Agreement	Neutral / Uncertain	Totally in Agreement
[----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 -----]		

Section I: History and Philosophy

Items H1-H14 correspond the following definition(s):

Counseling History for the purposes of this study will be defined as a basic knowledge of the counseling profession's history, which includes pivotal moments, and important people in the profession. Examples of this include understanding the impact the Russian satellite Sputnik had on the profession and Frank Parsons is considered the "Father of Guidance."

<i>Item</i>	<i>Item</i>	<i>Ranking "1" to "7"</i>	<i>Reviewer Comments (questions, wording, editorial feedback, or any other suggestions)</i>
H1	I believe it is important to understand the origins of professional counseling.	1 2 3 4 5 6 7	
H2	Acknowledging that Franks Parsons is the "father of guidance" is important.	1 2 3 4 5 6 7	
H3	The funding that the National Defense Education Act (NDEA) of 1958 provided for training in counseling helped move our profession to where it is today.	1 2 3 4 5 6 7	

Appendix C

Original and Revised CPIM Items Based on Pilot Study

Item	Original Item	Decision	Final Revised Item
H1	It is important to understand the origins of professional counseling.	Kept as worded	It is important to understand the origins of professional counseling.
H2	The funding that the National Defense Education Act (NDEA) of 1958 provided for training in school counseling helped promote our profession by increasing both the number of guidance counselors in schools and counselor preparation programs.	Dropped <i>It was determined that this item focused on a very specific event rather than basic knowledge as specified in the study definition.</i>	
H3	Use of the Army Alpha and Beta intelligence tests used in World War I stunted the progress and growth of the counseling profession. [reverse code]	Kept as worded	Use of the Army Alpha and Beta intelligence tests used in World War I stunted the progress and growth of the counseling profession. [reverse code]
H4	Understanding the historical origins of the counseling profession is important.	Kept as worded	Understanding the historical origins of the counseling profession is important.
H5	The launching of Russian satellite Sputnik-I was a catalyst for increasing the number of people employed in our profession.	Dropped <i>It was determined that this item focused on a very specific event rather than basic knowledge as specified in the study definition.</i>	
H6	The development of state-level licensure for counselors was an important milestone for counseling as a profession.	Kept as worded	The development of state-level licensure for counselors was an important milestone for counseling as a profession.
H7	The counseling profession has yet to establish any multicultural counseling competencies or standards. [reverse code]	Reworded	The counseling profession does not have any established multicultural counseling competencies or standards. [reverse code]

H8	It is important to the profession of counseling to be included as a mental health profession by the National Institute of Mental Health.	Dropped <i>It was determined the contend to item may have led to desirable response from participants</i>	
H9	It is important to me, as a counselor, that I understand the history of the counseling profession.	Kept as worded	It is important to me, as a counselor, that I understand the history of the counseling profession.
PhD1	I am able to explain the difference between the counseling philosophy and the philosophies of other mental health professions.	Kept as worded	I am able to explain the difference between the counseling philosophy and the philosophies of other mental health professions.
PhD2	Most problems experienced by clients are developmental in nature and therefore are normal.	Reworded	Most problems experienced by clients are developmental in nature.
PhD3	While some difficulties clients experience may be severe, every client still has strengths on which they can rely.	Dropped <i>This item appeared to be duplicating the main ideas of another item in this subscale</i>	
PhD4	Clients with severe mental health concerns (e.g., Borderline Personality Disorder, Schizophrenia, Antisocial Personality Disorder) can benefit from counseling services.	Kept as worded	Clients with severe mental health concerns (e.g., Borderline Personality Disorder, Schizophrenia, Antisocial Personality Disorder) can benefit from counseling services.
PhD5	Positive human change is one of my main goals in counseling.	Kept as worded	Positive human change is one of my main goals in counseling.
PhD6	Counseling is not appropriate for those who are experiencing serious psychological problems. [reverse code]	Kept as worded	Counseling is not appropriate for those who are experiencing serious psychological problems. [reverse code]
PhW1	Focusing solely on a client or students' problem is the way to create successful behavioral change. [reverse code]	Kept as worded	Focusing solely on a client or students' problem is the way to create successful behavioral change. [reverse code]

PhW2	I consider all aspects of a client's life when providing counseling services.	Kept as worded	I consider all aspects of a client's life when providing counseling services.
PhW3	Counseling helps clients use their strengths to overcome their concerns.	Dropped <i>This item appeared to be duplicating the main ideas of another item in this subscale.</i>	
PhW4	In counseling, it is important to combine my focus to include both the clients' strengths and problems.	Kept as worded	In counseling, it is important to combine my focus to include both the clients' strengths and problems.
PhW5	Understanding a client holistically (e.g., mind, body, and spirit) is important.	Kept as worded	Understanding a client holistically (e.g., mind, body, and spirit) is important.
PhW6	The goal of counseling's wellness perspective is to help each person achieve positive mental health to their maximum degree.	Kept as worded	The goal of counseling's wellness perspective is to help each person achieve positive mental health to their maximum degree.
PhP1	I encourage others to seek counseling services before symptoms and problems escalate.	Kept as worded	I encourage others to seek counseling services before symptoms and problems escalate.
PhP2	Anyone can benefit from counseling services (regardless of the severity or scope of their concerns).	Dropped <i>This item appeared to be duplicating the main ideas of another item in this subscale.</i>	
PhP3	Counseling is not appropriate for those who are functioning well. [reverse code]	Reworded	Counseling is not for those who are functioning well. [reverse code]
PhP4	Prevention is just as important as remediation in my work as a counselor.	Kept as worded	Prevention is just as important as remediation in my work as a counselor.

PhP5	Psycho-education (or classroom guidance) can help an individual avert problems before they arise.	Dropped <i>This item appeared to be more focused on roles and functions than philosophy thus it was determined it was not appropriate for this subscale</i>	
PhE1	As a counselor I tend to take the position that it is important for people to learn how to solve their own problems.	Kept as worded	As a counselor I tend to take the position that it is important for people to learn how to solve their own problems.
PhE2	I strive to help clients experience a sense of increased control over their lives.	Kept as worded	I strive to help clients experience a sense of increased control over their lives.
PhE3	It is important to help clients realistically examine external influences that may be impacting their lives.	Kept as worded	It is important to help clients realistically examine external influences that may be impacting their lives.
PhE4	Clients are capable of making positive and constructive changes in their lives.	Kept as worded	Clients are capable of making positive and constructive changes in their lives.
PhE5	Empowerment of clients is emphasized in the counseling philosophy.	Kept as worded	Empowerment of clients is emphasized in the counseling philosophy.
RF1	I value the multitude of roles counselors can hold (e.g., educator, clinician, supervisor, advocate, consultant).	Kept as worded	I value the multitude of roles counselors can hold (e.g., educator, clinician, supervisor, advocate, consultant).
RF2	Regardless of any area of specialization, counselors first must fulfill the requirements for the general practice of professional counseling.	Kept as worded	Regardless of any area of specialization, counselors first must fulfill the requirements for the general practice of professional counseling.

RF3	In selecting counseling as my profession, I feel I have limited the activities and services I could engage in or offer. [reverse code]	Dropped <i>This item was determined to be double edged, asking two separate questions.</i>	
RF4	Counselors' roles may vary depending on their specialty or setting (e.g., school, college, addictions, mental health, educator, and supervisor).	Kept as worded	Counselors' roles may vary depending on their specialty or setting (e.g., school, college, addictions, mental health, educator, and supervisor).
RF5	Although counselors may view diagnosis differently than other mental health professionals, I believe understanding of DSM IV-TR diagnosis is an important function of all counselors.	Kept as worded	Although counselors may view diagnosis differently than other mental health professionals, I believe understanding of DSM IV-TR diagnosis is an important function of all counselors.
RF6	Supervision is one way to ensure that quality counseling services are provided to clients.	Dropped <i>Item duplicated content represented by another item on the subscale.</i>	
RF7	It is important only for beginning counselors to seek supervision. [reverse code]	Kept as worded	It is important only for beginning counselors to seek supervision. [reverse code]
RF8	As a counselor, I provide clients with educational information that is relevant to their presenting concerns.	Kept as worded	As a counselor, I provide clients with educational information that is relevant to their presenting concerns.
RF9	As a counselor, I aim to empower my clients to problem-solve independently.	Kept as worded	As a counselor, I aim to empower my clients to problem-solve independently.
RF10	Counselors help facilitate personal growth in clients.	Kept as worded	Counselors help facilitate personal growth in clients.
RF11	Professional counselors should value the importance of client advocacy.	Kept as worded	Professional counselors should value the importance of client advocacy.

RF12	It is okay to not be active in lobbying for the counseling profession counselors as others will do that for me. [reverse code]	Reworded	I do not need to actively participate in lobbying for the counseling profession as others will do that for me. [reverse code]
RF13	Reading and interpreting client nonverbal behavior is a function of being a counselor.	Dropped <i>Item was determined to be generic in content, thus may be representative of all mental health professions instead of the counseling profession specifically.</i>	
RF14	I conceptualize client issues within a theoretical context.	Kept as worded	I conceptualize client issues within a theoretical context.
RF15	As a counselor, I must be prepared to respond to a variety of client emotions.	Dropped <i>Item was determined to be generic in content, thus may be representative of all mental health professions instead of the counseling profession specifically.</i>	
RF16	As a counselor, I have a working knowledge of assessment instruments appropriate for the setting I am in.	Reworded	I have knowledge of assessment instruments appropriate for the setting I am in.
RF17	When working with clients, it is my responsibility to determine which modality (e.g., individual, family, group) is the best fit for my client.	Kept as worded	When working with clients, it is my responsibility to determine which modality (e.g., individual, family, group) is the best fit for my client.

RF18	I believe it is the counselor's responsibility to set the goals for a client. [reverse code]	Dropped <i>Item was determined to be generic in content, thus may be representative of all mental health professions instead of the counseling profession specifically.</i>	
E1	Lack of knowledge or misunderstanding of ethical responsibility is sometimes a legitimate defense for unethical conduct. [reverse code]	Kept as worded	Lack of knowledge or misunderstanding of ethical responsibility is sometimes a legitimate defense for unethical conduct. [reverse code]
E2	I select the parts of the ACA (or an ACA division's) ethical codes to follow that are most relevant to me. [reverse code]	Dropped <i>Determined to be confusing, situation specific, and may not be appropriate for all respondents.</i>	
E3	When unsure how to respond to ethical dilemmas I consult with colleagues.	Kept as worded	When unsure how to respond to ethical dilemmas I consult with colleagues.
E4	I feel comfortable in my knowledge of ethical, legal, and professional standards for counselors.	Reworded	I feel competent in my knowledge of ethical, legal, and professional standards for counselors.
E5	When faced with an ethical dilemma, I rely on my professional judgment alone. [reverse code]	Kept as worded	When faced with an ethical dilemma, I rely on my professional judgment alone. [reverse code]
E6	I inform clients of potential risks of all counseling services they receive from me.	Dropped <i>Determined item was generic in content and may not be specific to counseling profession.</i>	
E7	One of my main goals as a counselor is to respect my client's dignity.	Reworded	Respecting my client's dignity is an important part of my work as a counselor.

E8	Discussion of informed consent is necessary only at the beginning of the counseling relationship. [reverse code]	Kept as worded	Discussion of informed consent is necessary only at the beginning of the counseling relationship. [reverse code]
E9	When changing types of services offered to a client (e.g., individual counselor to family counselor), I would fully inform my client of any anticipated consequences of the change.	Dropped <i>Determined item was generic in content and may not be specific to counseling profession.</i>	
E10	When consulting with other professionals, it is appropriate to disclose identifying information about the client. [reverse code]	Reworded	When consulting with other professionals, it is acceptable to disclose identifying information about the client. [reverse code]
E11	Counselors must have skills pertinent to working with diverse populations.	Kept as worded	Counselors must have skills pertinent to working with diverse populations.
E12	If I realize a colleague has a professional impairment, I will assist them in recognizing the impairment.	Dropped <i>Determined to be confusing, situation specific, and may not be appropriate for all respondents.</i>	
E13	It is not necessary for all clients to know the results of the assessments they have taken. [reverse code]	Kept as worded	It is not necessary for all clients to know the results of the assessments they have taken. [reverse code]
E14	Upon receiving a master's degree, counselors are qualified to use any and all available assessment instruments (e.g., educational, psychological, career) with their clients. [reverse code]	Kept as worded	Upon receiving a master's degree, counselors are qualified to use any and all available assessment instruments (e.g., educational, psychological, career) with their clients. [reverse code]
E15	The culture of my clients affects the manner in which their problems are defined.	Kept as worded	The culture of my clients affects the manner in which their problems are defined.

E16	Socioeconomic status is not a necessary consideration when diagnosing mental disorders. [reverse code]	Dropped <i>Determined item was more clinical than ethical in content and thus not appropriate for Ethics subscale.</i>	
E17	Self-growth experiences are ethically important aspects of counselor education programs.	Reworded	Self-growth experiences are an important aspect of counselor education programs.
E18	Because they are in training, students are required to follow some, but not all, of the ACA (or an ACA division's) ethical codes. [reverse code]	Kept as worded	Because they are in training, students are required to follow some, but not all, of the ACA (or an ACA division's) ethical codes. [reverse code]
E19	It is important to continuously evaluate my effectiveness as a professional counselor.	Kept as worded	It is important to continuously evaluate my effectiveness as a professional counselor.
PP1	Sometimes I wish I had chosen a different mental health profession. [reverse code]	Kept as worded	Sometimes I wish I had chosen a different mental health profession. [reverse code]
PP2	The focus on client's strengths is a positive aspect of our profession.	Kept as worded	The focus on client's strengths is a positive aspect of our profession.
PP3	I share my positive feelings about the counseling profession with others.	Kept as worded	I share my positive feelings about the counseling profession with others.
PP4	I always correct people when they assume I am a psychologist or social worker.	Kept as worded	I always correct people when they assume I am a psychologist or social worker.
PP5	I am proud to be a counselor.	Kept as worded	I am proud to be a counselor.
PP6	I believe the counseling profession is not as credible as other mental health professions. [reverse code]	Kept as worded	I believe the counseling profession is not as credible as other mental health professions. [reverse code]
PP7	It is important for counselors to correct inaccurate statements regarding counselors and the counseling profession.	Kept as worded	It is important for counselors to correct inaccurate statements regarding counselors and the counseling profession.

PP8	I embrace counseling's wellness perspective.	Kept as worded	I embrace counseling's wellness perspective.
PP9	Counselors are not trained as well as psychologists. [reverse code]	Kept as worded	Counselors are not trained as well as psychologists. [reverse code]
PP10	The counseling profession provides a valuable service to society.	Dropped <i>Determined the content of this item may not be discriminating counseling from other mental health professions.</i>	
PP11	It is important for the general public to understand what the counseling profession is and how it differs from other mental health professions.	Kept as worded	It is important for the general public to understand what the counseling profession is and how it differs from other mental health professions.
PP12	I feel comfortable educating others on the field of counseling.	Kept as worded	I feel comfortable educating others on the field of counseling.
PP13	I have an appreciation for the counseling profession's past.	Dropped <i>Determined this item may have produced socially desirable responses and ultimately content may not be relevant to professional pride.</i>	
PE1	In the past two years how many <u>national or international</u> professional counseling associations have you held membership in? _____ Total	Kept as worded	In the past two years how many <u>national or international</u> professional counseling associations have you held membership in? _____ Total number
PE2	In the past two years how many <u>regional</u> professional counseling associations have you held membership in? _____ Total	Kept as worded	In the past two years how many <u>regional</u> professional counseling associations have you held membership in? _____ Total number

PE3	In the past two years how many <u>state</u> professional counseling associations have you held memberships in? _____ Total	Kept as worded	In the past two years how many <u>state</u> professional counseling associations have you held memberships in? _____ Total number
PE4	Have you ever held an elected position in any of the professional counseling associations you have been a member of? (e.g., President, Treasurer, Secretary, Parliamentarian, other) ___yes ___no If yes, how many? _____	Reworded	In your professional career, how many elected positions have you held in professional counseling associations? (e.g., President, Treasurer, Secretary, Parliamentarian, other) _____ Total number
PE5	Have you ever chaired or co-chaired a committee for a professional counseling association? (e.g., awards committee, interest network, Chi Sigma Iota chapter committees, other) ___yes ___no If yes, how many? _____	Reword	In your professional career, how many committee chair or co-chair positions have you held in professional counseling associations? _____ Total number
PE6	In the past two years have you served as a committee member for any professional counseling associations? ___ yes ___no If yes, how many committees? _____	Reword	In the past two years, how many times have you served as a committee member for a professional counseling association? _____ Total number
PE7	In the past two years have you been a student volunteer for a professional counseling association? (e.g., volunteer conference worker) ___ yes ___no ___n/a If yes, how many? _____	Reword	In the past two years, how many times have you served as a student volunteer for a professional counseling association? (e.g., volunteer conference worker; <i>if this question does not apply to you please answer zero</i>) _____ Total number

PE8	<p>In the past two years, how many professional counseling conferences have you attended? <i>[A professional counseling conference is defined here as a meeting of professional counselors where information is presented specifically on counseling related matters. Please DO NOT include non-counseling conferences (i.e., psychology conferences, education conferences, communication conferences, etc...)]</i></p> <p>_____ Total number</p>	Kept as worded	<p>In the past two years, how many professional counseling conferences have you attended? <i>[A professional counseling conference is defined here as a meeting of professional counselors where information is presented specifically on counseling related matters. Please DO NOT include non-counseling conferences (i.e., psychology conferences, education conferences, communication conferences, etc...)]</i></p> <p>_____ Total number</p>
PE9	<p>In the past two years have you presented at a professional counseling conference?</p> <p>_____ Yes _____ No</p> <p>If yes, please indicate the total number of presentations for the past two years. _____</p>	Reworded	<p>In the past two years, how many times have you presented at a professional counseling conference?</p> <p>_____ Total number</p>
PE10	<p>In the past two years, how many professional counseling workshops have you attended? <i>(A counseling workshop is defined here as a brief, intensive, educational gathering for professional counselors which may include discussions, activities, demonstrations and learning generally centered around one specific topic. Workshops are not a part of professional counseling conferences.)</i></p> <p>_____ Total number</p>	Kept as worded	<p>In the past two years, how many professional counseling workshops have you attended? <i>(A counseling workshop is defined here as a brief, intensive, educational gathering for professional counselors which may include discussions, activities, demonstrations and learning generally centered around one specific topic. Workshops are not a part of professional counseling conferences.)</i></p> <p>_____ Total number</p>
PE11	<p>In the past two years how many times have you participated in formal advocacy efforts on the behalf of the counseling profession? <i>(this includes but is not limited to signing petitions, sending letters, emails, or phone calls to policy</i></p>	Kept as worded	<p>In the past two years how many times have you participated in formal advocacy efforts on the behalf of the counseling profession? <i>(this includes but is not limited to signing petitions, sending letters, emails, or phone calls to policy</i></p>

	<i>makers or counseling leaders)</i> _____ Total number		<i>makers or counseling leaders)</i> _____ Total number
PE12	In the past two years have you participated in counseling research? <i>(this includes things such as being interviewed, taking a survey, participating in a research group, or case study)</i> _____ yes _____no	Kept as worded	In the past two years have you participated in counseling research? <i>(this includes things such as being interviewed, taking a survey, participating in a research group, or case study)</i> _____ yes _____no
PE13	In the past two years have you conducted any counseling research? <i>(Research is defined here as the systematic investigation of a counseling related issue and includes the collection and analysis of data, program evaluation, or case study in either a quantitative or qualitative manner)</i> _____ yes _____no	Kept as worded	In the past two years have you conducted any counseling research? <i>(Research is defined here as the systematic investigation of a counseling related issue and includes the collection and analysis of data, program evaluation, or case study in either a quantitative or qualitative manner)</i> _____ yes _____no
PE14	In the past two years have you written and submitted any manuscripts for a professional journal, or books or book chapters? _____ yes _____no if yes, please indicate the total number for the past two years. _____	Reword	In the past two years, how many manuscripts for a professional journal, books, or book chapters have you written <i>and</i> submitted? _____ Total number
PE15	In the past two years have you written any counseling focused articles for non-professional publications such as local newspapers or magazines? _____ yes _____no If yes, please indicate the total number for the past two years. _____	Reworded	In the past two years, how many counseling focused articles for non-professional publications such as local newspapers or magazines have you written? _____ Total number

PE16	Are you a licensed in your state as a professional counselor [e.g., Licensed Professional Counselor (LPC), Licensed Professional Clinical Counselor (LPCC), Licensed Mental Health Counselor (LMHC), or a Licensed or Certified School Counselor]? _____ yes _____ no	Kept as worded	Are you a licensed in your state as a professional counselor [e.g., Licensed Professional Counselor (LPC), Licensed Professional Clinical Counselor (LPCC), Licensed Mental Health Counselor (LMHC), or a Licensed or Certified School Counselor]? _____ yes _____ no
PE17	Do you hold the National Certified Counselor credential? _____ yes _____no	Kept as worded	Do you hold the National Certified Counselor credential? _____ yes _____no
PE18	In the past two years, have you mentored a student, colleague, or junior faculty in the field of counseling? _____ yes _____no	Kept as worded	In the past two years, have you mentored a student, colleague, or junior faculty in the field of counseling? _____ yes _____no

Note. The decision made on each item based on the pilot study results is indicated in bold.

Appendix D

Recruitment Email Pilot Study

Greetings Counselors!

My name is Carla Emerson and I am a doctoral student in the Department of Counselor Education and development at The University of North Carolina at Greensboro. I am seeking counselors and counselors-in-training from all specialties (e.g., school, community, mental health, higher education, counselor education, addiction) to participate in my dissertation research. The focus of this study is to examine the views, beliefs, and experiences that counselors have had as a counselor, or hold as a professional counselor.

Those eligible to participate include anyone currently in or trained in the counseling field. Therefore, if you are currently enrolled in a counselor education program or have graduated from a counselor education program, you are invited to participate in this survey. This includes counseling students, practicing counselors in any setting, supervisors, counselor educators, retired counselors, or any one trained in a counselor education program but working in a different field or profession. Your participation will involve completing an online survey and would take approximately 20-30 minutes to complete.

If you have any questions regarding this study please do not hesitate to contact me at the following email address: chemerso@uncg.edu

If you are willing to participate in this study, please click on the link provided here (hyperlink will be inserted here) Your participation is greatly appreciated. Thank you for your time!

Sincerely,

-Carla H. Emerson

Appendix E

Demographic Questions

Directions: Please indicate your answers to the questions below.

1. What is your current age?

_____ years of age

2. What is your sex?

Male

Female

3. What is your race/ethnicity?

African American

White/European American

Asian American

Biracial/Multiracial

Hispanic

Pacific Islander

Native American

Other (please specify) _____

4. What positions/roles have you held or do you currently hold in counseling AND how many years have/did you hold each position/role. (Check all that apply)

Position/Role

Years held

Currently

hold

School Counselor

Yes No

No

Mental Health/Community Counselor

Yes No

No

College Development/Higher Ed Counselor

Yes No

No

Couples/Family Counselor

Yes No

No

Counselor Educator

Yes No

No

Counseling Student (MS level)

Yes No

No

Counseling Student (PhD level) _____ Yes ___
 No
 Counseling Supervisor _____ Yes ___
 No
 Other (please specify) _____ Yes ___
 No

5. If you **are** currently working in the counseling profession, please indicate the setting in which you are currently working.

- School
- Private Practice
- Hospital (inpatient)
- Hospital (outpatient)
- Residential Facility
- Community Counseling/Mental Health Agency
- University Counseling Center
- Other University Setting/Office
- Counselor Educator (CACREP program)
- Counselor Educator (non-CACREP program)
- Other (please specify) _____
- Not Applicable

6. If you are **not** currently working in the counseling profession, please indicate your current occupation.

7. What is your highest degree completed?

- Bachelors Degree
- Master's Degree – what about post master's degree?
- Post Master's / Specialist Degree
- Doctorate Degree

8. What track/concentration/specialty did/will you obtain your degree in? (Please check all that apply)

- School Counseling

- College Counseling/Student Affairs/Student Development
- Community Counseling
- Gerontological Counseling
- Mental Health Counseling
- Couples/Marriage and Family Counseling
- Rehabilitation Counseling
- Addiction Counseling
- Other (please specify)

9. What type of accreditation did/does your training program have? (please check all that apply)

- CACREP
- CORE
- APA
- None
- Not sure
- Other (please specify)_____

10. What was your enrollment status during your training program?

- Full-time
- Part-time

11. When did you or will you receive your current degree?

Month_____

Year_____

12. What is your primary professional identification? “I am a(n)_____”

- (Please select only one)
- Addiction Counselor
 - College/Higher Ed Counselor
 - Counselor Educator
 - Counselor / Professional Counselor
 - Marriage/Couple/Family Counselor
 - Mental Health Counselor
 - Psychologist

- School Counselor
- Social Worker
- Therapist
- Other (please specify) _____

Appendix F

Counselor Self-Efficacy Scale (Mechert, Hays, Wiljanen, & Kolocek, 1996)

Directions: Please indicate your degree of agreement to each of the items listed below on a scale of 1 “disagree strongly” to 5 “agree strongly.”

Disagree Strongly	Disagree Moderately	Neutral / Uncertain	Agree Moderately	Agree Strongly
[----- 1 -----	2 -----	3 -----	4 -----	5 -----]

1. My knowledge of personality development is adequate for counseling effectively.
2. My knowledge of ethical issues related to counseling is adequate for me to perform professionally.
3. My knowledge of behavior change principles is not adequate. [reverse code]
4. I am not able to perform psychological assessment to professional standards. [reverse code]
5. I am able to recognize the major psychiatric conditions.
6. My knowledge regarding crisis intervention is not adequate. [reverse code]
7. I am able to effectively develop therapeutic relationships with clients.
8. I can effectively facilitate client self-exploration.
9. I am not able to accurately identify client affect. [reverse code]
10. I cannot discriminate between meaningful and irrelevant client data. [reverse code]
11. I am not able to accurately identify my own emotional reactions to clients. [reverse code]
12. I am not able to conceptualize client cases to form clinical hypotheses. [reverse code]
13. I can effectively facilitate appropriate goal development with clients.
14. I am not able to apply behavior change skills effectively. [reverse code]

15. I am able to keep my personal issues from negatively affecting my counseling.
16. I am familiar with the advantages and disadvantages of group counseling as a form of intervention.
17. My knowledge of the principles of group dynamics is not adequate. [reverse code]
18. I am able to recognize the facilitative and debilitative behaviors of group members.
19. I am not familiar with the ethical and professional issues specific to group work. [reverse code]
20. I can function effectively as a group leader/facilitator.

Appendix G

Marlow-Crowne 1(10) (Strahan & Gerbasi, 1972)

Directions: Please indicate whether each statement below is true for you or false for you.

1. I'm always willing to admit it when I make a mistake. True / False
2. I always try to practice what I preach. True / False
3. I never resent being asked to return a favor. True / False
4. I have never been irked when people expressed ideas very different from my own. True / False
5. I have never deliberately said something that hurt somebody's feelings. True / False
6. I like to gossip at times. True / False
7. There have been occasions when I took advantage of someone. True / False
8. I sometimes try to get even rather than forgive and forget. True / False
9. At times I have really insisted on having things my own way. True / False
10. There have been occasions when I felt like smashing things. True / False

Appendix H

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

CONSENT TO ACT AS A HUMAN PARTICIPANT: LONG FORM

Project Title: Counselor Views, Beliefs, and Experiences Survey

Project Director: Carla H. Emerson

What is the study about?

The focus of this study is to examine the views, beliefs, and experiences that counselors have had as a counselor, or hold as a professional counselor.

Why are you asking me?

You are receiving this survey because you are a counselor-in-training, professional counselor, or counselor educator and have been selected randomly from a counseling organization (e.g., ACA, ASCA).

What will you ask me to do if I agree to be in the study?

If you choose to participate, you will be asked to provide some demographic information and respond to a series of questions regarding your beliefs about the counseling profession and your experience as a counselor. The online survey is expected to take approximately 20-30 minutes.

What are the dangers to me?

The Institutional Review Board at The University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. It is possible that the process of reflecting on your chosen profession may cause some discomfort. If you experience any emotional discomfort, you are encouraged to seek support from a trusted supervisor or colleague. If you have any concerns about your rights, how you are being treated or if you have any questions, want more information or have suggestions, please contact Eric Allen in the Office of Research and Compliance at UNCG at (336) 256-1482. Questions, concerns, or complaints about this project or benefits or risks associated with being in this study can be answered by Carla H. Emerson who may be contacted at (chemerso@uncg.edu) or by contacting my dissertation chair Dr. Kelly L. Wester at (klwester@uncg.edu).

Are there any benefits to me for taking part in this research study?

The process of reflecting on issues surrounding your chosen profession may lead to

increased clarity and insight about your chosen profession and your beliefs about the profession.

Are there any benefits to society as a result of me taking part in this research?

The results of this study may provide valuable information about how counselors view their chosen profession across their careers as counselors. This information may be useful to counselor educators, counselors working in all specialty areas, and the counseling profession. Clarification on how counselors view their profession may help counselor educators and professional counseling organizations better understand how to facilitate the professional growth of counselors-in-training and professional counselors throughout the career span.

Will I get paid for being in the study? Will it cost me anything?

There are no costs to you or payments made for participating in this study.

How will you keep my information confidential?

The SurveyMonkey site for survey research offers confidential data collection procedures. Participant email address will not be linked to the actual responses, so there will be no identifying information collected with your responses. All information obtained in this study is strictly confidential unless disclosure is required by law. However, absolute confidentiality of data provided through the Internet cannot be guaranteed due to the limited protections of Internet access. Please be sure to close your browser when finished so no one will be able to access to your responses. Once data is collected all electronic data will be kept in a passcoded file in a locked home office. If any information is printed out, the hard copies, when not in use, will be stored in a locked cabinet in a locked home office. Please note that printouts and hard copies will not contain any identifying information.

What if I want to leave the study?

You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. However, once you have submitted your responses, your data will not be able to be removed due to the inability to identify your responses from other respondents since no identifying information will be collected.

What about new information/changes in the study?

If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Voluntary Consent by Participant:

By completing this survey you are agreeing that you read, or it has been read to you, and fully understand the contents of this document and are openly willing consent to take part in this study. All of your questions concerning this study have been answered. By completing this survey, you are agreeing that you are 18 years of age or older and are agreeing to participate in the study described to you in this document. You are invited to print this document for your records. Thank you for choosing to participate in this survey! Please answer honestly and choose the answer that is the best fit for you.

Appendix I

CPIM Subscale Factors and Interpretation with Item Correlation with Social Desirability.

Professional Pride Subscale		Social Desirability
		Pearson Correlation
Factor 1: Internal Beliefs		
(Cronbach's alpha = .622)		
<i>Item</i>	<i>Description</i>	
PP1	Sometimes I wish I had chosen a different mental health profession. [reverse code]	$r = .180^{**}$
PP2	The focus on client's strengths is a positive aspect of our profession.	$r = -.048$
PP3	I share my positive feelings about the counseling profession with others.	$r = .069$
PP5	I am proud to be a counselor.	$r = .050$
PP6	I believe the counseling profession is not as credible as other mental health professions. [reverse code]	$r = -.010$
PP9	Counselors are not trained as well as psychologists. [reverse code]	$r = -.003$
Factor 2: Action Oriented Pride		
(Cronbach's alpha = .615)		
PP4	I always correct people when they assume I am a psychologist or social worker.	$r = .005$

PP7	It is important for counselors to correct inaccurate statements regarding counselors and the counseling profession.	$r = -.039$
PP8	I embrace counseling's wellness perspective.	$r = .019$
PP11	It is important for the general public to understand what the counseling profession is and how it differs from other mental health professions.	$r = .024$
PP12	I feel comfortable educating others on the field of counseling.	$r = -.016$
Philosophy Subscale		
Factor 1: Empowerment (Cronbach's alpha = .691)		
Ph-E1	As a counselor I tend to take the position that it is important for people to learn how to solve their own problems.	$r = -.008$
Ph-E2	I strive to help clients experience a sense of increased control over their lives.	$r = .066$
Ph-E3	It is important to help clients realistically examine external influences that may be impacting their lives.	$r = -.020$
Ph-E4	Clients are capable of making positive and constructive changes in their lives.	$r = -.040$
Ph-E5	Empowerment of clients is emphasized in the counseling philosophy.	$r = .010$
Factor 2: Development (Cronbach's alpha = .569)		
Ph-D4	Clients with severe mental health concerns (e.g., Borderline Personality Disorder, Schizophrenia, Antisocial Personality Disorder) can benefit from counseling services.	$r = .071$
Ph-D6	Counseling is not appropriate for those who are experiencing	$r = -.060$

	serious psychological problems. [reverse code]	
Factor 3: Wellness		
(Cronbach's alpha = .667)		
Ph-W2	I consider all aspects of a client's life when providing counseling services.	$r = .042$
Ph-W4	In counseling, it is important to combine my focus to include both the clients' strengths and problems.	$r = .043$
Ph-W5	Understanding a client holistically (e.g., mind, body, and spirit) is important.	$r = .049$
Ph-W6	The goal of counseling's wellness perspective is to help each person achieve positive mental health to their maximum degree.	$r = .064$
Ph-D5	Positive human change is one of my main goals in counseling.	$r = .028$
Factor 4: Prevention		
(Cronbach's alpha = .426)		
Ph-P1	I encourage others to seek counseling services before symptoms and problems escalate.	$r = .003$
Ph-P3	Counseling is not for those who are functioning well. [reverse code]	$r = -.048$
Ph-P4	Prevention is just as important as remediation in my work as a counselor.	$r = .040$
Deleted Philosophy Subscale Items		
Ph-D1	I am able to explain the difference between the counseling philosophy and the philosophies of other mental health professions.	
Ph-D2	Most problems experienced by clients are developmental in nature.	

Ph-W1	Focusing solely on a client or students' problem is the way to create successful behavioral change. [reverse code]	
Roles & Functions Subscale		
Factor 1: Interactional (Cronbach's alpha = .693)		
RF1	I value the multitude of roles counselors can hold (e.g., educator, clinician, supervisor, advocate, consultant).	$r = .030$
RF8	As a counselor, I provide clients with educational information that is relevant to their presenting concerns.	$r = .072$
RF9	As a counselor, I aim to empower my clients to problem-solve independently.	$r = -.010$
RF10	Counselors help facilitate personal growth in clients.	$r = -.019$
RF11	Professional counselors should value the importance of client advocacy.	$r = .037$
Factor 2: Foundational (Cronbach's alpha = .455)		
RF2	Regardless of any area of specialization, counselors first must fulfill the requirements for the general practice of professional counseling.	$r = -.050$
RF14	I conceptualize client issues within a theoretical context.	$r = .028$
RF16	I have knowledge of assessment instruments appropriate for the setting I am in.	$r = .064$
RF17	When working with clients, it is my responsibility to determine which modality (e.g., individual, family, group) is the best fit for my client.	$r = .053$

Deleted Roles and Functions Subscale Items		
RF4	Counselors' roles may vary depending on their specialty or setting (e.g., school, college, addictions, mental health, educator, and supervisor).	
RF5	Although counselors may view diagnosis differently than other mental health professionals, I believe understanding of DSM IV-TR diagnosis is an important function of all counselors.	
RF7	It is important only for beginning counselors to seek supervision. [reverse code]	
RF12	I do not need to actively participate in lobbying for the counseling profession as others will do that for me. [reverse code]	
Ethics Subscale		
Factor 1: Ethical Deficit		
(Cronbach's alpha = .591)		
E1	Lack of knowledge or misunderstanding of ethical responsibility is sometimes a legitimate defense for unethical conduct. [reverse code]	$r = -.050$
E5	When faced with an ethical dilemma, I rely on my professional judgment alone. [reverse code]	$r = -.169^{**}$
E8	Discussion of informed consent is necessary only at the beginning of the counseling relationship. [reverse code]	$r = -.081$
E10	When consulting with other professionals, it is acceptable to disclose identifying information about the client. [reverse code]	$r = -.046$
E14	Upon receiving a master's degree, counselors are qualified to use any and all available assessment instruments (e.g., educational, psychological, career) with their clients. [reverse code]	$r = -.164^{**}$

E18	Because they are in training, students are required to follow some, but not all, of the ACA (or an ACA division's) ethical codes. [reverse code]	$r = -.072$
Factor 2: Ethical Strength		
(Cronbach's alpha = .589)		
E3	When unsure how to respond to ethical dilemmas I consult with colleagues.	$r = -.123^*$
E7	Respecting my client's dignity is an important part of my work as a counselor.	$r = -.017$
E11	Counselors must have skills pertinent to working with diverse populations.	$r = -.040$
E15	The culture of my clients affects the manner in which their problems are defined.	$r = -.070$
E19	It is important to continuously evaluate my effectiveness as a professional counselor.	$r = .059$
Deleted Ethics Subscale Items		
E4	I feel competent in my knowledge of ethical, legal, and professional standards for counselors.	
E13	It is not necessary for all clients to know the results of the assessments they have taken. [reverse code]	
Omitted Ethics Subscale Item		
E17*	Self-growth experiences are an important aspect of counselor education programs. <i>*This item was accidentally omitted from the full study survey. It may be included on the ethics subscale in future studies.</i>	
History Subscale		

Factor 1: History (Cronbach's alpha = .356)		
H4	Understanding the historical origins of the counseling profession is important.	$r = .028$
H6	The development of state-level licensure for counselors was an important milestone for counseling as a profession.	$r = -.007$
H7	The counseling profession does not have any established multicultural counseling competencies or standards. [reverse code]	$r = -.115^*$
Deleted Items		
H1	It is important to understand the origins of professional counseling.	
H3	Use of the Army Alpha and Beta intelligence tests used in World War I stunted the progress and growth of the counseling profession. [reverse code]	
H9	It is important to me, as a counselor, that I understand the history of the counseling profession.	
Professional Engagement Subscale		
Factor 1: Structural Professional Behaviors (Cronbach's alpha = .405)		
PE1	In the past two years how many <i>national or international</i> professional counseling associations have you held membership in?	$r = -.057$
PE2	In the past two years how many <i>regional</i> professional counseling associations have you held membership in?	$r = .189^{**}$
PE3	In the past two years how many <i>state</i> professional counseling associations have you held memberships in?	$r = .136^{**}$

PE7	In the past two years, how many times have you served as a student volunteer for a professional counseling association? (e.g., volunteer conference worker; <i>if this question does not apply to you please answer zero</i>)	$r = -.015$
PE8	In the past two years, how many professional counseling conferences have you attended? [<i>A professional counseling conference is defined here as a meeting of professional counselors where information is presented specifically on counseling related matters. Please DO NOT include non-counseling conferences (i.e., psychology conferences, education conferences, communication conferences, etc...)</i>]	$r = .085$
PE10	In the past two years, how many professional counseling workshops have you attended? (<i>A counseling workshop is defined here as a brief, intensive, educational gathering for professional counselors which may include discussions, activities, demonstrations and learning generally centered around one specific topic. Workshops are not a part of professional counseling conferences.</i>)	$r = .049$
PE12	In the past two years have you participated in counseling research? (<i>this includes things such as being interviewed, taking a survey, participating in a research group, or case study</i>)	$r = -.055$
PE13	In the past two years have you conducted any counseling research? (<i>Research is defined here as the systematic investigation of a counseling related issue and includes the collection and analysis of data, program evaluation, or case study in either a quantitative or qualitative manner</i>)	$r = .071$
PE16	Are you a licensed in your state as a professional counselor [e.g., Licensed Professional Counselor (LPC), Licensed Professional Clinical Counselor (LPCC), Licensed Mental Health Counselor (LMHC), or a Licensed or Certified School Counselor]?	$r = .047$
PE17	Do you hold the National Certified Counselor credential?	$r = -.025$

PE18	In the past two years, have you mentored a student, colleague, or junior faculty in the field of counseling?	$r = -.034$
Factor 2: Active/Participatory Engagement (Cronbach's alpha = .274)		
PE4	In your professional career, how many elected positions have you held in professional counseling associations? (e.g., President, Treasurer, Secretary, Parliamentarian, other)	$r = .068$
PE5	In your professional career, how many committee chair or co-chair positions have you held in professional counseling associations?	$r = .029$
PE6	In the past two years, how many times have you served as a committee member for a professional counseling association?	$r = .007$
PE9	In the past two years, how many times have you presented at a professional counseling conference?	$r = -.031$
PE11	In the past two years how many times have you participated in formal advocacy efforts on the behalf of the counseling profession? (<i>this includes but is not limited to signing petitions, sending letters, emails, or phone calls to policy makers or counseling leaders</i>)	$r = .000$
PE14	In the past two years, how many manuscripts for a professional journal, books, or book chapters have you written <i>and</i> submitted?	$r = -.025$
PE15	In the past two years, how many counseling focused articles for non-professional publications such as local newspapers or magazines have you written?	$r = -.002$

Note. * Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

Appendix J

Significant Independent Samples Test Results by Group

		<i>N</i>	Mean	<i>SD</i>	<i>t</i>	df	Significance (2-tailed)
Current Masters Student							
Pro. Pride Factor 1 (Internal Beliefs)	Yes	122	29.1393	4.29552	-2.173	427	.030
	No	307	30.0814	3.95108			
Pro. Pride Factor 2 (Action Oriented Pride)	Yes	122	24.6967	2.93986	-3.174	427	.002
	No	307	25.6384	2.70371			
Philosophy Factor 1 (Empowerment)	Yes	117	26.3419	2.31249	-2.295	420	.022
	No	305	26.8754	2.06734			
Philosophy Factor 2 (Development)	Yes	120	14.8583	2.06327	-1.538	424	.125
	No	306	15.1830	1.91778			
Philosophy Factor 3 (Wellness)	Yes	119	21.2773	1.92188	-.718	422	.473
	No	305	21.4197	1.79938			
Philosophy Factor 4 (Prevention)	Yes	118	15.5508	1.44765	.148	421	.882
	No	305	15.5279	1.42350			
Roles/Functions Factor 1 (Interactional)	Yes	117	26.5641	1.93152	-1.831	418	.068
	No	303	26.9472	1.91816			
Roles/Functions Factor 2 (Foundational)	Yes	117	19.1453	1.88124	-1.835	418	.067
	No	303	19.5479	2.06441			
Ethics Factor 1 (Ethical Deficit)	Yes	116	30.7672	3.14396	1.059	415	.290
	No	301	30.3422	3.85563			
Ethics Factor 2 (Ethical Strength)	Yes	116	27.5431	1.86684	-.120	415	.905
	No	301	27.5681	1.92341			
History Factor 1 (History)	Yes	115	14.8348	1.69069	.160	413	.873
	No	300	14.8033	1.83372			
Pro. Engagement Factor 1 (Structural Professional)	Yes	122	6.4757	6.14321	-7.147	428	.000
	No	308	12.6201	8.67032			
Pro. Engagement Factor 2 (Active/Participatory)	Yes	122	1.1803	2.39150	-3.332	428	.001
	No	308	3.6039	7.88593			
Current PhD Student							
Pro. Pride Factor 1 (Internal Beliefs)	Yes	32	31.3750	3.97370	2.267	427	.024
	No	397	29.6877	4.05557			
Pro. Pride Factor 2 (Action Oriented Pride)	Yes	32	26.9063	2.42779	3.259	427	.001
	No	397	25.2469	2.79601			
Philosophy Factor 1 (Empowerment)	Yes	32	26.8750	1.89652	.404	420	.687
	No	390	26.7154	2.16979			
Philosophy Factor 2 (Development)	Yes	32	15.2188	2.19581	.381	424	.704
	No	394	15.0812	1.94544			
Philosophy Factor 3 (Wellness)	Yes	32	21.8125	1.67404	1.390	422	.165
	No	392	21.3444	1.84329			
Philosophy Factor 4 (Prevention)	Yes	32	15.8125	1.55413	1.146	421	.252
	No	391	15.5115	1.41756			
Roles/Functions Factor 1 (Interactional)	Yes	32	27.5313	1.86624	2.118	418	.035
	No	388	26.7835	1.92348			

Roles/Functions Factor 2 (Foundational)	Yes	32	20.2500	2.12512	2.385	418	.018
	No	388	19.3686	2.00019			
Ethics Factor 1 (Ethical Deficit)	Yes	32	31.4063	4.30947	1.518	415	.130
	No	385	30.3818	3.61020			
Ethics Factor 2 (Ethical Strength)	Yes	32	28.2188	2.04363	2.039	415	.042
	No	385	27.5065	1.88624			
History Factor 1 (History)	Yes	32	15.0313	1.99167	.719	413	.472
	No	383	14.7937	1.77733			
Pro. Engagement Factor 1 (Structural Professional)	Yes	32	13.8750	5.79070	2.084	428	.038
	No	398	10.6357	8.63392			
Pro. Engagement Factor 2 (Active/Participatory)	Yes	32	4.8750	5.52852	1.678	428	.094
	No	398	2.7588	6.95738			
Current Counselor Educator							
Pro. Pride Factor 1 (Internal Beliefs)	Yes	23	30.6087	4.00839	.963	427	.336
	No	406	29.7685	4.07287			
Pro. Pride Factor 2 (Action Oriented Pride)	Yes	23	26.9565	2.47677	2.813	427	.005
	No	406	25.2808	2.79505			
Philosophy Factor 1 (Empowerment)	Yes	23	26.7391	2.28070	.027	420	.979
	No	399	26.7268	2.14384			
Philosophy Factor 2 (Development)	Yes	23	15.5652	1.50230	1.190	424	.235
	No	403	15.0645	1.98397			
Philosophy Factor 3 (Wellness)	Yes	23	21.2609	1.73775	-.319	422	.750
	No	401	21.3865	1.84058			
Philosophy Factor 4 (Prevention)	Yes	23	15.4348	1.44052	-.343	421	.732
	No	400	15.5400	1.42951			
Roles/Functions Factor 1 (Interactional)	Yes	23	26.8261	1.92241	-.037	418	.971
	No	397	26.8413	1.92996			
Roles/Functions Factor 2 (Foundational)	Yes	23	21.1304	1.63219	4.219	418	.000
	No	397	19.3375	1.99922			
Ethics Factor 1 (Ethical Deficit)	Yes	23	30.6957	3.30887	.316	415	.752
	No	394	30.4467	3.69629			
Ethics Factor 2 (Ethical Strength)	Yes	23	27.2174	2.08799	-.890	415	.374
	No	394	27.5812	1.89542			
History Factor 1 (History)	Yes	23	15.3478	1.74795	1.476	413	.141
	No	392	14.7806	1.79309			
Pro. Engagement Factor 1 (Structural Professional)	Yes	23	16.6522	5.85125	3.393	428	.001
	No	407	10.5504	8.50684			
Pro. Engagement Factor 2 (Active/Participatory)	Yes	23	9.0435	9.37346	4.488	428	.000
	No	407	2.5700	6.55627			
Current School Counselor							
Pro. Pride Factor 1 (Internal Beliefs)	Yes	85	30.0824	3.54297	.680	427	.497
	No	344	29.7471	4.19113			
Pro. Pride Factor 2 (Action Oriented Pride)	Yes	85	25.8235	2.63753	1.668	427	.096
	No	344	25.2587	2.83356			
Philosophy Factor 1 (Empowerment)	Yes	84	26.8571	2.00086	.618	420	.537
	No	338	26.6953	2.18547			
Philosophy Factor 2 (Development)	Yes	84	14.7262	2.00812	-1.910	424	.057
	No	342	15.1813	1.94406			

Philosophy Factor 3 (Wellness)	Yes	84	20.9167	2.03113	-2.603	422	.010
	No	340	21.4941	1.76577			
Philosophy Factor 4 (Prevention)	Yes	84	15.5238	1.37513	-.075	421	.940
	No	339	15.5369	1.44350			
Roles/Functions Factor 1 (Interactional)	Yes	83	26.7229	1.78963	-.620	418	.536
	No	337	26.8694	1.96112			
Roles/Functions Factor 2 (Foundational)	Yes	83	18.8434	2.26577	-3.010	418	.003
	No	337	19.5816	1.93188			
Ethics Factor 1 (Ethical Deficit)	Yes	82	29.8415	3.73330	-1.707	415	.089
	No	335	30.6119	3.64747			
Ethics Factor 2 (Ethical Strength)	Yes	82	27.2561	1.86462	-1.620	415	.106
	No	335	27.6358	1.91087			
History Factor 1 (History)	Yes	82	14.5732	1.66319	-1.348	413	.178
	No	333	14.8709	1.82143			
Pro. Engagement Factor 1 (Structural Professional)	Yes	85	13.4588	8.41138	3.162	428	.002
	No	345	10.2406	8.40387			
Pro. Engagement Factor 2 (Active/Participatory)	Yes	85	3.7646	5.58622	1.270	428	.205
	No	345	2.7072	7.15270			
Current Mental Health / Community Counselor							
Pro. Pride Factor 1 (Internal Beliefs)	Yes	146	29.8699	4.06374	.206	427	.837
	No	283	29.7845	4.07894			
Pro. Pride Factor 2 (Action Oriented Pride)	Yes	146	25.0000	2.81866	-1.975	427	.049
	No	283	25.5618	2.77889			
Philosophy Factor 1 (Empowerment)	Yes	145	26.9379	2.11220	1.458	420	.146
	No	277	26.6173	2.16313			
Philosophy Factor 2 (Development)	Yes	146	15.3699	1.71007	2.122	424	.034
	No	280	14.9464	2.07061			
Philosophy Factor 3 (Wellness)	Yes	145	21.4138	1.68567	.276	422	.783
	No	279	21.3620	1.90837			
Philosophy Factor 4 (Prevention)	Yes	145	15.3931	1.38090	-1.470	421	.142
	No	278	15.6079	1.44984			
Roles/Functions Factor 1 (Interactional)	Yes	145	26.8138	1.97198	-.206	418	.837
	No	275	26.8545	1.90675			
Roles/Functions Factor 2 (Foundational)	Yes	145	19.5655	1.94299	.956	418	.340
	No	275	19.3673	2.06103			
Ethics Factor 1 (Ethical Deficit)	Yes	143	30.2168	3.89861	-.979	415	.328
	No	274	30.5876	3.54996			
Ethics Factor 2 (Ethical Strength)	Yes	143	27.5385	1.90540	-.175	415	.861
	No	274	27.5730	1.90915			
History Factor 1 (History)	Yes	141	14.9220	1.85577	.896	413	.371
	No	274	14.7555	1.76101			
Pro. Engagement Factor 1 (Structural Professional)	Yes	146	12.1918	9.85363	2.314	428	.021
	No	284	10.2007	7.63189			
Pro. Engagement Factor 2 (Active/Participatory)	Yes	146	2.9726	5.18877	.122	428	.903
	No	284	2.8873	7.61076			

Current College Development / Higher Education Counselor							
Pro. Pride Factor 1 (Internal Beliefs)	Yes	29	29.9655	4.19594	.208	427	.835
	No	400	29.8025	4.06507			
Pro. Pride Factor 2 (Action Oriented Pride)	Yes	29	25.2759	2.34363	-.188	427	.851
	No	400	25.3775	2.83462			
Philosophy Factor 1 (Empowerment)	Yes	29	26.2069	2.55482	-1.353	424	.177
	No	393	26.7659	2.11437			
Philosophy Factor 2 (Development)	Yes	29	15.1724	2.00123	.230	424	.819
	No	397	15.0856	1.96246			
Philosophy Factor 3 (Wellness)	Yes	29	21.5517	1.90087	.523	422	.601
	No	395	21.3671	1.83021			
Philosophy Factor 4 (Prevention)	Yes	29	15.5517	1.50205	.068	421	.946
	No	394	15.5330	1.42503			
Roles/Functions Factor 1 (Interactional)	Yes	29	27.1034	2.07614	.761	418	.447
	No	391	26.8210	1.91717			
Roles/Functions Factor 2 (Foundational)	Yes	29	20.2759	1.57880	2.333	418	.020
	No	391	19.3734	2.03777			
Ethics Factor 1 (Ethical Deficit)	Yes	29	30.9655	3.07621	.767	415	.443
	No	388	30.4227	3.71417			
Ethics Factor 2 (Ethical Strength)	Yes	29	27.4483	2.48691	-.330	415	.741
	No	388	27.5696	1.85879			
History Factor 1 (History)	Yes	29	14.9310	2.13694	.370	413	.711
	No	386	14.8031	1.76770			
Pro. Engagement Factor 1 (Structural Professional)	Yes	29	11.4138	6.08580	.352	428	.725
	No	401	10.8379	8.64559			
Pro. Engagement Factor 2 (Active/Participatory)	Yes	29	2.2759	3.17239	-.519	428	.604
	No	401	2.9626	7.07150			
Current Couples / Family Counselor							
Pro. Pride Factor 1 (Internal Beliefs)	Yes	42	31.0952	2.86109	2.158	427	.031
	No	387	29.6744	4.15845			
Pro. Pride Factor 2 (Action Oriented Pride)	Yes	42	25.9286	2.83181	1.360	427	.175
	No	387	25.3101	2.79563			
Philosophy Factor 1 (Empowerment)	Yes	42	27.0476	2.05951	1.018	420	.309
	No	380	26.6921	2.15799			
Philosophy Factor 2 (Development)	Yes	42	15.6190	1.79365	1.840	424	.067
	No	384	15.0339	1.97409			
Philosophy Factor 3 (Wellness)	Yes	42	21.6190	1.71012	.891	422	.373
	No	382	21.3534	1.84668			
Philosophy Factor 4 (Prevention)	Yes	42	15.5476	1.46841	.064	421	.949
	No	381	15.5328	1.42611			
Roles/Functions Factor 1 (Interactional)	Yes	42	27.4048	1.84866	2.007	418	.045
	No	378	26.7778	1.92797			
Roles/Functions Factor 2 (Foundational)	Yes	42	19.6905	2.19187	.861	418	.390
	No	378	19.4074	2.00216			
Ethics Factor 1 (Ethical Deficit)	Yes	42	30.9048	3.21437	.826	415	.409
	No	375	30.4107	3.72115			
Ethics Factor 2 (Ethical Strength)	Yes	42	27.4524	2.03868	-.390	415	.697
	No	375	27.5733	1.89266			
History Factor 1 (History)	Yes	42	15.1429	1.95774	1.262	413	.208
	No	373	14.7748	1.77277			

Pro. Engagement Factor 1 (Structural Professional)	Yes	42	13.7143	6.79414	2.291	428	.022
	No	388	10.5696	8.60820			
Pro. Engagement Factor 2 (Active/Participatory)	Yes	42	6.8810	16.71016	4.001	428	.000
	No	388	2.4871	4.57974			
Current Counseling Supervisor							
Pro. Pride Factor 1 (Internal Beliefs)	Yes	30	31.2000	3.11171	1.941	427	.053
	No	399	29.7093	4.11648			
Pro. Pride Factor 2 (Action Oriented Pride)	Yes	30	26.7000	2.64119	2.715	427	.007
	No	399	25.2707	2.79121			
Philosophy Factor 1 (Empowerment)	Yes	30	26.5333	2.17721	-.513	420	.608
	No	392	26.7423	2.14856			
Philosophy Factor 2 (Development)	Yes	30	15.5333	1.83328	1.280	424	.201
	No	396	15.0581	1.97046			
Philosophy Factor 3 (Wellness)	Yes	30	21.1000	1.53914	-.867	422	.387
	No	394	21.4010	1.85385			
Philosophy Factor 4 (Prevention)	Yes	30	15.6000	1.52225	.261	421	.794
	No	393	15.5293	1.42313			
Roles/Functions Factor 1 (Interactional)	Yes	30	27.2667	1.96404	1.258	418	.209
	No	390	26.8077	1.92306			
Roles/Functions Factor 2 (Foundational)	Yes	30	20.3667	1.82857	2.637	418	.009
	No	390	19.3641	2.01938			
Ethics Factor 1 (Ethical Deficit)	Yes	30	30.0667	5.18575	-.609	415	.543
	No	387	30.4910	3.53616			
Ethics Factor 2 (Ethical Strength)	Yes	30	27.6000	1.69380	.116	415	.908
	No	387	27.5581	1.92303			
History Factor 1 (History)	Yes	30	14.8667	1.90703	.173	413	.863
	No	385	14.8078	1.78665			
Pro. Engagement Factor 1 (Structural Professional)	Yes	30	15.1333	7.65521	2.870	428	.004
	No	400	10.5575	8.47533			
Pro. Engagement Factor 2 (Active/Participatory)	Yes	30	5.8000	7.42038	2.394	428	.017
	No	400	2.7000	6.79673			

Note. Significant factor scores have been bolded.

Appendix K

Correlation Matrix for All Subscale Factors Using Entire Sample

Correlations

		Professional Pride Factor1	Professional Pride Factor2	Philosophy Factor1 Empower	Philosophy Factor2 Develop	Philosophy Factor3 Wellness	Philosophy Factor4 Prevention	Roles & Functions Factor1	Roles & Functions Factor2	Ethics Factor1	Ethics Factor2	History Factor1	Professional Engagement Factor1	Professional Engagement Factor2
Professional Pride Factor1	Pearson Correlation	1	.293**	.187**	.285**	.197**	.199**	.332**	.160**	.182**	.228**	.164**	.071	.109*
	Sig. (2-tailed)		.000	.000	.000	.000	.000	.000	.001	.000	.000	.001	.144	.023
	N	429	429	422	426	424	423	420	420	417	417	415	429	429
Professional Pride Factor2	Pearson Correlation	.293**	1	.313**	.115*	.249**	.286**	.366**	.225**	.162**	.330**	.315**	.122**	.158**
	Sig. (2-tailed)	.000		.000	.017	.000	.000	.000	.000	.001	.000	.000	.012	.001
	N	429	429	422	426	424	423	420	420	417	417	415	429	429
Philosophy Factor1 Empowerment	Pearson Correlation	.187**	.313**	1	.201**	.383**	.333**	.603**	.251**	.138**	.428**	.207**	.026	.120*
	Sig. (2-tailed)	.000	.000		.000	.000	.000	.000	.000	.005	.000	.000	.594	.014
	N	422	422	422	422	422	422	420	420	417	417	415	422	422
Philosophy Factor2 Development	Pearson Correlation	.285**	.115*	.201**	1	.282**	.195**	.335**	.176**	.154**	.234**	.096	.071	.103*
	Sig. (2-tailed)	.000	.017	.000		.000	.000	.000	.000	.002	.000	.051	.143	.034
	N	426	426	422	426	424	423	420	420	417	417	415	426	426
Philosophy Factor3 Wellness	Pearson Correlation	.197**	.249**	.383**	.282**	1	.284**	.415**	.358**	.091	.369**	.229**	-.036	.059
	Sig. (2-tailed)	.000	.000	.000	.000		.000	.000	.000	.063	.000	.000	.460	.223
	N	424	424	422	424	424	423	420	420	417	417	415	424	424
Philosophy Factor4 Prevention	Pearson Correlation	.199**	.286**	.333**	.195**	.284**	1	.398**	.092	.176**	.400**	.147**	-.031	.045
	Sig. (2-tailed)	.000	.000	.000	.000	.000		.000	.058	.000	.000	.003	.522	.355
	N	423	423	422	423	423	423	420	420	417	417	415	423	423
Roles & Functions Factor1	Pearson Correlation	.332**	.366**	.603**	.335**	.415**	.398**	1	.303**	.167**	.518**	.253**	.102*	.108*
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000		.000	.001	.000	.000	.037	.026
	N	420	420	420	420	420	420	420	420	417	417	415	420	420
Roles & Functions Factor2	Pearson Correlation	.160**	.225**	.251**	.176**	.358**	.092	.303**	1	.079	.288**	.269**	.093	.169**
	Sig. (2-tailed)	.001	.000	.000	.000	.000	.058	.000		.108	.000	.000	.058	.000
	N	420	420	420	420	420	420	420	420	417	417	415	420	420
Ethics Factor1	Pearson Correlation	.182**	.162**	.138**	.154**	.091	.176**	.167**	.079	1	.241**	.268**	-.044	-.016
	Sig. (2-tailed)	.000	.001	.005	.002	.063	.000	.001	.108		.000	.000	.366	.743
	N	417	417	417	417	417	417	417	417	417	417	415	417	417
Ethics Factor2	Pearson Correlation	.228**	.330**	.428**	.234**	.369**	.400**	.518**	.288**	.241**	1	.282**	-.041	.011
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000		.000	.406	.818
	N	417	417	417	417	417	417	417	417	417	417	415	417	417
History Factor1	Pearson Correlation	.164**	.315**	.207**	.096	.229**	.147**	.253**	.269**	.268**	.282**	1	.033	.154**
	Sig. (2-tailed)	.001	.000	.000	.051	.000	.003	.000	.000	.000	.000		.501	.002
	N	415	415	415	415	415	415	415	415	415	415	415	415	415
Professional Engagement Factor1	Pearson Correlation	.071	.122**	.026	.071	-.036	-.031	.102*	.093	-.044	-.041	.033	1	.343**
	Sig. (2-tailed)	.144	.012	.594	.143	.460	.522	.037	.058	.366	.406	.501		.000
	N	429	429	422	426	424	423	420	420	417	417	415	430	430
Professional Engagement Factor2	Pearson Correlation	.109*	.158**	.120*	.103*	.059	.045	.108*	.169**	-.016	.011	.154**	.343**	1
	Sig. (2-tailed)	.023	.001	.014	.034	.223	.355	.026	.000	.743	.818	.002	.000	
	N	429	429	422	426	424	423	420	420	417	417	415	430	430

** . Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).