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Envisioning a Future for Professional Counseling:
A Qualitative Study of Counselor Educator Perspectives on Professional Distinction

Michael L. Horst

A dissertation submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

for the degree of

Doctor of Philosophy

Department of Graduate Psychology

May 2018

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Dedication

This dissertation is dedicated to Simone, without whom I would miss much.

Acknowledgments

This project was made possible through the constant love and support of my family, friends, and mentors. Simone, Emerson, mom, dad, Daniel, Mick, Julie, Steffen, Kate, I thank you all. My dear JMU faculty mentors, Renee, Lennie, Michele, Debbie, Eric, Jennifer, and David, have each deepened my learning and supported my development through my time with them. They touch so many lives through their work and are a gift to our profession and communities. My EMU faculty mentors and colleagues, David, Teresa, Cheree, Nate, and Annmarie, have contributed to my growth in more ways than I know. I'm forever grateful to them.

Table of Contents

Dedication	ii
Acknowledgments.....	iii
List of Tables	vii
Abstract.....	viii
Chapter 1: Introduction.....	1
Statement of Purpose and Research Question	1
Defining Counseling.....	2
Overview of Chapters	10
Chapter 2: Literature Review.....	13
History of Counseling Professionalization at a Glance	21
20/20: A Vision for the Future of Counseling	32
Counselor Professional Identity.....	43
Counselor Professional Identity: Further Areas of Consensus and Discord.....	52
Further Points of Unity and Controversy.....	57
Chapter 3: Methodology	61
Introduction: Problem Statement and Purpose	62
Participants.....	66
Methods.....	67
Analysis.....	70

Trustworthiness.....	71
Limitations	72
Chapter 4: Results	74
Emergent Coding	74
Theme: Professional Standards and Accountability	77
Theme: Professional Differentiation.....	85
Theme: Professional Worldview.....	92
Theme: Professional Contributions.....	95
Theme: Self as Professional.....	97
A Priori Coding.....	101
Participant Definitions of Counseling.....	102
Additions to and Support for the ACA’s 20/20 Definition.....	103
A Priori Coding with ACA’s Codes	105
<i>Figure 1: Venn Diagram of Emergent Themes</i>	110
Chapter 5: Discussion	112
Study Overview	112
Professional Counseling Distinctiveness	114
The Counseling Package.....	121
Professional Needs.....	123
Current Events	126

Limitations and Recommendations for Future Research.....	129
References.....	132
Appendices	
A. 20/20 current and past delegates	150
B. Organizations endorsing the 20/20 consensus definition of counseling.....	151
C. Members of the 2010 oversight committee for the 20/20 consensus definition of counseling	152
D. Future 20/20 strategies for achieving the goals reflected by the 7 common principles.....	153

List of Tables

Table 1: Sampled programs in VA	141
Table 2: Consensus issues for advancing the profession	144
Table 3: First round Delphi results: 20/20 definition	146
Table 4: First round Delphi term frequencies: 20/20 definition	147
Table 5: Top 200 emergent codes	148
Table 6: Axial codes	75
Table 7: Emergent themes	76
Table 8: Delphi codes vs in vivo enumerate codes	105
Table 9: In vivo code frequencies	106
Table 10: Comparison of a priori codes	107

Abstract

The purpose of this qualitative study was to understand how counselor educators in Virginia define and describe Counseling as a distinct profession in light of the ACA's 20/20 consensus definition. This research focused on directors and core faculty members (n=8) of eight separate counseling programs in Virginia. Participants engaged one 60-minute semistructured interview with the researcher. Member checking and bracketing were used to bolster the study's trustworthiness. A priori coding using codes from the ACA's 20/20 project (Kaplan, Tarvydas, & Gladding, 2014) and emergent coding processes were used separately to see if the data that emerged from the interviews mirrored the ACA's codes and to create space for data outside of those preexisting codes to be seen. Five themes emerged from the data: *Professional Standards and Accountability*, *Professional Differentiation*, *Professional Worldview*, *Professional Contributions*, and *Self as Professional*. This study discusses how the interplay of these themes form the structure of Counseling as a distinct profession.

Chapter 1: Introduction

Statement of Purpose and Research Question

Since its inception in the early 20th century, counseling has striven to define itself as a profession (Hanna & Bemak, 1997). As Kaplan, Tarvydas, and Gladding (2014) stated, the Counseling profession has a history of being defined by other professions, legislators, and single authors. For the first time in the history of the Counseling profession, almost all the major counseling organizations are working together through the *20/20: A vision for the future of counseling* project to: establish a consensus definition, disseminate the licensure title “Licensed Professional Counselor (LPC)”, affirm educational requirements for licensure and scope of practice, and implement LPC licensure portability by the year 2020. Now is the opportune time to ensure the profession has bountiful data to inform this conversation. Following the lead of Emerson (2010), this research uses Counseling with an uppercase “C” to denote the Counseling profession, and counseling with a lowercase “c” to describe the act itself.

The purpose of this research was to understand and describe the definitions of professional Counseling held by directors and core faculty members of master's and doctoral-level counselor training programs in Virginia (Table 1) in light of the ACA’s *20/20* initiatives. This project gathered and analyzed the stories, perspectives, and beliefs of counselor educators in Virginia related to definitions of professional counseling and counselor professional identity (CPI). For the purposes of this research, *definitions of professional counseling* include any verbal descriptions, unique signifiers, symbols, images, metaphors, and stories, as well as artifacts that participants use to describe professional counseling and the process of training counselors.

This research aspires to contribute to the *20/20: A Vision for the Future of Counseling* and the consensus educational requirements of the *Building Blocks to License Portability Project* (Counseling Today Staff, 2017) by providing data on a vision for the future of counseling from directors and core faculty members of counselor training programs in Virginia. Further, this research intends to fill a methodological gap in the literature on the identity of the Counseling profession by offering a qualitative analysis of counselor educators' stories about defining Counseling throughout their career and their CPI development. This research included 8 individual interviews (60 minutes) with directors and core faculty members representing 8 counseling programs in Virginia. Five of the eight participants in this research are currently program directors or chairs. All the participants in this research have held or currently hold positions of leadership and advocacy in state and national counseling organizations, including the Virginia Board of Counseling. The objectives of these individual interviews were to aggregate definitions of and perspectives on definitions of professional counseling from counselor educators to contribute further meaningful data to the overall *20/20* conversation within the counseling profession.

Defining Counseling

In 1987, the American Mental Health Counselors Association (AMHCA) offered a comprehensive definition of clinical mental health counseling, which is described in Chapter 2. Ten years later, ACA consolidated the AMHCA definition to read that counseling "...is the application of mental health, psychological, or human development principles, through cognitive, affective, behavioral, or systemic intervention strategies that address wellness, personal growth, or career development, as well as pathology"

(ACA Governing Council, 1997, p. 8). The most recent definition put forth in 2010 through the ACA's *20/20: A vision for the future of counseling* initiative is a consensus definition (29 out of 31 organizations creating and ratifying the definition through the Delphi method). It reads, "Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan, Tarvydas, & Gladding, 2014).

King and Stretch (2013) noted the differences and similarities in wording between the 1997 and 2010 ACA definitions of counseling. The words, "*human development, personal growth, pathology, cognitive, affective, behavioral, and systemic*" were removed and the words "*empowers, diverse, individuals, families, groups, and education* were added, while the words "*mental health, wellness, and career*" remained (King & Stretch, 2013, p. 2). The changes in wording may reflect the collaborative creation of the definition across counseling organizations through the Delphi model. These changes may also reflect more of a wellness and multicultural model.

Commensurate with a wellness model, King and Stretch (2013) noted that *growth* and *development* are fundamental counseling values that distinguish counselors from other mental health professionals. Perhaps the *20/20* delegation subsumed *growth* and *development* into the terms *wellness* and *mental health*. However, since the definition was formed through a Delphi process, it seems more likely that the terms *growth* and *development* were not deliberately omitted or subsumed into related terms, they just did not emerge from the Delphi process (Kaplan, Tarvydas, & Gladding, 2014). King and Stretch (2013) pointed out that the omission of terms focused on growth and development remove a key historical piece of CPI from the definition.

Remley and Herlihy (2010) wrote, “The goal of counseling is to help the person accomplish wellness rather than cure an illness” (p. 24). This movement from a medical model as espoused in the AMHCA definition to a wellness model is reflected in the 20/20 consensus definition through the removal of the terms *pathology*, *cognitive*, *affective*, and *behavioral* (King & Stretch, 2013). Further, words like *diverse* and *empowers* are indicative of Counseling multicultural and social justice values. These values are congruent with the findings of Mellin, Hunt, and Nichols (2011) who surveyed 238 counselors about how Counseling is distinct from psychology and social work. Their data indicated that developmental, prevention, and wellness orientations toward helping were of utmost value to counselors, whereas psychology was oriented toward a medical model and testing and social work specialized in systems-based interventions (Mellin, Hunt, & Nichols, 2011). The perception that social workers focus on systems could be a reason that the term *systems* was replaced with *families* in the 20/20 consensus definition of counseling. The term *families* also pulls couple, marriage, and family counselors under the umbrella of Counseling.

While the 20/20 consensus definition of counseling reflects values central to Counseling, such as a wellness model, multiculturalism, and social justice, the definition has still been criticized as too vague. Brian Law, 2010 President of the American School Counselors Association (ASCA), refused to ratify the definition because it was not researched well enough, did not recognize the existence of multiple professions within Counseling, and did not distinguish Counseling from other mental health fields clearly enough (Kaplan, Tarvydas, & Gladding, 2014). Distinguishing Counseling from other professions is a large motivation for the 20/20 definition, but describing it as a

professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals could in some ways also apply to social work, counseling psychology, and clinical psychology. Kaplan, Tarvydas, and Gladding (2014), admitted that the definition is succinct, but they stated that it also serves an essential function for the entire Counseling profession by offering a clear, concise statement of who counselors are and what they do. “The definition, while pithy, is also inclusive...consumers as well as professionals can get a sense that counseling is a professional relationship that is meant to empower diverse individuals throughout the life span to live meaningful and healthy lives” (Kaplan, Tarvydas, & Gladding, 2014, p. 370).

Counseling is Many Things and One Profession

One of the reasons Counseling has struggled to define itself as a profession is that Counseling is many things, as ASCA highlighted by declining to endorse the ACA’s *20/20 principles for unifying and strengthening the profession* (Kaplan & Gladding, 2011). The ACA recognizes and values this diversity within the association by creating space for 20 divisions which each “...enhance professional identity and are organized around specific interest and practice areas. The divisions provide professional strength and satisfy the diverse needs of the counseling community” (ACA, 2018b, para.1). These divisions work together harmoniously under the umbrella of the *20/20* project at best and engage in divisive turf wars at their worst. Unifying Counseling under one title has its benefits for the profession, as enumerated in Chapter 2, yet can be a source of difficulty for establishing a unified vision for the future of the profession (King & Stretch, 2013).

As King and Stretch (2013) pointed out, literature around the identity of the Counseling profession and the ACA itself argue that while the many divisions in

Counseling enhance professional identity, they can also breed discord. For example, Gerig (2007) noted that ASCA and AMHCA, “have marked tensions, seem to harbor ill feelings, act out of sync, or duplicate efforts” (as cited in King & Stretch, 2013, p. 6). The goal of the 20/20 project is to unite all Counselors under one profession (Kaplan, Tarvydas, & Gladding, 2014). However, such efforts have been met with some dissent. The *20/20 Principles for Unifying and Strengthening the Profession* was endorsed by all but one organization, the American School Counselor Association (ASCA), whose 2009 president stated that the ASCA could not endorse the *20/20 Principles for Unifying and Strengthening the Profession* because too little consideration was given to the idea of the existence of several counseling professions existing alongside one another.

This concern voiced by ASCA that efforts like the 20/20 process homogenize Counseling and do not respect the diversity of several counseling professions existing together is shared among others in the profession. For example, when the ACA, AMHCA, and ASCA have historically butted heads, the profession has experienced fragmentation of professional unity and diffusion of professional identity (Calley & Hawley, 2008 as cited in King & Stretch, 2013). If diversity of counseling identities, roles, and practices is not honored, and the organizations cannot function harmoniously, then Counseling is at risk of continually repeating its history of fragmentation and indistinct professional identity.

The 20/20 project is moving forward with support from 29 out of 31 organizations (ASCA and Counselors for Social Justice (CSJ) dissented). ASCA and CSJ declined to endorse the *20/20 Principles for Unifying and Strengthening the Profession* and the *20/20 consensus definition of counseling*. ASCA declined to endorse the definition because it

does not adequately distinguish counseling from other mental health fields. ASCA also did not endorse the definition because of a paucity of research to support it and plans to create their own definition of school counseling as a distinct profession. The CSJ declined to endorse the definition because multicultural competence, social justice, and advocacy were not stressed strongly enough (Kaplan & Gladding, 2011; Kaplan, Tarvydas, & Gladding, 2014).

When multiple distinct Counseling professions are recognized to exist beside one another, confusion on the part of outside organizations, legislators, and clients becomes a problem. For example, the Department of Veterans Affairs (VA) used to only recognize counselors from CACREP accredited programs in CMHC for employment, which excludes other counselors (e.g. career, school, student affairs) from appropriate placements with military families (King & Stretch, 2013). Another example offered by King and Stretch (2013) is the Institute of Medicine. The Institute of Medicine recognizes counselors who work for the VA with a Certified Clinical Mental Health Counselor credential and have passed the National Clinical Mental Health Counselor Examination (NCMHCE). King and Stretch (2013) wrote in summary that, "...counseling specialties create distinct professions and fragment a unified occupation via intraprofessional identity diffusion, conflicting philosophies, differing professional association governance structure, and confusing members loyalties" (p. 7).

Myers, Sweeney, and White (2002) posited that the difficulty the counseling profession has faced in defining itself also lies in the diverse specializations within the field and the segregation that takes place between specializations. As Myers (1995) wrote, specialties in Counseling are both part of the profession's rich heritage and a force

for fragmentation if the specialty organizations within the umbrella of professional counseling cannot come to consensus over a core professional identity. If a professional identifies herself as a counselor, that could denote many professions or a specialty within Counseling. With so many specialties amalgamated under the same licensure title and the difference in statuses and requirements across licensure jurisdictions, it is understandable that clients and legislators may be confused about who exactly qualifies as a professional counselor.

CACREP. The Council for Accreditation and Related Educational Programs (CACREP) recognizes the diversity in professional specialties within the profession. In Section 5 of the 2016 CACREP standards, CACREP outlines requirements for seven distinct entry-level specialties: Addiction; Career; Clinical Mental Health; Clinical Rehabilitation; College Counseling and Student Affairs; Marriage, Couple and Family; and School Counseling. These entry level specialties reflect the ACA's vision of one unified profession with multiple specialties, but whether these specialties represent distinct professions, as posited by ASCA and CSJ, remains up for debate.

Mentorship

The definition of Counseling is broad, and a counselor can fulfill many different roles. Even within one specialty, such as CMHC, there are often many different theoretical approaches, techniques, and ways of being in relationship with a client. Since the ACA does not offer an ideal image of a counselor, but rather encourages a diversity of perspectives within the profession, mentorship and appreciating the unique cultures of counseling programs is crucial for counselors in training. A large factor in the thriving of counseling students in general is mentorship, and mentorship is an even larger factor in

the success and thriving of counseling students from diverse cultural, racial, and ethnic backgrounds (West, Bubenzer, Cox, & McGlothlin, 2013). The ability to connect with a member of the counseling profession who shares a similar cultural background as the counselor in training offers the trainee an avenue for understanding, unique insights, and a cultural bridge into the profession.

Emerson (2010) supported the importance of mentorship and supervision in the formation of CPI when she wrote that CPI is most strongly formed through associations to more senior counselors. Hansen (2010) agreed and highlighted the postmodern values of Counseling. Along with supporting multicultural values, feminist theory, and critical theory, Counseling also favors a bottom-up, rather than top-down, approach to counselor formation. This means that counselors often rely on their own local (self/community) knowledge for their counselor formation, rather than universal rules and *one truth* about Counseling. If Hansen's (2010) assertions hold true for the profession, and if Counseling is to be a profession comprised of many specialties, then mentorship is indeed crucial for all members of the Counseling profession.

Stories of CPI Formation and Definitions of Counseling

This project gathered and analyzed the stories and perspectives that counselor educators in Virginia hold about the definition of Counseling. In order for these participants to define what Counseling is, they also needed to describe their process of CPI development and how their understanding of Counseling has changed over the years. This is necessary because counselors' perspectives change with experience, and the Counseling profession has changed over time, as discussed in Chapter 2. This research strives to fill a methodological gap in the literature around definitions of Counseling and

the *20/20* project. The ACA website and the articles (Kaplan & Gladding, 2011; Kaplan, Tarvydas, & Gladding, 2014) documenting the *20/20* process offer a perspective on the project from within its process. More voices may be needed to inform the next steps for the *20/20* project.

Overview of Chapters

Chapter 1 has framed the need for more qualitative data around issues related to definitions of Counseling and CPI and described some of the issues that make forming a definition of Counseling difficult. Chapter 2 explores relevant literature related to the process of defining Counseling as a distinct profession. This chapter provides a brief historical overview of the professionalization of counseling and details the *20/20* process; counselor professional identity measures and models; transtheoretical psychotherapeutic perspectives for the profession; and a discussion on sources of unity and discord in the profession. Chapter 3 describes the proposed research design and methodology for this project. It addresses sample size and sampling techniques, participant features, proposed data collection techniques, proposed analysis methods, and procedures to increase trustworthiness of the study. Chapter 4 details the analysis of the results garnered from data gathered through the proposed methods in this chapter. Chapter 5 engages a discussion of those results, how they may be used to help inform the discussion around the profession's identity, and a review of the profession's progression toward the goals enumerated in the *20/20* project.

The purpose of this study is not to offer a new definition of Counseling. The ACA has put forward its consensus definition of Counseling and the researcher respects and promotes this definition. The purpose of this study is to understand how counselor

educators in Virginia define Counseling as a distinct profession in light of the ACA's definition. Sampling in this study was limited to counselor educators in Virginia, though some participants also taught in Washington D.C. This delimitation controlled the scope of participants and provided a localized sample for analyzing themes and trends. Since counselor licensure is still localized within licensing boards' jurisdictions, a sample of counselor educators from Virginia sampled counselors teaching and counseling within the jurisdiction of the Virginia Board of Counseling. Further research may compare and contrast perspectives held by counselor educators and counselors across jurisdictions.

This study was limited in its sample size ($n=8$), but the participants produced similar and consistent themes related to counselor professional identity and distinction with a frequency that supports saturation. This study was also limited in its exploration of School Counseling, School Psychology, Marriage and Family Therapy, Psychiatry, and other related helping professions. Instead, the primary distinctions that emerged from this study centered around Clinical and Counseling Psychology and Clinical Social Work. Further research may investigate the distinctiveness of Counseling regarding other helping professions.

The time is ripe for Counseling to continue establishing itself as a distinct profession. It is the perspective of the researcher that inquiries into the professional distinctives of Counseling contributes to a growing body of evidence that illuminates a path forward for the profession. Counselors can best serve the needs of their communities, collaborate interprofessional, and communicate with legislators and policy makers when the profession is able to be clear about its distinctiveness (e.g. scope of practice, function, training, licensure, etc.). The goal of this research on the professional

distinctiveness of Counseling is not to participate in turf wars. The intention of this research is to illuminate perspectives on the distinctiveness of the profession to contribute to a growing body of literature on the subject that paves a way forward for counselors to best serve their communities through direct service and interprofessional collaboration.

Chapter 2: A Review of the Literature

Chapter Overview

Chapter 1 described the ways this research aspires to contribute to the *20/20: A Vision for the Future of Counseling* and the consensus educational requirements of the *Building Blocks to License Portability Project*. Chapter 2 explores relevant literature related to the process of defining Counseling as a distinct profession. This chapter provides a brief historical overview of the professionalization of counseling and details the *20/20* process; counselor professional identity measures and models; transtheoretical psychotherapeutic perspectives for the profession; and a discussion on sources of unity and discord in the profession.

Introduction

Counseling has come a long way in its professional development. As Hodges (2011) noted, professional counseling has unified under the American Counseling Association (ACA) and National Board of Certified Counselors (NBCC) and established professional licensure in 53 jurisdictions (all 50 states, D.C., Guam, and Puerto Rico). As far as Counseling has come, the profession holds a history of diffuse professional identity that is still present today (King & Stretch, 2013). The *20/20 Principles for Unifying and Strengthening the Profession* and *20/20 Consensus Definition of Counseling* have yet to be adopted by all Counseling organizations. Further, the licensure title, Licensed Professional Counselor (LPC), and scope of practice outlined by the ACA and American Association of State Counseling Boards (AASCB) have yet to be adopted in all licensure jurisdictions. Further, the *20/20* committee has not yet agreed upon standard educational requirements for licensure as an LPC. Without unity across all counseling licensure

jurisdictions regarding licensure title, scope of practice, and standard educational requirements, licensure portability remains a large problem for licensed counselors (Kaplan, Tarvydas, & Gladding, 2014; ACA, 2018a). Investigating how counselor professional identity (CPI) is measured at all levels of training, with an eye toward how professional identity is used to define the counseling profession, will help establish themes from the literature about definitions of professional counseling. Further, looking into common themes related clinical theories embraced by counselors (e.g. humanism, constructivism), how professional identity impacts interprofessional collaboration, and discussing the process of the ACA's 20/20 projects will explicate the ongoing professionalization of counseling.

Counseling has a professional identity problem in part because it has not had an official definition to reflect the profession until the *20/20: A vision for the Future of Counseling* project offered a consensus definition in March of 2010 (King & Stretch, 2013; Linde, 2010; Puglia, 2009). Kaplan, Tarvydas, and Gladding (2014) wrote that Counseling's history of defined by other professions, single authors and legislators, and a consistently diffuse professional identity have all contributed to consumers feeling unclear about the services counselors offer. Along with confusion among consumers, third party payers struggle to determine how and when to reimburse counselors, legislation sometimes omits counselors, and counselors disagree among themselves about issues of professional identity (Bradley, 2001; Gerig, 2014; Gladding, 2013). Many factors, historical and current, contribute to Counseling's diffuse professional identity and lack of cohesion within the field. This literature review aims to aggregate the ways in which counselor professional identity has historically been defined and highlight

historical turning points for the professionalization of Counseling. It also aims to understand the ways Counseling has set itself apart from other mental health professions, survey the recent literature pertaining to the professional identity, and highlight areas of consensus within the profession.

Defining Professional Counseling

As Gerig (2014) wrote, clinical mental health counseling (CMHC) is still the “new kid” on a block where other mental health professions have been working. While it is true that CMHC is a younger profession than other helping professions, it also has much in common with the its allied mental health professions (i.e. Clinical Psychology, Clinical Social Work, and Psychiatry) insofar as it aims to intervene in mental distress and engage a therapeutic alliance that promotes wellness. This similarity in function, along with the term *counselor* being used to describe professions far different from CMHC (e.g. loan counselor, camp counselor, cosmetic counselor) and an historically diffuse professional definition of counseling has led to counselors fading into the backdrop of many conversations around mental health (Gerig, 2014). As mentioned in Chapter 1, Emerson (2010) noted that Counseling with an uppercase “C” refers to the Counseling profession, whereas counseling with a lowercase “c” denotes the act itself. CMHC is not the only mental health profession to use the term counseling. Counseling psychologists (Division 17 of the APA), psychiatrists, clinical social workers, psychiatric nurses, and pastors often correctly describe what they do as “counseling.” The counseling profession itself lends to the confusion by using the generic term “counselor” after specialties within the profession (e.g. school, career, marriage and family, clinical mental health, student affairs and college, addiction) (Gerig, 2014). Each of these specialty areas

rightly fall within the purview of the counseling profession and are eligible for the credential Licensed Professional Counselor (LPC) depending upon their educational requirements and the regulations of their licensure jurisdiction. With so many specialties amalgamated under the same licensure title and the difference in statuses and requirements across licensure jurisdictions, it is understandable that clients and legislators may be confused about who exactly qualifies as a professional counselor.

Myers, Sweeney, and White (2002) enumerated the concerns about Counseling lacking a unified professional definition sixteen years ago. They discussed the ways the counseling profession has unproductively attempted to define itself, specifically in the past 35 years, and warned that if a consensus-based definition initiative, such as the current *20/20* project, was not undertaken successfully, then the counseling profession will not be able to effectively advocate for itself or for its clients. Myers and colleagues discussed common theme in the literature: The term *counseling* is used by various professions. For example, the authors described debates over whether counselor educators and Counseling Psychologists are similar, identical, or different, as well as debates over the differences between community counselors and community psychologists.

Despite these challenges in defining the profession, counselors continue to assert that the profession has a unique identity that sets it apart from the other allied mental health fields (Gerig, 2014). Through a project like the *20/20* initiative, Counseling can continue to distinguish itself as a valuable mental health profession by identifying the profession's unique historical and philosophical traditions, formalizing the specific training models for counselors-in-training (CITs), and building specialization upon

common core curricular experiences. The counseling profession has attempted this before (Emerson, 2010) and each attempt remained too general or divisive to unite the profession. Furthermore, many of these attempts have been completed by single authors, individual organizations, or persons and organizations outside the profession (e.g. legislators, other mental health professions) (Nugent, 2000; Kaplan, Tarvydas, & Gladding, 2014).

Gerig (2014) wrote that examples of these unsuccessful attempts at definition exist throughout the history of the literature and profession. For example, Gustad (1953) concluded his work on the roles and relationships in counseling with the following definition:

Counseling is a learning-oriented process, carried on in a simple, one-to-one social environment, in which a counselor, professionally competent in relevant psychological skills and knowledge, seeks to assist the client, by methods appropriate to the latter's needs and within the context of the total personnel program, to learn more about himself and to accept himself, to learn how to put such understanding into effect in relation to more clearly perceived, realistically defined goals to the end that the client may become a happier and more productive member of society (p. 18).

Counseling Psychology, Division 17 of the APA, also attempted to define counseling several times. Their goal, however, was to define Counseling Psychology as a distinguishable specialty within the APA. Pallone (1977) documented this process by highlighting the work of Thompson and Super. In 1952, *The Journal of Counseling Psychology* was established, and Super (1955) wrote:

A hitherto somewhat amorphous and debatable field of psychology emerged as clearly a field in its own right...merging several streams of development...clinical psychology has typically been concerned with...*psychopathology*, with the abnormalities even of normal persons. Counseling psychology concerns itself with hygiene, with the normalities even of abnormal persons, with locating and developing personal and social resources and adaptive tendencies so that the individual can be assisted in making more effective use of them (Super, 1955, p. 3).

At the Greyston Conference on Counseling Psychology held in 1964, Thompson and Super (1964) claimed that “counseling psychologists are no longer a people in search of a professional identity” (Thompson & Super, 1964 as quoted in Pallone, 1977). This sort of statement seems to be the dream of mental health counselors. Though Counseling Psychology and Clinical Psychology shared similar credentials, training, and scope of competence, they were able to distinguish themselves from one another. They further distinguished the specialties by delineating typical work environments, with Counseling Psychologists working in community mental health centers, corporate offices, and universities, and Clinical Psychologists working in hospitals. This distinction in the workplace has lost some relevance today. Both Counseling Psychologists and Clinical Psychologists who meet the APA requirements for licensure (e.g., doctoral level work in an APA accredited program, an APA approved internship, and a period of post-doctoral supervised practice) work in a variety of settings (Association of State and Provincial Psychology Boards, 2018). Licensed Professional Counselors also work in many different

settings and are attempting to make such a distinction for the profession now as they work toward licensure portability and a nationally recognized uniform status.

Another example of a previous attempt at defining professional counseling occurred in 1987. The American Mental Health Counselors Association (AMHCA) put forth the following definition of counseling, attempting to consolidate an historically diffuse professional definition:

Mental Health Counseling is the provision of professional counseling services, involving the application of principles of psychotherapy, human development, learning theory, group dynamics, and the etiology of mental illness and dysfunctional behavior to individuals, couples, families, and groups, for the purposes of treating psychopathology and promoting optimal health.

The practice of Mental Health Counseling includes, but is not limited to diagnosis and treatment of mental and emotional disorders, psychoeducational techniques aimed at the prevention of such disorders, consultation to individuals, couples, families, groups, organizations, and communities and clinical research into more effective psychotherapeutic treatment modalities (AMHCA, 1987, p. 6)

Ten years later, the ACA produced a very similar, but more concise definition of professional counseling by writing that professional counseling "...is the application of mental health, psychological, or human development principles, through cognitive, affective, behavioral, or systemic intervention strategies that address wellness, personal growth, or career development, as well as pathology" (ACA Governing Council, 1997, p. 8). Following the ACA's definition, Lewis, Lewis, Daniels, and D'Andrea (2003)

clarified that *community counseling* is a “...comprehensive helping framework of interventions strategies and services that promotes the personal development and well-being of all individuals and communities” (p. 5). The definition of community counseling that Lewis et al. (2003) put forward is now obsolete since CACREP has combined community counseling and mental health counseling into one specialty, Clinical Mental Health Counseling, in their 2016 educational standards for counselors (CACREP, 2016). That said, the definition the authors provided for community counseling shares similar pitfalls to other definitions.

Today, through the work of the 20/20 project, the ACA has offered a new definition. This definition is unprecedented for the profession because it is a consensus definition reached through a process that used the Delphi method with representatives from 31 major counseling organizations offering input, resulting in 29 of the 31 ratifying the definition. That definition reads, “Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan, Tarvydas, & Gladding, 2014, p. 368). As detailed later in this chapter, the ACA has urged counselors, organizations, and licensure boards to all promote this definition as the official definition of professional counseling by 2020 because it was established by consensus within the profession. As Kaplan, Tarvydas, and Gladding (2014) described, and discussed later in this chapter, this consensus definition and the process of establishing the consensus definition is an historical achievement for the profession because it is the first time all of the major counseling organizations have worked together to form a consensus definition of Counseling and licensure portability.

History of the Professionalization of Counseling at a Glance

In the first decade of the twentieth century, mental health professions were dominated by Freudian psychoanalysis and behaviorism (Goodyear, 1984). Many clinical mental health counselors may rightly claim Freud as the forefather of their clinical work as a psychiatrist or psychologist might. Considering the many specialties incorporated under the umbrella of Counseling, counselors must also recognize that professional counseling has its roots in career and vocational guidance and psychometric testing.

1900s

Frank Parsons, the “founder of guidance” and a social worker (among many other careers), established the Boston Vocational Bureau (1908) and published *Choosing a Vocation* in 1909, both of which launched the development of vocational guidance (Newsome & Gladding, 2014). Vocational guidance spread to other cities, and Jesse Davis set up a systemized guidance system in schools in Grand Rapids, MI. This system not only provided vocational guidance, but instructed students on effective ways of dealing with difficult life events, which laid the groundwork for school counseling (Newsome & Gladding, 2014).

The term *counseling* also emerged in the first decade of the twentieth century in 1908 Clifford Beers published his experiences as a patient in mental hospitals in *A Mind that Found Itself*. Beers’ account of the horrible conditions and treatment of patients spurred advocacy efforts, including the establishment of the National Mental Health Association and National Alliance for the Mentally Ill. Psychiatrists and clinical psychologists began calling talk therapies and associated activities *counseling*. (Newsome & Gladding, 2014).

1920s-1930s

Alongside these movements, the National Vocational Guidance Association (NVGA), a predecessor of the ACA, was established; psychometrics were embraced with the start of WWI (Army Alpha and Army Beta); and the Smith-Hughes Act gave funding for vocational guidance in public schools (Neukrug, 2012). With increasing awareness of the importance of vocational guidance, Boston and New York began certifying counselors for vocational guidance and Harvard University began teaching counseling courses that focused almost exclusively on vocational guidance. These emerging trends encouraged the development of a vocational guidance inventory, Strong Vocational Interest Inventory (SVII) in 1927 (Newsome & Gladding, 2014).

The development and use of the SVII and the economic devastation of the American Great Depression led to the use of further psychometric instrument development and use. Further, counselors continued to engage in interventions that mirrored teaching and practical advice-giving around a person's personality traits and skills. For example, approaches such as the *Minnesota Point of View* and *Trait-Factor Counseling* became popular (Newsome & Gladding, 2014). It is interesting to note that psychometric assessment seems to have played a large role in the professional identity of early counselors and the way they conducted counseling (vocational guidance). Today, such assessment does not seem to play such a large role in the professional identity and services of counselors. In fact, more complex assessments now fall in the purview of clinical psychologists and require assessors to demonstrate specific credentials to interpret such measures (Erford, 2012).

1940s

In 1942, Carl Rogers published *Counseling and Psychotherapy*, launching the integration of humanism into psychotherapy. Rogers brought a new emphasis to counseling. By placing primacy on the relationship and the client's ability to be responsible for their own growth, Rogers began to move the counseling literature away from testing, assessment, and a psychoeducational focus. World War II brought greater need for mental health care, and new emergent theories like Rogers' showed promise. In 1946, the National Mental Health Act funded research and training initiatives for *counseling psychologists*, a term coined by the Veterans Administration (Bradley & Cox, 2001; Newsome & Gladding, 2014).

1950s

The 1950's brought many profound changes for counselors. The American Personnel and Guidance Association (APGA) was established, the American Psychological Association created Division 17 specifically for Counseling Psychologists, and the National Defense Education Act was passed. The APGA brought together disparate organizations concerned with guidance and personnel matters into four divisions: American College Personnel Association, the National Association of Guidance Supervisors and Counselor Trainers, the National Vocation and Guidance Association, and the Student Personnel Association for Teacher Educators (Newsome & Gladding, 2014). The APGA would later become the American Counseling Association (Gerig, 2014).

Meanwhile, The APA also recognized the need for psychologists who offered counseling services. Division 17 of the APA was driven partially by the VA, but also followed a movement for some psychologists to work with less severe cases of

psychological distress than cases handled by clinical psychologists. These Counseling Psychologists sought to see a broader swath of the population and reach those persons whose suffering may not qualify for treatment with a clinical psychologist. Further, Counseling Psychologists emphasized the importance of prevention, normal human growth and development, and humanistic approaches to counseling (Roger & Stone, Society of Counseling Psychology, 2017). Division 17 and Counseling Psychologists laid the groundwork for clinical mental health counseling as we know it today. As Newsome and Gladding (2014) wrote, many of the visionary Counseling Psychologists, including Donald Super and Gilbert Wrenn were active in both the APGA and Division 17.

In true Cold War fashion, the United States sought to identify high-achieving students in the sciences and promote their academic training to assist the future development of the USA's science programs and defense capabilities. To assist this initiative, the National Defense Education Act (NDEA) was passed to fund the training of school counselors who could identify and promote the education of such students. The NDEA spiked the number of school counselors due to increased access to funding for graduate programs made possible by the NDEA (Erford, 2013; Newsome & Gladding, 2014).

Counseling was not entirely focused on schools and educational initiatives; psychotherapy continued to be researched. Hans Eysenck published *The Effects of Psychotherapy: An Evaluation* in 1952 and demonstrated that psychotherapy was indeed effective. Research like Eysenck's spurred greater interest in psychotherapy and psychologists such as Albert Ellis and Aaron Beck began forming new approaches to psychotherapy such as transactional analysis, Rational Emotive Behavioral Therapy, and

Cognitive Therapy (Gerig, 2014). These new therapies often clashed with psychoanalytic and humanistic (client-centered) perspectives. Psychiatrists, clinical psychologists, and counseling psychologists all dabbled in the emerging theories, and many mental health practitioners went into private practice. However, the flaws in the mental health care system were becoming evident by the late 1950's and the scarcity of mental health care clinics became apparent.

1960s

To respond to the scarcity of mental health services across the country, The Community Mental Health Centers Act was passed in 1963, following the Mental Health Study Act of 1958 (Gerig, 2014). The Community Mental Health Center Act provided funding to establish mental health centers around the United States that provided short-term inpatient treatment, outpatient treatment, partial hospitalization, crisis intervention, and consultation and education services (Newsome & Gladding, 2014; Gerig, 2014). To meet these needs, a greater emphasis was placed on and crisis counseling and group counseling facilitated by psychologists. Further, there was a shift from a focus on human growth and development in Counseling Psychology to a focus on social issues and crisis intervention with the rise of feminism, the civil rights movement, and the Vietnam war (Sweeney, 2001). This is interesting to note, because these themes emerge in the current climate of professional Counseling as the importance of social justice and multicultural competence is stressed in the field's ethical and educational standards (ACA, 2014; CACREP 2016).

Two amendments were later applied to the Community Mental Health Centers Act. The first made provisions for alcohol and drug abuse treatment and the second

included treatment for children and adolescents (Gerig, 2014). This Act was revolutionary for Counseling because counselor education programs began to emphasize counselor training for community agencies, rather than just training counselors for schools (Hershenson et al., 1996).

Staffing needs for counselors greatly increased with the establishment of a network of mental health care centers, so counselors began to flock to those agencies. Gerig (2014) wrote that counselors served as paraprofessionals first, playing second-fiddle to clinical and Counseling Psychologists, but were soon recognized as primary care providers as the demand for providers and available positions increased. Counselors had graduate training related to mental health and therapeutic relationships, so they filled the gap in services well. However, counselors did not have an official scope of practice or licensure, let alone a comprehensive definition of their profession yet.

1970s

Professional counseling experienced even more growth in the 1970s. Lewis and Lewis (1977) wrote about *community counselors* who could meet the needs of community mental health centers. Counselor training programs in *community counseling* began to crop up. Hollis and Wantz (1980) reported that counselor education programs grew from 327 in 1968 to 475 by 1980. To manage all of these programs, the Association of Counselor Education and Supervision (ACES) was established in 1973 as a division of the APGA to manage the standards for graduate training in counseling. As these programs and the number of mental health counselors expanded, the APGA established the American Mental Health Counselors Association (AMHCA) in 1976, which quickly

became the largest division in the APGA (Neukeg, 2012; Eford, 2013). The AMHCA united mental health counselors within the APGA organization.

Mental Health Counselors were also licensed for the first time in 1976. Virginia was the first state to issue licenses to professional counselors, followed by Arkansas and Alabama (Shallcross, 2009). Despite an emerging licensure process and a professional organization, mental health counselors continued to hold a diffuse professional identity. Gary Seiler (1990) reflected on his experiences related to this predicament by writing that “as mental health counselors we did not work exclusively with mental illness; we did not work solely through the social service system; nor was our clinical work mainly with marriages or families in trouble...” (p. 7). Mental health counselors were experiencing frustrations related to professional identity, function, and role in similar ways that they do today. When a profession begins to grow out from its roots to fill gaps, as mental health counseling had, a confusion over professional identity and role is understandable. Like today, it is reasonable to assume that if members of the profession can feel unclear about their professional identity, then consumers and policymakers are likely more confused.

1980s

The growing numbers of counselor education programs, increasing licensure jurisdictions, and variability in training standards for counselors necessitated further standardization in counselor training requirements in the eyes of the APGA, and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) was added as an affiliate organization of the APGA in 1981 (Honderich & Lloyd-Hazlett, 2015). Six years later (1987), CACREP joined the Council on Postsecondary Accreditation (COPA). This was a large step for professional counseling because COPA

is on par with large accrediting bodies like the American Psychological Association (Erford, 2013). Along with CACREP, AMHCA formed an affiliate group, the National Academy of Certified Clinical Mental Health Counselors (NACCMHC) to continue standardizing and refining training standards for mental health counselors (Weikel, 1985).

The National Board for Certified Counselors (NBCC) was established in 1987 to continue professional counseling's push toward national regulation and recognition (Bradley & Cox, 2001). To this end, the NBCC created a standardized test for counselors that evaluated eight domains: human growth and development, social and cultural foundations, helping relationships, groups, lifestyle and career development, appraisal, research and evaluation, and professional orientation. During this time, CACREP also standardized five specialization areas in Counseling (school, community, mental health, marriage and family, and personnel services for college students) for both master's and doctoral counselor education programs (Newsome & Gladding, 2014).

The 1980s also brought a professional identity crisis not unlike the one counselling faces today. Sweeney (2001) wrote that the APGA became increasingly aware that guidance and personnel work did not capture the emerging scope of practice of their members. Guidance, offering structure, assessment, and advice, was still a part of school counseling, career counseling, and college and personnel services, but the profession had moved to formally embrace a standardized training and practice of community, mental health, and marriage and family counseling. This clinical focus needed to be recognized. In accordance with the profession's emerging emphasis on clinical work that valued growth and development, the APGA changed its name to the

American Association of Counseling and Development (Sweeney, 2001). Further, the AACD endorsed membership in Chi Sigma Iota (CSI), an international honor society established in 1985 that promotes professional and academic excellence in counseling fields. By 1990, the organization included 100 chapters (Sweeney, 2001).

Social developments also influenced counselor professional identity in the 1980s. Carol Gilligan (1982) published *In a Different Voice*, which aligned with Counseling's developmental focus by studying the moral development of women. Feminist theory also gained ground in the professional identity of counseling along with greater appreciation for working with diverse ethnic and cultural groups. The Association for Multicultural Counseling and Development (AMCD) gained prominence within the AACD as multiculturalism continued to emerge as a central value in the counseling profession (Newsome & Gladding, 2014).

1990s

Barely a decade after the APGA became the AACD, Counseling rebranded itself again as the American Counseling Association in 1992 (ACA, 2018). This name change reflected another shift in the identity of the profession. The ACA later added three new divisions, The American College Counseling Association, the Association for Gay, Lesbian, and Bisexual Issues in Counseling, and Counselors for Social Justice, to reflect growing trends in the professional identities of its members (Gerig, 2014).

In 1992, community and mental health counseling was included by the National Institute of Mental Health and the Center for Mental Health Services as primary mental health professions alongside psychiatry, psychology, and social work in their healthcare and human resources statistics (Nugent, 2000; Myers, Sweeney, & White, 2002). This

inclusion acknowledged Counseling's equal footing with other allied mental health professions, which was becoming increasingly important in a decade that brought about more comprehensive managed care organizations. Counselors, like other mental health and medical professionals, became responsible to health maintenance organizations (HMOs). These third-party payers drove counselors to quickly begin embracing evidence-based practices (EBP) and to clearly communicate a professional identity (Neukrug, 2012).

2000s-2020

The turn of the century brought increasing concern over managed care organizations, funding, and professional identity. As counselors continued to work with diverse populations, provide mental health services in many settings throughout communities, and respond to crises on large scales (e.g. the September 11, 2001 terrorist attacks, the 2004 tsunami in southeast Asia, Hurricane Katrina, school shootings), counselors continued to attempt to define their profession to be commensurate with their work and still qualify for reimbursement from HMOs (Newsome & Gladding, 2014).

The 2009 CACREP standards merged community counseling and mental health counseling into one specialty area, Clinical Mental Health Counseling, and the 2016 CACREP standards recognized five entry-level specialties in counseling: Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; College Counseling and Student Affairs; Marriage, Couple, and Family Counseling; and School Counseling (CACREP, 2016). However, the profession still faces concerns with licensure portability. Despite the collaboration of counselors at a national level, licenses are still awarded by 53 separate licensure boards to practitioners within their jurisdictions (AASCD, 2017). The

standardization of CACREP educational requirements combined with a consensus definition, licensure title, and scope of practice may encourage greater licensure portability (Puglia, 2008; Mascari & Webber, 2013; Rust, Ruskin, & Hill, 2013). These issues are front and center for the *20/20* project.

As the counseling profession moves forward through the 21st century, establishing a unified identity, scope of practice, national licensure title, and standardized educational requirements for counselors in training is vital (Remley & Herlihy, 2010). The ACA makes this clear on their website. As the counseling profession nears its 100th birthday, the ACA stated:

...we have become an established profession and made significant progress. As the profession expands and develops, continued attention to a unified counselor identity is important. The opportunity to establish a cohesive counseling identity leads to multiple benefits for professional counselors, including the presentation of a clearer image of professional counseling to clients, students, and the general public; and the promotion of legislative efforts that are in the best interest of the counseling profession and the people we serve (ACA, 2018b, *20/20: Principles for Unifying and Strengthening the Profession, Rationale*, para.1).

Today the ACA includes 20 divisions and 56 branches (ACA, 2018b). On their website, the ACA states that, “These divisions enhance professional identity and are organized around specific interest and practice areas. The divisions provide professional strength and satisfy the diverse needs of the counseling community” (ACA, 2018b, para. 1). This acknowledgement of diversity unified in one profession is an ongoing theme in the quest for a distinct identity. The *20/20* project represents a big step for the future of

the counseling profession. Considering the brief history outlined in this section, this is the first time that Counseling has come together as a unified whole across organizations to reach consensus regarding identity, scope of practice, educational standards, and licensure.

20/20: A Vision for the Future of Counseling

The *20/20 Vision for the Future of Counseling* began over 12 years ago when leaders of the counseling field came together to discuss the future of professional counseling at the 2005 ACA annual convention in Atlanta, GA. The primary concern of this meeting was to discuss the concern raised by the American Association of State Counseling Boards (AASCB) that the counseling licenses varied in requirements and professional definitions across the country because professional counseling itself was not clearly unified as a profession (Kaplan & Gladding, 2010). The AASCB licensure portability plan could not move forward until professional counseling is unified in its professional identity across throughout the United States. Thus, the *20/20 Vision for the Future of Counseling* was born.

Oversight committee and delegates. To move forward with the *20/20 Vision for the Future of Counseling*, persons who met at ACA in 2005 continued to work together as the “Oversight Committee” for the *20/20 Vision for the Future of Counseling* (Kaplan & Gladding, 2011). The Oversight Committee organized a meeting of delegates from 30 major organizational stakeholders in professional counseling (Appendix B). Due to the length of this project, many organizations offered replacement delegates over the scope of the project. The delegates met in 2006 at the AASCB and ACA conferences to discern general areas of focus for the *20/20 Vision for the Future of Counseling* Kaplan &

Gladding, 2011) and ultimately agreed upon seven areas: strengthening identity; presenting Counseling as one profession; improving public perception/recognition and advocating for professional issues; creating licensure portability; expanding and promoting the research base of professional counseling; focusing on students and prospective students; and promoting advocacy (Kaplan & Gladding, 2011). Those seven areas would later become the *20/20 Principles for Unifying and Strengthening the Profession*.

After the delegates met in 2006 to identify the seven areas of focus for the *20/20 Vision for the Future of Counseling*, delegates formed self-selected workgroups and entered a stage of brainstorming around each of the seven areas, eventually developing 136 issues to be explored by the year 2020 (Kaplan & Gladding, 2011). While the delegates worked in the brainstorming stage, the Oversight Committee held a town hall meeting at the 2007 AASCB conference and solicited feedback from the wider Counseling community through newsletters, websites, and mailing lists (Kaplan & Gladding, 2011). The final step involved aggregating all of the feedback from the community and the 136 issues developed by the delegates and consolidating the feedback into a representative, manageable number of items. This process resulted in 22 *Consensus Issues for Advancing the Future of Counseling* that correspond to the seven core areas developed by the delegates in 2006 (Table 2).

Principles for unifying and strengthening the profession. Following the consolidation of the 22 *Consensus Issues for Advancing the Future of Counseling*, a subcommittee of delegates met to create a document that solidified the *20/20 principles*

for unifying and strengthening the profession. Those principles were finalized and approved by all 30 delegates as:

1. Sharing a common professional identity is critical for counselors.
2. Presenting ourselves as a unified profession has multiple benefits.
3. Working together to improve the public perception of counseling and to advocate for professional issues will strengthen the profession.
4. Creating a portability system for licensure will benefit counselors and strengthen the counseling profession.
5. Expanding and promoting our research base is essential to the efficacy of professional counselors and to the public perception of the profession.
6. Focusing on students and prospective students is necessary to ensure the ongoing health of the counseling profession.
7. Promoting client welfare and advocating for the populations we serve is a primary focus of the counseling profession. (ACA, 2018c)

In support of these seven principles core to the counseling profession, the ACA (2018c) included on their webpage,

Such a dialogue is important to identify the many approaches toward professionalism that can vary and, at the same time, are common to our profession. The...seven principles provide a foundation for unity and advancing the counseling profession as we progress toward the year 2020. The delegates of 20/20: A Vision for the Future of Counseling identified these principles as important in moving the profession forward (20/20: Principles for Unifying and Strengthening the Profession, Rational, para. 2).

The *20/20 Principles for Unifying and Strengthening the Profession* document was endorsed by all but one organization, the American School Counselor Association, whose 2009 president stated that the ASCA could not endorse the principles because too little consideration was given to the idea of several counseling professions existing alongside one another.

The new consensus definition of Counseling. Once the *20/20 Principles for Unifying and Strengthening the Profession* had been established by the Oversight Committee and Delegates, the ACA's 20/20 project moved forward by investigating the first three core principles: 1. strengthening identity, 2. presenting ourselves as one profession, and 3. improving public perception/recognition and advocating for professional issues. To address these principles, the Oversight Committee and Delegates identified the consensus item *a professional definition* as the next step. This item read that "The counseling profession should develop a clear definition of counseling for the public (III. 9., Table 2)" (Kaplan & Gladding, 2010, p. 371; Kaplan, Tarvydas, & Gladding, 2014). The pursuit of this item led to the next phase of the ACA's 20/20 projects, the *20/20: New Consensus Definition of Counseling*. This was not an easy task because counseling is not necessarily one set of practices. The myriad counseling theories, techniques, and approaches to counselor training bestow counselors-in-training with different ways of speaking about forming therapeutic relationships. Further, clinical mental health counselors, school counselors, career counselors, and marriage and family therapists each hold distinct professional identities, theoretical perspectives, and often work with different populations. Kaplan, Tavydas, and Gladding (2014) were clear that,

Although there are numerous scholarly definitions of counseling in the literature, the purpose of this initiative [the *20/20: New Consensus Definition of Counseling*] was not to critique or reconcile these representations that are intended to guide and communicate within the professional and scholarly communities of counseling or to develop a formal professional scope of practice statement for the counseling profession (p. 366).

Kaplan, Tarvydas, and Gladding (2014) continued by asserting, “Rather, the 20/20 delegates intended to derive a new, consensus-based definition suitable for communicating with external constituencies...the focus was on developing a concise definition of counseling that could be easily understood by those without a professional background in counseling” (p. 366).

The process of the *20/20: New Consensus Definition of Counseling* began by gathering all of the participating organizations that established the *Principles for Unifying and Strengthening the Profession*, excluding the American School Counselor Association (ASCA) (King & Stretch, 2013). The ASCA did not endorse the *Principles for Unifying and Strengthening the Profession* and were not given a voice in the *New Consensus Definition of Counseling* because only organizations that “...acknowledged that they are part of the counseling profession -- have voice and may actively participate in discussions and votes on subsequent initiatives” (Kaplan, Tarvydas, & Gladding, 2014, p. 367).

With the participating organizations in place, the Oversight Committee investigated methods of collaboration and analysis that could bring together disparate opinions in an unbiased, transparent way to capture a clear definition and establish consensus among the participating organizations. The Oversight Committee chose to

implement the Delphi Method, which “involves selecting a panel of experts, who remain anonymous to one another, to provide their opinions and ratings through multiple structured steps” (Wester & Borders, 2011, p. 447). The delegates from the participating organizations served as the experts for the Delphi process in the *New Consensus Definition of Counseling*.

The delegates organized into the same groups they self-selected to form the *Principles for Unifying and Strengthening the Profession*, and then these seven groups participated in two rounds of the Delphi process. In the first round, each of the seven groups worked to develop a definition of professional counseling that was concise, clear, and geared toward external constituencies (e.g. legislators, third-party payers, general public). Two of the seven groups submitted two definitions instead of one, totaling nine definitions from the first round of the Delphi process (Kaplan, Tarvydas, & Gladding, 2014).

After the nine first-round definitions were put forward, all of the delegates rated each definition on a Likert scale on six factors: “the definition is brief; the definition is clear; the definition generalizes to all Counseling specialties; the definition is geared toward the public; the definition is geared toward legislative advocacy; and the definition captures the imagination” (Kaplan, Tarvydas & Gladding, 2014, p. 367). This rating process yielded a ranking of the definitions (Table 3). Along with these ranked definitions of counseling, the delegates listed the most common terms among the definitions (Table 4).

Using the top (M>19) three definitions (*A profession assisting people toward lifelong mental health, educational, and career goals; Counseling: helping people deal*

with life's challenges throughout the lifespan!; and *Professional counselors create purposeful relationships designed to assist and empower individuals, families, and groups to address life challenges*) and the five most commonly used ($f > 16$) terms across those definitions (*wellness, empower, professional, lifespan, and relationship*), seven groups of delegates generated seven new definitions (Table 3). The delegates rated each definition on a Likert scale again, as they had in round one of the Delphi process, and the top-ranking definition that emerged was, "Counseling involves professional relationships designed to assist individuals, families, and groups toward mental health, wellness, educational, and career goals" (Kaplan, Tarvydas, & Gladding, 2014, pg. 368).

In March of 2010, the delegates with a vote (29 delegates) (Appendix A) convened in Pittsburgh, PA to finalize a definition for professional counseling (ACA, 2018a). Sam Gladding shared the definition of professional counseling that had emerged from the Delphi processes and asked the delegates to either affirm the definition, make minor modifications, or vote to discard the definition and begin again. The delegates voted to keep the definition and make discrete modifications by adding the terms *empower* and *diverse* (Kaplan, Tarvydas, & Gladding, 2014). This new definition read, "Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan, Tarvydas, & Gladding, 2014, p. 366) and was unanimously accepted by the delegates with voice and voted to be sent to all 31 participating organizations for endorsement. Twenty nine of the 31 participating organizations endorsed the definition. The American School Counselors Association (ASCA) and Counselors for Social Justice (CSJ) declined to endorse the definition. The ASCA declined to endorse the definition because it omitted

a description of how Counseling is a distinct profession from other mental health professions. The ASCA also did not endorse the definition on the grounds of a paucity of research to support the definition and indicated the organization would continue to use their own definition of school counseling. The CSJ declined to endorse the definition because multicultural competence, social justice, and advocacy were not stressed strongly enough in the definition (Kaplan, Tarvydas, & Gladding, 2014).

With a 94% endorsement rate from the participating organizations, the participating organizations posted the definitions on their websites; 53 licensure boards (50 U.S. states, the District of Columbia, Guam, and Puerto Rico) were given the definition and instructed to adopt the definition for their licensure jurisdiction; and more than 250 counselor education programs received the definition and were asked to incorporate it into their curriculum (Kaplan, Tarvydas, & Gladding, 2014). The 20/20 consensus definition was also disseminated to “more than three dozen book and test publishers with the announcement that it is now the consensus definition of the Counseling professional and should be used as such in all books, journals, and test manuals” (Kaplan, Tarvydas, & Gladding, 2014, p. 369).

Historical significance. Kaplan, Tarvydas, and Gladding (2014) highlighted three primary reasons that the *Principles for Unifying and Strengthening the Profession* and the *New Consensus Definition of Counseling* are important historical markers. The first reason is that Counseling organizations have operated more as disparate members of a confederation than as unified members of a federation (Kaplan, Tarvydas, & Gladding, 2014). The *20/20: A Vision for the Future of Counseling* brought together 31 major Counseling organizations and provided a space for delegates of those organizations to

work toward a consensus set of principles for Counseling and a consensus definition of Counseling. The second reason the 20/20 project is an historical achievement is that the definition was constructed collaboratively and endorsed by leaders in the Counseling field, rather than by textbook authors or in a political arena. Thirdly, the 20/20 project is a significant historical marker for the counseling profession because it came from the leadership in Counseling organizations, rather than from external parties. The definition did not come from insurance companies, third party payers, or other mental health fields defining themselves apart from Counseling; its central authorship emerged out of a concerted, collaborative effort of united Counseling organizations (Kaplan, Tarvydas, & Gladding, 2014).

The building blocks for licensure portability project. After establishing the *Principles for Unifying and Strengthening the Profession* and the *20/20 Consensus Definition of Counseling*, the delegates worked to also create a consensus licensure title, scope of practice, and education requirements for counseling licensure, but they were unable to agree upon consensus educational requirements for licensure (ACA, 2018c). CACREP offers a set of educational standards for masters and doctoral counselor training as well as standards for specialty areas within counseling (i.e. Clinical Mental Health Counseling; School Counseling; Addictions; Clinical Rehabilitation; Marriage, Couple, and Family; and College Counseling and Student Affairs) (CACREP, 2016). However, the 20/20 delegates were unable to unanimously endorse the educational requirements for licensure in 2013 and left that determination to the individual licensure boards. Despite not reaching a consensus on educational requirements necessary for licensure, the 20/20 project and the delegates still moved forward with the *Building Blocks for Licensure*

Portability Project by drafting a letter in June 2015 containing background information about the *20/20: A Vision for the Future of Counseling* project, the consensus licensure title, and scope of practice (ACA, 2018c). Dr. Susan Hammonds-White, President of the American Association of State Counseling Boards (AASCB) (2013-2015) and Dr. Robert Smith, President of the American Counseling Association (2014-2015), urged all licensing boards to adopt the licensure title *Licensed Professional Counselor* and the following licensure scope of practice:

- The independent practice of counseling encompasses the provision of professional counseling services to individuals, groups, families, couples, and organizations through the application of accepted and established mental health counseling principles, methods, procedures, and ethics.
- Counseling promotes mental health wellness, which includes the achievement of social, career, and emotional development across the lifespan, as well as prevents and treats mental disorders and provides crisis intervention.
- Counseling includes, but is not limited to, psychotherapy, diagnosis, and evaluation; administration of assessments, tests, and appraisals; referral; and the establishment of counseling plans for the treatment of individuals, couples, groups, and families with emotional, mental, addiction, and physical disorders.
- Counseling encompasses consultation and program evaluation; program administration within and to schools and organizations; and training and supervision of interns, trainees, and pre-licensed professional counselors through accepted and established principles, methods, procedures, and ethics of counselor supervision.

- The practice of counseling does not include functions or practices that are not within the professional's training or education.

(Hammonds-White & Smith, 2015)

Licensure portability remains a key issue in the *20/20: A Vision for the Future of Counseling* project. Licensure portability, a consensus licensure title, consensus licensure scope of practice, consensus educational standards for licensure, *Principles for Unifying and Strengthening the Profession*, and the *Consensus Definition of Counseling* are all necessary components of the professional identity of counseling. With consensus educational standards (which are being curated by CACREP) and licensure portability as the final hurdles, Counseling is approaching a greater level of unity and consensus of professional identity than ever before.

In 2013, the CACREP Board adopted a two-page position statement on licensure portability for counselors (CACREP, 2013). In this position statement, CACREP documents that it has kept its positions out of public policy, focusing its efforts instead on the work of accrediting programs that graduate over 10,000 students annually. However, with moves to incorporate CACREP accreditation into state licensure and federal programs, CACREP published a plan for its involvement in public policy as a way forward for counselor-training programs. CACREP also addressed concerns that may arise from the use of their accreditation standards, policies, and practices in this document. CACREP details grandfathering policies for all counselors who graduated before these policies would be adopted, a 7-year grandfathering policy for counselors who graduate after these policies would be adopted, and provisions for substantial notice to programs that are not accredited by CACREP (CACREP, 2013).

Counselor Professional Identity

Emerson (2010) wrote that, “counselors with a strong professional identity should be able to articulate Counseling’s professional identity and distinguish it from other mental health professions” (p. 59). Emerson (2010) urged counselors to develop models of professional identity and cultivate professional identity development in students. She also echoed a trend in the literature emerging from the historical context of the profession: The process of professional definition must begin with counseling professionals, not outside organizations or single authors. Emerson also stressed the importance of the role of counselor educators by writing, “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” (p. 59)

Emerson (2010), along with other authors (Puglia, 2008; Remley & Herlihey, 2010) have also suggested that counselors with a strong professional identity will have knowledge of and appreciation for the history and development for the profession and can articulate philosophies (e.g. wellness, multiculturalism, holistic care) that inform the profession. Counselors who identify a strong professional identity can also clearly identify the roles, functions, and work settings of professional counselors as compared to other mental health professionals (Emerson, 2010). Furthermore, counselors who display strong professional identity engage in the activities of professional organizations, enforce the ACA Code of Ethics, and are able to assist others in developing a strong sense of counselor professional identity development (Puglia, 2008; Emerson, 2010; Remley & Herlihey, 2010).

As Emerson (2010) and Remley and Herlihey (2010) suggested, literature regarding counselor professional identity (CPI) parallels the profession's attempts at reaching a consensus around professional identity. CPI is an informative construct for all the 20/20 project's goals. Since counselor educators are largely responsible for transmitting counselor professional identity (along with supervisors and professional organizations) and counseling students are the emerging professionals inheriting the goals of the 20/20 project, understanding the CPI development of counselor educators and counseling students can offer crucial insights, supplemental information, and support for the aspirations of the 20/20 project. The following literature review investigates how CPI is examined with regard to counselors in training (CITs), PhD students in Counselor Education and Supervision (CES), practicing counselors, and counselor educators.

A prominent theme that emerges from the literature on CPI and CPI development across levels of training is the role of self-definition, confidence, and a unique counselor identity. Counselors-in-training (CITs), Counselor Education and Supervision Ph.D. students (CEDs), and counselor educators all face what Gibson, Dollarhide, and Moss (2010; 2013; 2014) call transformational tasks. For CIT's, these transformational tasks involve finding a personal definition of counseling and internalizing responsibility for their own growth. Transformational tasks for Counselor Education and Supervision PhD students include integrating a personal synthesis of five domains (counseling; supervision; teaching; leadership and advocacy; and research). Transformational tasks for counselor educators include the expression of an individual identity while advocating for a single, coherent professional identity (Dollarhide, Gibson & Moss, 2013; Farmer et al.,

2017; Gibson, Dollarhide, & Moss, 2010; Limberg et al., 2013; Moss, Gibson, & Dollarhide, 2014; Reiner, Dobmeier, & Hernandez, 2013).

Embedded in each of these transformational tasks across levels of training is the importance of self-definition. Similarly to how psychological development contains tasks that each person approaches from an individual subjective perspective, the transformational tasks of CPI are completed in unique ways by unique individual practitioners. The uniqueness of CPI to each practitioner may contribute to the counseling profession's difficulty solidifying a single succinct professional identity. However, a unified profession can be comprised of many unique individuals. Diversity of culture and opinion are guiding values for the profession, after all (Hansen, 2010; Kaplan, Tarvydas, & Gladding, 2014).

Gibson, Dollarhide, and Moss (2010, 2013, 2014) are leaders in the investigation of CPI. In 2010, they investigated the professional identity development and transformational tasks of CITs using a grounded theory approach. Gibson, Dollarhide, and Moss (2010) noted that professional identity is, and has been for a while, a topic at the national level for the counseling profession. The authors defined professional identity as "...the integration of professional training with personal attributes in the context of a professional community" (p. 21). This definition is consistent with the idea that unique personal attributes of one's self and professional identity emerge cohesively with professional training and contribute to the hodgepodge of counselors comprising the professional community. Gibson, Dollarhide, and Moss (2010) posited that this idea of "self as professional" is tested in a dynamic process between perceptions of self and

feedback from others. Professional development is both an interpersonal and intrapersonal process.

Professional Development: CIT and CES Doctoral Students

To investigate the process of professional development from the beginning of a counselor training program to the completion of a CACREP internship, Gibson, Dollarhide, and Moss (2010) used stratified purposeful sampling to capture the lived experiences of students at each level of training throughout a counselor training program using a grounded theory methodology. Focus groups were used because the researchers believed that group data would better capture the collective experience of the participants. Qualitative inquiry through a constructivist lens requires careful bracketing and it should be noted that the participants of this study were students in the researcher's programs. The researchers took care to name their biases before undergoing the study. The researchers also noted that they communicated continually and openly, challenging each other's conclusions. The coding process was open and collaborative. The authors demonstrated credibility, transferability, dependability, and confirmability through the transparency of design and implementation, the use of multiple researchers, the articulation of biases, and frequent conversation, respectively. The results of the focus groups revealed a developmental grounded theory of transformational tasks for CITs' professional identity formation. Gibson, Dollarhide, and Moss (2010) identified tasks related to a definition of Counseling, responsibility for professional growth, and transformation to systemic identity through three stages, external validation; course work, experience, and commitment; and self-validation. For each task, CITs move from mirroring experts to formulating their own unique counselor professional identity. This

process reflects to a larger theme in the literature that transformational tasks progress toward self-definition of individual professional counselors within a larger professional context.

Dollarhide, Gibson, and Moss (2013) followed their 2010 study with another grounded theory investigation, this time into the professional identity development of Counselor Education and Supervision doctoral students (CESs). The researchers posited that it is reasonable to assume that CESs have a strong professional identity if they are training to impart that professional identity to CITs. This cross-sectional study included semi-structured interviews with 23 CESs at four points throughout a CES Ph.D. program (year 1, year 2, post comps, and dissertation). The researchers followed the same bracketing procedures as in their 2010 study. The results indicated that CESs encounter three transformational tasks: acceptance of responsibility, evolving legitimacy, and integration of multiple identities. As with CIT professional identity development, CESs progress through their transformational tasks from external validation, to gathering experience, and finally to self-validation. Throughout their doctoral training, CESs move from citing others as experts to relying on their own expertise. Like with CITs, the apex of transformational tasks involves relying on a unique, professional identity. However, unlike many CITs, CESs complete their transformational tasks and immediately assume leadership positions in the counseling profession.

Farmer and colleagues (2017) also investigated the professional identity of CES doctoral students, however the researchers were interested in how post-master's experience (i.e. clinical experience after completing a counselor training program) affected professional identity. Farmer et al (2017) investigated how post-master's

experiences (PME) affected CES professional identity development through the 5 core CACREP areas: counseling; supervision; teaching; leadership and advocacy; and research, using a survey containing both quantitative and qualitative questions. The PME questionnaire was completed by 59 CES doctoral students. Results from the quantitative portion indicated that higher scores on the PME had a positive impact on counseling and supervision, which are both clinically based practices. PME also had a positive impact on leadership and advocacy. PME had a moderate impact on teaching, which often involves modeling and observing clinical skills. PME did not have a strong impact on research and scholarship. The qualitative items offered explanatory data by revealing that the CES doctoral students reported having more confidence, awareness, and sense of responsibility when they had more PME. As discussed in Dollarhide, Gibson, and Moss (2010; 2013), it would seem that the more experienced counselors become through PME and further education, the more confidence they feel expressing their own unique professional identity in the five core CACREP areas of a CES Ph.D. program.

Limberg and colleagues (2013) were interested in the professional identity development of counselor education doctoral students and launched a qualitative inquiry to investigate the factors which contribute to CES doctoral students' movement through transformational stages. The researchers used a Consensual Qualitative Research (CQR) method, which integrated elements of phenomenological, grounded, and comprehensive analysis approaches into one method. The researchers, who also participated in the research as participants through the CQR method, used a series of open ended questions to interview 18 CES doctoral students who were in different stages of a three year CES Ph.D. program. The researchers then clustered the data and identified domains,

summarized core ideas from the domains, and developed categories that classified the common themes in the core ideas across cases (Limberg et al, 2013, p. 44). Teaching, supervision of students, conducting research, attending or presenting at a conference, cohort membership, program design, mentoring, and being perceived as a counselor educator by faculty all emerged as important to CESs' professional identity development. The results indicated that programmatic goals, experiential learning, mentorship, and having others, especially faculty, recognize the CES doctoral students as counselor educators especially enhanced the CESs' professional identity and sense of self as a professional. Here again, the more autonomy and confidence in their ability a counselor has in their professional identity, the stronger that identity becomes.

Professional Identity Development: Practicing Counselors and Counselor Educators

If CITs and CES doctoral students encounter transformative tasks in their professional identity development, what about practicing counselors? Moss, Gibson, and Dollarhide (2014) conducted yet another grounded theory inquiry into the professional identity development of counselors. The researchers held focus groups with 26 counselors of various experience (beginning, experienced, expert). The researchers followed the same bracketing and trustworthiness procedures as in their (2010, 2013) previously discussed studies. The researchers found that counselors' attitude toward work, energy for work, and integrated personhood moved from idealism, burnout, and compartmentalization to realism, rejuvenation, and congruence respectively. The counselors followed a similar pattern as CITs and CES doctoral students in their progression from external validation, to experience and professional development, and finally to self-validation. As with CITs and CES doctoral students, as practicing

counselors move through transformative tasks, more emphasis is placed on self-reliance and, in this study (Moss, Gibson, & Dollarhide, 2014), congruence, or said another way, authentic personhood within the profession.

McKinney and colleagues (2018) investigated the experiences of primary chapter faculty advisors (CFA) in Chi Sigma Iota. Using Interpretive Phenomenological Analysis (IPA), McKinney and colleagues conducted and analyzed 60-minute interviews with 7 CFAs. Their results centered on (a) meaningful interactions with students, (b) a sense of pride in their CFA role, and (c) a sense of cohesiveness the role provided as factors contributing to participants' professional counselor identity. IPA of McKinney and colleagues' interviews also yielded themes of mentorship and student advocacy, which folded into (a) meaningful interactions with students. McKinney and colleagues noted their samples size (n=7) as a limitation to their study, as they had originally sought 10-15 participants. However, they also noted that their method of analysis (IPA) is most concerned with quality over quantity and a sample size of 7 is congruent with their methodology.

Echoing the necessity for Counseling to clearly articulate its professional identity at all levels (CIT, CES doctoral students, practitioners, counselor educators, professional counseling organizations, accreditation bodies, and licensure boards), Reiner, Dobmeier, and Hernandez (2013) turned to counselor educators. The researchers asserted that, "The need for the counseling profession to achieve professional goals (e.g., gain the confidence of third-party payers and the legislators responsible for management of the Medicare program) requires that the third-party payers and legislators recognize the counseling profession as a single unified field" (p. 171). Further, the researchers claimed that

Counseling will never receive equal recognition in the mental health field if its identity remains diffuse.

While the literature around professional identity development does well to define professional identity development, transformative tasks, and factors which enhance those tasks, as Emerson (2010) noted, few persons actually define what a unique counselor professional identity is. Reiner, Dobmeier, and Hernandez (2013) asserted that Counseling's focus on wellness, development, and prevention make it an essential human service field. They surveyed counselor educators through the Association of Counselor Education and Supervision to investigate counselor educators' perceptions on whether there is fragmentation in the profession and whether fragmentation has an effect on legislative efforts such as licensure and third party reimbursement. After surveying 378 counselor educators, Reiner, Dobmeier, and Hernandez's (2013) results indicated that counselor educators tend to think there is fragmentation in the profession and that fragmentation has a negative effect on legislative efforts. Further, with regard to professional identity, most counselor educators believe that a single unified professional identity would strengthen the profession and that the *20/20* project is a good means of doing so. With regard to CACREP, counselor educators mildly disagreed about the content of the standards but indicated that CACREP promoted a strong professional identity overall. Further, counselor educators placed the responsibility for resolving the fragmentation of the profession with practicing counselors. It is their responsibility, according to counselor educators who participated in the study, to share what it means to be a counselor, advocate, and lead by example in their counseling practice. They further stated that counselor educators are responsible for advocacy, but they are primarily

responsible for helping CITs and CES doctoral students establish a strong professional identity through their transformative tasks. The researchers concluded that accrediting bodies (i.e. CACREP), licensure boards, and professional organizations such as ACA are responsible for maintaining consistency in the identity and values of the profession and its advocacy efforts.

Ufrosky (2013) and Mascara and Webber (2013) also suggested CACREP as a viable solution for licensure portability, and Honderich and Lloyd-Hazlett (2015) later identified CACREP accreditation as the second most influential component in student enrollment decisions. These studies, Reiner, Dobmeier, and Hernandez's (2013) study, and others, including the *20/20* project, supported a trend in the profession. While an individual's unique counselor professional identity development is prized within the profession (Dollarhide, Gibson & Moss, 2013; Farmer et al., 2017; Gibson, Dollarhide, & Moss, 2010; Limberg et al., 2013; Moss, Gibson, & Dollarhide, 2014), the profession as a whole needs a framework to be able to clearly define itself (Kaplan, Tarvydas, & Gladding, 2014; Reiner, Dobmeier, and Hernandez, 2013).

Counselor Professional Identity: Further Areas of Consensus and Discord

Alongside the literature exploring counselor professional identity development across training levels is literature that posits trans-theoretical approaches to unifying the counseling profession and areas of historical collaboration within the profession. Postmodern, social justice, multicultural, wellness, and humanistic perspectives have been posited as central philosophical and theoretical paradigms central to the counseling profession (Puglia, 2008; Emerson, 2010; Hansen, 2010; Schermer et al, 2013; Dollarhide & Oliver, 2014). Along with theoretical trends, other places of potential unity

for Counseling lie in CACREP accreditation standards, the ACA's Code of Ethics, and the Journal of Counseling and Development (Diambra et al., 2011; Honderich & Lloyd-Hazlett, 2015; Mascara & Webber, 2013; Rust, Ruskin, & Hill, 2013; Schweiger et al., 2012; Urofsky, 2013).

Theory

Hansen (2010) posited that diversity is a guiding value for the counseling profession. Echoing historical trends in the profession that favored diversity (Civil rights movement, Feminist Theory, and multiculturalism) discussed earlier in this chapter, Hansen (2010) asserted that Counseling is a profession rooted in a pluralistic perspective. This multicultural focus was reflected in the 2009 CACREP standards and would continue to be affirmed four years later in the 2014 ACA Code of Ethics and six years later in the 2016 CACREP standards (ACA, 2014; CACREP, 2009, 2016).

Multiculturalism is predicated upon the intellectual foundation of postmodernism because a postmodern epistemology permits the coexistence of multiple realities (Hansen, 2010). A postmodern epistemology lends legitimacy to pluralistic frameworks by asserting that there are many accurate worldviews derived from the multitudes of cultures, systems, and subjective realities of the clients with whom counselors work. On the contrary, a modern epistemology asserts that there is one reality and it can be known objectively (Hansen, 2010). This epistemology lends itself to positivist (and postpositivist somewhat) research perspectives, rather than the constructivist and advocacy perspectives which align closely with the values of Counseling.

Hansen (2010) claimed that a shift to a postmodern perspective is necessary for all counseling organizations and specialties within Counseling. This is not only necessary

for the work that counselors do with clients in various settings and roles, but also for the profession as a whole. Hansen pointed out that much of the discussion around the unification and standardization of the profession is framed in a modernist epistemology. A modernist epistemology for the profession would include the profession providing top-down definitions and models to be accepted and incorporated by counselor education programs, licensure boards, and individual practitioners. A process that mirrors that description is considered modern because the top-down approach implies that there is one truth for the profession and it requires individual practitioners to draw upon universal Counseling perspectives, rather than their own local (self/culture) principles. Alternatively, a postmodern perspective is informed by multicultural, diverse perspectives. Identity in this way of thinking is fluid and malleable. Individual practitioners rely on their own local (self) principles and ways of being in the world to inform their unique counselor professional identity. As Hansen (2010) wrote, “This new, postmodernist view of professional identity would mean that identity is locally responsive, not universally defined, and is guided by pragmatic considerations, not professional proclamations” (p. 102).

The distinction between modern and postmodern perspectives is a valuable insight for the professional identity development of Counseling and individual CPI development. Not only does a postmodern epistemology uphold the multicultural values propagated by the profession, but it also mirrors training models that encourage CITs to develop unique counselor identities. Furthermore, if counselors are to use themselves authentically in relationships with their clients, then a postmodern, pluralistic perspective deserves to be considered seriously.

Counseling is a profession that uses the self as professional practitioner (Gibson, Dollarhide, & Moss 2010). It is a profession that calls its practitioners to be in authentic professional relationships with their clients. This humanistic reliance on the innate potential of selfhood and relationships to heal is central to the counseling profession and is unique to it (Shermer et al, 2013; Dollarhide & Oliver, 2014). This demand for congruence and authenticity in the work of counseling means that its appearance can be as varied as counselors themselves. However, while confidence in the selfhood of the individual counselor is crucial to the development of counselor professional identity, the profession as a whole is calling for a singular unified identity (Reiner, Dobmeier, & Hernandez, 2013; Kaplan, Tarvydas, & Gladding, 2014).

The *20/20* project seems to walk the line between modern and postmodern perspectives carefully. The project is comprised of a diversity of organizations and perspectives, relies on consensus through the Delphi method, and is promoting a broad and inclusive definition of Counseling, which makes the process seem commensurate with postmodern values. The *20/20* project also seeks to formally standardize Counseling and counselor training to individual practitioners, licensure boards, and counselor education programs in a top-down fashion, which more closely resembles a modern process. Yep (2012) wrote that Counseling's tradition of inclusion is present today, as the ACA continues to incorporate a diversity of voices.

Humanism. Along with postmodern multicultural perspectives, humanism is consistently valued in Counseling. Schermer, Hinkle, Miller, & Chiri (2013) were interested in how school and mental health counselors defined Counseling. Using a Q methodology, Schermer et al. (2013) prompted counseling students with the question,

“What is Counseling?” The students then engaged in a Q-sort of 34 statements about counseling, with results indicating that an emphasis on a humanistic identity emerged as a theme in the students’ definitions. The authors used the term *Humanistic Helpers* to capture consensus perceptions of humanistic identity offered by the participating students.

Statements such as “Counseling is about listening to clients,” “Counselors should be open-minded,” “Counseling requires effort from the client,” “Counseling is about gaining the client’s trust,” and “Counseling allows people to learn about themselves” were most popular (Schermer et al., 2013). On the other hand, statements such as, “Counselors need to solve problems for people,” and “Counseling is about giving clients advice” were the least popular (Schermer et al., 2013).

The Schermer et al. (2013) study included a convenience sample of 53 counseling students (mental health and school), most of whom were female. Future inquiries into students’ definitions of counseling could include a more diverse sample. The present study would do well to recruit a diverse sample of counselor educators to explore definitions of counseling held by its participants.

A year after Schermer et al. (2013) study, Dollarhide and Oliver (2014) published a study that also identified humanism as a transtheoretical tie that binds. Dollarhide and Oliver (2014) offered a literature review that identified humanism as the most prominent theoretical orientation among counselor educators (41%). Calley and Hawley, 2008, noted its development as a “third force” present in the history of psychotherapy, and posited humanism as an inclusive theory (client-centered/existential/gestalt) for the future of counseling. Studies such as those included in Dollarhide and Oliver’s (2014) review do

not strive to establish a singular theoretical orientation, rather they intend to describe theories that actively inform the professional identity of counselors and counselor educators. Though the literature reflects a trend toward humanism in Counseling, counselor educators and the 20/20 project remain open to a diversity of theoretical perspectives (Reiner, Dobmeier, & Hernandez, 2013).

Further Points of Unity and Controversy

The Counseling profession is unified under the ACA, which is comprised of 20 divisions and 56 branches (ACA, 2018b). The ACA published the most recent Code of Ethics in 2014, which all professional counselors are expected to follow. These ethics can serve as a place of unity for the profession. These ethics offer guidelines for practicing counselors, supervisors, and counselor educators and serve as the ethical standard for counselors in the United States. Another potential source of unity in the profession are the CACREP educational standards. However, adopting the CACREP regulations across the country has been met with debate (Honderich & Lloyd-Hazlett, 2015; King & Stretch, 2013; Mascara & Webber, 2013).

The flagship journal of Counseling, the ACA's *The Journal of Counseling and Development* (JCD), is another place of potential professional unity across the country due to its significant readership and its function as a peer reviewed publication forum for counselors (Diambra et al., 2011). Diambra, Gibbons, Cochran, Spurgeon, Jarnagin, & Wynn (2011) qualitatively analyzed 538 articles published in the Journal of Counseling and Development from 1997 to 2006 and investigated how well the publication matched both the 2001 and 2009 CACREP standards, with a weighted emphasis on core CACREP areas. Diambra et al. observed that the analyzed articles fell into three tiers: Human

Growth and Development and Helping Relationships at the top; Social and Cultural Diversity in the middle; and the bottom tier included Assessment, Career Development, Research, and Program Evaluation, and Group Work. The researchers concluded that the missions of the JCD and CACREP overlap considerably. Seventy percent of the articles published between 1997 and 2006 fell under three core CACREP areas: Human Growth and Development, Helping Relationships, and Social and Cultural Diversity.

Mascara and Webber (2013) and Rollins (2013) also put forth CACREP as a unifying force for Counseling. Mascara and Webber suggested that CACREP accreditation could be a potential solution to license portability. The authors conclude that the current variation in educational requirements for licensure across states is contributing to the fragmentation of Counseling and struggles with legislation regarding reimbursement. The authors suggest that adopting CACREP as the national standard for counselor education programs would benefit the profession greatly, not least of all by making license portability for counselors across states possible.

Rust, Ruskin, and Hill (2013) echoed Mascara and Webber's (2013) call for CACREP standardization by exploring Problems of Professional Competence (PPC) in counselors in training. The authors suggested that if counselors are not taught to meet standardized objectives, they are at greater risk of experiencing PPC. The authors concluded that, along with more research on remediation for specific PPC, the primary factor that contributes to PPC is a lack of standardization across counselor education programs. Urofsky (2013), who works closely with CACREP, agreed with Rust et al. (2013) and asserted that CACREP has promoted quality training in counselor education programs through the standardization of learning objectives for over 30 years. Urofsky

(2013) clearly outlined the purposes of accreditation and how CACREP fits into larger accrediting bodies (e.g. Council for Higher Education Accreditation (CHEA), U.S. Department of Education (USDE)).

Honderich and Lloyd-Hazlett (2015) explored how CACREP factored into students' decisions to attend a counselor education program. The researchers surveyed a purposeful sample of 359 graduate counseling students from 25 counselor training programs using Qualtrics to assess 1) students' awareness of CACREP accreditation prior to enrolling in a counseling program; and 2) how much counseling students valued CACREP accreditation. The researchers concluded that half of the students surveyed were unaware of CACREP accreditation before enrolling in their program. However, CACREP accreditation was the second most (after location) influential factor in the other half of participants' enrollment decisions. The researchers concluded that prospective counseling students need more information about accreditation before applying to counseling programs. Further, the authors wrote, "The history of CACREP as an accrediting body has been and continues to be inextricably connected to broader movements of the counseling profession. Ultimately, the credibility and importance of CACREP accreditation remains grounded in the larger profession it serves" (p. 135).

Conclusion

This chapter has provided a brief historical overview of the professionalization of counseling and details the *20/20* process; counselor professional identity measures and models; transtheoretical psychotherapeutic perspectives for the profession; and a discussion on sources of unity and discord in the profession. As evidenced throughout the history of Counseling and ongoing conversations in the literature discussed in this

chapter, Counselor Professional Identity and the identity of the profession at large are topics that need continued research as the profession approaches the year 2020. Research exploring definitions of counseling is timely for the profession, and a qualitative investigation of counselor educators' perceptions of definitions of counseling meets a methodological gap in the literature by providing a qualitative analysis of those perceptions. Chapter 3 describes the qualitative research design and methodology for this project. It addresses sample size and sampling techniques, participant features, data collection techniques, methods of analysis, and procedures to increase trustworthiness of the study. Chapter 4 details the results of the methods described in Chapter 3, and Chapter 5 offers a discussion of the implications of this research.

Chapter 3: Research Methodology

Chapter Overview

Chapter 3 describes the research design and methodology for this project. It addresses sample size and sampling techniques, participant features, proposed data collection techniques, proposed analysis methods, and procedures to increase trustworthiness of the study. The qualitative approach to this project is framed in a constructivist paradigm and narrative inquiry.

The researcher assumed a role in this research that appreciates postmodern constructivist and narrative perspectives. A postmodern epistemology lends legitimacy to pluralistic frameworks by asserting that there are many accurate worldviews derived from the multitudes of cultures, systems, and subjective realities of the clients with whom counselors work. On the contrary, a modernist epistemology asserts that there is one reality and it can be known objectively (Hansen, 2010).

A constructivist approach holds an ontology that recognizes multiple realities constructed in relationships and an epistemology based on understanding the participant's reality as closely as possible. This project carries an axiology that values accurately reflecting participants' perspectives, while recognizing that the researcher's own values will influence the data. For this reason, trustworthiness procedures such as member-check and bracketing were used.

In line with a constructivist approach, this project's approach to data analysis was inductive. This means that the researcher started with the participants' stories and opinions related to definitions of Counseling and Counselor Professional Identity (CPI) and then used them to develop themes and patterns. Following that inductive process, the

researcher compared a priori codes from the *20/20 consensus definition of counseling* to the in vivo codes identified from participants' responses.

Introduction

As described in chapters 1 and 2, Counseling has a professional identity problem. Through initiatives such as the *20/20: A Vision for the Future of Counseling* and the *Building Blocks to Licensure Portability Project*, Counseling, through the consensus-based work of the ACA, is actively working to formalize its collective professional identity by the year 2020. As 2020 grows ever nearer, data that help clarify the identity formation of the profession will be helpful in establishing a clear professional identity.

Problem Statement

There is a paucity of literature that provides counselor educators with an opportunity to provide stories of their professional identity development and qualitative definitions of Counseling. As the year 2020 swiftly approaches and the goals of the *20/20* project become realized, providing a qualitative analysis of counselor-educators perspectives on definitions of Counseling and counselor professional identity development (CPI) and transmission of CPI could offer data that contribute to the *20/20* project. This research has investigated descriptions of Counseling and counselor professional identity held by directors and core faculty of counselor training programs in Virginia by hearing the story of the evolution of their CPI and explores how commensurate or disparate such descriptions are with or from the *20/20 Principles for Unifying and Strengthening the Profession* and *20/20 Consensus Definition of Counseling*.

Directors and core faculty of counselor training programs in Virginia, especially those who adhere to CACREP standards, have the duty to communicate explicitly and implicitly how counseling is a distinct profession to their students. This dissemination of knowledge and practice using performance and evaluative data; standards and learning objectives; verbal descriptions, unique signifiers, symbols, images, metaphors, and stories; and artifacts puts counselor educators in an excellent position to understand the unique nature of professional counseling and the ways in which it is a distinct clinical mental health care profession.

Purpose of the Study. The purpose of this research was to understand and describe the definitions of professional Counseling held by directors and core faculty members of master's or doctoral-level counselor training programs in Virginia and to compare such definitions to the *20/20 Principles for Unifying and Strengthening the Profession* and *20/20 Consensus Definition of Counseling*. For the purposes of this research, *definitions of professional counseling* include any performance and evaluative data; standards and learning objectives; verbal descriptions, unique signifiers, symbols, images, metaphors, and stories; and artifacts that participants use to describe professional counseling and the process of training counselors.

This research seeks to understand, through a qualitative analysis of their professional journey, how directors and core faculty members of counselor training programs in Virginia define and describe professional counseling in their roles as counselor educators as well as their potential role as practicing Licensed Professional Counselors (LPCs). This research aspires to contribute to the *20/20: A Vision for the Future of Counseling* (Kaplan, Tarvydas, & Gladding, 2014) and the consensus

educational requirements of the *Building Blocks to License Portability Project* by providing data on a vision for the future of counseling from directors and core faculty members of counseling programs in Virginia.

This project focused on recruiting counselor educators in Virginia in part because of Virginia's history as the first state to license professional counselors. In 1976, Virginia was the first state to issue licenses for professional counselors (Shallcross, 2009). Carl Swanson, the "father of counselor licensure," was an attorney and professor at James Madison University who led the advocacy effort to license professional counselors in Virginia and was instrumental in the passage of the Virginia Counselor Licensure Bill in 1976. Swanson and his fellow advocates chose to set the license at the master's level instead of the doctoral level, as some advocates recommended, because he believed it would result in greater support for and involvement in the effort (Shallcross, 2009). Swanson's efforts and Virginia's licensure of counselors launched the licensing of professional counselors across the country and served as a model for the 52 other jurisdictions to begin issuing licenses, though jurisdictions set different licensing requirements and used different license titles. By issuing and monitoring licenses, Counseling began to bloom into the legitimate profession we know in the United States today (Shallcross, 2009). Professional counselors were not licensed in all 50 states, D.C., Guam, and Puerto Rico until 2009, when Governor Schwarzenegger of California signed Senate Bill 788 which licensed professional counselors (Shallcross, 2009). As we see today, the process of licensing professional counselors is still not uniform, and counselors do not yet have licensure portability. Given Virginia's history, it seems fitting to return to Virginia's licensure jurisdiction more than 40 years later to revisit the conversation of

Counseling's professional identity and unity. This research also focused on counselors in Virginia to control the sampling for this project, and because LPCs still practice within the jurisdiction of their licensing board. This research sampled counselors who teach and practice within the jurisdiction of Virginia's Board of Counseling.

This research strives to provide a voice for Virginia programs to speak about the status and future aspirations of professional counseling. In line with the *Consensus Issues for Advancing the Future of Counseling* items I. 1-5. (Table 2), this research aims to identify (I.1.) a paradigm that identifies the core commonalities of the profession, (I.2.) the body of core knowledge and skills shared by all counselors, (I.3.) a philosophy that unifies professional counselors who share a body of core knowledge and skills reflected in accredited programs, (I.4.) how counseling is communicated to students as a single profession composed of counselors with specialized areas of training, and (I.5.) how the accreditation of counseling programs can reflect one identity (Kaplan & Gladding, 2011).

Building on the literature around definitions of Counseling, trans-theoretical ties in Counseling and historical definitions of Counseling in the literature, this research aspires to contribute to the *20/20: A Vision for the Future of Counseling* and the consensus educational requirements of the *Building Blocks to License Portability Project* by providing data on a vision for the future of counseling from directors and core faculty members of master's and doctoral counseling programs in Virginia. This research included 8 individual interviews (60 minutes) with directors and core faculty members of counseling programs in Virginia. The objective of these individual interviews was to aggregate definitions of and perspectives on definitions of professional counseling from

counselor educators to contribute further meaningful data to the overall 20/20 conversation within the counseling profession.

Participants

This research focused on directors and core faculty members (n=8) of counseling programs in Virginia. Participants in this study came from 5 private colleges and universities and 3 public universities. All of the participants in this study have held positions of leadership in state and national counseling organizations including: The Virginia Board of Counseling (chair and member); president positions in the Virginia Counselors Association, Maryland Counselors Association, VA-Association Spiritual Ethical and Religious Values in Counseling, and the VA-Association for Lesbian Gay Bisexual and Transgender Issues in Counseling; chair positions of VCA's Policies and Procedures Committee and ACA's Cultural Encounters Committee; Chi Sigma Iota Chapter Faculty Advisors; and many outreach and editorial positions. Each participant holds a Ph.D. or Ed.D. in a Counseling related discipline and has publishing and presentation experience relative to their years of work in academia. Participants ranged in age from early 30's to early 60's, and the spread of their experience in the field of Counseling ranged from 7 years to over 40

Priority in recruitment was given to directors of counseling programs over core faculty members because of their leadership position, which may imply a keen sense of CPI and dedication to the profession, though this is an assumption. However, core faculty members were also invited to participate because of their status as counselor educators and counselors, which also presumes a significant level of CPI and commitment to Counseling. For those who teach in CACREP accredited programs, 2016 CACREP

standards ask core faculty members to identify with the Counseling profession (1X). Item 1E of the 2016 CACREP standards encourage professional identity development within the learning environment of a counselor training program. The entirety of Section 2 in the 2016 CACREP standards are devoted to the cultivation of professional counselor identity.

Purposive sampling was used to recruit directors from counseling programs in Virginia to participate in this study. A list of counseling programs was assembled by the researcher from the CACREP website, internet searches, and recommendations from colleagues. Directors were recruited by email and by phone. When a director of a program in Virginia was unable to participate, snowball sampling was used to recruit a core faculty member from that program instead.

This research strove to sample participants from as many programs in Virginia as possible to increase variation in the sampling. As with many organizations, counselor training programs can form a culture unique to the program. If a sample were to be taken from only one program, the data may reflect only that particular program's values and culture related to Counseling and CPI. Counselor educators from 8 programs provided rich and thick interviews. While the sample size ($n=8$) was not large, it provided enough of a sampling spread and enough quality interview responses for the researcher to remain close to the data. Further, the similarities across responses occurred frequently enough that the study reached saturation at 8 interviews.

Methods

After recruiting research participants from counseling programs in Virginia, each participant completed a 60-minute semistructured individual interview that followed an interview protocol. These interviews took place either in-person or by phone. Each

interview was recorded and transcribed. Both audio and video were recorded from the in-person interviews and just audio was recorded for the telephone interviews. The means of recording depended on the technology available, medium of communication, and preference of the participant. During the semistructured interviews, the researcher took memos to track specific visual cues, musings, and insights that detail participant characteristics, nonverbal behaviors, affect, communication processes, rapport, environmental context, and any concerns (e.g. technical difficulties, interruptions). All recordings were stored in multiple secure locations. Recordings were stored on two encrypted, password protected hard drives and hard copies of transcripts were stored in a locked file until the completion of the project.

Interview Protocol. The interviews were semistructured because the interview protocol that informed the data collection process included a mix of structured and open questions. The interview process remained flexible to allow spontaneous insights to emerge and to encourage the interviewee to work to offer descriptions that were as close to their own experience, their own truth, as possible. The interview was also guided and structured by a general interview protocol containing questions that must be answered for the research but were able to be explored flexibly without strict wording or order. This flexibility was vital to this project because participants could answer questions out of order as they shared their stories and opinions, and this structure allowed the researcher to pause and probe for more detail and information. Further, the participants were not constrained by a highly-structured interview and could freely explore their own stories and perspectives. An unstructured or informal interview process would also allow for this flexibility, but it would not have ensured that all the research questions were answered by

each participant. A semistructured interview process was most appropriate for this study's research question and research paradigm. The semistructured interview protocol was as follows:

Initial Semi-Structured Interview Questions

1. What was it about Counseling that made you want to be a counselor?
2. If you had to, how would you define counseling in fewer than three sentences?
(Beginning to narrow the focus from the open reflection of the first question)
 - a. How do you believe that your definition of Counseling has changed over your career, if at all?
 - b. What core values do you believe are unique to Counseling today for you?
 - i. How have these values changed for you over your career, if at all?
 - c. What distinguishes counseling from the other mental health fields?
(Continuing to explore more narrowly) (e.g. What is CMHC that Clinical Social Work is not? How do you distinguish CMHC from Clinical Psychology and Counseling Psychology? What is CMHC that Clinical Psychology/Counseling Psychology is not?)
 - i. Have these perceived differences changed for you over your career, if at all?
3. How do you want your students to define what they do as counselors? (Moving the focus from personal reflection to their influence on counselors-in-training)
 - a. How do you encourage students to develop their own counselor professional identity?

- b. How do you think you influence your students' definitions of professional counseling?
- c. What methods, processes, or artifacts are used in your program to assist students in professional identity development.
 - i. How has this teaching process changed for you over your career, if at all?
- d. As you consider the 20/20 project and the counseling profession's most recent initiatives to define itself, what comes to mind for you? (Shifting back out to reflecting on the profession at large)
 - i. What feels helpful about this project, if anything?
 - ii. What feels unhelpful, if anything?
 - iii. If given the opportunity, what would you add to the current 20/20 project (consensus definition, seven core values, building blocks to licensure portability)?

Analysis

This research followed narrative analysis structure by interpreting portions of the interview in the context of the whole of the participant's story and by emphasizing the importance of the language and artifacts used to tell the story. Further, how CPI narratives vary across cultures of counseling programs, with the language of the 20/20 project, and ideological perspectives (e.g. humanism, critical theory, postmodernism, feminism) were also of interest in the analysis of the data.

Each interview was transcribed and underwent an emergent coding process and then a priori coding with NVivo software. Transcriptions and memos first underwent an

open coding process wherein the researcher broke down, examined, and categorized elements of each transcript into codes. As open codes emerged, the researcher made connections between the codes through a process of axial coding. Finally, selective coding was used to draw connections between core categories of the data.

Analysis was both an inductive and deductive process. First, the emergent coding process was inductive through open coding. As the codes began to take shape, they underwent axial coding and the process became more deductive. As the axial codes gave way to a selective coding process and a priori coding in NVivo, the analysis became deductive in its search for core categories and relationships between those categories. The analysis remained deductive through the comparison of identified themes from the data and the identified themes from the *20/20 Principles for Unifying and Strengthening the Profession* and the *20/20 Consensus Definition of Counseling* (Kaplan, Tarvydas, & Gladding, 2014).

Trustworthiness

The constructivist nature of this project necessitated an appreciation for the ways the researcher's biases, motivations, and worldview influenced the research. As a counselor and emerging counselor educator speaking with other counselors and counselor educators about Counseling, the researcher ran the risk of influencing the participants' responses and undermining the axiology of the project. Further, since the researcher and participants share a similar profession, they may have been tempted to use jargon shortcuts and lean on mutual understandings between them instead of clearly verbalizing experiences and opinions. The researcher needed to be very intentional about probing and be cautious about presumed knowledge.

Member Check. To bolster the project's trustworthiness, respondent validation was used to check tentative interpretations, primarily axial and selective codes, to ensure closeness of interpretation to each participant's experience and plausibility. Member checks informed the selective coding process and comparison to the *20/20 Principles for Unifying and Strengthening the Profession* and *20/20 Consensus Definition of Counseling*. Member checks were completed by email, phone, and in-person.

Bracketing. The researcher engaged in critical reflection about his worldview, biases, assumptions, and opinions related to definitions of counseling and CPI by creating a journal documenting his own answers to the interview protocol, motivations for completing the study, and desired outcomes of the study. This reflection was crucial because the researcher is a counselor and emerging counselor educator who is committed to the Counseling profession. Furthermore, the researcher was also the interviewer conducting semistructured interviews. In order to construct a narrative that was as close to the participants' experience as possible, the researcher's biases needed to be bracketed.

Limitations

This project did not propose to establish a definition of Counseling. That has already been done on an historical scale with the *20/20 consensus definition of counseling* (Kaplan, Tarvydas, & Gladding, 2014). Nor did this project intend to dispute the *consensus definition of counseling*. Rather, this project sought to understand the definitions of Counseling held by counselor educators in Virginia in light of such projects as *20/20*. The allied mental health professions work together well on interdisciplinary teams at best, and engage in turf wars at worst. To be at Counseling's best and work well on interdisciplinary teams, Counseling must have a clear understanding of what makes it

a distinct and valuable discipline. This goal cannot be achieved by the scope of this project, but this project does offer valuable insights into such a distinction through in-depth interviews with leaders in the profession, such as directors of counselor training programs in Virginia.

Conclusion

This project sought to contribute to the literature around the identity of the Counseling profession and initiatives related to the ACA's *20/20* project through exploring the stories and opinions counselor educators in Virginia hold about their definition of Counseling and counselor professional identity development. Data were gathered through 60-minute interviews with each participant, and then transcribed and coded. Emergent codes were analyzed from the interview data, and a priori codes present in the data were compared to those present in the consensus process for the *20/20 Principles for Unifying and Strengthening the Profession* and the Delphi process of the *20/20 Consensus Definition of Counseling*. The researcher implemented procedures such as member check and bracketing to bolster the trustworthiness of the study.

Chapters 1 and 2 framed this study in the context of the history of the profession and current literature. Chapter 3 outlined the study's methodology. Chapter 4 details the analysis of the results garnered from data gathered through the methods in this chapter. Chapter 5 engages a discussion of those results, how they may be used to help inform the discussion around the profession's identity, and a review of the profession's progression toward the goals enumerated in the ACA's *20/20* projects.

Chapter 4: Results

Chapter Overview

Chapter 4 describes and reports the aggregated results of the 8 interviews conducted with counselor educators from separate colleges and universities throughout Virginia. Following the methods discussed in Chapter 3, this chapter details the results of the emergent coding and a priori coding processes. Both a priori (deductive) and emergent (inductive) coding processes were used separately to see if the data that emerged from these interviews mirrored the literature through a priori codes and to create space for data outside of those preexisting codes to be seen. To this end, quotations from the interviews conducted in this study are used frequently throughout Chapter 4. These quotes are used throughout to give the reader a picture of the rich, robust nature of participants' responses, and how those responses bring the themes of this study to light.

Emergent Coding

As per Merriam and Tisdell's (2016) model, the emergent coding process began in an entirely inductive manner and focused on discovery through initial, line-by-line coding. Then it transitioned to both an inductive and deductive processes (inductively discovering new codes and then deductively verifying emergent codes against new interview data) through axial coding. Finally, the emergent coding process became primarily deductive through testing themes against the study's interview data.

Open and focused coding process. After reading through all 8 interviews, the initial line-by-line open coding process was conducted by assigning codes to each relevant line of the interview data for all interviews. Table 5 lists the top 200 codes alphabetically that emerged from the initial line-by-line coding process. Each code

consists of "...a word or short phrase that symbolically assigns a summative, salient, essence capturing, and/or evocative attribute for a portion of language-based or visual data (Saldana, 2013, p. 3). These codes served as the foundation upon which the focused and axial coding processes could build themes.

Axial coding process. After the initial codes were noted in the initial line-by-line coding phase, the codes were grouped during the axial coding phase. According to Richards (2015), axial coding is, "coding that comes from interpretation and reflection on meaning" (p. 135). Table 6 lists the axial codes that formed as categories from the initial open coding process.

Table 6
<i>Axial Codes</i>
Advocacy
CACREP: Curriculum Standardization and Legitimacy
Holistic Care: Meeting clients where they are
Licensure Portability
Meet diversity of needs
Meet Social Needs - Underserved Populations
Mentorship
Multiculturalism
Paradigms: Constructivist, Humanism, Postmodernism
Professional Ethics
Professional Organizations
Psych: Less assessment than psychology
Psych: More available and affordable practitioners than psych (due to psych PhD/PsyD req.)
Psych: Psychology more positivist
Psych: Psychology more rooted in medical model; more focus on diagnosis as tx
Personal Experiences in Counseling
Relationship
Rigor of Clinical Training: Practicum, Internship, Residency
Sacred Space: Magic, Mystery, and Spirituality
Self Awareness

Serve in multiple capacities (Individual, Couple, Family, Group)
Skilled Professional MH Services
Social Justice
Strengths based & Wellness models
SW: Less Policy and Community Resource Training than SW
SW: More clinical training than Social Work

Themes. Using the axial codes as categories to return deductively to the interview data, themes emerged around the axial codes relating the questions asked in the interview protocol and this study's research question. The purpose of this research was to understand and describe the definitions and perceptions of professional distinctiveness of Counseling held by directors and core faculty members of master's and doctoral-level counselor training programs in Virginia considering the ACA's 20/20 initiatives. To that end, the following themes emerged from the axial coding process (axial codes are grouped alphabetically under each corresponding theme): *Professional Standards, Organizations, and Accountability; Professional Differentiation; Professional Worldview; Professional Contributions; and Self as Professional* (Table 7).

Table 7
<i>Emergent Themes</i>
Professional Standards, Organizations, and Accountability
Clinical Training: Practicum, Internship, Residency
Professional Ethics
Professional Organizations
CACREP: Curriculum, Standardization and Legitimacy
Licensure Portability needed
Professional Differentiation
Psych: less assessment than psychology
Psych: More available and affordable practitioners than psych (due to Psych. PhD/PsyD req.)
Psych: More focus in Psychology on research

Psych: Psychology more rooted in medical model; more focus on diagnosis as tx
Social Work: Less Policy and Community Resource Training than Social Work
Social Work: More clinical training than Social Work
Professional Worldview
Holistic Care: Meeting clients where they are
Strengths based & Wellness models
Paradigms: Postmodern, Constructivist, Humanistic
Social Justice
Multiculturalism
Professional Contributions
Advocacy
Meet diversity of needs
Meet Social Needs - Underserved Populations
Serve in multiple capacities (Individual, Couple, Family, Group)
Self as Professional
Relationship
Self-Awareness
Mentorship
Personal Experiences in Counseling
Sacred Space: Magic, Mystery, and Spirituality

Professional Standards, Organizations, and Accountability

In each interview, participants offered their perspective on Counseling as a distinct profession with its own set of professional ethics, licensing and regulatory boards, professional organizations, clinical training standards, and a fairly homogenous curriculum. According to the participants in this study, Counseling's professional organizations, licensing boards in 53 jurisdictions, the ACA's 2014 professional code of ethics, and rigorous clinical training requirements already legitimize Counseling as a distinct profession with a need to grow in its standardization process (e.g., license portability, standardization of training curriculum, and legislative advocacy).

Clinical training. Counselor training was a theme across all 8 interviews. The clinical training necessary to apply for licensure as a Licensed Professional Counselor in Virginia is considerable. A typical applicant will need to have completed 60 hour of graduate course work in Counseling covering a wide curriculum with specified classes (e.g. Counseling Techniques, Human Development, Group Counseling, Career Counseling, Psychopathology/Diagnosis, Multicultural Counseling, Research, Addictions, and Marriage and Family Counseling) (Virginia Department of Health: Board of Counseling, 2018). As Participant 2 stated, “I will say that [counseling] curriculum and training and supervision makes a huge difference across those three mental health professions [Counseling, Clinical/Counseling Psychology, and Social Work]”. Not only does the required curriculum set counseling apart, with its wide range of clinical skills focuses with different populations, but the required clinical practicum and internship and the supervision (on-site supervision and group faculty supervision) also gives merit to the strength of counselor training. Participant 2 continued by stressing the difference he saw between counselor training and the training of clinical social workers.

That’s where I see the difference too. In counseling we have to fulfill the 600-hour internship, 100 hours of practicum. You have to fulfill those hours. And I know this because I have colleagues who are social workers. They get to count all their hours and it’s not split into direct and indirect hours. So if they spent 8 hours doing paperwork, that counts. On the other hand, as counselors you have to split direct and indirect hours.

Participant 2 stressed that counselors-in-training must distinguish between direct and indirect hours. The reader should note that APA accredited Clinical Psychology internships are at least 1,500 hours with 25% of those hours including provision of direct services (Association of Psychology Postdoctoral and Internship Centers [APPIC], 2018).

Regarding Clinical Social Work, the Virginia Board of Social Work (2016) and the Council on Social Work Education (2015) requires Social workers to complete an internship of 600 hours. However, those hours don't all need to be completed during their graduate training; the remaining hours not completed during the social worker's MSW program may be added to and completed during their 3,000 hour post-graduate school supervised work period. "Supervisees in Social Work", similar to Residents in Counseling, complete 3,000 hours of clinical work with a minimum of 100 hours of supervision. Social work does distinguish between direct ("face-to-face") and indirect hours during the post-MSW supervised work period, requiring 1,380 hours direct client contact during the 3,000 hour supervisory period (Virginia Board of Social Work, 2016).

Counselors-in-training also receive extensive supervision (typically 1 hour/week individual supervision, and 2 hours/week group supervision) most often conducted by members of the counseling profession (the reader may note later that there is a push within the Counseling profession for counselors to be taught and supervised only by counselors, excluding supervisors and faculty from other mental health professions). This thorough curriculum and supervised clinical training (100 hours of practicum and 600 hours of internship) provides counselors-in-training with a solid grounding for their clinical work (Virginia Board of Counseling, 2018). As Participant 4 stated,

...we're grounded. We're not just like making stuff up as we go. We're actually grounded in evidence-based work, and it doesn't mean CBT, it just means like we actually have done our homework and we're trained in interventions and you know, I mean we actually have done the training in these areas.

From this grounded place of thorough clinical training, supervision, and curriculum, Counselors offer purposeful and intentional care. Participant 6 shared this idea succinctly when she said,

...counseling has intention, intentionality, and depth. I can't stress that enough when I teach individual skills I say intentionality, purpose is what drives your skills above all. Because when you're intentional you're also opening yourself up to being vulnerable and conscious.

In the quote above, P6 alludes to another theme that emerged from these 8 interviews: self as professional. Using purposeful, intentional, and skilled clinical interventions, counselors form therapeutic relationships that require an openness and vulnerability on the part of the counselor. This theme is discussed in greater detail later in this chapter.

Ethics. The ACA's 2014 Code of Ethics emerged as a consistent theme. These ethics unify the profession around a core ethical agreement, lay a foundation for counselors-in-training to grasp the ethics involved in a strong counselor identity, and create safety for clients and counselors. Participant 3 named the ACA Code of Ethics as extremely important when she shared,

I think that with the admission in our 2014 code of ethics - I think it was really amazing and I don't know if amazing's the best word, but I thought it was extremely important that we have values that we show to the public that we serve. But also as to make ourselves unified as well. So me personally as far as counseling I--at the top I have to think of ethics.

Participant 3 also discussed the code of ethics as a protective factor for clients and counselors within deep counseling relationships by saying, "We are so intimate with our clients in some of the things that we help them through. If you are not an ethical person you can do a lot of damage to someone. A tremendous amount of damage."

Participant 5 shared a similar sentiment when discussing boundaries within counseling relationships. "I talk about the profession and the professional organizations and the ethics around our profession because all of those boundaries and framing and that language, too, helps to I think create safety around our work and clarity."

Participant 1 discussed the ways the ACA's 2014 Code of ethics make appearances on the national stage and the pride she experiences related that code of ethics by sharing,

But counselors can be proud of the way that our ethics set us apart and the stances that the ACA has taken, particularly when it comes to Tennessee [ACA pulled their 2017 Conference from Nashville in protest of Tennessee legislation that negatively affected LGBTQ persons in that state], for example, to really be advocates for social justice and even wading through all of these lawsuits to keep this sort of stance to say, 'No, this is who we are and these are the ethics that we hold as a profession.'

Considering other mental health professions and the risks that strong ethical stances can bring, Participant 1 also reflected,

Our ethics have made us a target because they're pretty blatant as far as what they say about, you know, groups and their rights and what counselors should be doing. And so, you know, because that was the question especially with Tennessee. It was like, well why isn't psychology being called out? Why are their ethics not being put on this thing, you know so. And there are many reasons for that but we've had several, we've been engaged in several lawsuits, especially with Counselor Ed programs, that the ethics and the training standards have been requiring students to, you know, if they're not going to be open to working with certain groups, after many, many efforts, whatever it is, like education and remediation and whatever it is and they're still saying I'm not willing to work with X group and then you're not going to fit this definition of a counselor and not being in this program and so that put us as a target.

The data in these interviews reflected strong personal and professional identification with the ACA's 2014 Code of Ethics. Ethics are a source of pride for the participants in this research. Professional ethics are central in forming a strong counselor identity, protecting clients and counselors, and serve as a foundation for social justice and advocacy as a profession. Participants agreed that a united code of ethics serves as a strong backbone for Counseling as it finds its way forward toward 2020.

Involvement in professional organizations. Many of the participants in this study have served as presidents and offered other forms of leadership in counseling

organizations in Virginia and beyond, demonstrating their dedication to being involved in professional counseling organizations. Many participants shared about the importance of involving their students in counseling organizations, such as Participant 7, who shared,

I think attendance at professional conferences is a huge thing and it is incredible to see the transformation, the energy that our students gain from going to VCA or we think for the first year some of them are going to ACA this year, it hasn't been close enough in the last couple years.

Participant 7 and others discussed professional organizations as a source of professional legitimacy and an energetic forum for professional formation for students and seasoned counseling professional alike.

CACREP. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) was a frequent topic across all 8 conversations because most participants envision CACREP as a way to standardize the educational requirements for counseling programs and a partial solution to licensure portability for LPCs. All the participants in the study, while noting potential drawbacks and acknowledging arguments against CACREP, expressed general support for the accrediting body. Participants 4 and 6 discussed professional legitimacy along with psychology and social work and providing evidence for the credibility and integrity of counselor training.

I'm in favor of CACREP. I mean I, from a leadership perspective and the fact that it all falls on me, I have a lot of negative feelings but I don't think it's towards CACREP. I think that every other profession that has any credibility and has guiding principles, I think if we tell the public we do these things, we should probably be able to demonstrate that we actually do those things in our training programs. I don't have any issue with us providing evidence to it because if we're doing it why would providing evidence be a big deal? So I think it's an integrity piece. (P4)

Similarly, Participant 6 stated,

So I am pro CACREP. But I have many mentors who are not, so I have sat down with them and had discussions about these things. And I believe that we need to

have a standard in place above all. Social workers already do. APA already does. In order for us to be taken seriously across the board and eventually move to other serious issue like portability we need to first have this standard. Standardization and portability, portability being the second most important on the list for me anyway in professional identity and making services accessible to all is most important to me. I see that as there being some consistency across programs at least at that level. And I never had an issue with CACREP but I understand that some people have shared with me that having a standard like that also excludes a lot of people, a lot of professionals particularly their rules on core faculty being counselor educators and their biggest argument.

Participant 6 also described how the standardization of CACREP offers a foundation for legislative advocacy for the Counseling profession.

So I think as far as legislative advocacy and particularly portability and Medicare and Medicaid issues we're going to need to have a standardization because going back to your initial thought, policy makers are going to understand that. They're going to be like "who are you, and why can't you decide on this?" So I think that's going to be our ticket to get a seat at the table with the psychologists and the social workers.

Participant 8 highlighted a lack of educational standardization in licensing requirements across licensing jurisdictions as a primary barrier to licensure portability and greater unity within the Counseling profession. He put forth CACREP as a solution and shared that he is working on a proposal to require LPC applicants to have graduated from CACREP accredited programs. He shared,

Well the main barrier is the lack of standardization of the licensing requirements from state to state and the variability. And so I am a strong proponent of mandating CACREP accreditation as a condition of licensing. That would essentially solve this. We have been working on a proposal in Virginia now for going on three and a half years that is still not in place. Discouraging, but still active. And I think ultimately will probably happen. We'd be the fourth state so it's still Ohio and Kentucky North Carolina I think are the other ones. I know Ohio is the first. So that needs to happen.

Participant 8 continued by describing some of the challenges facing the profession (e.g.name of license and residency period) and emphasized educational requirements as

one of the biggest challenges. He stressed CACREP as a means to provide further professional unity and licensure portability by standardizing educational requirements for counselors.

There are movements out there, anti-regulatory movements. But we need to put the profession first. So individual states need to look beyond things. Like one of the obstacles is the name. ACA has gotten behind the name “Licensed Professional Counselor.” So the states that put the word “clinical” in there or boards of mental health in there I think that it’s unfortunate but for the unity of the profession and the good of the profession something simple like that can go a long way in the public’s eyes toward our identity or our brand if you will. Variability of the number of hours of the residency period or the post-licensure supervised experience, who can supervise, the number of hours of supervision are obstacles, but the biggest one is really the actual training and the coursework and the number of hours. If CACREP were required, that would take care of that. And 60 seems to be the right number. There are still some states that have 48 and there are still programs that are accredited with 48, but coming to these standards, 60, so and that of course is what Virginia’s been since 1976, I guess it’s easy for me to say that. So that’s where the solution lies.

Participant 7 expressed some ambivalence about CACREP by discussing her reservations about the cost and CACREP’s structure as a business. Participant 7’s concern is for small programs hurt by the financial cost of the CACREP accreditation process.

I understand the importance of CACREP and the intention of CACREP because, like I said, we want to ensure that a counselor is trained in a certain way and that they have a foundation of knowledge that is consistent so when someone says “I’m a counselor” you know what that means. Philosophically I struggle because CACREP is a business. It’s expensive. There are small schools like mine that makes accreditation hard for certain programs. Thankfully we bring in quite a bit of revenue so it’s not our program that struggles but there are programs that struggle with paying that bill and then paying for a team to visit campus and to make sure you’re meeting your standards and philosophically I think my struggle is we know that counseling programs are put in place to positively impact the communities that these students will then go into. And I wonder sometimes if the money aspect would be more reasonably priced or if there would be a way to accredit programs and make sure they’re doing what they need to do without it being a business.

Participant 7 reiterated her ambivalence, and shared that she ultimately finds herself supportive

of CACREP.

I teeter back and forth I could give you arguments on both sides of the coin to whether CACREP is the answer. Do I think we need accreditation? Yeah. I mostly fall to yeah. But maybe there's a better system and maybe that is CACREP it just hasn't developed into that yet. I just feel like...I think that it's difficult to place words and numbers and assessments on top of a profession where we value those things, but that's not exactly who we are, if that makes sense.

Apart from some ambivalence, as Participant 7 expressed, all the participants expressed support for CACREP as a unifying force for Counseling. Participant 5 summed up what emerged as a consensus in the interview data, "It feels necessary and I think it's important that we have a training process that is the same across the country and CACREP is helping to do that".

Professional Differentiation

Along with their perspectives on Counseling as a distinct profession for the reasons discussed in the previous section, participants also gave voice to the ways Counseling differentiates itself from other mental health professions, namely Clinical Psychology, Counseling Psychology, and Clinical Social Work.

Uncertain of difference between professions early in career. Some participants shared that they did not know the difference between psychology, social work and counseling when they began their training. Most participants studied the differences among the professions during the first year of their counselor training. Others took different paths. Participant 1, for example, trained as a school psychologist and it wasn't until she began her Ph.D. in Counselor Education and Supervision that she explored the differences in professional identity, function, and ethics.

I started my Doc program going, you know, I don't know what the difference is here between these professions. You know I mean they're all the same and then in the end it was like, you know what, no they're not. They're not the same. And it did, it took me being in that spot as a counselor, more intensive time as a counselor to really get that and to be in relationship with people in a way that I had not been before.

Participant 2 noticed a trend of counselors-in-training entering programs without an awareness of Counseling's professional distinctiveness, or, worse, continuing through counselor training without cultivating that awareness.

We weren't going to just assume that it [counselor identity] was happening and not talk about it. That was the grievance I had with my PhD and master's program is that we didn't talk about that [counselor identity] much. And I'm kind of curious as to why that is, why we don't talk about that much, and frankly that's not good. That's why you have students that come in that don't even know the difference between psychology and counseling. It's painful to watch that happen and I said I can't allow this to happen ever again. So, I've integrated that now into my life as a counselor educator - really seeing that it's important to really shape and influence how counseling is so different from the other professions and I'm really glad that some of my students really have understood what that has meant to them.

Counseling as professionally unique. Each of the participants made a point to stress Counseling as a unique profession, distinct from clinical social work, counseling psychology, and clinical psychology. While participants acknowledged overlaps (e.g. theories, techniques), they also described the ways in which Counseling distinguishes itself.

I'm a big proponent and advocate for us but I certainly recognize that there's a lot of overlap with other professions--social work and psychology in particular. I do think that the wellness or strength-based approach is particularly the hallmark for us and I would say that would differentiate us from psychology generally. And then I think certainly clinical social workers do a lot of the same things that we do but our real emphasis on the skills within the session whether it would be individual or in a group and attentiveness and reflection the techniques to facilitate change I think are things that we're particularly good at and trained in.”
P8

Participant 4 shared frustrations over Counseling's struggle to define and distinguish itself. She shared, "I sound a little snarky about it but I do get frustrated because the barriers that come up as a result of us not being able to define ourselves impacts students generation after generation". Participant 4 elaborated by saying,

...we're just sort of newer on the scene and are trying to fit everywhere. You know you can tell by like all the divisions in ACA. I mean there's 56 divisions or 47 or something kind of crazy. So we're basically splitting all these pieces and we do all those things but you can't list that we do all these things and still have somebody not have their eyes gloss over.

Participant 4 also expressed a desire for greater collaboration between allied mental health professions, "There's a place for everybody and I just, I don't think that's articulated particularly well". For Counseling to have a place, it must clearly distinguish its identity and professional role. Participant 8 expressed a desire for Counseling to distinguish itself through regulation around what types of professionals may train counselors.

Well the other thing that I would add is that at the risk of being disrespectful of other professions I think that we have arrived at a point--I was just at the American Association of State Counseling Boards meeting in San Antonio two weeks ago and then at the Board of Counseling and various other places--where we are a discrete and separate profession with our own body of knowledge with our own professional association, accrediting bodies, licensure in all 50 states, so you know I think that the days of having counselors being trained by other professionals are coming to an end.

Participant 8 expanded this idea by asserting that a mature profession is trained by its own professional members.

So I think that, I don't like to see counselor training faculty that are composed of licensed psychologists, clinical social workers or what have you. We need to, we don't train other professions other than our professions, nurses by physicians assistants or whatever the right analogy would be. So we need to take responsibility--I think we have--and there's been some pain associated with that, people feel excluded and those sorts of things. But adequate grandfathering can

take care of those things, so over time this is what a mature profession looks like. I think we're really committed to that.

Counseling is unique from Psychology. Counseling is professionally distinct from Counseling Psychology and Clinical Psychology. Participants identified psychologists as generally working closer to the medical model than counselors. Participants also discussed psychologists' training and roles in testing and assessment as different from counselors'. Finally, participants discussed psychologists as more research focused and more post-positivist and quantitative in their orientation towards research than counselors. In contrast, participants viewed counselors as more constructivist and qualitative in their orientations. The reader should note participants' use of "post-positivist" in contrast to constructivism. While post-positivism and constructivism are distinct paradigms with unique axiologies, they are not diametrically opposed.

Participant 1 held a professional identity as a psychologist before she transitioned into counselor education and began to identify professional more as a counselor than a psychologist.

...as I functioned as a psychologist, I was on the hunt for what was wrong and I think the transition for me was to hunt for what was right. And what that is, the strengths and playing off the resilience of people and really understanding how strong people really are and that, you know, just resilience blows my mind, how people can be so strong and use what coping mechanisms they have.

Like many participants, Participant 7 noted that a distinguishing factor for psychologists is their requirement for doctoral-level training to practice clinically. Since Participant 7 holds a Ph.D., as all the participants in this study do, she is often confused for a psychologist.

I often find especially because I have a doctorate that people assume I'm a psychologist. That can be anyone from my own family to random people I meet at a party. What I usually say is along the lines of by trade I'm a counselor, I'm a

Licensed Professional Counselor in the state of Virginia and my role is to help people help themselves. And to empower people make positive choices towards goals that they choose and really help them get back on track. So we all have these moments when we steer left or steer right and we can't figure out how to get the steering wheel back on straight. So my job is to steer left with that person and slowly help them take that wheel back to the path that they're hoping for.

A commonly discussed distinction between Counseling and Clinical Psychology is a perceived focus on psychological testing and assessment. Participant 8 shared assessment, approaches to therapy, and training as distinguishing factors.

I think that can really differentiate us in our practice from clinical psychology and a lot of them, again these are generalizations obviously, but a lot of them don't necessarily spend as much time on the treatment side as much as they do on the assessment side. Especially any kind of long-term counseling or therapy. So I think that's a distinguishing factor obviously as you noted that credential is a doctoral-level one and so that sort of really limits the pool of who's providing those services, we're much broader.

Participant 7 named testing, assessment, and diagnosis as factors that distinguish Clinical Psychology from Counseling.

Compared to psychology where there's a greater emphasis on identification as in testing and assessment kinds of techniques to identify, name the diagnoses or the condition from which this person suffers and then to base remediation strategies on what is this person's diagnoses it's a...it's sort of detective work to figure out and I think that's fine and certainly particular conditions respond to certain medications or certain techniques but I think the risk is the individual becomes the diagnoses.

Along with assessment, Participant 2 highlighted the difference in research approaches for psychologists as opposed to counselors.

I also think with psychology it's not only the assessment training, it's also the fact that it's very robust research training so they're very focused on research and even some clinical psych research programs will say "we intend for you to be a researcher. We'll give to the tools to practice, but you're here to be a researcher."

Participant 2 continued, "I think about this in terms of researchers—psychologists are definitely post-positivist. The majority of their research and training is quantitative. The

lens that they take to research is usually quantitative.” The reader should note here again that post-positivism and constructivist approaches are not opposing paradigms (Merriam & Tisdell, 2016).

Counseling is unique from Social Work. Participants noted differences in educational standards, clinical training, and clinical approaches between Social Work and Counseling. When asked about the difference between Social Work and Counseling, Participant 3 stated, “I want to answer that question because it is such a good question. Especially it’s so relevant now because forever I’ve been called a social worker and I’m like, ‘I am not a social worker. I am a counselor. Let’s clarify that right there’”.

Participant 3 continued,

Explaining this to my students I remember they’re like, “you seem so passionate about it” and I’m like “yes, and I feel like this is the time for us. This is the time for counselors.” We have a definition now. We’re trying to be universal in the way that we’re training counselors. So I’m talking to them about the differences of what everyone does and why I feel like we are the best is because we take in all parts of a person, that holistic approach. We’re looking at not just the etiology or the medical what’s going on with them what is the pathological stuff going on? But we’re also looking at who they are as a person, what are some of their likes, what are some of their strengths? What’s going on in their whole environment? You know, what is some of their medical background that they have. But we’re really trying to—a person has so many different parts of them and so many different identities that to neglect it would be a detriment to them because that could be a strength that they bring so I think the #1 thing that makes us different is that we’re looking at the whole person.

Participant 4 echoed these sentiments by focusing on the differences in clinical training between counselors and social workers.

Yeah, so the education piece I think is where there’s a big difference and I think it doesn’t hurt anybody for us all to be [inaudible] what our educational process is like. I think the fact that we have 600 hours and some programs have up to 900 hours of practicum and internship with direct client contact is an important thing for programs within communities for people to talk about to hiring agencies who are trying to decide between who to hire. But I don’t think that should close the door on social workers because they bring a unique perspective, too.

Participant 4 continued,

I think they've [social workers] done a much better job of articulating who they are... aside from the fact that they have almost no hours of direct clinical training. I mean our social workers who did internships at the counseling place that I worked at in [Large U.S. City] only had to see six clients and had to see two of them six times. That was their internship.

Participant 8 differentiated an overlap between Counseling and Social works use of a strengths based approach to clinical work and use of the wellness model.

The wellness and strength based approach. The focus on the actual clinical work of being in a session and our emphasis on techniques and strategies to facilitate change. And I can hear my social work friends say "we do that too!" and I don't disagree but a greater emphasis on the systems and community based work in their training so I really do think we focus in terms of our training on classes in techniques, classes in theories, classes in groups. Obviously multicultural elements as well we do so I think those are things that are distinguishing. But I think it always comes back to the relationship and establishing that and helping to bring about change. That's how I see it. The venn diagrams overlap, I don't disagree with that in terms of what we do. But I think the overlap is becoming smaller and our identity is becoming clearer.

Participant 7 echoed a similar conceptualization of the overlap and differentiation between professions.

I think the work can look very similar and we may even call it the same thing-- psychotherapy, counseling, mental health support. But I think at the core is where things differentiate. Really in your training and the way you conceptualize the person or people who are sitting in front of you. Not to say there's not overlap, because there is. And in some agencies clinical social workers and counselors have very similar positions if not the same position. But I think it goes back to the training what you're accrediting body in those training programs emphasizes and kind of the philosophy behind your profession. I think sometimes it can be hard to verbalize what the major differences are but I think it's at the core of professional identity for that person.

Drawing on the work of Bronfenbrenner (1979), Participant 6 discussed how social workers are trained to work with meso/exo/and macro systems, whereas counselors work with a micro-systems, (i.e. with individuals). When discussing her decision to train

as a counselor rather than a social worker, Participant 6 noted, “I wanted to work with a micro- rather than a meso- system”.

Professional Worldview

A frequent theme that emerged from the interviews was a focus on the typical worldview held by professional Counselors as a distinguishing factor. Each participant stressed the holistic, strengths-based, and wellness model approaches to clinical work over more traditional medical models. Participant also tended to voice preferences for approaches to clinical work that embrace constructivist and humanistic stances. Finally, each participant named advocacy, social justice, and multiculturalism as central to their professional identity. A few participants discussed their post-modernist perspectives on social power and that perspective influences their understanding of advocacy, social justice, and multiculturalism.

Holistic approach, strengths-based and wellness model. Participant 3 succinctly shared, “I think we’re the best, but we just, we’re not focused on a deficit we’re focused on ‘What is the strength that someone brings and how does that fit into the person as a whole?’”. Participant 8 also picked up on this point and stressed how the approaches inherent to Counseling need to be included in policy and the responsibility Counselors must navigate that process.

I am a real proponent or supporter of counselor inclusivity for things like Medicare, VA, etc. etc. insurance reimbursement and all of that and yet with that comes a shift that we have to accept responsibility for towards the medical model so inclusion in those arenas has led us away a bit from our heritage of strength based and wellness based approaches because we have to approach things from a medical or diagnostic standpoint. And I think that’s unfortunate. I see counselors all the time really framing things in terms of the client’s diagnoses and some clients don’t have a diagnoses. Some clients don’t need a diagnosis. And that framework is, I don’t want to say artificial, but it’s a paradigm that can be helpful but let’s be careful not to be boxed into or limited by those kinds of frameworks.

The ACA's 20/20 definition reads *Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals*. Since Clinical Mental Health Counselors (CMHC) are trained to diagnose with APA standards, the participants in this study must use diagnosis in a climate of managed care. As Participant 8 shared above, those diagnoses must be used responsibly. Practicing from a wellness model and strengths perspective, Counselors must use diagnoses to empower diverse individuals, families and groups to accomplish mental health, wellness, education, and career goals in order to remain commensurate with the 20/20 definition of professional counseling.

Constructivism and humanism. Participant 1 noted how her research and clinical paradigms shifted to constructivism with her move from her professional identity as a school psychologist to counselor.

I had graduated with the school psychologist degrees and then over the course of my Doc [Counselor Education and Supervision] program that morphed into more a constructivist understanding and so I really identify as a constructivist and really thinking, you know, if I can really understand the meaning that people are putting behind their lives and not superimposing my meaning onto them, then I think we can make progress, sometimes more quickly or just at a deeper level.

Participant 5 expressed a Humanistic appreciation of a person's fundamental goodness and a strengths-based approach.

I think certainly the strengths-based approach and rooting. I think I fundamentally believe that people are good and I feel like there's a place for that in this profession or I at least associated that to this profession, as opposed to being broken or as opposed to looking at people as though they're just a pathology.

Participant 5 elaborated,

I think because of the humanistic tradition and that there's an opening to think, I mean even to thinking about existentialist to philosophy...I think there's openness to the humanities in our profession.

Participant 3 spoke to her person-centered approach,

You know, I think some of them were I think the main one and I think because it also stands for me and how I approach other people is the Carl Rogers and the person-centered approach and meeting people where they are and working with what they bring. That really stuck with me and working with that person-centered approach and figuring out what that person really needs how can, as a counselor, how can I help them to achieve whatever goals that this person has? What quality of life would be best for them?

When discussing counselor distinctiveness, Participant 3 reiterated,

I would also focus on how we focus on our person-centered approach we work with people where they are and really look at that holistic approach so what are everything going in in their environment and how that impacts whatever issue or problem they come with and how we can help assist that.

Postmodernism, social justice, and multiculturalism. A strong paradigmatic theme across participants was that of social justice and multiculturalism. Some participants extended this to a post-modern paradigm to analyze power dynamics and hierarchies.

Participant 3 named advocacy and social justice as ethical responsibilities.

Another one I think of ethics I think of also, I mean, justice. Making sure that we're being fair, making sure that we are, I think of advocacy. Advocacy is so important right now. We have so many different identities that are being questioned or being threatened, being attacked. I don't understand how a counselor cannot take into different accounts different people's identities and some of the things that they're experiencing whether these are identities that can be seen or not.

Echoing themes of a strengths-based perspective and holistic approaches, Participant 3 continued by including multiculturalism as a core paradigm for counselors.

I think that it's easy to get caught up in not looking at the client as a person, rather than someone who has some sort of problem. So I really try to rain into them multicultural and that that just doesn't mean race. That's whatever parts make up that person whatever identities that intersect. So their race, their gender, their sexual orientation, their career, their socioeconomic status, their US citizenship--

because that's probably a new thing now that I don't think I've ever thought about before but that is a new thing now that is probably important to consider when we're working with my clients.

Like participant 3, Participant 6 described the ethical responsibility she sees for counselors to be culturally competent and enact social justice through recognition of social power dynamics.

I think the responsibility or the ethical responsibility comes with, again I'm going to speak in very postmodernist terms, comes with this dynamic of power. At this point with my with the education I have and the intersections I do at this point working on continually becoming a culturally competent counselor within our times. But having the degrees or the trainings that affords me a certain power and therefore privilege. And at some point as a leader you can't be quiet anymore. And so I think there's many different types of leadership but at some point that power and that privilege it's almost your ethical responsibility to take action.

Professional Contributions: Advocacy, Meeting Community Needs, Scope of Practice

Each participant stressed the incredible social value of the services Counselors offer and the ways counselors are equipped to meet social needs. Participants voiced frustrations with the Counseling profession's "poor marketing" (P4) and inability to distinguish itself clearly for consumers, third-party payers, and legislators. Other spoke about frustrations with legislators and third-party payers' misunderstanding, undervaluing, or exclusion of the services offered by counselors.

To legislators, policy makers, and leaders. Many of the emergent themes shared by participants in this study were incorporated into what participants said needs to be communicated to legislators, policy makers, and leaders, or what participants have already said in their advocacy efforts to these persons. Participant 2 described his past and current advocacy efforts to legislators in Virginia and Washington DC.

I usually describe to legislators what our training looks like and how it differentiates. We get courses across the curriculum in group counseling, family

counseling, couples counseling, career counseling. We get this very broad depth in our courses. We also take a class in addictions. We get to see all these levels. Not all programs in other professions have these courses. People aren't required to take addictions courses. We learn assessment, but we use it for a very different purpose [than Clinical/Counseling Psychologists].

Participant 3 also focused on differentiating Counseling from other mental health professionals for legislators.

I would definitely highlight the things that make us different than the other disciplines. That would be the first thing I would say so I would talk about how we look at clients from a strength-based, we like to look at what are the things that they do well? What are some of the positive things that we can focus on to build this person up rather than build them down? And I would also focus on how we focus on our person-centered approach. We work with people where they are and really look at that holistic approach so what are everything going in in their environment and how that impacts whatever issue or problem they come with and how we can help assist that. And then I would also probably talk about how just our ethics and our morals. Our code of ethics is what we stand on and our foundation for how we treat our clients.

Participant 8 offered descriptions of licensed professional counseling and how counselors are trained to meet the needs of communities.

Well one of the things I would say if I were in Virginia, being from Virginia I would say, even if I was in another state, you may not realize this but counselors have been licensed in VA since 1976 we now use the term "Licensed Professional Counselor", LPC. We are able to work in a variety of settings and are reimbursed for our services by a variety of payers, private and public. We focus on helping people whether it's overcoming specific disorders or disabilities or just growing through life and we work in a variety of settings so you may have heard of us working out of private practice but counselors who work in schools now known as school counselors, not guidance counselors because legislators still call us guidance counselors, counselors who work in schools are an important part of our service delivery and yet we also work with couples and families and also provide group services. That's an overview of who we are and what we do. And I would probably add since my professional work has been in the addictions field given that we have happening now with the opioid crisis we're uniquely positioned to be helpful when there are crises like this one, the opioid epidemic so our training is inclusive of that as well.

Participant 8 passionately continued,

It's criminal in a way that we have this aging population and counselors aren't covered under Medicare yet so that's a really important so I guess to answer your question I want them to know that we do good work. I want them to know who we are and what we do and that we have a strong set of requirements for someone to enter the profession and we have the means to protect the public through a disciplinary process if there is someone who doesn't practice ethically. It's not unique to us it happens in any profession there are some folks who shouldn't be doing this. So that's one thing from the Board is that we do revoke or suspend some people's licenses if needed and so it harms all of us when someone behaves unethically like that so we do take responsibility for that as a profession as well.

Participant 4 addressed the many needs counselors can fill in a community and stressed the importance of counselors to clearly articulate this service.

Who I think we need to be are people who are clearly addressing the mountains of our community through evidence-based individual, family work with diverse populations and I don't know that we need to go much further than that because the public needs to know something as clear as that. We're not shooting from the hip. If you're an individual, if you're a family, if you're diverse, come on in. If you've got trauma, if you've got roommate issues, we got you covered.

Participant 7 emphasized positive, second order change in communities around issues that make it legislators' desks, so to speak.

I think the emphasis would be on positive change in our communities, positive change starting one client or one family or one couple at a time and how that builds in to a large impact when we have the support and the resources to do so. I think that there is no secret that there are issues of suicide, of addiction, of violence that often will meet legislators desks and ears and so if they truly are passionate about preventing things like that or helping people in those situations I would try to pitch the idea that counseling is the way to go. Because we're not prescriptive, we're not telling people what to do, we're trying to make second-order change that is lasting, that will build and empower that person.

Self as Professional

A unique theme that emerged from the interview was the self as professional, which mirrors Gibson, Dollarhide, and Moss' (2010) theme in their work on counselor professional identity development. Through descriptions of personal counseling experiences, mentorship, stressing self-awareness in counselor training, and the "magic",

“mystery:, and “sacredness” (P5; P7) of the space held between a counselor and client, participants spoke to the reciprocal nature of counseling relationships. Participants shared that this work requires deep self-awareness because they feel compelled to bring their genuine, authentic selves into their professional counseling relationships. As Participant 6 shared,

I tell my student that counseling is very unique because you go through a program in which you are also personally transformed. It’s not just an occupation. You’re not just going to learn some skills and not work on yourself. That’s not how it works.

Counseling is about relationship. All the participants in the study stressed the importance of “relationship” in counseling. Many spoke of genuineness, authenticity, unconditional positive regard, vulnerability, and mutual growth. Participants 1 and 3 offered eloquent descriptions of the importance of the counseling relationship to their work. Participant 1 shared,

I think the main thing is to think, you know if it’s not working, you know instead of thinking what are the barriers that the clients are putting up to prevent progress, it’s really thinking about not only that part but thinking you know maybe I’m going at this in a way that’s not working for this relationship and what other ways are there out there? And also how can I challenge myself to push those boundaries a little bit, of my own growth and learning in relationship. And I think that and so you’ll hear me talk about relationship a lot and I really am a firm believer in that as well that there is meaning making in that relationship between the counselor and the client and if we’re not growing in those relationships as well, as counselors if we’re not growing in those relationships, then I think that we’re really at risk to become stagnant which would lead to burn-out.

In a statement that echoed Participant 1’s sentiment above, Participant 3 succinctly and passionately shared, “I was who I was at all times [within the counseling relationship]. I was my genuine self and they felt that I genuinely cared about them and if anything I would always want someone as another human, to feel that I genuinely care about them.”

Mentorship and modeling. Another important emergent component of the theme *self as professional*, is the experience of mentorship. Participants frequently shared stories of mentorship experiences from counselors, friends, and teachers. Now, as counselor educators, participants shared the importance of their role as mentors to their professional identity and how their mentors still play a role in their professional and personal lives. As Participant 5 offered a reflection about a mentor of hers, “I just thought, I mean she’s just sort of a person that I thought I want to be – I want to be like her. You know she was really cool. She was really thoughtful. She took me for who I was, you know”. Participant 6 shared about the ways Counseling strives to hear diverse voices and that encouragement to find mentors supports this goal.

...there’s something about being able to be encouraged and find mentorship amongst the counseling base and having your ideas be valued just as much as someone else’s and that’s kind of the community feeling I also get from counselors or counseling in general, which is something again going back to as a woman of color who has experienced a lot of voice-silencing and micro-aggressions and feeling on different levels oppressed in a lot a ways that counseling and the creativity of counseling as an educator and a practitioner has provided a freedom and also a platform for leadership and advocacy that a lot of other professions I just don’t see that happening as much.

Participant 6 continued with her themes of mentorship, advocacy and power dynamics in the Counseling profession by saying,

...going back to the personal stories and maybe what’s unique is mentorship. So, adding another layer to counselor education, but I think if we’re looking at leadership and how that intersects with advocacy because of the power and privilege it holds I think there is the level of giving back sort of mentorship.

Participant 1 discussed how her role as a counselor educator puts her in the position of a professional role model, whether she’s specifically mentoring a particular student or not.

it gets into where you have to be very intentional that you expose students to different opportunities that’s going to affirm and reinforce their ideas and identity as counselor and they are going to look to those as role models whether you’re mentoring them or not so your own involvement as a professor, your own

involvement in professional organizations and as leaders in the profession is a very big influence as well to students.

Magic, mystery, unknown spaces. Participants 5 and 7 had a unique, yet congruent with other participants' descriptions, way of describing counseling relationships. The language that participants 5 and 7 used included terms like magic, mystery, sacredness, and ambiguity. For example, participant 5 shared, "There are things we understand that we can measure, that we can assess. But there are also many things we can't. There are also magical components and mysterious components and spiritual components that are hard to assess and address." Similarly, Participant 7 shared,

I like that word [sacred] a lot. I think that's definitely a word that I would use to. But yes, it does make the space more sacred and more authentic. It's almost like sometimes we call counseling the art of counseling and I think that those situations allow students to get to that art piece easier than a roleplay and kind of that intuitive piece of counseling that might be missing if you're stepping into character. Yeah so I think there's definitely benefits to holding a space that is real and authentic and kind of tingly I don't know how to put it but you know it's real and client knows it's real and for me that is kind of when the magic and the art of counseling comes to life.

Participant 5 described the use of self in therapy as an awareness of the particular "medicine" that each counselor brings to the therapeutic relationship. She shared about teaching this to her students.

So I mean I think I really want them [P5's students] to name it for themselves and then also we've been talking about 'what is their specific medicine?', 'what is the medicine they carry?'. And we talked about how you know we can identify members in our counseling community who have a specific medicine. Like you know you go to [well-known grief counselor in P5's community] when you need grief counseling because she has the medicine for grief. You go to [well-known addictions counselor in P5's community] because she has the medicine for working with addictions. Not everybody has the same medicine. And I think that's really helpful to think that. Then each person has something to bring and they don't have to look the same because they each have a special offering. Yeah, so we do that and that's the magical and the mysterious I think and the spiritual and then you know and then I talk about the profession and the professional organizations and the ethics around our profession because all of those boundaries

and framing and that language, too, helps to I think create safety around our work and clarity. So I think we can do both. I think both the framing and the specific languaging[sic] and this other can coexist.

Participant 7 echoed this approach to counselor education.

I personally believe that what is healing is, like we mentioned before, holding that space for the client and trusting your intuitive self, presenting your authentic self so they can do the same thing, tap into their intuition and their authentic selves. While I think sometimes saying that out loud can feel a little hocus-pocus, woo woo but I think our profession is actually seeing that and moving to that a little bit more...and I think Counseling does a better job of remember the spirit than maybe Psychology and Psychiatry.

Participant 5 elaborated on her approach to counseling and counselor education by reflecting on something she heard in the process of her personal counseling, “Some people come for gas and some people come for God...” When asked to elaborate, she explained, “I think some people come to get recharged, to get some nourishment, to get filled up in some way. And some people come to process the spiritual or the existential or the philosophical or the things that are ambiguous and unnamable sometimes.”

Emergent Coding Conclusion

Professional Standards and Accountability, Professional Differentiation, Professional Worldview, Professional Contributions, and Self as Professional all emerged as themes from the axial coding process. This section described those themes and offered selected quotes from participants to illustrate them. Many of the quotes in this section express multiple themes, and it is evident that these themes overlap in their description of the professional identity of Counseling.

A Priori Coding

Along with the emergent coding process detailed in chapter 3 and the results of that process described above, the research looked at a priori codes derived from Kaplan,

Tarvydas, and Gladding's (2014) research for the ACA consensus definition of counseling. Participants were asked for their own definitions of Counseling, opinions of the ACA's consensus definition of counseling, and what they would add or detract from the ACA's definition, if anything. This section contains quotes from participants' definitions of Counseling, what participants would add to the ACA's definition, and support for the ACA's definition.

Participant Definitions of Counseling

Participant 1: "My role as a counselor is to promote the health and the wellness of the individual I'm working with. And it's really that simple... it is forming a relationship with that person in the professional setting of a counselor and to really get at what maybe their goals are, help them to uncover some of the reasons that they may be experiencing some conflict or dissonance in their life."

Participant 2: "I don't use the word therapy for that reason because it makes it very ambiguous what my identity is and it makes it confusing to consumers. I'll say this: counseling is strengths-based, based on a wellness model, it's developmental in its perspective. It's also very much focused on social justice and multiculturalism so in that way we're looking at the career factors, the social factors, contextual factors of individuals, families, and groups. So I would say that captures a lot and I will say that diversity, social justice, multiculturalism are very much a part of our conversation."

Participant 3: "[Define counseling]...as working with individuals or groups or families at a lot of different levels so maybe individually or systematically and helping to advocate to break barriers to help with the injustices that some of these identifies, our clients, are facing. Or helping clients understand some of the privileges that they have too and maybe that privilege is a way to stand up for others how cannot."

Participant 4: "I think that good messaging for us would be to articulate the evidence-based nature of things, would be to be able to identify with systems thinking, with some awareness of larger systems and smaller systems. Perhaps a way of articulating that we do have a strong focus on the individual however we're looking at systems as well because I think part of our definition has to be addressing what the market looks for as well and if we neglect some of those things we're missing those key terms that the broader market is needing us to say, more like concrete, you know we work with individuals and families in evidence-based practice in order to address overall wellbeing as well as complex mental health issues such as trauma and severe and persistent mental illness, addictions. That we're able to say we're individuals, we're families, we're evidence-based and we can address the broad spectrum issues."

Participant 5: “I don’t think about counseling as distilled into this definition of words. I think of counseling as a healing, as an art, as a practice, as a craft.” P5 continued, “...it’s [Counseling] a relationship that, I mean it’s based, it’s a process, it’s experience-based in relationship and that is I think that requires willingness I think on both parts, both client and therapist to be willing to change and shift some.” P5

Participant 6: “Counseling is culturally responsive, ethical, intentional care.”

Participant 7: “I help people help themselves. I think that without saying much, captures that pieces of empowerment, letting them be the expert, growing into that autonomous role...”

Participant 8: “I think broadly to meet clients where they are. To, I don’t want to define it terms of what someone isn’t, but I think not being judgmental is just so important. So to meet them where they are from a non-judgmental perspective is really important to me. I think that society is becoming more and more judgmental in some ways. And how to display great ethical judgement but ultimately to be a help to people in whatever way or shape that can take within ethical boundaries... But I think we need to make a connection with our clients, they know whether we care or not. And sometimes the best thing that we can do is listen and so many folks don’t have anybody who will listen to them and it’s an incredibly important skill and gift to provide that opportunity for someone.”

Adding to the ACA’s 20/20 definition. Participant 3 suggested adding advocacy for the welfare of clients to the ACA’s definition of Counseling.

I might add a piece about advocacy. I, as a counselor educator, a new counselor-educator, I think especially as a master’s student it was hard for me to conceptualize what advocacy meant. Sometimes I’m more of a tangible person, I need to see examples of things or I need to do it myself or be involved with something to know that that’s advocacy. And that’s kind of how leadership was for me. So as I think about advocacy I think it’s something that our field in our foundation we are advocating for our clients. But I think we need to do a better job of making it into fruition and making it concrete and teaching out students about the importance of it for our clients and for ourselves. So I would like to add that piece about advocacy into the definition.

Participant 4 suggested that a definition of Counseling should capture the ways counselors meet the needs of communities. She stressed “in the trenches work” with underprivileged persons as crucial work for counselors. She elaborates on these ideas in the following quote.

I think the current definition has something about just wellness or wellbeing and I don't know that that's valued from an insurer's perspective. We're not a preventative culture and even though we're sort of a preventative profession and we've chosen words like 'prevention' and 'wellness,' I think that we're not helping ourselves by using those terms because those are luxuries and I think we make an error in saying things like the depth we're going to - personal growth and the wellbeing when we have a society that is sick and systems that are challenged and we have to be able to meet those where they are and we're sounding kind of privilege-y with our approach....But I think our definition should be meeting our communities where they are.

Participant 6 supported the ACA's definition of counseling and suggested some additional ideas.

I do agree with that, but counseling to me is more than that. I think I place more meaning in some of my words, for instance I think we're change-agents. I think we're holders of hope. I think that we are sometimes unsung heroes. I think that we have many hats. I think we're nurturers. So there are roles that are not just strictly occupational but have a deeper meaning than if I were to define counseling I would say we work within systems starting with the individual and providing culturally responsive--not just culturally competent--but responsive services in hopes of providing preventative care. Ultimately, it's preventative. I know when we get clients or deal with issues ultimately, they have happened and someone's in a crisis or in distress, but we ultimately do this work in hopes that this person doesn't have to suffer ever again.

Supporting the ACA 20/20 consensus definition of Counseling. Participants 3 and 8 offered the following quotes, which summarize nicely the support for the definition expressed across participants. As one might imagine, the reasons for supporting the ACA's definition mirror the emergent themes discussed earlier in this chapter. Participant 3 shared,

I like that the definition talks about wellness because that is what really makes us stand out from other models... Because it talks about the different modalities, the individual; groups. It talks about diversity it talks about wellness and education and career.

Participant 8's perspective concurred with Participant 3's and others'.

I think it's a good definition and I support it. We use it in our program, we use it in our orientation. We just used it in an interest session we had for students who were applying or thinking of applying. It's [Counseling] a very difficult thing to

define and I think that definition does a pretty good job in a concise way of summarizing the work that we do so I don't think there's anything glaring that's missing--you can amplify on anything but I think it's relatively concise and inclusive so I think it's a pretty good working definition.

A Priori Coding with ACA's Codes

Along with the emergent coding process, this study used a priori codes derived from Kaplan, Tarvydas, and Gladding's (2014) research for the ACA consensus definition of counseling. These codes emerged from roundtable discussions held by delegates representing different counseling organizations within the ACA. Following the roundtable discussions, delegates listed commonly occurring terms. Please note that the ACA Delphi Frequency in table 8 is not the frequency with which the term was used, but rather the number of delegates whose table used the term frequently (Kaplan, Tarvydas, & Gladding, 2014). As the researcher is the only evaluator in this study, frequency of the a priori codes was determined by frequency of use across the 8 interviews.

Table 8		
<i>Comparison of ACA Delphi Method Terms as a priori codes to in vivo enumerated codes</i>		
<u>A Priori Code</u>	<u>ACA Delphi Frequency (2014)**</u>	<u>In Vivo Enumerated Code</u>
<u>Term</u>	<u>Frequency</u>	<u>Frequency</u>
Wellness	20	19
Empower	20	10
Professional	19	72
Lifespan	16	0*
Relationship	16	36
Develop	14	6*
Challenge	10	11
Human	10	4

Family	9	19
Group	9	29
Individual	8	31
Mental health	7	33
Prevent	6	9
Help	6	66
Evidence	5	14
Educate	5	3
Career	4	12
Culture	3	5*

*Note that Lifespan is not mentioned as an in vivo code; “Develop” excludes “developmental”, which occurred frequently in the emergent coding process; and “Culture” excludes “Multicultural”, which surfaced as a major theme throughout the emergent coding process.

**ACA Delphi Frequency is not the frequency with which the term was used, but rather the number of delegates whose table used the term frequently. As the researcher is the only evaluator in this study, frequency of the a priori codes was determined by frequency of use across the 8 interviews.

Table 9 provides a frequency table of the a priori codes used in vivo throughout the 8 interviews sorted by most frequent to least frequent. Note that, as mentioned in Table 8, “Lifespan” is not mentioned as an in vivo code; “Develop” excludes “developmental,” which occurred frequently in the emergent coding process; and “Culture” excludes “Multicultural”, which surfaced as a major theme throughout the emergent coding process.

Table 9	
<i>Sorted in vivo enumerated code frequencies using a priori codes from ACA Delphi Method</i>	
<u>Study In Vivo Enumerated Code Frequencies</u>	
<u>Term</u>	<u>Frequency</u>
Professional	72
Help	66
Relationship	36
Mental health	33
Individual	31

Group	29
Wellness	19
Family	19
Evidence	14
Career	12
Challenge	11
Empower	10
Prevent	9
Develop	6
Culture	5
Human	4
Educate	3
Lifespan	0

* Note that Lifespan is not mentioned as an in vivo code; “Develop” excludes “developmental”, which occurred frequently in the emergent coding process; and “Culture” excludes “Multicultural”, which surfaced as a major theme throughout the emergent coding process.

Table 10 provides a frequency table sorted by most delegates listing the term as frequently used in the ACA consensus definition process and most frequently used in vivo in this study to least delegates listing the term and least frequently used in vivo across the 8 interviews. Note that “Relationship” and “Professional” rank in the top third of terms; “Challenge” and “Family” rank in the middle third; and “Prevent”, “Educate” and “Culture” rank in the bottom third of terms used in both the ACA consensus definition process (Kaplan, Tarvydas, & Gladding, 2014) and this study. However, note that the code “Culture” excludes “multicultural”, which was used frequently by participants in this study. Similarly, “Educate” excludes “Advocate”, and some interviewees described educational means of advocacy.

Table 10

Comparison of Ranking for A Priori Codes

<u>A Priori Code</u>	<u>ACA Delphi Frequency (2014)</u>	<u>In vivo Code</u>	<u>Frequency</u>
Wellness	20	Professional	72
Empower	20	Help	66
Professional	19	Relationship	36
Lifespan	16	Mental health	33
Relationship	16	Individual	31
Develop	14	Group	29
Challenge	10	Wellness	19
Human	10	Family	19
Family	9	Evidence	14
Group	9	Career	12
Individual	8	Challenge	11
Mental health	7	Empower	10
Prevent	6	Prevent	9
Help	6	Develop	6
Evidence	5	Culture	5
Educate	5	Human	4
Career	4	Educate	3
Culture	3	Lifespan	0

Conclusion

Through an emergent coding process, open initial codes were grouped into axial codes, which formed the basis for the emergent themes of this study. The themes that emerged from the axial coding process were *Professional Standards and Accountability*, *Professional Differentiation*, *Professional Worldview*, *Professional Contributions*, and *Self as Professional*. The a priori coding process yielded similar frequencies of codes “Professional,” “Relationship,” “Challenge,” “Family,” “Prevent,” “Culture,” and “Educate”. Except for “Lifespan,” all the a priori codes derived from Kaplan, Tarvydas, and Gladding’s (2014) research for the ACA consensus definition of counseling were used in vivo by participants in this study.

This chapter detailed the analysis of the results garnered from data gathered through the methods described in chapter 3. Chapter 5 engages a discussion of those results, how they may be used to help inform the discussion around the profession's identity, and a review of the profession's progression toward the goals enumerated in the ACA's *20/20* projects. Chapter 5 also describes current events that challenge Counseling's efforts towards professional distinctiveness.

Figure 1
Venn Diagram of Emergent Themes



1. Professional standards inform profession contributions: Professional standards and organizations influence professional contributions to communities through training requirements, purview of professional services, regulating licensure, and monitoring professional ethics.
2. Interprofessional collaboration: When Counseling's professional contributions overlap with the ways mental health professions are distinct, respectful and effective interprofessional collaboration can occur.
3. Counselor identity as distinct: The "self as professional" theme emerging from this study's data inform a distinct professional counselor identity.
4. Reciprocal relationship between worldview and self as professional: The worldviews reported in the data of this study (e.g. postmodernism, constructivism, humanism, multiculturalism) blend with the "self as professional" due to the ways the axiology of these worldviews promote reflectivity and reflexivity.
5. Professional standards and organizations reflect counselor worldviews: Professional Counseling organizations and standards are intended to reflect the worldviews of its members.
6. Professional standards and organizations are distinct from other professions: Professional Counseling organizations and standards clearly distinguish organizational bodies for counselors.
7. "Self as professional" reflected in professional standards and organizations: The reflexive and reflective characteristics of "self as professional" are valued by professional Counseling organizations and standards.

Chapter 5: Discussion

Chapter Overview

Chapter 5 engages a discussion of the results in chapter 4. This chapter discusses how those results may be used to help inform the discussion around the profession's identity, the limitations of this study, and suggestions for further research. Chapter 5 also provides a review of the profession's progression toward the goals enumerated in the ACA's 20/20 projects and describes current events that challenge Counseling's efforts towards professional distinctiveness.

Study Overview

This qualitative study consisted of 8 individual 60-90 minute semi-structured interviews with counselor educators from 8 counselor training programs in Virginia. The objective of these individual interviews was to aggregate definitions of and perspectives on definitions of professional counseling from counselor educators to contribute further meaningful data to the overall 20/20 conversation within the Counseling profession. Following the interviews, emergent coding of the interview data produced five themes: *Professional Standards and Accountability*, *Professional Differentiation*, *Professional Worldview*, *Professional Contributions*, and *Self as Professional*. Following the emergent coding, a priori coding matched existing codes from the ACA's creation of their consensus definition of counseling to in vivo codes present across all 8 interviews to demonstrate commensurability in the participants' descriptions of counseling and the ACA's consensus definition process. Participants also provided their own definitions of Counseling and overall support for the ACA's consensus definition.

The results of this study centered around evidence that Counseling qualifies as a profession (professional organization, ethics, licensure, and educational and clinical training requirements); Counseling is a distinct profession from Social work and Clinical or Counseling Psychology; and Counseling holds unique worldviews (i.e. postmodernism/constructivism, humanism, multiculturalism) and therapeutic focuses (i.e. strengths-based and wellness models) within the clinical work of Counseling and within realms of advocacy.

Mirroring the literature, needs of the Counseling profession also emerged from the results of this study. The largest need for the profession that come out of the data is licensure portability. To make counseling licenses portable across all 53 jurisdictions, the Counseling profession needs to find a way to standardize its educational requirements (e.g. CACREP) for licensure, establish a name for the license (e.g. ACA supports “Licensed Professional Counselor”), and standardize the supervised residency period in all jurisdictions. In response to this need, the ACA established a *Building Blocks to Licensure Portability Project*. This project has established an endorsed licensure title (Licensed Professional Counselor) and scope of practice for LPCs. Delegates for the ACA’s 20/20 initiatives have been unable to agree upon consensus educational requirements, so the debate over accreditation standards for counselor education programs and licensure continues.

In addition to licensure portability, Counseling also has a marketing problem. Participant 4 put it succinctly when she said, “I think we have 40 years of poor marketing and inconsistent messaging”. She stressed,

I just look at what we’re doing and like we’re missing on the message. We don’t design it for who, for – we design it for ourselves and you never design a message

for yourself. You're designing a message for others. You're communicating to someone else and we're only trying to communicate within our weird little bubble of debating a definition for like the last 10 years or more.

In this quote, Participant 4 identified a theme consistent in the literature (Hanna & Bemak, 1997; King & Stretch, 2013), Counseling has struggled to define itself for both persons who are emic and etic to the profession. To respond to this need, the ACA created the 20/20 consensus definition of counseling: Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals (Kaplan, Tarvydas, & Gladding, 2014).

As 2020 inches closer with each tick of the clock, Counseling has moved to embrace the challenges of license portability and marketing. Through unifying Counseling with one portable license and focused advocacy initiatives for the profession, Counseling will better establish its professional legitimacy and meet the needs of its communities. With mounting evidence from studies like this one and advocacy efforts on the part of counselors, counselors-in-training, and professional counseling organizations, Counseling and the persons served by our profession have a clearer future.

Professional Counseling Distinctiveness

As the data in this study, literature on counselor professional identity, and the advocacy efforts of professional counseling organizations and their members all suggest, it should be widely known that Counseling qualifies as an independent profession. This is evident through the establishment of professional counseling organizations, a distinct code of ethics, licensing boards for professional counselors, graduate training programs for counselors and counselor educators, and the development of a distinct counselor

identity among counseling practitioners. Counseling is a distinct profession and distinct professionals are characterized by “role statements, codes of ethics, accreditation guidelines, competency standards, licensure, certification, and other standards of excellence” (VanZandt, 1990, p. 243). While Counseling is still growing in a few of these areas, namely portable licensure and universal accreditation standards, Counseling has coalesced its many parts into one body.

Counseling is also a relatively new profession. Counseling licensure was first established in 1976 in Virginia and counselors were not licensed in all 50 U.S. states, D.C. and Puerto Rico until 2009 when California adopted the Licensed Professional Clinical Counselor (LPCC) (Shallcross, 2009). Taken another way, Counseling was first considered a licensing profession by only one state just over 40 years ago and in every state just in the past 9 years. Compared to Social Work and Clinical Psychology, Counseling has not had much time to establish itself and communicate its purview to the public, legislators, and other professionals.

Distinct Profession

Regardless of its age, according to the participants in this study, Counseling is a distinct profession from Social Work and Psychology and has a unique professional worldview and approach to clinical work that compliments its allied mental health professions. As Participant 4 noted, “There’s a place for everybody and I just, I don’t think that’s articulated particularly well”. By asserting itself as a distinct profession, Counseling is not trying to start a turf war with Social Work and Psychology; it is asserting itself as a profession that plays a vital role in our communities alongside allied

mental health professions. Counseling is striving to define itself as a distinct profession that is additive to the ways other mental health professions serve communities.

Social Work. A frequently held distinction between Counseling and Social Work that emerged in this study was the difference in curriculum and clinical training. Both Social Work and Counseling require masters-level training to be eligible for a license to practice mental health counseling. However, the curriculum for social work programs focuses more on policy and systems than clinical skill development. Conversely, curriculums in counselor training programs focus more on clinical skill development in a variety of modalities (individual, group, marriage and family) and the praxis of those skills than it focuses on policy and systems (Virginia Board of Counseling, 2018; Virginia Board of Social Work, 2016).

The differences in Social Work and Counseling curriculums reflect the roles each profession can provide well within communities. Considering Bronfenbrenner's (1979) famous work on systems and human development, Social Work excels at meso, exo, and macrosystem interventions and Counseling brings strong microsystem clinical skills. As Participant 6 noted when discussing her decision to train as a counselor rather than a social worker, "I wanted to work with a micro- rather than a meso- system". The microsystem in this case is the individual's intrapsychic experience. Mesosystems include family systems, peers, medical services, schooling, and similar regular interpersonal spheres. Exosystems expand mesosystems to include community resources and governing bodies (e.g. community health care, local religious bodies, school boards, legal services), and macrosystems extend the farthest to encompass large systems (e.g. customs, laws, social classes, federal government) (Bronfenbrenner, 1979). Using this

model, counselors can be seen to focus on the microsystem even when dealing with groups, couples, and families, as the inner world of the client and its interaction with its interpersonal systems remains primary in the clinical work of counselors. study.

The microsystem and meso/exo/macrosystem distinction between Social Work and Counseling can also be seen in clinical training requirements. Participants in this study noted Counseling's differentiation between direct and indirect practicum, internship, and residency hours is unique from social work. Participants went further by saying that Counseling's distinct and rigorous clinical training focus is indicative of the importance to profession places on the clinical skills of its members to work with individuals on a micro-system level. However, the reader should note the LCSW training requirements in chapter 4. The Virginia Board of Social Work (2016) and the Council on Social Work Education (2015) require Social workers to complete an internship of 600 hours. "Supervisees in Social Work" (post MSW, but pre-licensed LCSWs) need to complete an additional 3,000-hour post-MSW supervised work period with at least 100 hours of supervision. This period of supervised clinical work does distinguish between direct and indirect hours, requiring 1,380 of the 3,000 hours to be "face-to-face" with clients. (Virginia Board of Social Work, 2016)

Clinical Psychology. Like the distinction between Social Work and Counseling, curriculum and clinical training are distinguishing factors between Clinical Psychology and Counseling. Participants in this study described the doctoral-level training required by Clinical and Counseling Psychology, whereas Counseling and Social Work only require master's degrees to practice clinically. According to the participants in this study and literature on the subject (Mellin, Hunt & Nichols, 2011), the requirement for

doctoral-level training, typically Ph.D. or Psy.D., broadens clinical psychologists' training to focus more on psychological testing and assessment and quantitative research. Furthermore, as Participant 8 shared, the doctoral-level training requirement increases the scarcity and cost of clinical psychologists for community members seeking services, as opposed to LPCs and LCSWs with master's-level credentials.

Before earning Ph.D. or Psy.D., clinical psychologists' master's-level training can vary. Some clinical psychologists earn a master's degree in psychological sciences, focusing on research. Others may earn a master's degree in a combined master's and doctoral clinical psychology program. Or, clinical psychologists may earn a master's degree in Counseling before starting their doctoral work in clinical psychology. Regardless of their master's-level training, clinical psychology curriculums include doctoral-level training in psychotherapy, assessment, and research (APA, 2018).

A theme in the literature (Mellin, Hunt, & Nichols, 2011) and that emerged from this research is a perceived focus on quantitative research, testing and assessment, and a medical model of psychotherapy in clinical psychology. Participants in this study stressed the difference between Clinical Psychology and Counseling centered around testing and assessment and the use of the medical model in clinical work. Clinical psychologists are more thoroughly trained to provide psychological testing and assessment than counselors, who typically have one or two courses on the subject. This is not to say that counselors do not use assessments within their scope of competence. As Participant 2 put it, "We learn assessment, but we use it for a very different purpose [than Clinical/Counseling Psychologists]". The different purpose Participant 2 referred to is a distinction between the medical model and wellness model.

As mentioned before, participants eschewed the medical model as a part of their counselor professional identity. Participants viewed the work of clinical psychologists, and social workers to a lesser extent, as taking place within the medical model. As Participant 1, who trained as a school psychologist, succinctly said, “as I functioned as a psychologist, I was on the hunt for what was wrong and I think the transition [to a professional identity as a counselor] for me was to hunt for what was right”.

School Counseling and School Psychology. Topics surrounding School Counseling and School Psychology did not emerge from the interviews in this study. Inferences from the literature and this study’s interview data can be made that similar distinctions in testing and assessment, and wellness and medical models may exist between School Psychology and School Counseling. However, explicit data on this topic did not emerge from the interviews in this study.

This is a limitation for this research and deserves further inquiry because the American School Counseling Association (ASCA) has brought a diverse perspective to the ACA’s 20/20 initiatives. The *20/20 Principles for Unifying and Strengthening the Profession* were endorsed by all but one organization, ASCA. Their 2009 president stated that ASCA could not endorse the *20/20 Principles for Unifying and Strengthening the Profession* because too little consideration was given to the idea of the existence of several counseling professions existing alongside one another. ASCA also declined to endorse the ACA’s *20/20 consensus definition of counseling*. The ASCA declined to endorse the definition because it omitted a description of how Counseling is a distinct profession from other mental health professions. The ASCA also did not endorse the definition on the grounds of a paucity of research to support the definition and indicated

the organization would continue to use their own definition of school counseling. (Kaplan, Tarvydas, & Gladding, 2014).

School counselors are a vital part of the Counseling profession and ASCA has brought an important diverse voice to the topic of professional identity. Continued research on perspectives on school counselors' identity within the Counseling profession is needed.

Interprofessional collaboration. All mental health fields share the goal to increase the welfare of our communities and the individuals who comprise those communities. Establishing clear professional identities and scopes of practice will help with respectful interprofessional collaboration among the allied mental health fields, especially as mental and behavioral health services work to integrate further with primary care. As many participants in this study noted, there is certainly a lot of overlap in the clinical services counselors provide, but counselors' training, worldview, and approach to clinical work is distinct and additive to community mental health services.

Unique professional worldview and approach to clinical work. According to the participants in this study and congruent with the literature on the subject (Hanson, 2010; Schermer et al., 2013; Dollarhide & Oliver, 2014), Counseling is unique in its professional worldview and its approach to clinical work. Participants stressed postmodern multicultural social views, constructivist research perspectives, and holistic, strengths-based, wellness models of clinical work. Participants put these perspectives and approaches in contrast to psychology and social work, professions they reported to believe function more from postpositivist and medical models. However, as discussed earlier, there are overlaps in approaches and participants were careful to name that their

perspectives on these topics contain generalizations that are risky to apply to individual social workers and psychologists. Regardless, postmodernism, constructivism, multiculturalism, holistic and strengths-based care, and a wellness model surfaced as shared perspectives that participants saw as primary and unique to their counselor identity. Further, these perspectives, while theoretically different from postpositivist medical models, do not preempt interprofessional respect and collaboration.

Growth and change. Taking an historical perspective, it is interesting to note the ways professional identities and scopes of practice change over time. For example, it is interesting to note that psychometric assessment played a large role in the scope of practice of early counselors and the way they conducted counseling (vocational guidance). Today, such assessment does not seem to play such a large role in the professional identity and services of counselors. In fact, more complex assessments now fall in the purview of clinical psychologists and require assessors to demonstrate specific credentials to interpret such measures (Erford, 2012).

Establishing a clear identity for the Counseling profession is crucial for the reasons enumerated in this study, and it may be prudent to recognize the fluid nature of identities generally. Change is a constant over time. It is the opinion of the researcher that the primary goal of establishing a strong identity for the Counseling profession is to find ways to best serve its clients and collaborate most effectively with other professions, growing together, rather than apart.

The Counseling package. Although none of the participants relied solely on cross-profession comparisons, it's important to note that some participants used definitions of counseling in opposition to definitions or descriptions of other professions,

as opposed to affirmative statements. This is a trend that has been documented in Counseling's historical quest to define itself (Nugent, 2000; Kaplan, Tarvydas, & Gladding, 2014). As the ACA's 20/20 projects are attempting to do, Counseling must get beyond this trend of reactively defining itself by what it is not and move toward affirmative statements of what it is and can be.

Counseling cannot continue to define itself by what it isn't, or its professional identity will be diffuse. Counseling also can't point to only one thing that makes it distinct among the helping professions because the entire "package" of the Counseling profession is what makes it unique. As illustrated in Figure 1, the emergent themes of this research (*Professional Standards, organizations, and Accountability; Professional Differentiation; Professional Worldview; Professional Contributions; and Self as Professional*) work together to form a coherent and distinct package of the Counseling Profession. There is not just one thing that sets Counseling apart, Counseling's distinctiveness is evident through the interplay of professional functions, training, identity, worldview, and organizations.

As shown in Figure 1, Counseling professional standards, organizations, and accountability practices (e.g. Board oversight) influence professional contributions to communities through training requirements, purview of professional services, regulating licensure, and monitoring professional ethics. These professionally distinct guiding organizations and documents inform the professional contributions counselors make to their communities (i.e. clinical services). When Counseling's professional contributions overlap with the ways other helping professions are distinct, respectful and effective interprofessional collaboration can occur. A clear and distinct professional identity is

necessary for effective interprofessional collaboration. The *self as professional* theme and the worldviews (e.g. postmodernism, constructivism, humanism, multiculturalism) that emerged from these interview data inform a distinct professional counselor identity. The worldviews reported in the data of this study blend with the *self as professional* due to the ways the axiology of these worldviews promote reflectivity and reflexivity.

Professional Needs

As 2020 approaches, Counseling has needs that must be addressed to support the profession's identity and ability to meet the needs of communities. This study and the related literature have addressed advocacy for the profession's definition and "marketing" (P4), and licensure portability, including educational standardization and the *Building Blocks to Licensure Portability* consensus items, as pressing needs for the profession. Meeting these needs has been no small task and has been a many years long process that continues today.

Advocacy: Definition and marketing. Participants in this study were quick to mention Counseling's "marketing problem" (P4). According to the participants in this study, this marketing problem results from the Counseling profession's long struggle to define itself, its many purviews and scopes of practice, and difficulty standardizing itself across the country. This problem also comes largely from public unawareness of the differentiations between mental health professions generally. As Doyle (2016) wrote, "In our culture, most people do not know the differences between counselors, social workers, psychologists and even psychiatrists" (para. 4). Doyle (2016) stressed the importance of avoiding words like "therapist" when he wrote, "Each time that we call ourselves by the

correct name (counselor), we are taking advantage of an opportunity to educate the public about our profession — to help with our own branding, if you will” (para. 4).

Doyle (2016) offered 6 ways for counselors to advocate for the profession. Don't use the “t-word” (therapist) was the first. Using the terms related to “counseling” and “licensed professional counselor” instead of “therapy/ist,” promotes professional distinction. He also suggests cultivating an online presence, talking with media sources when the opportunity arises, establishing relationships with and making counselors' positions known to legislators, getting involved with state licensing boards, and when referring clients, referring to counselors. Additionally, as emerged from the data in this study, involvement in and support of counseling organizations and publications is another way to advocate for the Counseling profession and its clients.

Through initiatives like the ACA's 20/20 projects and by counselors engaging in advocacy as Doyle (2016) suggested, Counseling may be able to more clearly establish itself as a profession in the awareness of clients, other professionals, third-party payers, and legislators. The time is ripe for counselors to advocate for their profession's identity and to take a seat at the table with other allied mental health professions. However, Counseling still has a few barriers to overcome first. Apart from clearly defining itself and improving its marketing, paths toward licensure portability across all states and the educational standardization that accompanies that portability is still debated.

License portability. In a letter to all counseling licensing boards, Dr. Susan Hammonds-White, President of the American Association of State Counseling Boards (2013-2015), and Dr. Robert L. Smith, President of the American Counseling Association (2014-2015), urged all counseling boards to adopt the *Building Blocks to Licensure*

Portability consensus licensure title and scope of practice for professional counselors. The consensus licensure title is *Licensed Professional Counselor* and the scope of practice, discussed in greater detail in chapter 2, outlines the provision of ethical counseling services within the purview of the training of a licensed professional counselor. It would go a long way toward licensure portability for all licensing boards to adopt the *Building Blocks to Licensure Portability* project's consensus license title and scope of practice, but it won't get Counseling all the way there. Despite their best efforts, the delegates were not able to agree on a set of consensus educational requirements for counselor licensure that would be endorsed by the profession of counseling. This topic is still up for debate and is stymying the progression toward licensure portability for counselors.

Educational standardization. A commonly suggested solution and one that emerged frequently from the interview data of this study is the use of CACREP to standardize the educational requirements for the LPC. Participants in this study were unanimous in their support of CACREP as a solution to educational standardization for counselor training programs. While all participants ultimately supported CACREP, some did express concerns and irritations. For example, Participant 7 expressed concern over the ways CACREP is run like a business and the cost of accreditation. Participant 7 worried that this model places an unfair burden on small, high-quality programs. Participants 3 and 6 noted the lengthy and tedious process of accreditation (e.g. submitting a self-study, hosting a CACREP team), but also shared that they understood its value. Participant 6 shared, "...the CACREP standards that we have are a pain, but they also leave room for different ways of teaching. So that hasn't been dictated yet, and

I hope that it won't or that we have to all begin to do assessment in a certain way.”

Participant 6 also warned about counselor education becoming too standardized and forgetting to leave room for “different ways of teaching,” because counselor training programs have unique cultures around their training. Overall, the data that emerged from this study were overwhelmingly supportive of CACREP and its position statement on licensure portability for professional counselors, despite some critiques.

Current Events

As the needs of the Counseling profession remain unsolved, current events crop up that could move the profession backwards. These events demonstrate the importance of the profession's initiatives to define and distinguish itself and to unify around a portable license. For example, the American Psychological Association has recently proposed routes for persons with a master's degree in psychology to become licensed providers. The following key points emerged at the APA's Summit on Master's Training in Psychological Practice in December 2016:

- APA should embrace both the training of psychological practitioners at the master's level and accreditation for master's degree training programs.
- APA should advocate for licensing and consistent titling of master's trained psychological practitioners.
- Determining a proper title for the master's level practitioner is important and needs further consideration. It should not be demeaning or divisive. The words “licensed” and “psychology/psychological” should be included in the title.
- APA should develop a model act for master's level practice/licensure.

- Practitioners with a master's degree in psychology should be distinguished from other master's level providers of behavioral health services.
- The APA board must act upon these recommendations before any further movement can occur. This is of course standard procedure.

(APA, 2016, Proceedings of the Summit on Master's Training in Psychological Practice, p. 7)

As one can imagine, the possibility of licensing master's level psychologists raised many concerns for counselors, and the NBCC and ACA were quick to respond.

In April 2017, the APA released a statement on the Master's Training in Psychological Practice held in 2016. In this statement, Arthur C. Evans, Jr., PhD, CEO, APA and APA Practice Organization, stressed, "It is important to note that the Summit Proceedings report does NOT represent APA policy" (Evans, 2017, para. 4). He wrote, "the Proceedings document [of the Summit on Master's Training in Psychological Practice] has been inappropriately represented by groups outside of APA, such as the National Board of Certified Counselors (NBCC), to suggest a change in APA policy regarding the Model Act for State Licensure of Psychologists. This is not the case" (Evans, 2017, para. 1). Evans concluded by saying the proceedings document has been "referred to the APA Council Leadership Team, which will facilitate discussion and exploration of the report findings by the Council of Representatives, APA's policy-setting body," and that "The doctoral degree is the current and undisputed standard according to APA policy. This will continue to be APA's policy unless modified by its Council of Representatives at some time in the future" (Evans, 2017, para. 4).

While the issue of licensing master's-level psychologists seems to be on hold for now, it is evident that events like these call for Counseling to be unified in its professional identity and license. The Counseling profession needs to be robust to events like this and others that will undoubtedly continue to emerge. Another such example is bill that was proposed by Representative Mosely of Arizona in January-February 2018 that would eliminate counselor licensure in the state by redefining "behavioral health provider". Bracketed/red text was proposed to be removed in the proposed bill.

"2. "Behavioral health provider" means a physician who is a board-certified or board-eligible psychiatrist, a psychologist, a physician assistant or a registered nurse practitioner who is certified to practice as a behavioral health specialist [or a person who is licensed pursuant to title 32 as a clinical social worker, professional counselor or marriage and family therapist.]"
<https://apps.azleg.gov/BillStatus/GetDocumentPdf/455238>)

As is evident in the above text from the bill, clinical social workers and marriage and family therapists were also proposed to be removed from the definition of "behavioral health provider." Here we see another example of the need for Counseling to clearly define and advocate for itself to clients, other professionals, and legislators.

There are also current events and publications that seek to solidify the profession. NBCC and Chi Sigma Iota just released a new pamphlet on client rights and responsibilities that defines counselors and professional counseling using the ACA's 20/20 resources. Another example is a recent effort over the last 3 years to mandate CACREP accreditation as a condition for licensure as an LPC in Virginia. Participant 8 shared,

Well the main barrier is the lack of standardization of the licensing requirements from state to state and the variability. And so I am a strong proponent of mandating CACREP accreditation as a condition of licensing. That would essentially solve this. We have been working on a proposal in Virginia now for going on three and a half years that is still not in place. Discouraging, but still active. And I think ultimately will probably happen. We'd be the fourth state so

it's still Ohio and Kentucky North Carolina I think are the other ones. I know Ohio is the first. So that needs to happen.

According to Participant 8, mandating CACREP accreditation as a condition for licensure as an LPC in Virginia could help overcome the lack of educational standardization that serves as a barrier for the Counseling profession. However, this may only be productive for licensure portability if it is adopted by all counseling licensure jurisdictions.

Counselors and professional counseling organizations are keeping eyes and ears out for current events that could be detrimental to the profession. They are also actively advocating for the profession. The data that emerged from this study is a piece of advocacy for the profession. By adding to the evidence base supporting the professional status and identity of Counseling, this study contributes to advocacy initiatives like the ACA's *20/20: A vision for the future of counseling* projects.

Limitations and Recommendations for Future Research

While a sample size of fewer than 20 participants is recommended for most interview-based qualitative research to allow the researcher to stay close to the data, the sample size ($n = 8$) was small in this study (Crouch & McKenzie, 2006; Merriam & Tisdell, 2016). A sample size of 12-15 homogenous participants (i.e. counselor educators in Virginia) representing more Virginian counseling programs may have produced more variation in themes. However, the 8 participants in this study offered rich and thick responses and exhibited similarity in the content of their responses. Because the variation in responses leveled off and few new perspectives on the research question emerged from the participants, the data seemed to approach saturation.

The data that emerged from this study did not include School Counseling, School Psychology, Marriage and Family Therapists, or other related mental health provider

areas. The research question was sufficiently addressed without the inclusion of these areas, but they may have contributed to further understanding of professional identities and the distinctiveness of Counseling had they emerged as substantive themes. Further research could investigate counseling professional distinctiveness regarding ASCA's perspectives on the ACA's *20/20: A vision for the future of counseling* initiatives, School Psychology, Licensed Marriage and Family Therapists, and other related mental/behavioral health providers.

Generalizing and stereotyping. Participants were generally careful in their use of language around generalizing and stereotyping other professions. Five of the eight participants explicitly said they did not want to generalize an entire profession (i.e. Social Work, Clinical Psychology) from anecdotes or experiences with one professional. With that understanding, participants did share their experiences with and perceptions of professionals from other helping professions. These experiences, while they cannot be generalized fairly, are valid reflections of participants' professional experiences. This research strove to balance remaining as close as possible to the data (i.e. participants' perspectives) and accurately representing professional standards from other helping professions (e.g. APA, VA Board of Psychology, NASW, CSWE, VA Board of Social Work). Generalizations and stereotyping that introduce prejudice impede progress towards greater interprofessional collaboration.

Conclusion

Chapters 1 introduced and provided a rationale for this research. Chapter 2 framed this study in the context of the history of the profession and current literature. Chapter 3 outlined the study's methodology and Chapter 4 detailed the analysis of the results

garnered from data gathered through the methods in this chapter. Chapter 5 engaged a discussion of those results, how they may be used to help inform the discussion around the profession's identity, and a review of the profession's progression toward the goals enumerated in the ACA's *20/20* projects.

This study contributes to the growing body of evidence that Counseling is a distinct profession. Though it is younger than its allied mental health professions and is addressing current barriers of license portability, public awareness, and educational standardization, Counseling is a vibrant and distinct profession uniquely situated to meet our communities where they are.

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Table 1	
<i>Sampled CACREP Accredited and Non-accredited Community Counseling and CMHC master's-level programs in VA</i>	
School	Degree
Community Counseling	
Argosy University	MA
CMHC	
James Madison University	MA/EdS
Old Dominion University	M.S.Ed.
Radford University	M.S.
Eastern Mennonite University	MA
Hampton University	MA
South University - Virginia Beach Campus	MA
Marymount University	MA
Liberty University	MA
Lynchburg College	M.Ed.
College of William and Mary	M.Ed.
Virginia Commonwealth University	M.Ed.
Virginia Polytechnical Institute and State University	MA
South University - Richmond	MA
Regent University	MA
The George Washington University (D.C.)	MA/PhD
Non-CACREP	
Longwood	MA

Table 2

Consensus Issues for Advancing the Future of Counseling (Kaplan & Gladding, 2011, p. 371)

I. Strengthening identity

1. The counseling profession should develop a paradigm that identifies the core commonalities of the profession.
2. The counseling profession should identify the body of core knowledge and skills shared by all counselors.
3. Counselor education programs should reflect a philosophy that unifies professional counselors who share a body of core knowledge and skills.
4. The counseling profession should reinforce for students that we are a single profession composed of counselors with specialized areas of training.
5. The accreditation of counseling programs must reflect one identity.

II. Presenting ourselves as one profession

6. The counseling profession should investigate the best structure for the future of counseling.
7. The counseling profession should create a common counselor identification that would also allow for additional designations of special interests and specialties.
8. While being unified, the counseling profession should respect counseling specialties.

III. Improving public perception/recognition and advocating for professional issues

9. The counseling profession should develop a clear definition of counseling for the public.
10. The counseling profession should present a stronger, more defined voice at the state and federal levels.
11. The counseling profession should promote one licensure title across the different states.
12. The counseling profession should work to educate the insurance industry about who we are, what we do, and the outcomes associated with counseling interventions.

IV. Creating licensure portability

13. The counseling profession should establish common counselor preparation standards that unify both the Council for Accreditation of Counseling and Related Educational Programs and Council on Rehabilitation Education standards into a single training model.

V. Expanding and promoting the research base of professional counseling

14. The counseling profession should encourage interest in research by practitioners and students.
15. The counseling profession should emphasize both qualitative and quantitative outcome research. At this time, many “best practices” are dictated to counselors by other mental health professions.

VI. Focusing on students and prospective students

16. The counseling profession should more actively work with undergraduates and undergraduate programs.
17. The counseling profession should promote mentor/practicum/internship relationships.
18. The counseling profession should endorse/require student involvement in professional counseling associations.

VII. Promoting client welfare and advocacy

19. The counseling profession should offer ongoing education and training for counselors on client and student advocacy.
20. The counseling profession should identify one advocacy project that would be completed annually within a selected community as a way to strengthen our counseling identity, present ourselves as one profession, and improve public perception.
21. The counseling profession should promote optimum health and wellness for those served as the ultimate goals of all counseling interventions.
22. The counseling profession should encourage evidenced-based, ethical practice as the foundation for counselors in training and professional counselors’ interventions across settings and populations served.

Table 3

First-Round Delphi Results Entry Counseling: 20/20: The New Consensus Definition of Counseling (Kaplan, Tarvydas, & Gladding, 2014; ACA, 2018a).

1. A profession assisting people toward lifelong mental health, educational, and career goals.
2. Counseling: helping people deal with life's challenges throughout the lifespan!
3. Professional counselors create purposeful relationships designed to assist and empower individuals, families, and groups to address life challenges.
4. Using evidence-based practices, counseling helps people via prevention, education, and treatment, promoting wellness throughout the lifespan.
5. Counseling is a process that utilizes a professional relationship to empower others, while promoting wellness.
6. A professional counselor is a graduate degreed professional trained to work with individuals, groups, and families in various settings. Professional counselors assist clients of all ages with normal developmental, career, and relational concerns as well as those who suffer from serious mental health problems using evidence-based and best practices to provide ethical, multiculturally sensitive care.
7. Counseling is a professional relationship through which credentialed and regulated counselors assist and empower individuals, families, and groups, and communities to prevent and/or address life challenges; foster human development; and advocate for wellness, human dignity, and social justice in a healthy society.
8. Professional counseling is a humanistic and ethical practice that occurs in the context of relationships that promote human development.
9. Counseling is the application of mental health, psychological, human development, or family systems principles and interventions to help clients adjust their thoughts, feelings, or actions in order to address issues of personal growth, wellness, career development, or pathology.

Table 4

First-Round Term Frequency Counts (Kaplan, Tarvydas, & Gladding, 2014, p. 369)

<u>Term</u>	<u>Frequency</u>
Wellness	20
Empower	20
Professional	19
Lifespan	16
Relationship	16
Develop	14
Challenge	10
Human	10
Family	9
Group	9
Individual	8
Mental health	7
Prevent	6
Help	6
Evidence	5
Educate	5
Career	4
Culture	3

Table 5

Emergent Coding: Initial Coding Phase - Top 200 Codes Across 8 Interviews

2014 Code of Ethics	Empathy	Meet Social Needs	Relationship
ACA	Empower	Meeting where they are	Relationship dynamics
Accountability	Empowering	Mentor	Relative
Accreditation	Encounter	Mindful	Resilience
ACES	Encourage	Modeling	Responsibility
Addictions	Energy	Multiculturalism	Role Model
Advocacy	Environment	Multiple Skill Sets	self
Advocate for legislative/Policy Change	Ethics	Mystery	Self awareness
Alternative Research paradigms	Ethnic	Need for Unity Within Profession	Self Disclosure
Ambiguity	Evidence	Nonjudgemental	Self-Reflection
APA	Evidence-based	Nonpathologizing	Shifting
Art	Experience as a client	Not top down	Skill set
Art/Science	Expertise	Open	Skilled
Assessment	Families	Outdated Understanding of Counseling	Social
Autonomy	Freedom	Paradigms	Social Good
Bigger Picture	Gatekeeping	Person Centered	Social Justice
Board of Counseling	Genuine	Personal Counseling	Social Needs
Broken System	Goals	Personal Experiences	Social Work
CACREP	Growth	Philosophy	Spiritual
Career	Health	Political	Standardization
Career Counseling	Help	Politics	Stories
Career School psychologist	Helping	Poor Marketing	Strengths
Caring	Holding Space	Population	Strengths based
CESNET	Holistic	Portability	Suicide Prevention
Chi Sigma Iota	Hope	Postmodern	Supervision

Clinical Psychology	Humanism	Poverty	Support
Clinical Training	Humanities	Power	Supportive
Code of Ethics	Inclusive	Power Dynamics	SW = Less rigorous clinical training
Collaboration across M.H. professions	Innate helper	Presences	SW=Connect to Community Resources
Connection	Inner Life	Present Moment	SW=Policy
Conscious	Integrity	Previous Career	SW=Systems
Constructivist	Intensive Clinical Training	Private Practice	Systemic
Contemporary	Intentional	Professional Engagement	Systemic Issues
Context	Intentionality	Professional Ethics	Systems
Corrective Emotional Experience	Interpersonal	Professional Organizations	Systems Theory
Counseling identity	Interprofessional Collaboration	Professional Relationship	Techniques
Counseling Psychology	Intervention	Professional Tension	Theory
Counselors meet social needs	Intuition	Professionalism	Therapeutic Relationship
Couples	Intuitive	Psych = Assessment	Trauma-Informed
Cultural	Legislative Advocacy	Psych = Behavioral	Unconditional Positive Regard
Culturally Responsive	Legislator	Psych = CBT	Underlying reasons
Current	Legitimate	Psych = Researchers	Underserved
Curriculum	License Portability	Psych = Science	Unlikely Leader
Depth	License	Psychiatry	VCA
Diagnosis	Licensing Requirements	Psychoeducation	Vulnerable
Didn't know difference between helping pros early in career	Licensure Process	Psychology	Wellness
Disciplinary Action	Life Coach	Push yourself to openness	Whole Change Process
Distinctiveness	Listening	Racial	Whole Story
Diversity	LPC	Reciprocal Relationship	Working in the Trenches
Dynamic	Magic	Reflection	Worldview

Appendix A

20/20 Current and Past Delegates

AACE - Bradley F. Erford, Catharina Chang
AADA - Chris Moll, Larry Burlew
AASCB - J. Barry Mascari
ACA - Francene E. Haymon, Joseph Dear
ACA Midwest Region - Suzanne Dugger, Jean Underfer-Babalis, Jim Korcuska
ACA N Atlantic Region - John Parkman, Laurine Browder
ACA Southern Region - Adriana McEachern, Lynn Linde
ACA Western Region - Rosemarie Woodruff
ACC - Shane Haberstroh
ACCA - Perry Francis, Scott Borne
ACEG - Linda Parker, Grey Edwards, Nancy Shrope
ACES - Tom Scofield, James Benshoff, Judi Durham, Tom Davis
AHC - Cathy Malchiodi, Linda Leech
ALGBTIC - Susan Seem, Ed Cannon, Joy Whitman
AMCD - Kent Butler, Wyatt Kirk
AMHCA - Linda Barclay, Midge Williams, Deb Wells
ARCA - Caroline K. Wilde
ASCA - Eric Sparks
ASERVIC - E.H.Mike Robinson
ASGW - Burt Bertram, Rebecca Schumacher
CACREP - Carol Bobby
CORE - Linda Shaw, Dennis Maki
CRCC - Cindy Chapman, Rebecca Rudman, Jill Falk
CSI - Thomas J. Sweeney
CSJ - Rhonda M. Bryant
IAAOC - Laura J. Veach
IAMFC - Bret Hendricks
NBCC - Thomas Clawson
NCDA - Pat Schwallie-Giddis, Spencer Niles, Judith Hoppin, Ed Colozzi
NECA - Bob Chope
NRCA - Joe Keferl

Appendix B

Organizations Endorsing the 20/20 Consensus Definition of Counseling

- American Association of State Counseling Boards (AASCB)
- American College Counseling Association (ACCA)
- American Counseling Association (ACA)
- ACA Midwest Region
- ACA North Atlantic Region
- ACA Southern Region
- ACA Western Region
- American Mental Health Counselors Association (AMHCA)
- American Rehabilitation Counseling Association (ARCA)
- Association for Adult Development and Aging (AADA)
- Association for Assessment in Counseling and Education (AACAE)
- Association for Counselor Education and Supervision (ACES)
- Association for Counselors and Educators in Government (ACEG)
- Association for Creativity in Counseling (ACC)
- Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALBGTIC)
- Association for Multicultural Counseling and Development (AMCD)
- Association for Specialists in Group Work (ASGW)
- Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVC)
- Chi Sigma Iota (CSI)
- Commission on Rehabilitation Counselor Certification (CRCC)
- Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- Council on Rehabilitation Education (CRE)
- Counseling Association for Humanistic Education and Development (Formerly),
-now the Association for Humanistic Counseling (AHC)
- International Association of Addictions and Offender Counselors (IAAOC)
- International Association of Marriage and Family Counselors (IAMFC)
- National Board for Certified Counselors (NBCC)
- National Career Development Association (NCDA)
- National Employment Counseling Association (NECA)
- National Rehabilitation Counseling Association (NRCA)

Appendix C

Members of the 2010 Oversight Committee for the 20/20 Consensus Definition of Counseling

Patricia Arredondo
Leona Bishop
Brad Erford
Marcheta Evans
Charlie Gagnon
Sam Gladding (Facilitator)
Bill Green
Chris Greene
Lisa Jackson-Cherry
Carol Buchanan Jones
David Kaplan (Administrative Coordinator)
Kurt Kraus (Facilitator)
Lynn Linde
Don W Locke
Colleen Logan
Barry Mascari
Marie Wakefield
Vilia Tarvydas
Cirecie West-Olatunji
Jim Wilson

Appendix D

Future 20/20 strategies for achieving the goals reflected by the 7 common principles (ACA, 2018c)

- The counseling profession shall present a clear definition of counseling to the public.
- The counseling profession shall promote optimum health and wellness for those served as the ultimate goal for counseling interventions.
- The counseling profession shall focus on a body of core knowledge and skills shared by all counselors.
- The counseling profession shall speak with a united voice at the state and federal levels.
- The counseling profession shall have the highest respect for all counseling specialties.
- Counselor education programs shall reflect a philosophy that counseling is a single profession with specialized areas of training.
- Counseling accrediting bodies shall reflect a philosophy that counseling is a single profession with specialized areas of training.
- The counseling profession shall develop a fluid process allowing new specialties to emerge and existing specialties to evolve naturally and merge as developmentally appropriate.
- The counseling profession shall develop an outreach/marketing process that reflects a shared identity.
- The counseling profession shall conduct ongoing outreach to ensure that the public understands who professional counselors are, the credentials and skills we possess, and how our services are uniquely different.
- Professional counseling organizations shall involve front-line practitioners at all policy and decision-making levels.
- The counseling profession shall speak with a united voice when educating the health care insurance industry and advocating for counseling, counselors, or clients.
- The counseling profession shall offer ongoing education and training for counselors to encourage client and student advocacy.
- Professional counseling organizations shall collaborate to identify an advocacy project that would be completed annually within a selected community.
- The counseling profession shall investigate and delineate the best organizational structure for the future of counseling.
- The counseling profession shall establish common preparation standards and a single training model to be used by all counselor preparation programs.
- The counseling profession shall establish uniform licensing standards with LPC as an entry-level title for counselor licensure.
- The counseling profession shall create interest in research by practitioners and students.

- The counseling profession shall emphasize both qualitative and quantitative outcome research.
- Outcome research shall focus on delineating the counseling modalities that work best in different counseling settings and with particular counseling clients.
- Outcome research shall delineate best practices in counselor preparation.
- The counseling profession shall encourage evidenced-based, ethical practices as the foundation for counselors-in-training, and for professional counselor interventions across settings and populations served.
- The counseling profession shall work with undergraduate programs to educate students about graduate work in counseling.
- The counseling profession shall promote mentoring relationships for graduate students and new professionals.
- The counseling profession shall provide incentives, rewards, and recognition for practicum and internship supervisors.
- Counselor education programs shall endorse student involvement in professional counseling associations.