

A Survey of Counselors in Private Practice

William J. Weikel

Richard W. Daniel

Morehead State University

Janet Anderson

Towson State University

Running Head: Private Practice

Bill Weikel is an associate professor of Counseling at Morehead State University and the Editor of the AMHCA Journal.

Richard Daniel is an associate professor of Adult Education at Morehead State University.

Janet Anderson is an assistant professor of Psychology at Towson State University. She is also the editor of the AMHCA News and a counselor in private practice.

ABSTRACT

A survey designed to assess certain demographic data and counselor participation in private practice was mailed to a random sample of 1000 American Mental Health Counselors Association (AMHCA) members in the spring of 1980. The present article presents the demographic information for the 621 respondents and examines the data reported by the 230 members in private practice. Among the findings were that more private counselors held advanced degrees and were certified or licensed than those not in private practice. The majority of the private practitioners worked part-time, and many of them worked in association with other helping professionals, often sharing office space.

A Survey of Counselors in Private Practice

The question of "going private" haunts many professional counselors. Departments of counselor education are turning out an alarming surplus of graduates (Moracco, 1977) while at the same time, the traditional job market for counselors, the school system, has long been dried up (Asher, 1979).

Until recently, counselors providing mental health services had no professional association with which to affiliate. In answer to this need, the American Mental Health Counselors Association (AMHCA) was established (Asher, 1979) and in 1978 became the 13th division of the American Personnel and Guidance Association.

The growth rate of AMHCA has been phenomenal with 971 members in September 1978 (Weikel and Taylor, 1979) and 4,619 members in August of 1980 (Breasure, 1980). When data were gathered for this study in the spring of 1980, there were over 3,500 members with 200 new applications being received each month. Weikel and Taylor (1979) as well as Wheeler (1980) have provided demographic data which indicate counselors are employed in numerous public and private agencies. According to Anderson and Parente (1980) these counselors are competing fiercely with other mental health professionals at the masters degree level for available jobs. Thus, with large numbers of counselors currently in the field, more being produced, and employment opportunities becoming more difficult to locate, establishing a private practice is becoming a viable alternative for many counselors.

The purpose of this study was to gather demographic data and to examine the activity of AMHCA members who had made the decision to "go private".

Method

The survey was mailed to 1000 AMHCA members who were randomly selected from a computerized membership print-out. There was one mailing with a stamped

and addressed envelope provided for return mailing. A brief paragraph stated that the survey was concerned primarily with members in private practice; however, all recipients were urged to complete Part I (demographic data) of the survey, even if they were not currently engaged in private practice.

Results and Discussion

Level of Training

There were 621 completed surveys returned (62.1%). Among these, 391 members reported that they were not in private practice. Interestingly enough, 174 (45%) of those not in private practice reported that they planned to start a private practice at some future date -- usually within three years. The majority of the non-private practice (NPP) sample (69.2%) held a masters degree. Other degrees included in the NPP group were: Ph.D., 12.3%; Ed.D., 3.6%; bachelors degree, 10.8%; certificate of advanced graduate study, 4.1%.

There were 230 respondents who reported that they were practicing full or part-time (PP group). The majority of the private practice group also had masters degrees (58.1%). Data for this group indicated that 25% received their degrees in or prior to 1970 and 50% had received their highest degrees either during or prior to 1975. In terms of types of degrees, the PP group reported 25.3% Ph.D.'s, 7.9% Ed.D.'s, 3.5% Bachelor's and 4.4% certificates of advanced graduate study. Table 1 indicates the major area of study as reported by the two groups.

Insert Table 1 about here

Certification

When queried about certification, 21.4% of the NPP group and 44.9% of the PP group indicated that they held some type of certification. Those counselors

(N=184) who reported being certified listed over 70 different sources of certification. Included were some traditional certifying sources such as state boards of examiners in psychology, behavioral sciences, marriage and family counseling, and the various associations such as the American Association of Marriage and Family Therapists, the National Academy of Certified Clinical Mental Health Counselors, and the National Commission on Rehabilitation Counselor Certification. Less traditional sources such as the Jungian Institute of Los Angeles, the American Art Therapy Association, county boards, and the United Methodist Church were also listed.

The NPP group also reported a great variety of certifications. The New York boards were the only category where a grouping over 2% occurred and this amounted to nine persons who were certified by one of the boards in that state.

The types of certification were almost as varied as the boards which certified. Twenty-five different types of certification were listed by the respondents as a whole. The only significant groupings for the NPP group were: substance abuse certification, 2%; "counseling", 3.1%; and guidance and counseling, 4.3%. The PP group listed "counseling" at 6.5%, psychology at 7.8% and marriage and family counseling at 6.1%. Only 3% of the PP group reported that they were Certified Clinical Mental Health Counselors (CCMHCs), which is now the official national certification for counselors providing mental health services (Messina, 1979).

Demography

Responses were received from counselors in 48 states and the District of Columbia. The greatest number of responses in the NPP group came from the following states: New York, 10.9%; Florida, 6.5%; Maryland, 6.2%; Pennsylvania, 6.2%; Illinois, 5.7%; and Ohio, 5.4%. For the PP group, New York also had the most responses with 16.2%, followed by California with 9.2%, Pennsylvania with

6.6%, Florida with 5.7%, Virginia with 5.2%, and Maryland with 5.2%.

The median age of the NPP group was thirty-three years and thirty-nine years for the PP group. Table 2 presents the age groupings in terms of number and frequency for the two groups.

Insert Table 2 about here

Among the 602 persons who reported their sex, there were 299 women. Of these, 92 (31%) were engaged in private practice. Of the 303 men responding, 133 (44%) were engaged in private practice. Out of the total sample, 15% of the women and 22% of the men were in private practice on either a full or part-time basis.

Data concerning the income for the two groups is presented in Table 3.

Insert Table 3 about here

Private Practice

Of the 230 respondents in the private sector, 75% worked part-time and 25% worked full-time in their practice. The mean hours per week spent in practice for the entire group was 15.75. Only 20% of the sample spent 40 or more hours per week in practice while 50% spent 14 hours a week or less in private work.

There were 46 categories of responses to the question: "How do you label yourself?" Responses included traditional titles such as counselor (24%), marriage and family counselor/therapist (20%), psychologist (8%), psychotherapist (12%), and mental health counselor (6%). There were a few not-so-common labels such as "astro-counselor", management consultant, couples therapist, forensic psychologist, and child development specialist.

Fees charged by private practitioners varied greatly with 69% reporting that they employed a sliding scale fee system. A corrected range showed that the rate for individual counseling varied from \$10 to \$60 per session. The mean was \$35. The corrected fee range for group counseling was from \$5 to \$50 per session with a mean of \$23. The mean amount for "the minimum fee you will accept" was \$22.

An average active caseload for practitioners was about 19 clients. Thirty percent of the respondents reported seeing six or less clients and 95% listed a caseload of 45 or less. The majority of the private practitioners, 92%, held individual sessions for 60 minutes or less and 60% limited their sessions to 45-55 minutes.

Group sessions varied in their time frames; however, the majority of the 138 persons running groups listed that these lasted either 90 minutes (45%) or two hours (28%). All but seven persons held group sessions from one to three hours in duration.

Table 4 lists the "average length of treatment time" as reported by the 180 practitioners who responded to this question.

Insert Table 4 about here

The respondents were asked to list the services they offered according to frequency; 43% listed individual personal counseling as their primary service. Others listed as their prime service such things as marriage and family counseling (16%), couples counseling (4%), group counseling (5%), diagnostic assessment and evaluation services (5%). When ranking the most frequent services they offered, almost all of the practitioners listed individual counseling, marriage and family and/or couples counseling, and group counseling as the major activities of their practice. Only a few of the

respondents were highly specialized, practicing in areas such as biofeedback, depression counseling, habit control, and death and dying.

Ninety-nine of the 230 professionals (43%) had at least one professional associate, while 59 had two associates and 17 had three or more. The most common associates were psychologists (34 persons), other counselors (32 persons), psychiatrists (28 persons), masters level social workers (18 persons), and physicians (12 persons).

Most of the private counselors (63%) had their offices in rented space. The remaining 37% had offices in their homes.

Referrals came from a variety of sources including schools, the clergy, courts, social agencies, and business and industry. Clients were also secured through advertisements. The sources listed most often were physicians, clients, and professional colleagues.

Responses to the question "Do you receive third-party payments?" indicated that 42% of the practitioners did receive such funds. The private practitioners were also asked their annual salary earned from private work. While the range varied from \$50 to \$100,000 for the 171 respondents, 97% earned \$35,000 or less and 51% earned \$9,000 or less. The mean salary reported was \$11,993.

Ten percent of the practitioners had applied for and 3 percent had taken the National Academy's Certified Clinical Mental Health Counselor exam (CCMHC); another 44% stated an intention to apply for this exam. When asked "Do you think that certification and/or licensure are a necessary prerequisite for a private practitioner?", 61% answered "yes".

Summary

This study indicates that a large percentage of counselors have definitely "gone private", on either a part-time or full-time basis. The majority of these did not know where to "hang their hats" in terms of certification but all

considered it important and most had gotten certified by some certifying body. Fifty-eight percent of the private practitioners were surviving without receiving third-party payments. It would be interesting to conduct further research to examine the claim that clients seek out effective counselors regardless of who pays.

Should you go private? Our results indicate that you have a good chance of succeeding if you observe the following guidelines: (1) Obtain the highest level of training possible -- at least a masters degree and preferably a doctorate. (2) Start part-time in your own home office or rent an office with other associates who can share the cost. (3) Become certified.

Establishing a private practice can be a viable alternative if you meet the necessary requirements and are willing to devote the time and energy necessary for an effective practice.

Table 1

Major area of study as reported by private practitioners
(PP, N = 222) and those not in private practice (NPP, N = 389)

Major	PP		NPP	
	N	%	N	%
Guidance and Counseling	18	8.1	44	11.3
Psychology	96	43.2	105	27.0
Counseling	83	37.4	192	49.4
Rehabilitation Counseling	2	.9	13	3.3
Social Work	6	2.7	12	3.0
Psychiatric Nursing	1	.4	0	0
Other	16	7.2	23	5.9

Table 2

Age grouping for private practitioners (N = 228)
and those not in private practice (N = 381)

Age Range	<u>PP</u>		<u>NPP</u>	
	N	%	N	%
22-25	5	2.2	37	10.4
26-30	27	11.8	100	26.1
31-35	47	20.6	82	21.3
36-40	47	20.7	49	12.8
41-45	34	14.9	39	10.1
46-50	29	12.7	31	8.1
51-55	20	8.8	21	5.5
over 55	19	8.3	22	5.7

Table 3

Income as reported by counselors in private practice (N = 171)
and those not engaged in private practice (N = 379)

Income	<u>PP</u>		<u>NPP</u>	
	N	%	N	%
Below \$10,000	37	16.6	80	21.1
\$10,000 to 15,000	36	16.1	134	35.4
\$15,001 to 20,000	41	18.4	84	22.2
\$20,001 to 25,000	29	13.0	33	8.7
\$25,001 to 30,000	22	9.9	29	7.7
\$30,001 to 35,000	26	11.7	11	2.9
Above 35,000	32	14.3	8	2.1

Table 4

Average length of treatment for clients as reported by
private practitioners (N = 180)

Length	No. of Practitioners	%
1 - 30 days	6	3
30 - 90 days	34	19
3 - 6 months	58	32
6 mos. - 1 year	44	24
over 1 year	38	21

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