

Running head: COUNSELLING PSYCHOLOGY GLOBALLY

A Global Portrait of Counselling Psychologists' Characteristics,  
Perspectives, and Professional Behaviors

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### Abstract

Counselling psychologists in eight countries (Australia, Canada, New Zealand, South Africa, South Korea, Taiwan, the United Kingdom, and the United States) responded to survey questions that focused on their demographics as well as their professional identities, roles, settings and activities. As well, they were asked about satisfaction with the specialty and the extent to which they endorsed 10 core counselling psychology values. This article reports those results, focusing both on areas in which there were between-country similarities as well as on those for which there were differences. These data provide is a snapshot of counselling psychology globally and establish a foundation for the other articles in this special issue of the journal.

A Global Portrait of Counselling Psychologists' Characteristics,  
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Super (1955) reported the official birth of counselling psychology (CP) to have occurred in 1951, when key United States (US) leaders, in what was then called the field of guidance and counseling, voted to adopt the terms “counseling psychologist” and “counseling psychology.” During the 65 years that have followed, CP has thrived to the extent that it now is a recognized applied psychology specialty in a number of countries worldwide. The form and expression of CP differs across countries and yet, it is also reasonable to assume that the specialty retains certain recognizable features wherever it is practiced. One indicator of a common identity is the International Association of Applied Psychology’s Division of Counselling Psychology, which was formed in 2002 (Leong & Savickas, 2007).

This issue of the *Counselling Psychology Quarterly* considers both (a) ways in which the specialty is distinctive within each of the eight participating countries, as well as (b) that which is characteristic of CP across them. The issue builds on an existing literature base that in some cases has described CP as a global specialty (Leong, Savikas & Leach, 2011), in some cases has described counseling psychology within a particular country to other psychologists in that country (see e.g., Bedi et al., 2011; Fitzgerald & Osipow, 1986; Grant, Mullings & Denham, 2008; Leach, Akhurst & Basson, 2003; Scherman & Feather, 2013; Young, 2013), and in other cases, has described CP in a particular country to a broader, international, audience (e.g., Seo, Kim, & Kim, 2007; Wang, Kwan & Huang, 2011; Young, 2013). The 2004 issue of this journal (see Lalande, 2004; Munley, Duncan, McDonnell & Sauer, 2004; Pelling, 2004; Walsh, Frankl & Cross, 2004) served that latter purpose. But that issue was published over decade ago and focused only on CP in Western countries (Pelling, 2004). This issue includes recent data from

multiple countries and regions to provide a cross-national snapshot of the specialty. A particularly unique and significant aspect of this issue is that it is grounded in survey data from the eight represented countries. Narrative accounts about CP in particular countries are important, but are enriched considerably by the availability of data like that which we report here.

In this article we present data about what CPs do and who they are in Australia, Canada, New Zealand, South Africa, South Korea, Taiwan, the United Kingdom (UK), and the United States (US). Each of the eight short articles that follow is structured using a common framework to discuss CP in those countries. The issue concludes with an integrative article that synthesizes the findings across countries and consolidates this global portrait of CP.

### **The Survey**

Surveys in all the participating countries contained a common set of questions. Those questions concerned respondents' personal characteristics (gender, age, level and type of training), work settings, professional roles and activities, and theoretical orientations. Other questions pertained to respondents' satisfaction with the specialty and the extent to which they endorsed 10 values as being characteristic of the specialty. The prototype for this survey was one that Kelly (1961) developed for clinical psychologists, which [Garfield and Kurtz \(1974\)](#) subsequently refined, and which Norcross and his colleagues have since used multiple times (for two examples, see Norcross & Karpiak, 2012; Norcross & Prochaska, 1982). Watkins, Lopez, Campbell and Himmell (1986) adapted that survey to obtain information about the work, beliefs, and attitudes of CPs in the U.S., and *that* study since has been replicated by Goodyear et al. (2008) and then, Lichtenberg, Goodyear, Overland, and Hutman (2014). In conducting the third survey in that sequence, Lichtenberg et al. realized the potential value of collaborating with

colleagues in other countries who could use that survey in their respective national contexts and in so doing, make a global examination of CP possible. This issue of *CPQ* is the result of that collaboration.

Employing common questions across versions of the survey in the US has made it possible to track within-specialty changes across time. For example, together, the Watkins et al. 1986, Goodyear et al, 2008, and Lichtenberg et al., 2014 surveys document three decades of both stability and change in CP in the US. Similarly, a common set of questions permits the between-country comparisons of CP that we report here.

The purpose of this article is to present the results of the surveys that were administered in the eight countries. These results provide foundational material for the remaining articles in this journal issue.

### **Method**

Space limitations have constrained the length of all the articles in this issue. One means of keeping this article brief is to report only the procedures that each country employed to obtain data. Information about the participants, as well as specific information about the survey questions, are provided in the Results section.

#### **Australia**

Participants were drawn from the Australian Psychological Society's College of Counselling Psychologists, the largest professional organisation of counselling psychologists in Australia. An email invitation was sent to full members of the college ( $N=880$ ), describing the nature and purpose of the research and requesting participation. The email included a URL link to complete the survey online and the survey was open for three months, with a further two reminder emails sent, the first a month after the survey opened, and the second two weeks before

the survey closed. The total response rate was 28% (253 of 880), with 230 providing sufficiently complete data.

### **Canada**

The Canadian sample was obtained through the Canadian Psychological Association's (CPA) Section for Counselling Psychology's list-serve. Two hundred twenty Section members were each sent an email briefly describing the survey and requesting their participation on the online survey. Additionally, paper versions were offered at the CPA's annual convention in June 2014. The sample included 78 completed online surveys and three paper versions, for a 35.5 percent return rate. Reminder emails were sent once a month for four months.

### **New Zealand**

The New Zealand sample was obtained by the New Zealand Psychological Society Membership Committee, as well as the Department of Psychology at Auckland University of Technology (AUT). Members of the Institute of Counseling Psychology, as well as graduates from the AUT postgraduate program in Counselling psychology, were emailed with a request for participation which included a brief description of the survey, an invitation to participate, and a URL link to the online survey.

### **South Africa**

Because no complete list of counselling psychologists' email addresses exists and because a postal survey is impractical in South Africa, a snowball sampling method was used. An initial email that contained a URL link to the online survey was sent to members of four informal networks of counselling psychologists, and participants were then asked to forward the same message to any other counselling psychologists they could think of. Data were collected from mid-June to the end of October 2014.

**South Korea**

The South Korean data were obtained by two methods. First, participation in the survey was solicited from members of the Korean Counseling Psychological Association (KCPA) through its membership office. Through this offline request, 65 participants responded to the survey. Second, an e-mail solicitation was made to 400 Korean counselors and counselor trainees. The number of responses collected was 398. The e-mail solicitation included a brief description of the study and a URL link to access to the survey.

**Taiwan**

The Taiwan sample was consisted of 124 certified counseling psychologists who had obtained at least a master's degree and passed the National Certification Exam. They participated in this survey via the following two ways. First, an email request consisting of a brief description of the survey, a solicitation for participation, and a URL link to the online survey, was sent to the members of Taoyuan Counseling Psychologists Association and several universities' counseling offices. Also, the Taiwan Counseling Psychology Association (TWCPA) and Taipei Counseling Psychologists Association posted the survey information on their websites with a direct link to the online survey. One follow-up request was sent to the identified individuals two weeks after the initial email solicitation.

**United Kingdom**

U. K. participants were recruited through the British Psychological Association's Division of Counselling Psychology (DCoP) to take part in the international survey. Specifically members of DCoP who were chartered members and who identified as counselling psychologists

were recruited through the DCoP monthly division newsletter. The division newsletter, which is distributed to over 3000 members, consisted of an explanation and description of the purpose of the international survey, an invitation to survey, and instructions on how to participate, directing potential participants to a URL link to the online survey.

### **United States**

The US sample was obtained by the American Psychological Association's (APA) Membership Office, which selected APA Members and Fellows who had (a) received their doctorates in counseling psychology and (b) were members of the Society of Counseling Psychology (APA's Division 17). The Membership Office emailed a request for participation directly to each of those approximately 2000 persons; the email request consisted of a brief description of the survey, an invitation to participate, and a URL link to the online survey. One follow-up request was sent to the identified individuals two weeks after the initial email solicitation.

### **Results**

This results section will be organized into three sections. The first section includes demographic information about the participants; the second, their work settings, roles; and the third, information about their perspectives, beliefs, and attitudes.

### **Demographic Information**

This section provides information about gender, age, and training levels for respondents in each country. Although information about racial and ethnic characteristics is important, the salient categories differed so substantially by country that it was not feasible or appropriate to attempt a tabular report of that information.



**Gender.** Data in Table 1 show that most CPs are women, regardless of country. Among the eight countries, the lowest proportions of women were in the U.S. and Canada (61% and 61.5, respectively) whereas the highest proportions were in Taiwan and South Korea (83.9% and 89.3%, respectively).

**Age.** Table 1 also reports ages, which were quite variable across the participating countries. The countries in which respondents had the youngest average ages were South Korea and Taiwan ( $M = 37.7$  and  $39.0$  years old, respectively) whereas the highest average ages were found in Australia and the U.S. ( $M = 55.1$  and  $52.7$  years old, respectively).

**Highest Earned Degree.** Table 2 provides information on CPs' highest earned degrees by country. Fourteen (6.1%) Australian respondents indicated holding a bachelor's degree as their highest degree. All other respondents had earned at least their master's degree or its equivalent (e.g., a postgraduate diploma). The proportions of respondents who held a doctorate ranged from 100% in the US to 10.9% in South Korea.

Within the category of doctorate, though, there were between-country differences between the proportions that were research-oriented (PhD or DSc) versus those with an emphasis on professional practice (e.g., EdD, PsyD, Dpsych, PsychD). In fact, the majority of the UK CPs with doctorates held professional practice degrees (48.3% of all respondents with a DPsych or PsychD versus 10.7% of all respondents who held the PhD).

### **Work Settings, Roles and Activities**

**Work settings.** Variability between countries in terms of work settings required modifications of the categories provided for this question (see Table 3). As a result, only four work settings were common across countries: University Counseling Centres, Self-Employed/Private Practice, University or Professional School Faculty, and K-12 settings. All

other responses were coded as “other” (except in the case of the UK where we retained the category of National Health Service because that category accounted for nearly a third of their respondents).

CPs varied between countries in the extent to which they were employed in these settings. For example, the proportion of CPs working in university counseling centres ranged from a high of 28.2% (Taiwan) to a low of 2.1% (UK). The proportion of CPs who were self-employed or in private practice ranged from none in Taiwan, to 47.4 and 47.3% in Australia and South Africa, respectively; this response option was not provided for South Korean respondents. Similarly, the proportion of CPs employed as faculty members in universities or professional schools of psychology ranged from none in Taiwan to 55.7% in the US. Employment in K-12 settings was relatively low (6.3% or fewer) across all countries, with Taiwan being the exception (28.2%).

**Primary Work Role.** Table 4 shows that across seven of the eight countries, the majority of CPs reported themselves to be clinical practitioners. The exception was the US CPs. In their case, the most frequently reported work role (41.3%) was that of academician. No work role other than clinical practitioner had an especially large proportion of CPs engaged in it across the participating countries.

**Proportion of CPs Engaged in Key Activities.** Table 5 reports the proportions of CPs in each country who reported engaging in each of the 11 professional activities. That is, anyone who reported that any proportion of their time was devoted to a particular activity was counted as engaging in it. The far right columns provide the means (*Ms*) and standard deviations (*SDs*) for the proportions across the eight countries and then are ordered from the activity in which the greatest proportion of CPs are engaged to the one in which the smallest proportion are engaged.

Overall, most CPs are engaged to some extent in both administration/management and in counselling or therapy. Averaged across all countries, fewer than half were engaged in any of the remaining nine activities, though there were some instances in which CPs in a particular country were more involved in a given activity than was typical across the other countries. For example, New Zealand and Australian CPs were especially likely to be involved in the provision of clinical supervision (69.8% and 65.1%, respectively); South Korean and US CPs were more likely to be engaged in teaching than was otherwise typical (62.1% and 69.7% respectively). Also, US CPs were the most likely to be engaged in some research (58.4%), and a substantially higher proportion of South Korean CPs reported engaging in personality and intellectual assessment relative to the other countries.

Career counselling has long been considered the foundation on which the CP specialty developed, at least in the US (Super, 1955). It is interesting, therefore, that relatively few CPs engage in career counselling across countries. The countries with the highest proportions of CPs engaged in it were South Korea, South Africa, and Taiwan (29.8%, 24.4%, and 21.1% of CPs, respectively).

**Time Spent on Key Activities.** Table 6 reports results to the question “if you engage in this activity, *how much time* do you spend engaging in it?” If respondents indicated spending no time on the activity, then their information was not used in calculating the proportion in that particular cell. Given the way the results were calculated, it is important to note that the sums for the proportions allotted to the 11 activities for CPs in any given country exceed 100%.

The far right columns provides the grand means (and SDs) across countries, ordered from highest proportion of time given to an activity to lowest amount of time. It shows, for example, that those who indicated that they are engaged in providing any counselling or therapy (from

Table 5, this was 76.5% of CPs across all our samples) typically spent 39.1 percent of their work time engaging in it. Psychotherapy was the most dominant activity in terms of time spent engaged in it. On the other extreme, only 7.6% of CPs engage in neuropsychological assessment (Table 5) and of the few who do, they reported spending only 7.8% of their time engaged in it.

### **Perspectives, Beliefs and Attitudes**

**Theoretical Orientation.** Psychotherapy theories, no matter how rudimentary (per the professor-therapists in Strupp & Hadley, 1979), or implicit (Najavits, 1997), provide essential lenses through which therapists view their clients and understand how to intervene to promote change. The importance of theory was affirmed in these surveys in that respondents reported that their theoretical orientations played an important role in guiding their own practice: Across all countries, the mean on a 6-point scale, where 6 was high, was 4.45 (*Mdn* for the 8 countries: 4.11).

As Table 7 indicates, the dominant model among CPs was integrative or eclectic (endorsed across countries by an average of 38.2% of the respondents), followed by cognitive or cognitive-behavioral (CBT; 16.5%), and psychodynamic models (8.0%). However, it is notable that within particular models, considerable between-country differences were found. This variability was especially true of CBT, which was endorsed by as few as 2.6% of the CPs (Taiwan) to as much as 27.8% of them (New Zealand). Additionally, Rogerian or person-centered therapy ranged from a low of 0% (New Zealand) to a high of 17.6% (South Korea).

It is also important to acknowledge the emergence of newer forms of therapies. Only the Canadian survey provided post-modern therapies as a response option (7.7% of their total sample). Yet, this category was also volunteered by a number of respondents who indicated

“other” and specified further (especially in Australia, where 2.2% indicated adherence to some version of post-modern therapies).

### **Professional Identity and Career Choice Satisfaction**

Collectively, three sets of questions were intended to tap some aspect of respondents’ professional identity. The first set concerned the professional designation they used for themselves and the second concerned their levels of satisfaction with both the specialty and the preparation they had for it. The final set concerned the extent to which respondents reported that their work was informed by 10 values that are often ascribed to CP, using a process that is described below.

**Professional self-designation.** Respondents in six of the countries were asked to indicate the professional designation they would prefer to use in describing themselves. As Table 8 indicates, in four of those six countries, “counselling psychologist” was the most frequently endorsed of the four options. In Canada, though, a higher proportion indicated that they preferred the term “psychologist” (47.45 versus 20.5% for “counselling psychologist”), and in South Korea, a higher proportion indicated that they preferred the term “counsellor” (59.6% versus 25.5% for “counselling psychologist”). One caveat in interpreting these findings is that whereas this question was intended to tap the extent to which the individual identified with counselling psychology, there are some countries for which regulatory agencies do not permit individual choice in self-designation (hence the South African survey did not include this question).

**Satisfaction with career choice and training.** Participants were asked to indicate their levels of satisfaction with (a) their choice of CP as a career, and (b) their graduate training to be CPs, using a 6-point scale, where 6 = *Very satisfied*. As the data in Table 9 indicate, their levels

of satisfaction were quite high, though satisfaction with career choice was somewhat higher than with their preparation for that career (overall means of 5.28 and 4.71, respectively). Moreover, these results were relatively consistent across countries, as indicated by the size of the SDs.

**Core values.** CP would have no reason to exist as a separate specialty if its practitioners did not adhere to a perspective that differentiates them from other mental health professionals. Super (1955) suggested that this perspective concerns a focus on “hygiology” (in distinction to pathology): no matter how dysfunctional a client might be, CPs are concerned with addressing individuals’ strengths. But, as well, a number of other values have been suggested as characteristic of CP (see e.g., Gelso, Williams & Fretz, 2014; Howard, 1992; Packard, 2009; Strawbridge & Woolfe, 2010). For this survey, we identified the 10 most frequently cited values from those writings and asked respondents to “Please rate the extent to which each of these values guides your work as a counselling psychologist,” using a five point scale where 1 = *Not at all* and 5 = *Very much so*.

Table 10 summarizes respondents’ ratings of those values, both by country and then with a grand mean for all countries for each of the values. Notably, the focus on people’s strengths (i.e., “hygiology”) was both the top rated value, and was also the one for which there was the least variability across countries ( $M=4.59$ ;  $SD = .07$ ). The grand means were used to create Figure 1, which shows the values clustered into three groups on the basis of their mean values and where the breaks in the data seemed to occur. The first and highest rated cluster concerned focusing on clients’ strengths and assets, attention to issues of diversity, focusing on person-environment interactions, and maintaining a developmental focus. The second cluster concerned maintaining a social justice focus, using research to inform practice, using both long- and short-

term treatments, focusing on prevention, and addressing career issues. Standing by itself as a third category, and rated the lowest, was the value of conducting research.

### **Discussion**

This issue is important in that it is the first to report data on CPs from around the world. The patterns of the findings and their possible implications will be discussed in the final article in this issue in order to take into account the additional contextual information that is provided in the eight articles that follow. Therefore, we limit this discussion to considerations about sampling and measurement issues that may affect the interpretation of the findings, and which could be helpful in anticipating later global surveys of CP, which we hope will ensue.

This study employed a survey that was derived from one that has been used in multiple iterations in the US over the past 55 years. On the one hand, there are advantages to this sort of continuity across time, especially with respect to the comparisons it permits with prior work. But, there are also possible costs in terms of the extent to which the items are tailored to the unique national contexts in which CPs are working around the world. As well, the field is evolving and the questions should be adapted to address that evolution. One example is evident in the set of questions about theoretical orientation, where narrative and post-modern therapies emerged as having a notable influence on practitioners in the country (New Zealand) that specifically inquired about this form of therapy, and it also emerged as write-in options in other countries. Therefore, we would suggest that in future iterations, collaborations begin sufficiently far in advance that the participating countries could work together to jointly design the questions.

An important issue in interpreting the data presented here is that they were obtained in samples of CPs who were members of professional organizations in their respective countries. But at the same time, there are people who were trained as CPs, but who do not necessarily

identify with their specialty through this membership. For example, in the US, the majority of professionals who graduate from CP training programs do not end up becoming members of, or maintaining membership in, the Society for Counseling Psychology. It is reasonable to assume that these individuals would have different employment patterns and attitudes than the members sampled, and there is some evidence to substantiate this conjecture (e.g., Lichtenberg et al., 2014).

It is also important to note that although a broader range of countries is represented in this journal issue than has been true in the past, there are still countries and regions where CPs work that were not included (e.g., Ireland; Hong Kong). For that reason, and because CP is still at the early stages of development in some countries (e.g., China), it is reasonable to expect that a future issue devoted to CP around the world will have a number of additional countries represented.

Finally, these data provide a descriptive snapshot and do not, in themselves, permit statements about factors contributing to differences observed in the data. Some of that information is provided in the richer descriptions of within-country CP, which are provided in the articles that follow in this issue.



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Table 1

Counselling psychologists' gender and age by country.

Gender	Australia		Canada		New Zealand		South Africa		South Korea		Taiwan		UK		US	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	192	71	48	61.5	37	68.5	183	80.9	334	89.3	104	83.9	108	72.5	214	61.0
Male	60	22	30	38.5	15	27.8	40	17.7	40	10.7	20	16.1	38	25.5	135	38.5
Transgendered	1	0.4													1	0.3
Missing	16	4.5			2	3.7	3	1.3					3	2	1	0.3
Age	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
	55.1	12.0	50.8	12.2	50.1	12.4	43.5	12.1	37.7	8.5	39.0	8.2	47.9	12.1	52.7	14.2

**Note.** Transgendered was not provided as a response option in all countries. UK age results reflect a conversion of categorical to continuous data; Note that the language for this question varied by country and that Canada asked separate questions for biological sex (which is what is reported here) and gender.

Table 2																
Highest earned degree by country.																
	Australia		Canada		New Zealand		South Africa		South Korea		Taiwan		UK		US	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Bachelors</b>																
BA/BS/BSc	14	6.1														
<b>Masters (or equivalent)</b>																
MA/MS etc	131	57.0	32	41.0	16	29.6	177	78.3	301	80.1	104	83.9	25	16.8		
PG Dip	18	7.8			27	50.0										
<b>Doctorate</b>																
Doctorate (unspecified)							48.0	21.2								
PhD	38	16.6	41	52.6	6	11.1			41	10.9	20	16.1	16	10.7	323	92.0
DSc					1	0.02										
EdD			3	3.8											21	6.0
PsyD	1	0.4	1	1.3											6	1.70
Dpsych													51	34.2		
PsychD	19	8.3											21	14.1		
<b>Missing or Other</b>	6	2.6	1	1.3	1	0.4			34	9			2	1.3	1	0.30

PG Dip = post graduate diploma; generally comparable to a masters degree

**Table 3**  
Counselling psychologists' primary work settings by country.

	Australia		Canada		New Zealand		South Africa		South Korea		Taiwan		UK		US	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
University Counselling Centre	8	3.5	2	2.6	2	3.7	25	11.1	73	23.2	35	28.2	2	2.1	39	12.8
Self-Employed / Private Practice	109	47.4	28	35.9	16	29.6	107	47.3			0	0	30	32.3	47	15.4
University or Professional School Faculty (Any dept)	22	9.5	20	25.6	6	11.1	35	15.4	11	3.5	0	0	12	13.0	170	55.7
K-12 Settings	7	3.0	5	6.4	1	1.9	2	0.8	17	5.4	35	28.2			1	0.3
National Health Service (UK Only)													29	31.2		
Other	84	36.5	23	29.5	29	53.7	58	25.5	212	67.7	54	43.6	20	21.5	48	15.7
TOTAL	230	100	78	100	54	100	227	100	313	100	124	100	93	100	305	100



Table 4  
Survey participants' primary  
work role.

	Australia	Canada	New Zealand	South Africa	South Korea	Taiwan	UK	US
	%	%	%	%	%	%	%	%
Clinical practitioner	67.0	60.3	61.1	67.4	63.3	78.4	52.7	32.8
Administrator	3.0	2.6	3.7	0.0	2.9	3.3		10.2
Researcher	1.3	2.6	0.0	1.3	1.3	.8		7.2
Academician	4.8	23.0	3.7		1.3	7.3		41.3
Consultant	3.0	2.6	0.0	5.3	0.5	.8	14.0	2.3
Supervisor	3.0	2.6	1.9	0.4	0.0	3.3		0.7
Other or missing	17.8	6.4	29.6	16.3	30.5	9.8		5.6

**Note.** Blank cells indicates that the particular category was not provided as a specific option on the survey. For Canada , Academician includes the combination of two categories used in their survey (academic and teacher/instructor); for the UK, it included combining four of their categories (Lecturer, Professor, Senior Lecturer, and Reader)

**Table 5**  
Proportion of counselling psychologists who report engaging in key activities, by country

	Australia	Canada	New Zealand	South Africa	South Korea	Taiwan	UK	US	Across Country	
									Ms and SDs	
									M	SD
Administration/Management	93.8	76.9	93.0	88.5	77.2	78.9	81.7	83.0	84.1	6.8
Counselling/ therapy	92.8	74.4	90.7	82.8	93.9	97.6	79.5	59.0	83.8	12.8
Clinical Supervision	65.1	42.3	69.8	46.5	56	41.5	19.3	52.1	49.1	15.8
Teaching/ Training	34.4	46.2	39.5	41.6	62.1	56.1	52.6	69.7	50.3	12.1
Consultation	45.5	48.7	45.8	31.8	24.8	79.7	44.1	41.6	45.3	16.1
Research	21.5	53.8	44.2	42.1	33.3	24.4	35.5	58.4	39.2	13.1
Prevention activities (e.g., psychoeducation; outreach; program development)	28.7	34.6	51.2	36.8	44.3	56.1	24.7	25.9	37.8	11.7
Assessment: Personality & Intellectual	26.8	35.9	39.5	22.4	68.8	17.9	25.0	25.6	32.7	16.2
Career Counselling	7.7	7.7	11.6	24.4	29.8	30.1	11.2	10.8	16.7	9.7
Assessment: Vocational	11.5	11.5	11.6	24.3	35.5	6.5	3.2	7.9	14.0	10.7
Assessment: Neuropsychological	7.2	0.0	11.6	9.7	14.5	3.3	2.8	5.9	7.9	4.3

**Note .** Canadian data for Prevention Activities includes both the categories of Prevention and Outreach and Consultation a

**Table 6**

For those respondents reporting spending any time at all on key activities: The percent time they devote to those activities

	Australia		Canada		New Zealand		South Africa		South Korea		Taiwan		UK		US		Across Country Ms and SDs of the Ms	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
	Counselling/ therapy	52.4	23.7	42.3	25.0	47.3	24.5	48.6	24.9	40.6	22.8	39.8	22.5	39.3	26.2	36.9	27.8	43.4
Teaching/ Training	16.3	16.3	27.3	19.2	18.6	22.8	16.2	18.5	14.6	16.8	18.7	18.0	21.0	16.4	31.8	21.2	20.6	6.0
Administration/Management	22.5	14.6	18.6	17.0	19.1	14.1	16.0	10.9	24.4	20.5	21.4	17.0	19.9	15.4	23.9	20.3	20.7	2.9
Research	14.0	17.9	21.3	15.8	11.7	8.3	13.3	16.2	14.9	9.8	14.8	14.0	17.9	14.3	26.9	20.3	16.9	5.0
Prevention activities (e.g., psychoeducation; outreach; program development)	9.4	7.3	11.0	7.0	10.8	7.0	8.8	10.2	12.1	9.8	13.7	8.4	18.3	17.0	9.1	11.2	11.6	3.1
Assessment: Personality & Intellectual	9.4	8.2	18.6	17.0	13.5	12.8	8.4	10.1	11.5	10.2	5.8	4.0	15.0	9.9	15.6	17.1	12.2	4.2
Consultation	14.8	16.5	12.7	11.8	10.4	11.2	8.9	12.3	7.8	4.6	15.4	10.3	16.8	15.7	12.5	14.6	12.4	3.2
Clinical Supervision	11.9	8.8	12.7	14.5	9.7	11.1	7.4	7.3	10.5	6.8	14.3	12.4	16.6	16.8	13.6	10.5	12.1	2.9
Assessment: Vocational	9.1	10.5	7.9	7.3	8.4	6.3	5.0	8.5	7.6	4.8	10.0	5.3	20.0	10.0	6.4	8.5	9.3	4.6
Career Counselling	6.4	4.0	14.5	18.5	11.4	10.5	7.6	11.8	8.6	6.3	4.3	5.4	10.0	0.0	7.1	6.2	8.7	3.2
Assessment: Neuropsychological	5.6	4.7	0.0	0.0	8.8	10.6	5.3	13.1	8.4	6.4	4.3	1.5	13.3	6.5	9.1	9.2	7.8	3.1

**Note .** Canadian data for Prevention Activities includes both the categories of Prevention and Outreach and Consultation and Program Development

Table 7

*Counselling psychologists' preferred theoretical orientations by country.*

	Australia		Canada		New Zealand		South Africa		South Korea		Taiwan		UK		US		Mean % Across Countries
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Integrative/ Eclectic	107	46.5	31	39.7	19	35.2	51	22.5	178	47.3	48	36.7	70	47.0	108	30.8	38.2
Cognitive/ Cognitive-Behavioral	34	12.6	19	24.4	15	27.8	41	18.1	27	7.2	3	2.4	30	20.1	67	19.1	3.9
Psychodynamic (Neo-Freudian)	23	10.1	2	2.6	1	1.9	29	12.8	37	9.8	20	16.1	3	2	29	8.3	1.8
Rogerian/Person-Centered	16	7.0	1	1.3	0	0	27	11.9	66	17.6	9	7	3	2.0	12	3.4	7.8
Humanistic	15	6.6	1	1.3	4	7.4	15	6.6	17	4.5	7	6	3	2.0	18	5.1	4.9
Systems	4	1.7	4	5.1	1	1.9	17	7.5	1	1.1	8	6.5			14	4.0	1.6
Sullivanian/IPT	2	0.9	2	2.6	0	0	6	2.6	4	1.1	11	8.9			28	8.0	3.4
Existential	4	1.7	2	2.6	0	0	12	5.3	4	1.1	2	2	6	4.0	7	2.0	2.2
Psychoanalytic	4	1.8	0	0	0	0	7	3.1	7	1.9	4	3.2	2.0	1.3	1	0.3	13.4
Behavioral/ Learning	0.0	0	4	5.1	1	1.9	4	1.7	2	0.5	0	0	1	.7	8	2.3	6.8
Gestalt	0	0	1	1.3	0	0	4	1.7	7	1.9	3	2.4			1	0.3	2.1
Adlerian	0	0	1	1.3			0	0	2	0.5	1	0.8			2	0.6	0.5
Post-Modern (Solution-focused/ Narrative)	5	2.2	6	7.7	1	1.9											4.3
Pluralistic													12	8.1			
Other or Missing	55	21	4	5.1	5	9.3	12	5.3	21	5.6	8	6.5	14	9	52	14.9	9.5

Note. A blank cell indicates that this country did not ask about this particular theory. One exception was with respect to Australia, which did not have a category for postmodern therapies, but 2.2 percent wrote that in as a category and so they are reported. Therapists endorsing pluralism (in the UK survey only) are those who shift theories according to the client (e.g. Person-centered with one client, Cognitive with another, etc.)

Table 8  
Preferred professional designation for  
self.

	Australia %	Canada %	New Zealand %	South Korea %	UK %	US %
Counselling Psychologist	60.4	20.5	37.0	25.5	74.2	51.1
Counsellor	1.3	9.0	5.6	59.6	5.4	0.3
Clinical psychologist	3.0		11.1	2.1	3.2	2.6
Psychologist	23.0	47.4	24.1	1.1	<b>33.3</b>	<b>36.4</b>
Other	12.3	23.1	22.2	11.7		9.6

**Note.** Not all countries asked this question and those that did varied in their use of categories. Canada did not ask about clinical psychologist designation; UK respondents were not constrained to a single answer and so the "other " category was not reported in this table.

Table 9

Satisfaction with counselling psychology as a career choice and with graduate training, by country.

Australia		Canada		New Zealand		South Africa		South Korea		Taiwan		UK		US		Across all Countries	
N= 192		N= 77		N= 42		N= 193		N= 303		N = 124		N= 125		N = 370			
M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
5.34	0.92	5.17	1.03	5.46	0.67	4.98	1.28	5.02	0.95	5.34	0.86	5.36	0.95	5.51	0.81	5.27	0.20
4.72	1.14	4.78	0.86	4.95	1.06	4.56	1.24	4.09	1.32	4.84	0.79	4.73	1.03	4.98	1.01	4.71	0.28

<b>Level of endorsement of core counseling psychology values by country</b>																			
	Australia		Canada		New Zealand		South Africa		South Korea		Taiwan		UK		US		Across Country		
	N= 224		N= 77		N= 41		N= 189		N=		N = 124		N= 93		N = 370		Ms and SDs		
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	
Attention to people's assets, strengths, and resources, regardless of degree of disturbance	4.56	0.61	4.69	0.57	4.46	0.64	4.62	0.63	4.59	0.69	4.68	0.63	4.53	0.69	4.60	0.62	4.59	0.07	
A focus on diversity, as well as a consideration of sociocultural context and systemic barriers in making sense of an understanding people's experiences	4.26	0.85	4.23	0.87	4.34	0.88	4.44	0.70	4.29	0.77	4.57	0.55	4.18	0.86	4.56	0.70	4.36	0.15	
A focus on person-environment interactions rather than exclusively on either the person or the environment	4.08	1.00	4.26	0.83	4.44	0.78	4.28	0.86	4.28	0.75	4.69	0.78	4.18	0.88	4.47	0.70	4.33	0.19	
A focus on developmental issues and developmentally appropriate interventions across the lifespan	4.34	0.79	4.18	0.81	4.07	0.98	4.38	0.79	4.27	0.8	4.62	0.84	4.13	0.86	4.38	0.80	4.30	0.17	
A focus on social justice and the necessity, when appropriate, to advocate for just causes that promote	4.01	0.90	3.58	1.08	4.15	0.76	4.01	0.95	3.16	0.98	3.47	0.81	3.94	0.93	4.25	0.87	3.91	0.25	
Drawing on research to inform practice	4.21	0.69	4.26	0.82	4.20	0.78	3.66	0.96	3.93	0.8	3.65	0.8	4.09	0.82	3.99	1.02	3.90	0.39	
An emphasis on both long-term and relatively brief interventions <sup>1</sup>	4.00	0.89	3.35	0.94	3.88	1.05	3.75	1.01	3.66	0.89	4.06	0.93	3.47	1.02	3.79	1.14	3.74	0.25	
A focus on preventive interventions	3.65	1.18	3.48	1.05	3.83	1.22	3.81	1.19	3.59	0.89	3.77	0.51	3.69	1.07	4.03	1.13	3.73	0.17	
A focus on career-related issues and concerns pertaining to the workplace (e.g., career decision-making, transitions, adjustment, goal setting,	3.30	1.13	3.32	1.08	3.10	1.16	3.51	1.17	3.8	0.81	4.16	0.57	2.93	1.05	3.63	1.16	3.47	0.39	
Producing research that adds to knowledge of counseling psychology	2.25	1.35	3.18	1.44	2.35	1.48	2.66	1.40	3.26	1.08	3.55	0.84	2.77	1.30	3.31	1.45	2.92	0.48	

**Note.** 6-point scale.

<sup>1</sup> This question on the Canadian survey asked only about "relatively brief interventions"

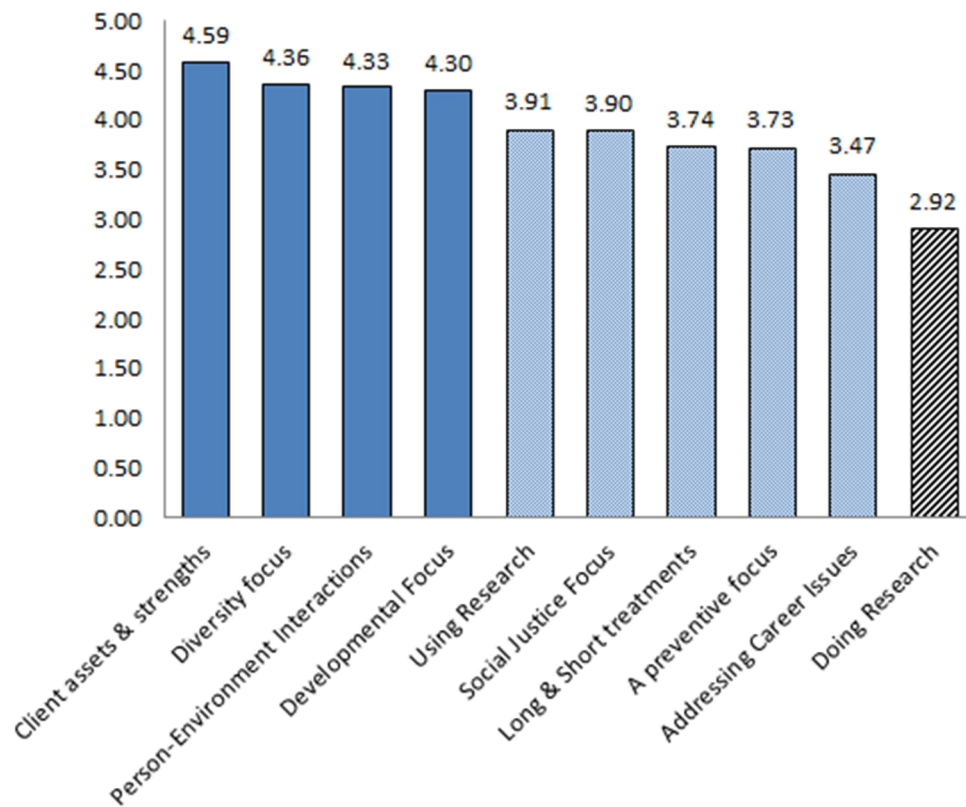


Figure 1. Mean ratings of counseling psychology core values across countries.