

SECOND EDITION

A Brief Orientation to
COUNSELING

Professional Identity, History, and Standards



Edward S. Neukrug



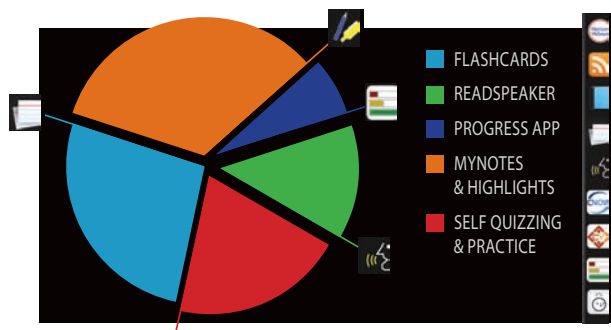
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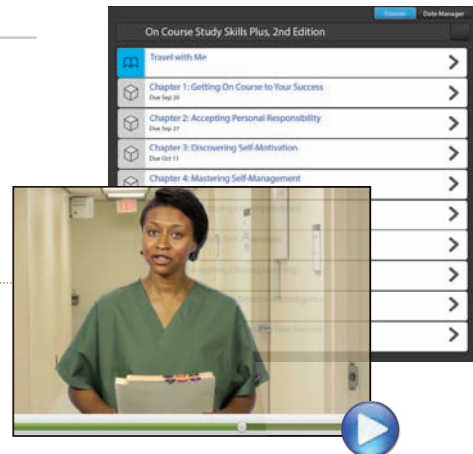
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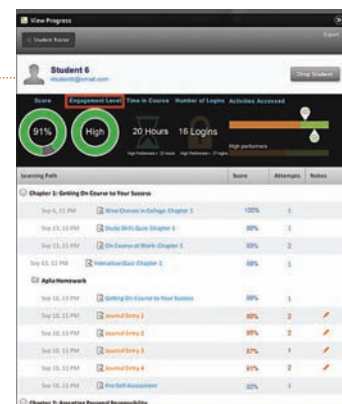
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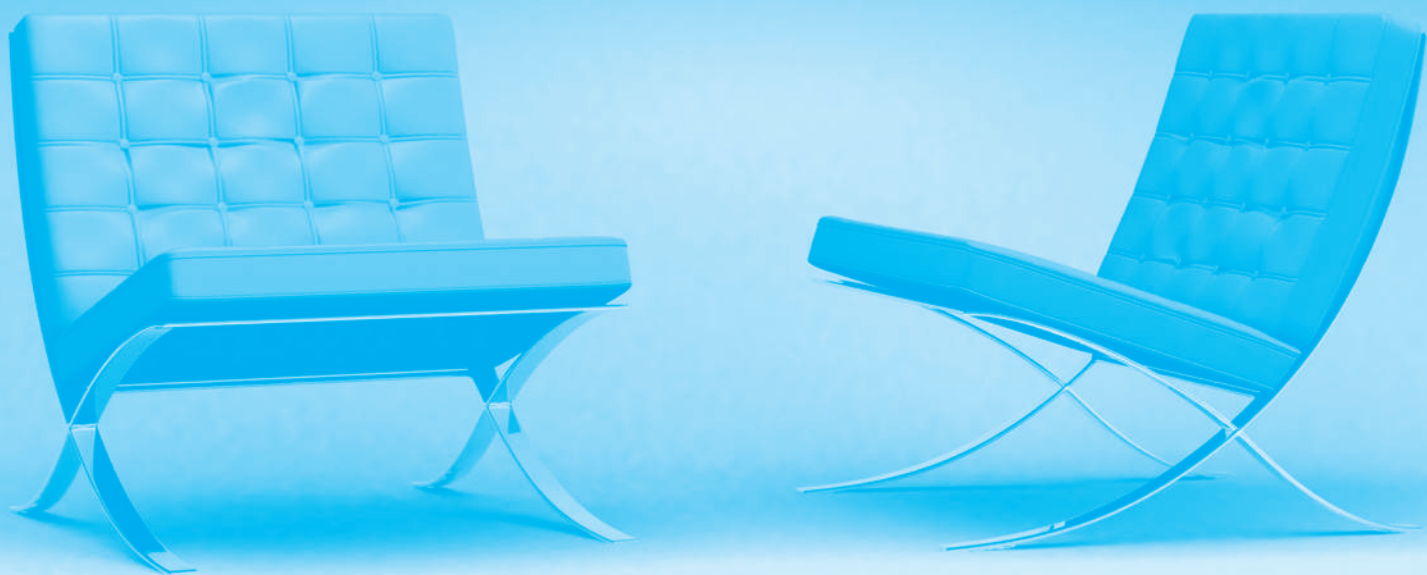
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COUNSELING

Professional Identity, History, and Standards



Edward S. Neukrug
Old Dominion University



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***A Brief Orientation to Counseling:
Professional Identity, History, and
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Preface



Welcome to the second edition of *A Brief Orientation to Counseling: Professional Identity, History, and Standards*. The purpose of this book is to highlight those aspects of counseling that are most important in developing a counseling perspective and in building an affiliation with the field. The book has three sections, the first of which focuses on professional identity, the second of which looks at history and trends, and the last of which examines standards in the profession. An afterword provides information on applying to graduate school and on applying for a job. Let's take a quick look at these sections and the afterword and describe some of the special features of the book.

Section I: Professional Identity of the Counselor

Chapter 1: What Is Counseling and Who Is the Counselor? begins by offering a historical perspective on the words *guidance*, *counseling*, and *psychotherapy* and describes the difference between these three words. After acknowledging that some counselors do all three, the chapter moves on to offer a recent definition of *counseling* that was recently developed through a collaboration of 30 counseling associations. Next in the chapter, we discuss different types of counselors while noting their respective types of accreditation, credentialing, and professional associations. We briefly do the same for a number of related non-counseling mental health professionals so that you are familiar with those individuals with whom you will likely work.

Chapter 2: Professional Associations in Counseling and Related Fields examines the importance of professional associations and then describes, in a fair amount of detail, the American Counseling Association (ACA) as well as its 20 divisions, 56 branches, and 5 professional partnerships. In addition, specific membership benefits are relayed. As in Chapter 1, we offer information about our non-counseling professional colleagues by providing a brief overview of a number of professional associations for non-counseling mental health professionals. These include the American Art Therapy Association (AATA), the American Association of Marriage and Family Therapy (AAMFT), the American Association of Pastoral Counselors (AAPC), the American Psychiatric Association (APA), the American Psychiatric Nurses Association (APNA), the American Psychological Association (APA), the National Association of School Psychologists (NASP), the National Association of Social Workers (NASW), the National Organization of Human Services (NOHS), and the National Rehabilitation Counseling Association (NRCA).

The last chapter in this section, *Chapter 3: Characteristics of the Effective Counselor*, examines a number of qualities that are embraced by effective counselors. We begin this chapter by offering a quick review of some of the research that has examined the effectiveness of counseling. Then we suggest there are nine factors that collectively work toward increasing counselor effectiveness, including six that jointly describe the working alliance—empathy, acceptance, genuineness, embracing a wellness perspective, cultural

competence, and the “it factor”—and three that together are related to the counselor’s ability to deliver his or her theoretical approach: belief in one’s theory, competence, and cognitive complexity.

Section II: History and Current Trends in the Counseling Profession

The first chapter of this section, *Chapter 4: Predecessors to the Counseling Profession: From Antiquity to Early Social Work, Psychology, and Psychiatry*, begins by identifying and discussing antecedents to the development of the mental health professions. The rest of the chapter gives a relatively brief history of social work, of psychology, and of psychiatry. In particular, how the early beginnings of these fields impacted the counseling profession is discussed. A summary table is provided at the end of the chapter to highlight points and help you remember salient events.

Chapter 5: The History of the Counseling Profession focuses solely on the 100-year history of counseling. The chapter takes us through the early history of vocational guidance and the impact testing and early methods of psychotherapy had on counseling. It then moves on to cover the emergence, diversification, and proliferation of the field during the second half of the twentieth century. In addition, new issues that have arisen within the past 20 years that will likely impact the counseling profession in the future are discussed. As in *Chapter 4*, a summary table is provided at the end of the chapter to highlight points and help you remember salient events.

Because the past is intimately connected with the future, the last chapter in this section is *Chapter 6: Current Issues and Future Trends in the Counseling Profession*. Here, we highlight a number of new approaches to counseling that are being emphasized today; the impact that technology is having and will have on counseling; new trends in health management, such as counselor inclusion within health care management, the use of medications, and the recent publication of the new diagnostic and statistical manual; changes in standards, such as the development of a new ethics code, new accreditation standards, international standards, changes in credentialing, and the adoption of multicultural counseling competencies and advocacy competencies; and recent professional issues such as division expansion and division autonomy, the 20/20 vision statement, and globalization.

Section III: Standards in the Counseling Profession

We begin this section with *Chapter 7: Accreditation in Counseling and Related Fields*. We start by describing the history of the Council for Accreditation of Counseling and Related Educational Professions (CACREP), and then discuss the many benefits of accreditation. We then offer an overview of the CACREP standards that includes a quick look at the master’s- and doctoral-level standards. Next, we very briefly mention a new accreditation in counseling, the master’s in psychology and counseling accreditation (MPCAC), and conclude with a brief description of accrediting bodies in related mental health fields.

Chapter 8: Credentialing in Counseling and Related Fields begins with a history of credentialing in counseling and related fields. We then discuss the benefits of credentialing

and distinguish three types of credentialing: registration, certification, and licensing. We next describe, in some depth, different kinds of counselor licensure and certification and how credentialing can serve as a unifying force for the counseling profession. The chapter concludes with a brief overview of credentialing in related mental health professions and a short discussion of the importance of lobbying for credentialing and other counseling-related concerns.

Chapter 9: Ethics in Counseling begins by defining values and morality and discussing their relationship to the law. We then go on to discuss the development of and need for ethical codes. After describing the ACA code in some detail, we next identify ethical “hot spots” and describe four models of ethical decision-making: problem solving, moral, social constructionist, and developmental. How to report ethical violations is discussed next, followed by legal issues related to ethical violations, understanding the difference between civil and criminal liability, the role of ethical codes in lawsuits, the importance of malpractice insurance, and using best practices to avoid malpractice suits.

The last chapter of this section is *Chapter 10: Culturally Competent Helping: Multicultural Counseling and Social Justice Work*. This chapter first defines multi-cultural counseling and social justice work and then goes on to offer some reasons why counseling is not working for many individuals from nondominant groups. After offering definitions for a number of common terms related to multicultural counseling and social justice work, we go on to describe three conceptual models to help us understand ourselves and our clients: the RESPECTFUL acronym, the tripartite model, and developmental models of cultural/racial identity. The chapter concludes with a description of the Multicultural Counseling Competencies and the Advocacy Competencies and how multicultural counseling and social justice work are considered the fourth and fifth forces in the history of the counseling profession.

Afterword: Applying to Graduate School and Finding a Job

At some point, most students who read this book will be applying to graduate school and/or applying for a job in the counseling profession. The afterword was developed to make this process easier. In the afterword you will find items to consider when choosing a graduate program and/or finding a job, some pointers to remember in the application process, how to develop your résumé and portfolio, specific resources to help you find a graduate program or a job, and how to deal with being chosen by or being denied entrance to your favorite school or your dream job.

Activities to Enhance Learning

You will find a number of items throughout the book that will add to the learning process. For instance, on a number of occasions I refer students to websites to gain additional information or to do a quick exercise to enhance your learning (e.g., to obtain your positivity ratio). I also offer a list of websites of professional associations in Appendix A. In addition, a number of tables can be found throughout the text that highlight points and enhance learning, such as the definitions Meyers and Sweeney use in their 5-factor Indivisible Self wellness inventory, which students can use to assess their

wellness levels, or a table that shows the diverse nature of the United States. In addition, I have reflection exercises peppered throughout the book. These exercises allow you to consider a salient point more fully, such as when I ask you to think about what you might do if faced with a client who was suicidal or homicidal. In a similar vein, I have included activities throughout the book to highlight points. Finally, at the end of each chapter of this edition you will find a case study relative to each chapter's content.

Changes to This Edition

Although the order of the chapters and the main thrust of the chapters remain the same, there have been considerable changes in this edition. In addition to updating chapter content and references, I've added new material throughout the text. For instance, this book includes information about the Julea Ward case, which impacted how counselors work with clients who have different values; offers information about the stand ACA has taken against referring to counselors who practice sexual orientation change efforts (conversion or reparative therapy); and presents the Tarasoff case that speaks about how to handle counseling relationships where there is "foreseeable harm." I also updated the information about the ACA ethics code, as the 2014 version has now been developed. Similarly, information about CACREP was updated to reflect the new, 2016 standards. New statistics and information about credentialing was added, such as information about the board-certified coach (BCC) and the approved clinical supervisor (ACS). Each chapter had added to it a case study for students to reflect upon, and new activities and reflection exercises were peppered throughout. Also, this book now has a glossary of all of the major terms that are highlighted in the text. Although there were many additions to this text, the book maintains its core identity: to offer a brief review of the professional identity, history, and standards of the counseling profession in a manner that is interesting and sometimes even fun. Enjoy!

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Ancillaries to the text

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Helping Professions Learning Center

Designed to help bridge the gap between coursework and practice, the Helping Professions Learning Center (HPLC) offers a centralized online resource that allows students to build their skills and gain even more confidence and familiarity with the principles that govern the life of the helping professional. The interactive site consists of the following learning components: video activities organized by curriculum area and accompanied by critical thinking questions; ethics-, diversity-, and theory-based case studies; flashcards and practice quizzes; a professional development center; and a research and writing center.

Acknowledgements

Although there is just one author of this book, the team that goes into developing it is many. First, there are a number of individuals from Cengage Learning that help. Julie Martinez, Product Manager, is particularly supportive of me and also has given me ideas

for new directions the book should take. Sean Cronin, Associate Content Developer, has been consistently helpful with a wide variety of matters and always available for discussion about the nature and purpose of the text. Thanks Sean! Others from Cengage which have helped get this edition of the book published include Margaux Cameron, Associate Marketing Manager; Stephen Lagos, Product Assistant; Erika Mugavin, IP Project Manager; Judy Inouye, Manufacturing Planner; and Ruth Sakata Corely, Senior Content Project Manager. In addition, Kailash Rawat, Associate Program Manager at Lumina Datamatics, along with Jill, the Copy Editor, were particularly helpful and responsive to me and worked closely with me in the revision of this text. Thanks Kailash and Jill.

A good text has thorough reviewers who can point out problems and suggest revisions. In this case, we had a number of faculty who helped with this latest revision, including Aimee Adams—Lehigh University, Alan Basham—Eastern Washington University, Nancy Forth—University of Central Missouri, Johanna Garrison—WITC-Superior, Jonathan Lent—Marshall University, Cheryl Neale-McFall—West Chester University, Rebecca Rudd—Eastern Washington University, and Tiffany Stewart—Midwestern State University.

Final Thoughts

This book is streamlined and covers the most essential elements needed to help you build your professional identity and to assist you on your journey to becoming a professional counselor. It is filled with critical information that is known by only a chosen few—those who become counselors! The knowledge in this book makes us special and gives us a sense of purpose. Throughout the book you will find short exercises and some vignettes to highlight points. These are meant to be interesting, fun, and placed in the text to expand your knowledge base. My hope is that by the time you finish this book, you will be a changed person in the sense that you will have crossed over into the world of the counselor and have a new and important professional identity and affiliation.



PROFESSIONAL IDENTITY OF THE COUNSELOR

SECTION 1

This first section of the text describes the professional identity of the counselor. Although professional identity can be described in multiple ways, in these chapters we zero in on the kinds of degrees obtained and specialty areas focused upon by counselors, define the word *counseling*, highlight the purposes of professional associations, identify the professional associations of counselors, list credentials of counselors, and note the kinds of accreditation processes in the counseling field. In addition, to contrast the counselor with other professionals in the mental health field, we briefly identify related mental health professions and list their types of credentials and accreditation processes. Finally, to gain a perspective on the qualities that most counselors view as critical to a successful counseling relationship, we delineate nine personal and professional characteristics that lead toward counselor effectiveness.



What Is Counseling and Who Is the Counselor?

CHAPTER 1

LEARNING OBJECTIVES

LO 1

Define counseling and distinguish it from guidance and from psychotherapy.

LO 2

Examine similarities and differences between counselors and related mental health professionals on a variety of attributes, including education, accreditation, credentialing, and more.

LO 2a

Identify and describe the different types of counselors, including school counselors; clinical mental health counselors; marriage, couple, and family counselors; addiction counselors; career counselors;

college counselors and student affairs professionals; clinical rehabilitation counselors; and pastoral counselors.

LO 2b

Identify and describe related mental health professionals, including social workers, psychologists, psychiatrists, psychoanalysts, psychiatric-mental health nurses, creative and expressive therapists, human service professionals, and psychotherapists.

LO 3

Provide an overview of the various types of counselors and related mental health professionals discussed in the chapter.

... counseling has proven to be a difficult concept to explain. The public's lack of clarity is due, in part, to the proliferation of modern-day services that have adopted the counselor label. They range from credit counselors to investment counselors, and from camp counselors to retirement counselors. Although their services share the common ingredient of verbal communication and possibly the intention to be helpful, those services have little in common with ... [psychological counseling].

(Hackney & Cormier, 2013, p. 2)

How come when I tell people I am a counselor, they often seem to look at me sideways—as if they are asking me to repeat what I said? Maybe it's because they are ill-informed about counselors, or maybe it's because there are so many different types of counselors (e.g., school, mental health, rehabilitation, college, and

so forth). Perhaps it's because some people view the word *counselor* generically—a word that encompasses a number of mental health professionals such as psychologists, social workers, or human service professionals. Whatever the reason, I know that as a counselor my identity is unique and different from those of other related professionals. This chapter will help us define counseling, describe who the counselor is, and distinguish counselors from related mental health professionals.

LO 1

Defining Counseling

When I hear the word **counseling**^{*}, I think of the following: “facilitative, here-and-now, short-term, change, problem-solving, being heard, and awareness.” Distinguish this from the word **psychotherapy**, which I associate with “deep, dark, secretive, sexual, unconscious, pain, hidden, long-term, and reconstructive.” And lastly, the word **guidance** makes me think of “advice-giving, direction, on-the-surface, advocacy, and support.” However, not all people make similar distinctions. In fact, over the years some have suggested counseling could be anything from a problem-solving, directive, and rational approach to helping “normal” people—an approach that is distinguishable from psychotherapy (Williamson, 1950, 1958); to a process that is similar to but less intensive than psychotherapy (Nugent & Jones, 2009); to an approach that suggests there is no essential difference between the two (Corey, 2013; Neukrug, 2015).

Some confusion in distinguishing counseling from guidance and psychotherapy rests in the related history of the three words. The word guidance first appeared around the 1600s and was defined as “the process of guiding an individual.” Early guidance work involved individuals acting as moral compasses and giving advice. This definition continued into the twentieth century when vocational guidance counselors used the word to describe the act of “guiding” an individual into a profession and offering suggestions for life skills. Meanwhile, with the development of psychoanalysis near the end of the nineteenth century came the word *psychotherapy*. Derived from the Greek words *psyche*, which means spirit or soul, and *therapeutikos*, which means caring for another, psychotherapy literally translates to “caring for the soul” (Kleinke, 1994).

During the early part of the twentieth century, vocational guidance counselors became increasingly dissatisfied with the word guidance and its heavy emphasis on advice giving and morality. Consequently, the word counseling was adopted to indicate that vocational counselors, like their distant cousins the psychoanalysts who practiced psychotherapy, also dealt with social and emotional issues and were not strictly advice givers. As mental health workers became more prevalent during the mid-1900s, they too adopted the word *counseling*, rather than use the word *guidance* with its moralistic implications, or *psychotherapy*, which was increasingly associated with psychoanalysis. Tyler (1969) noted that “those who participated in the mental health movement and had no connection with vocational guidance used the word counseling to refer to what others were calling [psycho]therapy ...” (p. 12).

Today, most lay people, many counseling students, and a fair number of counselor educators view some counselors and related mental health professionals as practicing what traditionally have been called guidance activities, others as conducting counseling, and still others as doing psychotherapy (see Figure 1.1). And perhaps they are right. For example, many school counselors probably use techniques that place them on the

^{*}Words in bold are listed at the end of every chapter and are defined in the glossary.

FIGURE 1.1 Guidance, Counseling, and Psychotherapy Continuum

	Guidance	Counseling	Psychotherapy	
Short-term	→	→	→	Long-term
Modifying behavior	→	→	→	Personality reconstruction
Surface issues	→	→	→	Deep-seated issues
Here and now	→	→	→	There and then
Preventive	→	→	→	Restorative
Conscious	→	→	→	Unconscious
Helper-centered	→	→	→	Helpee-centered
Normal developmental	→	→	→	Psychopathology oriented

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left of the continuum in Figure 1.1, while a fair number of clinical mental health counselors likely use skills that place them on the right side of the figure. Where do you think rehabilitation counselors, college counselors, pastoral counselors, and addiction counselors might fall? And what about social workers and counseling and clinical psychologists? Where do you think they fall?

Despite the fact that different kinds of counselors sometimes practice in different ways, their training is remarkably similar. In fact, it has always been argued that a person with a master's degree in counseling is primarily a **counselor** and secondarily a school counselor, clinical mental health counselor, college counselor, or other type of counseling specialist (Shallcross, 2013). Thus, in an effort to unify the many counseling specialty areas, 29 counseling organizations endorsed a broad-based definition of counseling that most counselors could embrace:

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)

This definition places us under one umbrella—where we all are counselors, practicing counseling, and empowering our clients to accomplish their “mental health, wellness, education, and career goals.” Now that we have defined the word *counseling*, this chapter will start us on our journey of examining the counseling profession, distinguishing counseling specialty areas from one another, and differentiating the counseling profession from related mental health professions (see Activity 1.1).

Activity 1.1 Defining Counseling

Are you satisfied with the definition above? Come up with your own definition of *counseling*. Consider doing the same for the words *guidance* and *psychotherapy*.

LO 2

Counselors and Related Mental Health Professionals[†]

Although we tend to find a fair amount of overlap in the ways that various mental health professionals learn their skills, there also exist huge differences (Kottler & Shepard, 2015; Neukrug, 2016; Urofosky, 2013). This section of the chapter will first describe the kinds of degrees, credentials, and professional associations associated with counselors, including school counselors; clinical mental health counselors; marriage, couple, and family counselors; addiction counselors; college counselors and student affairs professionals; rehabilitation counselors; and pastoral counselors. Then we will offer brief descriptions of related mental health professionals including social workers, psychologists (clinical, counseling, and school), psychiatrists, psychoanalysts, psychiatric-mental health nurses, creative and expressive therapists, human service professionals, and psychotherapists. Table 1.1, which compares counselors and related mental health professions, will conclude the chapter.

Chapter 2 will go on to further describe the professional identities of counselors and related professionals by describing their professional associations. In Chapter 2, we will pay particular attention to the **American Counseling Association (ACA)** and its divisions, all of which represent the major counseling associations to which counselors belong. Prior to moving on in this chapter, you might want to complete Activity 1.2.

Activity 1.2

Comparing Mental Health Professionals

Prior to reading this section, compare school counselors; clinical mental health counselors; college counselors and student affairs professionals; addiction counselors; career counselors; rehabilitation counselors; and marriage, couple, and family counselors on each of the criteria below. When you have finished, do the same with related mental health professions (e.g., psychologists, social workers, psychotherapists, psychiatrists, and so forth). Based on your responses, discuss your current level of knowledge of these professions.

Education	Accreditation	Credentials	Professional Associations	Amount Earned
Type of Counselor				

LO 2a

Counselors

In the past, the word **counselor** referred to any mental health professional who practiced counseling (Chaplin, 1975). However, today, counselors are generally seen as those who hold a master’s degree in counseling. Today, we find a wide variety of counselors, such as school counselors, college counselors, mental health counselors, counselors in private practice, pastoral counselors, rehabilitation counselors, counselors in business and industry, and more. The counselor’s training is broad and includes expertise in individual, group, and family counseling; administering and interpreting educational and psychological assessments; offering career counseling; administering grants and conducting research; consulting on a broad range of educational and psychological matters; supervising others; and presenting developmentally appropriate psychoeducational activities

[†]See Appendix A for a list of professional associations and their web addresses.

for individuals of all ages. Although not all counselors have in-depth expertise in psychopathology, they all have knowledge of mental disorders and know when to refer individuals who might need more in-depth treatment.

Today, counselors tend to have had coursework in common areas defined by the **Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2014a)**, the program accreditation body for most counseling programs. Although not all programs are CACREP accredited, most follow their guidelines. These include knowledge in the following eight content areas (for more details, see Chapter 7):

1. Professional counseling orientation and ethical practice
2. Social and cultural diversity
3. Human growth and development
4. Career development
5. Counseling and helping relationship
6. Group counseling and group work
7. Assessment and testing
8. Research and program evaluation

In addition to the eight content areas, a counselor has taken coursework in a counseling specialty area, such as clinical mental health counseling, school counseling, college counseling and student affairs, and others. Such classes usually include content in the history, roles and functions, and knowledge and skills of that specialty area. Finally, all counselors have had the opportunity to practice their acquired skills and knowledge at field placements, such as a practicum or internship.

Master's level counseling programs accredited by CACREP include programs in **school counseling; clinical mental health counseling; marriage, couple, and family counseling; addiction counseling; career counseling; and college counseling and student affairs**. Currently, CACREP requires 60 credit semester hours for clinical mental health counseling; marriage, couple, and family counseling, and addiction counseling. The other programs currently require a minimum of 48 semester credit hours. However, beginning July of 2020, all master's level programs will require a minimum of 60 semester credit hours.

In addition, to the above programs, there is a 48-credit **rehabilitation counseling** program accreditation that is administered through the **Council on Rehabilitation Education (CORE)**, as well as a new, 60-credit **clinical rehabilitation counseling** accreditation process that is jointly administered by CORE and CACREP. CORE and CACREP recently signed a planned merger agreement, and in July of 2017, CACREP will administer all of the rehabilitation counseling programs (CACREP, 2014b, n.d.a).

A master's level counselor can become a **National Certified Counselor (NCC)** by passing the **National Counselor Exam (NCE)** offered by the **National Board for Certified Counselors (NBCC)** (NBCC, 2015a). Students who are matriculated in CACREP-accredited programs can take the exam prior to graduating, and become certified upon passing the exam and graduating from their program, while others have to obtain post-master's clinical experience (NBCC, 2015a, 2015b). NBCC also offers subspecialty certifications as a **Certified Clinical Mental Health Counselor (CCMHC)**, **National Certified School Counselor (NCSC)**, and **Master Addictions Counselor (MAC)**. In addition, today all 50 states, Guam, Puerto Rico, and the District of Columbia have established licensing laws that allow a counselor who has a master's degree, additional training, and supervision to practice as a **Licensed Professional Counselor (LPC)** (some states use a

different, but similar term) (ACA, 2011; 2015a). Whereas certification is generally seen as mastery of a content area, licensure allows counselors to practice independently and obtain **third-party reimbursement** for their practice. (An in-depth discussion of credentialing can be found in Chapter 8.) The American Counseling Association (ACA), and its 20 divisions, focus on a variety of counseling concerns and are the major professional associations for counselors (see Chapter 2).

The following describes the most common types of master's level counselors, including school counselors; clinical mental health counselors; marriage, couple, and family counselors; addiction counselors; career counselors; college counselors and student affairs professionals; rehabilitation counselors; and pastoral counselors.

School Counselors. **School counselors** have received their master's degrees in counseling with a specialty in school counseling. Some states credential school counselors on the elementary, middle, and secondary levels, while other states offer credentialing that covers kindergarten through 12th grade (K–12). The professional association for school counselors is the **American School Counselor Association (ASCA)**, which is a division of ACA, although one can become a member of ASCA without joining ACA. In recent years, the **ASCA National Model** has been used as a model for the training of school counselors (ASCA, 2012). In addition, over the past few decades, there has been a push by professional training programs, professional associations, and many in the field to replace the term **guidance counselor** with **school counselor**, as the latter term is seen as de-emphasizing the guidance activities of the school counselor (Baker & Gerler, 2008).

School counselors are certified or licensed by their state boards of education, usually directly after having graduated from a state-approved school counseling program. If they so choose, school counselors can also become National Certified Counselors (NCCs), National Certified School Counselors (NCSCs), certification as a school counselor by the National Board for Professional Teaching Standards (NBPTS), and, in most states, with additional coursework and supervision, Licensed Professional Counselors (LPCs) (ASCA, 2015; NBCC, 2015b). Other certifications are also available if the school counselor chooses to specialize (e.g., addiction counseling, etc.).

Clinical Mental Health Counselors (Agency Counselors). **Clinical mental health counselors** are individuals who have obtained their degrees in clinical mental health counseling, or a closely related degree in counseling (e.g., agency counseling). Those who obtain a degree in clinical mental health counseling, or related degrees, are generally trained to conduct counseling for those who are struggling with life problems, emotional issues, or mental health disorders. They are usually found working in a wide variety of agencies or, in private practice, conducting counseling and psychotherapy.

The clinical mental health counselors' professional association is the **American Mental Health Counselors Association (AMHCA)**, which is a division of ACA, although one can now be a member of AMHCA without joining ACA. If they so choose, clinical mental health counselors can become NCCs and LPCs. Other certifications are also available if the clinical mental health counselor chooses to specialize (e.g., Certified Clinical Mental Health Counselor [CCMHC], Master Addictions Counselor [MAC], and more) (NBCC, 2015b).

Marriage, Couple, and Family Counselors. **Marriage, couple, and family counselors** are specifically trained to work with couples and with families and can be found in a vast array of agency settings and in private practice. These counselors tend to have specialty coursework in systems dynamics, couples counseling, family therapy,

family life stages, and human sexuality, along with the more traditional coursework in the helping professions. The **International Association of Marriage and Family Counselors (IAMFC)**, a division of ACA, is one professional association these counselors can join; another is the **American Association of Marriage and Family Therapy (AAMFT)**. These days, one can join IAMFC without joining ACA.

Although all 50 states and the District of Columbia have some requirement for marriage and family licensure, the requirements can vary dramatically (Association of Marital and Family Therapy Regulatory Boards [AMFTRB], 2015). Generally, these individuals have the title **Licensed Marriage and Family Therapist (LMFT)**, or something similar. While some states license marriage and family counselors who have studied from programs that follow the 60 semester credit CACREP guidelines, other states prefer licensing counselors who have studied from programs that follow the guidelines set forth by AAMFT's **Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)**, and still others have set their own curriculum guidelines for credentialing. Most states that offer marriage and family counselor credentialing allow related licensed helping professionals (e.g., licensed professional counselors, licensed clinical social workers, licensed psychologists) to also practice marriage and family counseling as long as they have some expertise in this area. Often, couple, marriage, and family counselors can become NCCs, LPCs, and obtain other specialty certifications, if they so choose.

Addiction Counselors. **Addiction counselors** study a wide range of addiction disorders, such as substance abuse (drugs and alcohol), eating disorders, and sexual addiction. They are familiar with diagnosis and treatment planning and understand the importance of psychopharmacology in working with these populations. Many addiction counselors can become certified through their state. In addition, NBCC offers a certification as a Master Addictions Counselor (MAC) (NBCC, 2015b). Often addiction counselors can become NCCs, LPCs, and obtain other specialty certifications, if they so choose. In addition to AMHCA, addiction counselors often belong to the **International Association of Addictions and Offender Counselors (IAAOC)**, which is also a division of ACA.

Career Counselors. **Career counselors** focus on vocational and **career counseling** and may work in a variety of settings, including private practice, vocational rehabilitation settings, college career centers or counseling centers, schools, and in some agencies. Career counselors often join the **National Career Development Association (NCDA)** and/or the **National Employment Counseling Association (NECA)**, both divisions of ACA. Like most other counselors, career counselors can become NCCs, LPCs, or obtain other specialty certifications.

College Counselors and Student Affairs Professionals. Sometimes referred to as postsecondary counselors, these **college counselors and student affairs professionals** work in a variety of settings in higher education including college counseling centers, offices of educational accessibility, career centers, residence life, advising, multicultural student services, and other campus settings where counseling-related activities occur. Usually, college counselors and student affairs professionals will have taken specialty coursework in college student development and student affairs practices.

Often counselors who work in college settings can become NCCs, LPCs, and obtain other specialty certifications (e.g., MAC), if they so choose. There are two main

professional associations of counselors in higher education settings: **College Student Educators International** (this organization was formerly the American College Personnel Association and has kept the acronym ACPA), which tends to focus on administration of student services, and the **American College Counseling Association (ACCA)**, which is a division of ACA and tends to focus on counseling issues in college settings. Today, one can join ACCA without joining ACA.

Rehabilitation and Clinical Rehabilitation Counselors. **Rehabilitation counselors** and **clinical rehabilitation counselors** offer a wide range of services to people with physical, emotional, and/or developmental disabilities. As noted earlier, currently CORE and CACREP both accredit rehabilitation counseling programs and CACREP will be accrediting all such programs starting in 2017 (CACREP, 2014b, n.d.a).

Both CORE and CACREP accredited rehabilitation counseling programs include coursework on vocational evaluation, occupational analysis, medical and psychosocial aspects of disability, legal and ethical issues in rehabilitation, and the history of rehabilitation counseling. The **Commission on Rehabilitation Counselor Certification (CRCC)** credentials rehabilitation counselors as **Certified Rehabilitation Counselors (CRCs)**, and rehabilitation counselors can usually obtain other related credentials, if they so choose (e.g., NCC, LPC, MAC). Many rehabilitation counselors join the **National Rehabilitation Counseling Association (NRCA)** and/or the **American Rehabilitation Counseling Association (ARCA)**, a division of ACA. Today, one can join ARCA without joining ACA.

Pastoral Counselors. **Pastoral counselors** sometimes have a degree in counseling but can also have a degree in a related social service field or even just a master's degree in religion or divinity. Pastoral counselors sometimes work in private practice or within a religious organization. Pastoral counselors, religious counselors, or counselors with spiritual orientations might join the **Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC)**, a division of ACA, and/or the **American Association of Pastoral Counselors (AAPC)**. AAPC offers a certification process for those who are interested in becoming Certified Pastoral Counselors (CPCs) (AAPC, 2005–2012a), and pastoral counselors who have a master's degree in counseling can often go on to obtain certification as pastoral counselors and may be eligible to become LPCs or NCCs.

LO 2b

Related Mental Health Professionals

Counselors work closely with many other mental health professionals, and although a counselor's training is somewhat different, all mental health professionals have the same basic goal: to help individuals with their psychosocial concerns and problems. The following describes the most common kinds of other mental health professionals you may someday find yourself working next to.

Social Workers. Although the term **social worker** can apply to those who have an undergraduate or a graduate degree in social work or a related field (e.g., human services), more recently the term has become associated with those who have acquired a **master's degree in social work (MSW)**. Historically found working with the underprivileged, with families, and within social systems, today's social workers provide counseling

and psychotherapy for all types of clients in a wide variety of settings, including “public agencies, private businesses, hospitals, clinics, schools, nursing homes, private practices, police departments, courts,” and more (NASW, “About the Profession,” 2015a, para. 1). Social workers usually have extensive training in counseling techniques but less preparation in career counseling, assessment techniques, and quantitative research methods.

With additional training and supervision, social workers can become nationally certified by the **Academy of Certified Social Workers (ACSW)**. In addition, all states have specific requirements for becoming a **Licensed Clinical Social Worker (LCSW)**. Two other, more advanced credentials include the **Qualified Clinical Social Worker (QCSW)** and the **Diplomate in Clinical Social Work (DCSW)** (NASW, 2015b). Social work programs are accredited by the **Council on Social Work Education (CSWE)**, and the professional association for social workers is the **National Association of Social Workers (NASW)**.

Psychologists. The American Psychological Association (APA, 2015a) has identified as many as 19 different types of **psychologists** that practice in a wide range of settings, including public and private agencies, hospitals, private practice, health maintenance organizations, universities, business and industry, law enforcement, schools, private practice, and more. Psychologists are often found in administrative and/or clinical roles in agencies, leading research teams, consulting with business and industry, or serving in supervisory roles for all types of mental health professionals.

Of the 19 types of psychologists, generally three are identified as those who practice counseling and psychotherapy: **counseling psychologists**, **clinical psychologists**, and **school psychologists**. Today, all states offer licensure in counseling psychology, clinical psychology, or both, and many states allow individuals with a Psy.D., a practitioner doctorate in psychology, to become licensed as clinical or counseling psychologists. School psychologists are credentialed by state boards of education and can also become certified as **Nationally Certified School Psychologists (NCSP)**. The **APA Commission on Accreditation (APA-CoA)** accredits psychology programs, and APA is the professional association for psychologists. Counselors are likely to have more contact with clinical and counseling psychologists and with school psychologists than with other types of psychologists. These specialty areas are described next.

Clinical Psychologists, Counseling Psychologists, and Doctorates in Psychology (Psy.D.) Clinical and counseling psychologists tend to have a particularly strong background in research and practice and work with a wide range of clients. Historically, clinical psychologists have focused somewhat more on psychopathology and individuals with chronic mental health problems (APA, 2015a), although these differences have lessened over the years. The **Psy.D.**, a degree established in 1973, tends to have a stronger clinical focus, although less of a research focus, than either of Ph.Ds. In addition to obtaining the doctorate from an APA-accredited program in one of the three above areas, to become a **licensed counseling psychologist** or **licensed clinical psychologist** requires extensive post-doctoral supervised experience and the passing of a national licensing exam, although passing scores vary by state. Today, many states offer hospital privileges for licensed psychologists, which afford psychologists the right to treat those who have been hospitalized with serious mental illness. Not surprisingly, psychologists have recently sought, with very limited success, the right to prescribe medication for emotional disorders (Rinaldi, 2013). Graduates with these degrees will often join

Division 12 of the APA (the Society of Clinical Psychology) or Division 17 of the APA (the Society of Counseling Psychology).

School Psychologists. School psychologists have a master's degree or more in school psychology and are licensed by state boards of education. Their work focuses on improving the lives of children and families, usually within the schooling process. Their training tends to focus on consultation, evaluation and assessment, intervention, prevention, crisis preparedness, instructional support, and research and planning (National Association of School Psychologists [NASP], 2014). Many school psychologists today are found working with students with learning problems, their parents, and their teachers. Although most school psychologists work in schools, you can sometimes also find them in private practice, in agencies, and in hospital settings. The professional associations for school psychologists are the **National Association of School Psychologists (NASP)** and **Division 16 of the APA (School Psychology)**.

Psychiatrists. Generally, a **psychiatrist** is a licensed physician who has completed a residency in psychiatry, meaning that in addition to medical school, he or she has completed extensive field placement training in a mental health setting. In addition, most psychiatrists have passed an exam to become board certified in psychiatry. Being a physician, the psychiatrist has expertise in diagnosing organic disorders, identifying and treating psychopathology, and prescribing medication for psychiatric conditions. Although a limited number of states and some federal agencies have granted psychologists prescription privileges for psychotropic medication (Rinaldi, 2013), currently it is psychiatrists, and in some cases psychiatric nurses, who take the lead in this important treatment approach.

Because psychiatrists often have minimal training in techniques of individual and group counseling, assessment techniques, human development, and career counseling, they are sometimes not seen as experts in the delivery of counseling and psychotherapeutic services. Psychiatrists are employed in mental health agencies, hospitals, private practice settings, and health maintenance organizations. The professional association for psychiatrists is the **American Psychiatric Association (APA)**.

Psychoanalysts. **Psychoanalysts** are professionals who have received training in psychoanalysis from any of a number of recognized psychoanalytical institutes. Although, in past years, the **American Psychoanalytic Association (APsaA)**, the professional association of psychoanalysts, would only endorse psychiatrists for training at psychoanalytical institutes (Turkington, 1985), they now allow other mental health professionals to undergo such training (APsaA, 2014). Because states do not tend to license psychoanalysts, clients who are seeing a psychoanalyst should make sure that the analyst was trained at an institute sanctioned by the American Psychoanalytic Association and that he or she has a license in a mental health field (e.g., psychiatrist, psychologist, licensed professional counselor, or licensed clinical social worker). The **American Board for Accreditation in Psychoanalysis (ABAP)** accredits psychoanalytic institutes.

Psychiatric-Mental Health Nurses. Primarily trained as medical professionals, **psychiatric-mental health nurses (PMHNS)** are also skilled in the delivery of mental health services (American Psychiatric Nurses Association [APNA], 2015). Most PMHNS work in hospital settings, with fewer numbers working in community agencies, private practice, and educational settings. Psychiatric-mental health nursing is practiced

at two levels. The **Registered Nurse-PMHN** does basic mental health work related to nursing diagnosis and nursing care. The **Advanced Practice Registered Nurse (APRN)** has a master's degree in psychiatric-mental health nursing and assesses, diagnoses, and treats individuals with mental health problems. Currently holding prescriptive privileges in all 50 states (Von Gizycki, 2013), APRNs provide an important service in many mental health settings. Because of their training in both medicine and basic counseling skills, the RN-PMHN and the APRN hold a unique position in the mental health profession. Psychiatric-mental health nurses can acquire certification in a number of mental health areas based on their education and experience (see American Nurses Credentialing Center, 2014). The professional association of psychiatric-mental health nurses is the **American Psychiatric Nurses Association (APNA)**. The **American Association of Colleges of Nursing (AACN)** and the **National League for Nursing** accredit psychiatric-mental health nursing programs.

Creative and Expressive Therapists. **Creative and expressive therapists** include art therapists, play therapists, dance/movement therapists, poetry therapists, music therapists, and others who use creative tools to work with individuals who experience trauma or emotional problems in their lives (Deaver, 2015). Through the use of expressive therapies, it is hoped that individuals can gain a deeper understanding of themselves and work through some of their symptoms. Creative and expressive therapists work with individuals of all ages and do individual, group, and family counseling. They work in many settings and are often hired specifically for their ability to reach individuals through a medium other than language. Many creative and expressive therapists obtain degrees in counseling or social work and later pick up additional coursework in creative and expressive therapy. However, there are programs that offer curricula in creative and expressive therapies, such as those approved by the **American Art Therapy Association (AATA)**. Other related associations include the **Association for Creativity in Counseling (ACC)**, a division of ACA; the **American Dance Therapy Association (ADTA)**; the **American Music Therapy Association (AMTA)**; and the **Association for Play Therapy (APT)**. Although certifications exist for some kinds of creative and expressive therapies (e.g., see Art Therapy Credentials Board, 2015), states generally do not license creative and expressive therapists. However, some creative and expressive therapists can become licensed if their degree is in a field credentialed by the state (e.g., counseling or social work) or if the state licensing board of the therapist allows the individual to take additional courses so that their coursework matches the curriculum requirements of the existing state licenses (see American Association of State Counseling Boards, 2015a).

Human Service Professionals. **Human service professionals** have generally obtained an associate's or bachelor's degree in human services. These programs are accredited by the **Council for Standards in Human Service Education (CSHSE)**, which sets specific curriculum guidelines for the development of human service programs. Individuals who hold these degrees are often found in entry-level support and counseling jobs and serve an important role in assisting counselors and other mental health professionals. The professional organization for human services is the **National Organization of Human Services (NOHS, 2015a)**. Recently, the **Center for Credentialing and Education (CCE)**, in consultation with CSHSE and NOHS, created a certification in human services called the **Human Services Board Certified Practitioner (HS-BCP)** (Hinkle & O'Brien, 2010; Sparkman & Neukrug, 2014).

Psychotherapists. Because the word **psychotherapist** is not associated with any particular field of mental health practice, most states do not offer legislation that would create a license for “psychotherapists.” One result of this lack of legislation is that in most states, individuals who have no mental health training can call themselves psychotherapists. However, legislatures generally limit the scope of psychotherapeutic practice to those individuals who are licensed mental health professionals within the state (e.g., psychologists, LPCs, LCSWs). The bottom line is that in most states anyone can claim to be a psychotherapist, but only licensed practitioners can practice psychotherapy.

LO3

Overview of Counselors and Related Mental Health Professionals

There are many different kinds of counselors and a variety of mental health professionals. Although we sometimes find ourselves pitted against each other as we vie for similar jobs or try to obtain our share of third-party reimbursements, we all serve a similar purpose—to help individuals with their mental health concerns. And, although our training is different in many ways, we probably share more similarities than differences. Table 1.1 provides an overview of the chapter and lists some of the different degrees, accrediting bodies, and credentials that one can obtain in the varying mental health professions.

TABLE 1.1 Comparing the Varying Mental Health Professionals

Professional	Degree	Accrediting Body*	Most Common Credential**
Counselor School counselor	Master’s in counseling	CACREP	State board of education credential\NCC\National Certified School Counselor
Clinical mental health counselor	Master’s in counseling	CACREP	LPC\NCC\Certified Clinical Mental Health Counselor (CCMHC)
Marriage, couple, and family counselor	Master’s in counseling or couples and family therapy	CACREP COAMFTE	LMFT\LPC\NCC
Addiction counselor	Master’s in counseling	CACREP	MAC\LPC\NCC
Career counselors	Master’s in counseling	CACREP	LPC\NCC
College counselors and student affairs professionals	Master’s in counseling	CACREP	LPC\NCC
Rehabilitation counselor/Clinical Rehabilitation Counselor	Master’s in counseling	CORE and CACREP	CRC\LPC\NCC
Pastoral counselor	Master’s in counseling, related field, or religion/spirituality	None	LPC\NCC (if degree is in counseling)
Social Worker	Master’s in social work	Council on Social Work Education	ACSW\LSCW\QCSW\DCSW

Professional	Degree	Accrediting Body*	Most Common Credential**
Psychologist Clinical	Doctorate in psychology	Commission on Accreditation of the American Psychological Association	Licensed psychologist
Counseling	Doctorate in psychology	Commission on Accreditation of the American Psychological Association	Licensed psychologist
School	Master's or more in psychology	Commission on Accreditation of the American Psychological Association	State board of education credential\ National Certified School Psychologist (NCSP)
Psychiatrist	Medical degree	Association of American Medical Colleges	Licensed physician\Board certification in psychiatry
Psychoanalyst	Graduate degree in helping profession	American Board for Accreditation in Psychoanalysis (ABAP)	Credential in specific mental health profession (e.g., LPC\ LMFT\ Licensed psychologist)
Psychiatric-Mental Health Nurse	Bachelor's or master's degree in psychiatric-mental health nursing	American Association of Colleges of Nursing (AACN) and the National League for Nursing	Advanced Practice Registered Nurse (APRN)
Creative and Expressive Therapist	Usually, master's degree in helping profession	No broad-based accreditation; some accreditation in specific expressive therapy areas	Registered Art Therapist (ATR). Can become credentialed in many states (e.g., LPC)
Human Service Professional	Associate's or bachelor's in human services	Council on Human Service Education (CHSE)	Human Services Board Certified Practitioner (HS-BCP)
Psychotherapist	No degree needed	None	None

*For additional information on accreditation, see Chapter 7. For additional information on credentialing, see Chapter 8.

**Many professionals can obtain additional credentials. For instance, with experience, most counselors can become Certified Clinical Mental Health Counselors (CMHCs), Master Addictions Counselors (MACs), and Licensed Professional Counselors (LPCs) and obtain state-specific certifications. For additional information on credentialing, see Chapter 8.

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Case Study 1.1 Carla

Carla is a new student in the counseling program. She always hoped to be a counselor but wasn't sure whether she wanted to be a school counselor or clinical mental health counselor. After taking her first course, she realizes that her definition of counseling was very different than the definition given to her in her class. In fact, she thought that counseling was almost always advice giving, directive, helper-centered, and mostly "here and now" issues. She now realizes that some counselors practice more in-depth counseling and that all counselors will work with clients who have severe mental health problems at some point at their job. Although she felt confident before that she could learn the skills needed to be a counselor, she

now wonders if she has the ability to work with clients who have severe emotional issues. She is now pondering whether she has picked the right profession and is considering switching to a social work program. She is distressed because she thinks her lifelong dream may have been shattered.

1. Do you think that Carla can find a place for herself in the counseling field? Why or why not?
2. Do you believe that the social work field would be a better fit for her? Why or why not?
3. Based on what you currently know of Carla, what counseling specialty is likely to fit her best? Why?

4.

Do you think Carla has the ability to master the skills that will allow her to work with clients who have severe emotional disorders? If yes, how would that come about? If no,
5.

Can you relate to Carla's dilemma in any way? How?

Summary

This chapter began by explaining the historical differences in the words *guidance*, *counseling*, and *psychotherapy* and then discussed their current common usage. We then noted that delegates from a number of counseling organizations came together in an effort to unify the counseling profession and to capture a common definition for the word counseling to which all would agree.

The chapter then went on to describe a number of mental health professionals. Starting with counselors, we explained the kinds of training counselors receive in CACREP-accredited programs and noted that CACREP accredits programs in school counseling; clinical mental health counseling; marriage, couple, and family counseling; addiction counseling; career counseling; college counseling and student affairs; and clinical rehabilitation counseling (with CORE). We then went on to offer descriptions of a number of different kinds of counselors, including school counselors; clinical mental health counselors; marriage, couple, and family counselors; addiction counselors; career counselors; college counselors and student affairs professionals; rehabilitation counselors; and pastoral counselors.

The rest of the chapter gave brief descriptions of related mental health professionals including social workers, psychologists (clinical, counseling, Psy.D., and school), psychiatrists, psychoanalysts, psychiatric-mental health nurses, creative and expressive therapists, human service professionals, and psychotherapists. The chapter concluded with a table that elucidated the different types of professionals, along with their degrees, accreditation bodies, and possible credentials to obtain.

Key Terms

Academy of Certified Social Workers (ACSW)	American Association of Pastoral Counselors (AAPC)
Addiction counseling	American Board for Accreditation in Psychoanalysis (ABAP)
Addiction counselors	American College Counseling Association (ACCA)
Advanced practice registered nurse (APRN)	American Counseling Association (ACA)
American Art Therapy Association (AATA)	American Dance Therapy Association (ADTA)
American Association of Colleges of Nursing (AACN)	American Mental Health Counselors Association (AMHCA)
American Association of Marriage and Family Therapy (AAMFT)	

American Music Therapy Association (AMTA)	Council on Social Work Education (CSWE)
American Psychiatric Association (APA)	Counseling
American Psychiatric Nurses Association (APNA)	Counseling psychologists
American Psychoanalytic Association (APsaA)	Diplomate in Clinical Social Work (DCSW)
American Rehabilitation Counseling Association (ARCA)	Division 12 of the APA (the Society of Clinical Psychology)
American School Counselor Association (ASCA)	Division 16 of the APA (School Psychology)
APA Commission on Accreditation (APA-CoA)	Division 17 of the APA (the Society of Counseling Psychology)
ASCA National Model	Creative and expressive therapists
Association for Creativity in Counseling (ACC)	Guidance
Association for Play Therapy (APT)	Guidance counselor
Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC)	Human service professional
Career counseling	Human Services Board Certified Practitioner (HS-BCP)
Center for Credentialing and Education (CCE)	International Association of Addictions and Offender Counselors (IAAOC)
Certified Clinical Mental Health Counselor (CCMHC)	International Association of Marriage and Family Counselors (IAMFC)
Certified Rehabilitation Counselors (CRCs)	Licensed clinical psychologist
Clinical mental health counseling	Licensed Clinical Social Worker (LCSW)
Clinical mental health counselors	Licensed counseling psychologist
Clinical psychologists	Licensed Marriage and Family Therapist (LMFT)
Clinical rehabilitation counseling	Licensed Professional Counselor (LPC)
Clinical rehabilitation counselors	Licensed psychologist
College counseling and student affairs	Marriage, couple, and family counseling
College counselors and student affairs professionals	Marriage, couple, and family counselors
College Student Educators International	Master Addictions Counselor (MAC)
Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)	Master's degree in social work (MSW)
Commission on Rehabilitation Counselor Certification (CRCC)	National Association of School Psychologists (NASP)
Council for Accreditation of Counseling and Related Educational Programs (CACREP)	National Association of Social Workers (NASW)
Council for Standards in Human Service Education (CSHSE)	National Board for Certified Counselors (NBCC)
Council on Rehabilitation Education (CORE)	National Career Development Association (NCDA)
	National Certified Counselor (NCC)
	National Certified School Counselor (NCSC)
	Nationally Certified School Psychologists (NCSP)
	National Counselor Exam (NCE)
	National Employment Counseling Association (NECA)

National League for Nursing	Qualified Clinical Social Worker
National Organization for Human Services (NOHS)	(QCSW)
National Rehabilitation Counseling Association (NRCA)	Rehabilitation counseling
Pastoral counselors	Rehabilitation counselors
Psychiatric-mental health nurses (PMHNs)	Registered Nurse-PMHN
Psychologist	School counseling
Psychotherapist	School counselors
Psychotherapy	School psychologists
Psy.D.	Social worker
	Third-party reimbursement



Professional Associations in Counseling and Related Fields

CHAPTER 2

LEARNING OBJECTIVES

LO1

Delineate benefits that joining a professional association provide such as a sense of belonging, workshops and conferences, mentoring and networking, job fairs, lobbying, publications, standards, building your portfolio, scholarships and grants, offering wide range of services, and a place to become known.

LO3

Familiarize ourselves with some of the more prominent related mental health professional organizations which other professionals may be members of and which we may have contact with throughout our careers.

LO2

Review the many benefits of the American Counseling Association; highlight the 20 specialty branches; and become familiar with the many branches, partners, and associates to ACA such as NBCC, CACREP, ACAF, CSI, and CORE.

So, I've added it all up, and this year I've spent about \$500 on professional memberships. I sometimes think that maybe I should give them up—save a little money. But reason always prevails. Despite the fact that students can obtain pretty low student membership rates, when I teach my classes, I often hear students complain about how much they cost. I try, usually successfully, to explain why it's important to belong. There are some fundamental reasons to join professional associations, despite their cost, and this chapter will highlight these and provide you with information about some of the different associations out there.

The chapter will begin by describing a number of purposes for professional associations. Then, we will describe, in some detail, the American Counseling Association (ACA), the benefits it offers, and its divisions, branches, regions, and professional partners. We will conclude the chapter with a brief overview of other professional associations in mental health fields.

LO 1

Importance of Professional Associations[†]

Therefore, by virtue of the authority vested in me by the Universitatus Committeatum e plurbis unum, I hereby confer upon you the honorary degree of Th.D.... Yeah—that... that's Dr. of Thinkology! (The Wizard of Oz)

Our **professional associations** are our homes. They are where we go to learn, grow, and find friendship, collegiality, and mentoring. They are a place where we help others grow and learn, and they are a place where awards are conferred. Like the Wizard who bestows the diploma upon the Scarecrow who has shown his ability to think wisely, we have bestowed upon us awards by our professional associations when we have shown our colleagues our greatness. And each of us has greatness. We sometimes just need to find a place where it can shine. Our professional associations can allow us to shine brightly.

I find that new students entering the counseling profession generally have some vague sense of the purposes that professional associations serve. For instance, they often correctly assume that such organizations run a yearly conference, maybe publish a journal, and might be good for networking. Although these are three important reasons for the existence of professional associations, there are many more. For instance, professional organizations provide members with the following (Bourgeois, 2011; Johnson, 2012; Morrison, 2014):

- *A Sense of Belonging:* Professional associations provide us with a mechanism for being around others who share a similar values and understanding of the world and provide us with a sense of collegiality, support, and friendship.
- *Workshops and Conferences:* One major role of organizations is to provide local, regional, and national conferences so that we can learn new techniques and continue to offer innovative counseling services.
- *Mentoring and Networking Opportunities:* Mentoring and networking allows us to develop new friendships, find better ways of working with our clients, develop our research and scholarship, find individuals to teach and supervise us, and find new consulting and job opportunities.
- *Job Fairs:* Some conferences, especially the larger ones (e.g., ACA's national conference), have job fairs that enable individuals to apply and even interview for jobs at a conference.
- *Lobbying Efforts:* Professional organizations organize lobbying efforts that influence important policy issues. For instance, the expansion of school counseling to the middle and elementary levels, the licensing of counselors in all 50 states, and the increased parity that private practitioners have in third-party billing are the result of lobbying efforts. Where do organizations obtain the money to help in these efforts that serve each of our interests? From us, of course, when we pay our dues!
- *Scholarly Publications:* Whether it's a local professional organization's newsletter, a state-wide journal, a national magazine, or a national journal, our professional organizations provide publications to ensure we are keeping up with current trends. These publications are generally reviewed, edited, and put together by teams of volunteers who ensure they are worthwhile and innovative.

- *Standards in the Profession:* Professional organizations are critical in the development of professional standards. For instance, ACA developed the first ethical code for counselors during the early 1960s, embraced the **Multicultural Counseling Competencies** in the 1990s, and recently endorsed the **Advocacy Competencies**. ACA and other professional associations were also key to the development of the Council for Accreditation of Counseling and Related Educational Programs (CACREP), which accredits counseling programs, as well as the National Board for Certified Counselors (NBCC), which offers a number of credentials for counselors.
- *Ways to Build Your Professional Portfolio:* Professional organizations allow individuals to build their professional portfolios and develop areas of expertise. This occurs when members offer workshops, submit articles to professional publications, develop programs through the organization for national consumption (e.g., crisis counseling), volunteer for important professional development committees (e.g., revision of the ethical code), and, of course, list the organizational memberships on their résumés.
- *Scholarships and Grants:* Most professional organizations provide scholarships and grants: For example, some state organizations provide support for graduate students to come to their conferences, and some national organizations provide money for researchers to work on projects.
- *Awards:* If you work hard you are rewarded by being given an award. Who bestows the award? The professional organizations, through a careful selection process. Awards are symbols that what we have done, we have done well.
- *Needed Services for Members:* Many associations provide a wide-range of needed services for their individual members, including malpractice insurance, credit cards at reduced interest rates, legal services, consultation on ethical issues, and more.
- *A Place Where We Can Become Famous:* I went to teach one evening, and in my classroom was an environmental engineer instructor finishing up his class. I greeted him and quickly added that my brother, Howard Neukrug, was an environmental engineer. He said, “Oh, he’s famous!” Later that evening I called my brother and told him the news! My brother said, “Yea, we’re all famous in our own little worlds.” What a gem of wisdom—which leads me to the last purpose of professional associations: They allow us to become famous. Professional associations provide places where people get to know who we are and how we work, and where we can be encouraged for our abilities. And, if we’re lucky, perhaps we’ll even get nominated for an award, become acknowledge, and yes, become famous within our own little world.

Now that you have reviewed a list of a few of the many benefits that most professional organizations offer, you might be wondering which organization you should belong to. Some of you may have already joined, or are thinking of joining, the American Counseling Association (ACA) and/or one of its divisions, such as the American School Counseling Association (ASCA) or the American Mental Health Counseling Association (AMHCA). To help you in your decision, the following offers a description of the American Counseling Association, its benefits, and its divisions, branches, regions, and professional partners. This is followed by short descriptions of other professional associations in the mental health field. As you read about the many organizations in our field, consider which ones would be important to you.

LO 2

The American Counseling Association

Although officially established in 1952, the beginnings of the **American Counseling Association (ACA)** can be traced back to the founding, in 1913, of the **National Vocational Guidance Association (NVGA)** (ACA, 2015b). After undergoing many changes of name and structure over the years, today's ACA is the world's largest counseling association. This 55,000-member not-for-profit association serves the needs of all types of counselors in an effort to "enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity" (ACA, 2015c, para. 1).

Membership Benefits of ACA

Membership in ACA provides a number of unique opportunities and benefits,

- Subscriptions to the *Journal of Counseling and Development*, the monthly magazine *Counseling Today*, and to other professional journals based on division membership
- Professional development programs, such as conferences, online courses, free webinars and podcasts, and continuing education workshops
- Links to ACA's electronic mailing lists for graduate students (**COUNSGRADS**) and those interested in diversity issues (**Diverse grad-L**)
- A variety of discount and specialty programs (e.g., rental cars, auto insurance, hotels, discounts on book)
- Counseling resources, including books, ethical codes, DVDs, audio files, electronic news, and journals
- Links to ACA divisions and other relevant professional associations
- Supporting lobbying efforts at the local, state, and national levels
- Legislative updates and policy setting for counselors
- Consultation on ethical issues and ethical dilemmas
- Discounts on insurance, hotels, merchandise, etc.
- Links to ACA listservs and interest networks
- Networking and mentoring opportunities
- Computer-assisted job search services
- Professional liability insurance
- Graduate student scholarships
- A counselor directory

Divisions of ACA

ACA currently sponsors 20 divisions, all of which maintain newsletters, provide a wide variety of professional development activities, and publish at least one journal. Table 2.1 offers the name of each association, the year it was chartered, a brief purpose of the association, and the journal(s) the association publishes. Each division provides a number of specialized member benefits.

TABLE 2.1 ACA's Divisions

Acronym/ Chartered	Name	Purpose*	Name of Journal
AADA/1986	Association for Adult Development and Aging	"... serves as a focal point for information sharing, professional development, and advocacy related to adult development and aging issues; addresses counseling concerns across the lifespan."	<i>Adultspan</i>
AACE/1965	Association Assessment and Research in Counseling	"... to promote the effective use of assessment in the counseling profession."	<i>Measurement and Evaluation in Counseling and Development (MECD)</i> <i>Counseling Outcome Research and Evaluation (CORE)</i>
ACAC/2013	Association for Child and Adolescent Counseling	"... to promote greater awareness, advocacy, and understanding of diverse and creative approaches to counseling."	<i>Journal of Child and Adolescent Counseling</i>
ACC/2004	The Association for Creativity in Counseling	"... to promote greater awareness, advocacy, and understanding of diverse and creative approaches to counseling."	<i>Journal of Creativity Mental Health</i>
ACCA/1991	American College Counseling Association	"... to foster student development in colleges, universities, and community colleges."	<i>Journal of College Counseling</i>
ACES/1952	Association for Counselor Education and Supervision	"... emphasizes the need for quality education and supervision of counselors for all work settings."	<i>Counselor Education and Supervision</i>
ACH/1952	Association for Humanistic Counseling	"... provides a forum for the exchange of information about humanistically-oriented counseling practices and promotes changes that reflect the growing body of knowledge about humanistic principles applied to human development and potential."	<i>Journal of Humanistic Counseling</i>
ALGBTIC/1997	Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling	"Educates counselors to the unique needs of client identity development; and a non-threatening counseling environment by aiding in the reduction of stereotypical thinking and homophobia."	<i>Journal of LGBT Issues in Counseling</i>
AMCD/1972	Association for Multicultural Counseling and Development	"... strives to improve cultural, ethnic and racial empathy and understanding by programs to advance and sustain personal growth."	<i>Journal of Multicultural Counseling and Development</i>
AMHCA/1978	American Mental Health Counselors Association	"... represents mental health counselors, advocating for client access to quality services within the health care industry."	<i>Journal of Mental Health Counseling</i>
ARCA/1958	American Rehabilitation Counseling Association	"... enhancing the development of people with disabilities throughout their life span and in promoting excellence in the rehabilitation counseling profession's practice, research, consultation, and professional development."	<i>Rehabilitation Counseling Bulletin</i>

(Continued)

TABLE 2.1 (Continued)

Acronym/ Chartered	Name	Purpose*	Name of Journal
ASCA/1953	American School Counselor Association	"... promotes school counseling professionals and interest in activities that affect the personal, educational, and career development of students. ASCA members also work with parents, educators, and community members to provide a positive learning environment."	<i>Professional School Counseling</i>
ASERVIC/1974	Association for Spiritual, Ethical, and Religious Values in Counseling	"... devoted to professionals who believe that spiritual, ethical, religious, and other human values are essential to the full development of the person and to the discipline of counseling."	<i>Counseling and Values</i>
ASGW/1973	Association for Specialists in Group Work	"... provides professional leadership in the field of group work, establishes standards for professional training, and supports research and the dissemination of knowledge."	<i>Journal for Specialists in Group Work</i>
CSJ/2002	Counselors for Social Justice	"... seek equity and an end to oppression and injustice affecting clients, students, counselors, families, communities, schools, workplaces, governments, and other social and institutional systems."	<i>Journal for Social Action in Counseling and Psychology</i>
IAAOC/1974	International Association of Addictions and Offender Counselors	"... advocate the development of effective counseling and rehabilitation programs for people with substance abuse problems, other addictions, and adult and/or juvenile public offenders."	<i>The Journal of Addictions and Offender Counseling</i>
IAMFC/1989	International Association of Marriage and Family Counselors	"... help develop healthy family systems through prevention, education, and therapy."	<i>The Family Journal: Counseling & Therapy for Couples & Families</i>
MCGA/1984	Military and Government Counseling Association (MCGA)	"... dedicated to counseling clients and their families in local, state, and federal government or in military-related agencies."	<i>Journal of Military and Government Counseling</i>
NCDA/1952	National Career Development Association	"... inspires and empowers the achievement of career and life goals by providing professional development, resources, standards, scientific research, and advocacy."	<i>Career Development Quarterly</i>
NECA/1964	National Employment Counseling Association	"... to offer professional leadership to people who counsel in employment and/or career development settings."	<i>The Journal of Employment Counseling</i>

*American Counseling Association. (2015d). *ACA divisions: Enhance your professional identity*. Retrieved from www.counseling.org/about-us/divisions-regions-and-branches/divisions

Many of ACA's divisions can now be joined separately from ACA, as they have moved to semi-independent status from their parent association. However, we believe that you, and the profession, can gain the most if you join the parent association *and* one or more divisions (see Activity 2.1).

Activity 2.1 Creating Your Own Division

Create your own division of ACA. Include the following:

1. Requirements to be a member (e.g., student member, degree in counseling, membership in ACA, other?)
2. Purpose statement
3. Benefits
4. Cost of membership

Branches and Regions of ACA

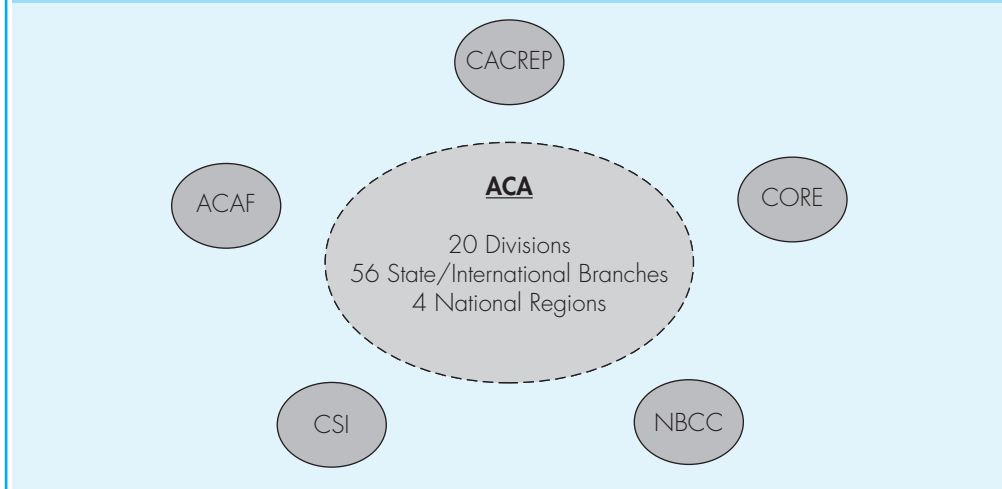
In addition to ACA's 20 divisions, the association has 56 chartered branches that include the 50 states, the District of Columbia, Puerto Rico, Latin America, the Virgin Islands, the Philippines, and Europe (ACA, 2015e). Branches often house other associations that mimic the national divisions. For instance, most state branches have a state school counseling and a state clinical mental health counseling association. Additionally, four regional associations support counselors throughout the United States: the North Atlantic Region, Western Region, Midwest Region, and Southern Region. These regions generally support the branches with which they are affiliated and sometimes offer a yearly regional conference.

Partners with and Associations that Support ACA

In addition to the branches and regions, ACA works closely with number of affiliates and organizations that contribute to the betterment of the counseling profession in unique ways (see Figure 2.1). Brief descriptions follow.

- The **American Counseling Association Foundation (ACAF)**. A partner to ACA, the ACAF offers support and recognition for a wide range of projects, including scholarships for graduate students, recognition of outstanding professionals, publishing materials for counselors and to advance the profession, partnering with others, and supporting counselors and others in need (ACAF, n.d.).
- The **Council for Accreditation of Counseling and Related Educational Programs (CACREP)**. CACREP is an independent organization that develops standards and provides accreditation processes for counseling programs (CACREP, 2014a).
- The **Council on Rehabilitation Education (CORE)**. CORE is an independent organization that develops standards and provides accreditation processes for rehabilitation counseling programs (CORE, 2015).
- The **National Board for Certified Counselors (NBCC)**. NBCC provides national certification for counselors, including the **National Certified Counselor (NCC)**, for all counselors; the **Certified Clinical Mental Health Counselor (CCMHC)**, for mental health counselors; the **National Certified School Counselor (NCSC)**, for school counselors; and the **Master Addiction Counselor (MAC)**, for substance abuse counselors (NBCC, 2015c).

FIGURE 2.1 ACA and Its Professional Partners



Digital Download Download at [CengageBrain.com](https://www.cengagebrain.com)

- **Chi Sigma Iota (CSI).** CSI is an honor society that promotes and recognizes scholarly activities, leadership, professionalism, and excellence in the profession of counseling (CSI, 2015).

LO3

Professional Associations in Related Mental Health Professions

The following represent some of the more popular professional associations in related mental health professions. Although most counselors join ACA or its divisions, counselors sometimes join these associations. For instance, although some rehabilitation counselors will join the American Rehabilitation Counseling Association (ARCA), which is a division of ACA, others will join the National Rehabilitation Counseling Association (NRCA), which is a standalone association. Others will join both. Similarly, counselors who have an interest in art therapy might join the American Art Therapy Association (AATA), while counselors who have an interest in pastoral counseling might join the American Association of Pastoral Counselors (AAPC). On the other hand, it is extremely unlikely that counselors will join the National Association of Social Workers (NASW), as a degree in social work is required for membership to this organization and the organization clearly focuses on issues somewhat askew to counseling. However, knowledge of this association and others is also included in this section so that you can become familiar with the backgrounds and associations of colleagues with whom we often share clients and work next to.

The American Art Therapy Association (AATA)

Established in 1969, the **American Art Therapy Association (AATA)** is open to any individual interested in art therapy. AATA is “dedicated to the belief that making art is

healing and life enhancing. Its mission is to serve its members and the general public by providing standards of professional competence, and developing and promoting knowledge in, and of, the field of art therapy" (AATA, 2015, para. 1). The association establishes criteria for the training of art therapists, supports licensing for art therapists, maintains job banks, sponsors conferences, and publishes a newsletter and one journal: *Art Therapy*.

The American Association of Marriage and Family Therapy (AAMFT)

If you have a counseling degree, you may be interested in joining the International Association of Marriage and Family Counselors (IAMFC), which is a division of ACA. However, in recent years the **American Association of Marriage and Family Therapy (AAMFT)**, with its 25,000 members, has become a major association in the field of marriage and family counseling. Founded in 1942 as the American Association of Marriage and Family Counselors, AAMFT was established by family therapy and communication theorists. Today, AAMFT "facilitates research, theory development and education ... [and develops] standards for graduate education and training, clinical supervision, professional ethics and the clinical practice of marriage and family therapy" (AAMFT, 2002–2014a, para. 4). AAMFT publishes the *Journal of Marital and Family Therapy*.

The American Association of Pastoral Counselors (AAPC)

The purpose of the **American Association of Pastoral Counselors (AAPC)** is "to bring healing, hope, and wholeness to individuals, families, and communities by expanding and equipping spiritually grounded and psychologically informed care, counseling, and psychotherapy" (AAPC, 2005–2012b, para. 1). The association provides an annual conference, a code of ethics, employment opportunities, information about publications in pastoral counseling, ways of finding pastoral counselors, a list of accredited centers in pastoral counseling, and much more. It also supports certification of pastoral counseling that includes a 3-year degree from a seminary, a graduate degree in a mental health discipline, supervision, and an assessment process (AAPC, 2005–2012c). AAPC publishes *Reflective Practice: Supervision and Formation in Ministry* and a new e-journal: *Sacred Spaces*.

The American Psychiatric Association (APA)

Founded in 1844 as the Association of Medical Superintendents of American Institutions for the Insane, today the **American Psychiatric Association (APA)** (which has the same acronym as the American Psychological Association, "APA") has over 36,000 members. The association's main purpose is to "ensure humane care and effective treatment for all persons with mental disorder, including mental retardation and substance-related disorders" (American Psychiatric Association, 2015, para. 1). The association offers workshops on psychiatric disorders, evaluates and publishes statistical data related to psychiatric disorders, supports educational and research activities in the field of psychiatry, and advocates for mental health issues. The APA publishes journals in the field of psychiatry and is responsible for the development and publication of the *Diagnostic and Statistical Manual-5*.

The American Psychiatric Nurses Association (APNA)

Founded in 1986 with 600 members, today the **American Psychiatric Nurses Association (APNA)** has close to 10,000 members. APNA today is “committed to the specialty practice of psychiatric mental health nursing, health and wellness promotion through identification of mental health issues, prevention of mental health problems and the care and treatment of persons with psychiatric disorders” (APNA, 2015, bottom of page). APNA offers a number of continuing education and professional development activities and publishes the *Journal of the American Psychiatric Nurses Association*. The association provides advocacy for psychiatric nurses to improve the quality of mental health care delivery.

The American Psychological Association (APA)

Founded in 1892 by **G. Stanley Hall**, the **American Psychological Association (APA)** started with 31 members and now maintains a membership of about 130,000. The main purpose of this association is to “advance the creation, communication and application of psychological knowledge to benefit society and improve people’s lives” (APA, 2015b, para. 1). The association has 56 divisions in various specialty areas and publishes numerous psychological journals. The **Counseling Psychology Division (Division 17) of the APA** shares many of the same goals and purposes of some divisions of the American Counseling Association. APA offers a particularly wide range of services to its members, including all that were noted earlier in this chapter.

The National Association of School Psychologists (NASP)

In 1969, the **National Association of School Psychologists (NASP)** was formed with its mission being to empower “school psychologists by advancing effective practices to improve students’ learning, behavior, and mental health” (NASP, 2012, Mission section). Today, this association has 25,000 members and offers workshops and conferences, supports public policies for school psychologists, provides a career center, develops training standards, and sponsors a national certification for school psychologists (**Nationally Certified School Psychologists [NCSP]**). NASP publishes the journal *School Psychology Review* and numerous other types of publications for parents, educators, and school psychologists.

The National Association of Social Workers (NASW)

The **National Association of Social Workers (NASW)** was founded in 1955 as a merger of seven membership associations in the field of social work. Serving both undergraduate- and graduate-level social workers, NASW has about 136,000 members. NASW seeks “to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies” (NASW, 2015c, para. 1). The association publishes five journals and other professional publications. It has 56 chapters which include every state as well as additional chapters in New York City, District of Columbia, Puerto Rico, Virgin Islands, Guam, and an international

chapter. As does APA, NASW offers a particularly wide range of services to its members, including all that were noted earlier in this chapter.

The National Organization for Human Services (NOHS)

Founded in 1975, the mission of the **National Organization for Human Services (NOHS)** is to “strengthen the community of human services by: expanding professional development opportunities, enhancing internal and external communications, nurturing financial sustainability and growth of the organization, promoting professional and organizational identity through certification, [and] advocating and implementing a social policy and agenda” (NOHS, 2015a, para. 1). NOHS is mostly geared toward undergraduate students in human services or related fields, faculty in human services or related programs, and human service practitioners. NOHS publishes one journal, the *Journal of Human Services*.

The National Rehabilitation Counseling Association (NRCA)

The largest association representing rehabilitation counselors, the **National Rehabilitation Counseling Association (NRCA)** was founded in 1958. Developed to “represent the unique concerns of practicing rehabilitation counselors” (NRCA, 2015, para. 1), NRCA offers a process for maintenance of one’s credential as a **Certified Rehabilitation Counselor (CRC)**, provides employment opportunities, offers awards to practitioners, publishes the *Journal of Applied Rehabilitation Counseling*, and more. (See Reflection Activity 2.1.)

Reflection Activity 2.1

This chapter examined the benefits of a wide variety of professional associations. If money was not an issue, consider which associations of the many that were discussed you would want to join. What do they have to offer you? What do you have to offer them?

Case Study 2.1 Sean

Sean has recently completed his master’s degree in counseling with a specialization in college counseling. He does not feel any affinity to school counselors, clinical mental health counselors, rehabilitation counselors, and other counselors. In fact, he has often been overheard saying, “Those people don’t know what they’re getting into. I’ve got the best job. I’ll have summers pretty much off, and will have really long holiday breaks. And, I won’t have to join ACA or any of those stupid divisions.” He believes the professional associations are useless, and because he’s going into college counseling, he believes that he won’t need to

become a National Certified Counselor (NCC) or a Licensed Professional Counselor (LPC). He also thinks that he will not have to purchase any liability insurance, because he will be covered by the college at which he finds a job. “That will save me a bundle,” he has said. Finally, he notes that he hopes that wherever he works, they won’t send him to those silly, costly, conferences. “I’ve learned all I’ve needed to learn,” he has said.

1. Do you think Sean’s degree has little in common with other counseling degrees? Why or why not?

2. What do you think about Sean’s attitude toward the amount of time he perceives he’ll have off at his job?

3. Is Sean missing out on anything by not joining the professional associations? What might he gain if he were to join one? What professional association(s) do you think might benefit him?
4. What do you think about Sean’s idea that he does not need to become certified or licensed?

5. Do you think Sean should purchase liability insurance at his college job?

6. What do you think about Sean’s desire to not attend conferences?

Summary

This chapter began by highlighting a number of common benefits professional organizations offer to their members, including providing a sense of belonging, offering workshops and conferences, providing mentoring and networking opportunities, offering job fairs, supporting lobbying efforts, publishing scholarly materials, developing standards for the profession, providing a vehicle for building professional portfolios, making available scholarships and grants, giving awards, and offering a number of other needed services.

The chapter next discussed specific professional associations. Beginning with ACA, we noted that this large association for counselors offers a wide range of benefits for its members and has 20 divisions representing different counseling specialty areas as well as 56 state/international branches and 4 national regions. The divisions were highlighted in Table 2.1. In addition, the association collaborates and supports a number of professional partners, including the American Counseling Association Foundation (ACAF), the Council for Accreditation of Counseling and Related Educational Programs (CACREP), the Council on Rehabilitation Education (CORE), the National Board of Certified Counselors (NBCC), and Chi Sigma Iota (CSI).

The chapter concluded with a brief description of popular professional associations in fields related to counseling. Here, we briefly discussed the American Art Therapy Association (AATA), the American Association of Marriage and Family Therapists (AAMFT), the American Association of Pastoral Counselors (AAPC), the American Psychiatric Association (APA), the American Psychiatric Nurses Association (APNA), the American Psychological Association (APA), the National Association of Social Workers (NASW), the National Organization of Human Services, and the National Rehabilitation Counseling Association (NRCA).

Key Terms

Advocacy Competencies	American Counseling Association
American Art Therapy Association (AATA)	Foundation (ACAF)
American Association of Marriage and Family Therapy (AAMFT)	American Psychiatric Association (APA)
American Association of Pastoral Counselors (AAPC)	American Psychiatric Nurses Association (APNA)
American Counseling Association (ACA)	American Psychological Association (APA)
	Branches and Regions of ACA

Certified Clinical Mental Health Counselor (CCMHC)	National Association of School Psychologists (NASP)
Certified Rehabilitation Counselor (CRC)	National Association of Social Workers (NASW)
Chi Sigma Iota (CSI)	National Board for Certified Counselors (NBCC)
Council for Accreditation of Counseling and Related Educational Programs (CACREP)	National Certified Counselor (NCC)
Council on Rehabilitation Education (CORE)	National Certified School Counselor (NCSC)
Counseling Psychology Division (Division 17) of the APA	Nationally Certified School Psychologists (NCSP)
<i>Counseling Today</i>	National Organization for Human Services (NOHS)
COUNSGRADS	National Rehabilitation Counseling Association (NRCA)
<i>Diagnostic and Statistical Manual</i>	National Vocational Guidance Association (NVGA)
Diverse grad-L	Nationally Certified School Psychologists (NCSP)
Divisions of ACA	Partners with and Associations that Support ACA
Hall, G. Stanley	Professional associations
Journals of ACA Divisions	
<i>Journal of Counseling and Development</i>	
Master Addiction Counselor (MAC)	
Membership Benefits of ACA	
Multicultural Counseling Competencies	



Characteristics of the Effective Counselor

CHAPTER 3

LEARNING OBJECTIVES

LO1

Examine the research concerning counseling effectiveness with a particular emphasis on evidence based learning (EBP) and common factors.

LO2

Understand the nine factors of being an effective counselor—six that comprise the working alliance, which include empathy,

acceptance, genuineness, embracing a wellness perspective, cultural competence, and the “it factor,” and three that comprise the counselor’s ability to deliver his or her theoretical approach, which include compatibility with and belief in your theory, competence, and cognitive complexity.

I’ve been doing counseling and teaching counseling for over 30 years, and sometimes I think I’m great at what I’m doing, and other times I wonder if I really have the skills necessary to be effective. Because I’ve taught counseling for so long, I certainly know what I’m *supposed* to do, but my hunch is that knowing what one is supposed to do and being effective are not always the same. So, what makes a counselor effective? Is it having a handle on specific skills, is it knowing a variety of skills, or are some other factors needed also? This chapter is going to take a broad look at counselor effectiveness and identify some characteristics of the helper that seem, empirically, to lead to being an effective counselor.

LO1

Does Counseling Work?

In 1952, **Eysenck** examined 24 uncontrolled studies that looked at the effectiveness of counseling and psychotherapy and found that “roughly two-thirds of a group of neurotic patients will recover or improve to a marked extent within about two years of the onset of their illness, *whether they are treated by means of psychotherapy or not*” (p. 322). Although

found to have serious methodological flaws, Eysenck's research led to debate concerning the effectiveness of counseling and resulted in hundreds of studies that came to some very different conclusions:

It is a safe conclusion that as a general class of healing practices, psychotherapy is remarkably effective. In clinical trials, psychotherapy results in benefits for patients that far exceed those for patients who do not get psychotherapy. Indeed, psychotherapy is more effective than many commonly used evidenced-based medical practices. ... (Wampold, 2010a, p. 66)

But what makes counseling effective? First, some client factors such as readiness for change, psychological resources, and social supports may affect how well a client does in counseling (Beutler, 2014). However, these factors are intimately related to the counselor's ability to work with the client.

When looking specifically at the counselor, the importance of the helper accurately matching empirically supported treatment methodologies to the client's presenting problems has been shown to be critical to positive client outcomes. Called **evidence-based practice** (EBP) (Laska, Gurman, & Wampold, 2014), EBP is generally touched on in training programs, but usually needs to be continued and strengthened with continuing education, supervision, and postgraduate training clinics.

In addition to EBP, it has also become clear that specific counselor qualities, sometimes called **common factors**, may be more important to positive counseling outcomes than matching a treatment approach to a presenting problem (Hilsenroth, 2014; Wampold, 2010a, 2010b, 2010c; Wampold & Budge, 2012). For instance, the counselor's ability at creating a strong **working alliance** with the client may be the most significant factor in creating client change. This alliance has been alluded to by almost every counselor and therapist from Freud to the modern-day "new age" counselor. Based on the research, and perhaps some of my own biases, I would contend that this working alliance is composed of the following six components: *empathy, acceptance, genuineness, embracing a wellness perspective, cultural competence*, and something that I call the "*it factor*."

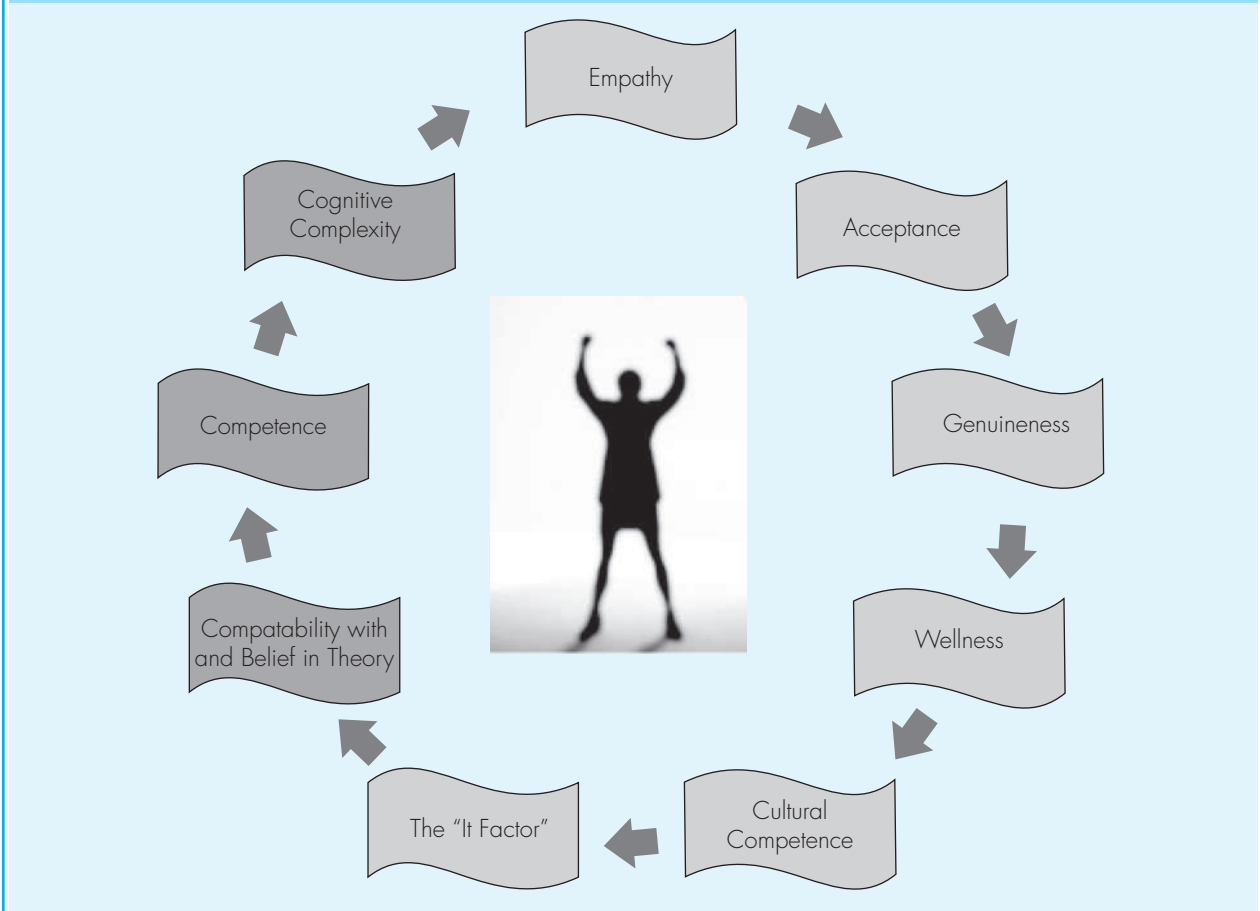
In addition to the working alliance, another common factor that seems to be related to positive counseling outcomes is the counselor's ability to deliver his or her theoretical approach (Wampold, 2010a). This factor contains three components: *compatibility with and belief in your theory, competence*, and *cognitive complexity*. Let's take a look at all nine essential characteristics for effective counseling that, together, make up these two common factors (see Figure 3.1).

LO2

The Nine Characteristics of the Effective Counselor

Empathy

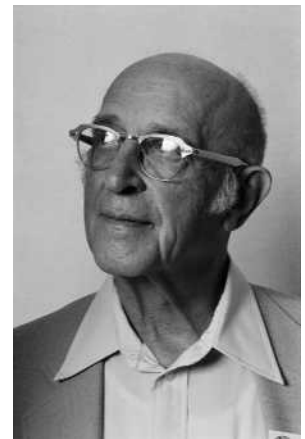
More than any other component, **empathy** has been empirically shown to be related to positive client outcomes and is probably the most important ingredient to building a successful working alliance (Elliot, Bohart, Watson, & Greenberg, 2011; Laska et al., 2014; Norcross, 2010). Understanding our clients, or being empathic,

FIGURE 3.1 The Nine Characteristics of the Effective Counselor

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... means that the therapist senses accurately the feelings and personal meanings that the client is experiencing and communicates this acceptant understanding to the client. When functioning best, the therapist is so much inside the private world of the other that he or she can clarify not only the meanings of which the client is aware but even those just below the level of awareness. Listening, of this very special, active kind, is one of the most potent forces of change that I know. (Rogers, 1989, p. 136)

Whether or not one can truly understand the inner world of another has been discussed for centuries and was spoken of by such philosophers as Plato and Aristotle (Gompertz, 1960). However, **Carl Rogers** (1957) is given credit for bringing this concept to life in the twentieth century. With respect to the counseling relationship, understanding through empathy is seen as a skill that can build rapport, elicit information, and help the client feel accepted (Egan, 2014).



Carl Rogers Memorial Library

Although empathy is an important skill that one learns how to apply, it is also a quality that grows over the years as one increasingly tries to be more understanding to others, be they clients, friends, or significant others (Neukrug, Bayne, Dean-Nganga, Pusateri, 2012). As you move through your counseling program, you will have the opportunity to learn this important skill in what is usually called a “skills” or “methods” class. However, I hope that over the years you will also continue to try to increase your ability at being empathic with all people so that we all can lead a gentler, more understanding life.

Acceptance

Acceptance, sometimes called **positive regard**, is another component likely related to building a strong working alliance (Laska et al., 2014; Norcross, 2010). Acceptance is an attitude that suggests that regardless of what the client says, within the context of the counseling relationship, the client will not feel judged. Just about every counseling approach stresses the importance of acceptance (see Neukrug, 2011, 2015). For instance, person-centered counseling suggests that one of the core conditions in the helping relationship is **unconditional positive regard**, or the ability to accept clients “without strings attached.” Behavior therapists suggest that issues cannot be discussed and goals cannot be developed if clients do not feel accepted by the therapist or by themselves. Solution-focused behavior therapy stresses the importance of acceptance in helping to quickly develop preferred goals. Reality therapy suggests that the suspension of judgment (acceptance) is one of the critical “tonics” or relationship-building skills. Psychoanalysts talk about the importance of **analytic neutrality** and empathy in building a relationship in which all feelings, thoughts, and behaviors can be discussed. And even **Albert Ellis**, not a person typically known for his relationship-building skills, suggested in his rational emotive behavioral approach that clients be shown unconditional acceptance and not be berated for thinking, feeling, and acting in any particular manner.

A reciprocal relationship exists between empathy and acceptance. If the counselor can be accepting, the client is more likely to reveal deeper parts of him- or herself. Then, if the counselor can be empathic as the client shares these parts, the client will reveal more. Sometimes, these deepest parts are well-held secrets and not liked by the client or condoned by society. It is here that the counselor must show even greater acceptance. This acceptance provides the client with the space to fully understand his or her feelings and actions. Acceptance and empathy are also closely related to genuineness, our next characteristic.

Genuineness

Another quality related to positive outcomes in counseling (Norcross, 2010; Laska et al., 2014; Zuroff, Kelly, Leybman, Blatt, & Wampold, 2010), **genuineness**, refers to the counselor’s ability to be authentic, open, and in touch with his or her feelings and thoughts within the context and parameters of the helping relationship. Thus, one may not have all aspects of one’s life “together,” but within the counseling relationship, the counselor is real and seen by the client as being in a state of **congruence** (feelings, thoughts, and behaviors are in sync). Carl Rogers (1957) is known for popularizing the word *genuineness*

(or congruence) and for noting that, along with empathy and unconditional positive regard, genuineness was a core condition of the helping relationship.

Emotional intelligence, or the ability to monitor one's emotions, seems to be related to knowing the appropriate time to share one's feelings and thoughts (be genuine) with the client (Martin, Easton, Wilson, Takemoto, & Sullivan, 2004). For instance, monitoring one's emotions may be important when a client shares something that results in the counselor feeling turned off or even angry. "Should I share my feelings about the client at this point?" says the authentic or genuine counselor to himself or herself. Rogers (1957) suggested that it was important to monitor or be aware of those feelings and not always wise to share one's immediate feelings. Sometimes, he suggested that it was best to discuss and understand one's negative feelings with a colleague or supervisor. Other times, he noted that as the client increasingly shares deeper parts of him- or herself, the counselor gains a greater understanding of those aspects of the client that earlier left the counselor with negative feelings toward the client. This deeper understanding of the client almost always, said Rogers, leads to loving and caring feelings toward the client.

Research by Gelso (2009; Marmarosh et al., 2009) suggests that, regardless of one's theoretical orientation, there exists an ongoing *real relationship* in which the client, to some degree, will see the therapist realistically. This means that at some point in the relationship, the client will sense the real you and that the real you will affect the relationship. Thus, even when one is good at monitoring one's emotions and holds off on sharing one's true or real self, the client will sense the real self of the counselor. This is why being genuine, or sharing one's real self, may be critical at some point in the helping relationship. Effective counselors know when to share in the moment and when to hold off sharing.

Embracing a Wellness Perspective

The difference in professional quality of life between counselors with high and low Wellness levels in this study was quite strong, suggesting that, overall, greater Wellness translates to dramatically improved professional quality of life. (Lawson & Myers, 2011, p. 170)

It is pretty clear that stress, burnout, compassion fatigue, and vicarious traumatization from the work of the counselor, along with unfinished psychological issues on the part of the counselor, have the potential for preventing the building of a working alliance with clients (Cole, Craigen, Cowan, 2014; Puig et al., 2012). This is due to the fact that work-related stress and unfinished business are likely to result in empathic blunders, an inability to be accepting, difficulty at building a real relationship, and **countertransference**, "or the unconscious transferring of thoughts, feelings, and attitudes onto the client by the therapist" (Neukrug, 2011, p. 50).

Students of counseling, and counselors in general, need to attend to their own wellness by *embracing a wellness perspective* if they are to be effective counselors (Neswald-Potter, Blackburn, & Noel, 2013; Reese, Lewis, Myers, Wahesh, Iverson, 2014). One method of assessing your level of wellness is by examining what Myers and Sweeney (2008) identify as the **Indivisible Self**. This model views wellness as a primary factor composed of five subfactors and also takes into account an individual's context. The factors, which include the **creative self**, **coping self**, **social self**, **essential self**, and **physical self**, and contexts are summarized in Activity 3.1.

Activity 3.1 Assessing Your Self Through the Indivisible Self Model

Using this summary of the Indivisible Self model below (Myer & Sweeney, 2008), conduct an informal assessment on each of the five subfactors and determine what areas you might want to address in your life. For instance, score yourself from 1 to 5 on each of the subfactors, with 5 indicating the area you most need to work on. Then, find the average for each of the primary five factors (creative self, coping self, etc.). Next, write down the ways you can better yourself in any of the primary or subfactors for which your scores seem problematic (probably scores of 3, 4, or 5). You might also want to consider how your scores may change as a function of the context in which you find yourself. You can view the whole model at: Myers, J., & Sweeney, T. J. (2008). Wellness counseling: The evidence base and practice. *Journal of Counseling and Development*, 86, 482–493.

Summary of Indivisible Self Model

Creative Self: This aspect of self has to do with our uniqueness in our interpersonal relationships and how we come to understand our place in the world. It has to do with our ability to be mentally sharp and open minded (thinking); being in touch with our feelings (emotions); being intentional and planful and knowing how to express our needs (control); being effective at work and using our skills successfully (work); and being able to deal with life as it comes at us (positive humor).

Coping Self: This aspect of self is related to our ability to deal with life's events and to effectively cope with negative situations. It is composed of our ability to develop leisure activities (leisure), successfully cope with stress (stress management), valuing ourselves and having good self-esteem despite problems (self-worth), and having the capacity to be imperfect and to realize that it is unrealistic to think we can be loved by all (realistic beliefs).

Social Self: The social self is the part of self that is connected to others through our friendship and intimate relationships and through family. It is composed of the ability to connect with others in supportive, emotional, and sometimes sexual ways (friendship), and is also the part of us that can share deeply with others and be mutually respectful and appreciative (love).

Essential Self: This has to do with how we make meaning in life in relationship to ourselves and to others. It has to do with recognizing the part of us that is beyond our mind and body (spirituality), feeling comfortable in the way we identify with our gender (gender identity) and with our culture (cultural identity), and being able to care for ourselves through self-care and by minimizing harm in our environment (self-care).

Physical Self: This is the part of ourselves that is reflected through our biological and physical aspects of self and is related to ensuring that we have adequate physical activity in our lives (exercise) and that we eat well, have a good diet, and avoid being overweight or underweight (nutrition).

Contexts: Context has to do with the systems in which we live, such as our family, community, social and political system, work system, and global system. When assessing your self on the five subfactors, consider how your self might change based on the context in which you find yourself.

Finally, although many avenues to wellness exist, one that must be considered for all counselors is attending their own counseling. Counseling for ourselves helps us:

- attend to our own personal issues;
- decrease the likelihood of countertransference;
- examine all aspects of ourselves to increase our overall wellness; and
- understand what it's like to sit in the client's seat.

It appears that counselors and other mental health professionals understand the importance of being in counseling, as 85% of helpers have attended counseling (Bike, Norcross, & Schatz, 2009). However, some counselors resist attending counseling and therapy, perhaps for good reasons (e.g., concerns about confidentiality, feeling as if family and friends offer enough support, or believing they have effective coping strategies) (Norcross, Bike, Evans, & Schatz, 2008). So, have you attended counseling? If not, have you found other ways to work on being healthy and well?

Counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional