

# PREFACE

We think you will find it useful to know something about us, the co-authors, and how we came to write this text. From 1997 to 2006, we were both professors in the counseling graduate program at the University of New Orleans. Ted Remley is an attorney with several years of legal experience and also has been a school and community college counselor. Barbara Herlihy has worked as a school counselor and a Licensed Professional Counselor in private practice and agency settings. She currently is a counselor educator with special interests in counselor ethics and social justice.

Before we became colleagues at the same institution, we worked together over many years, co-authoring articles and presenting numerous workshops on law and ethics in counseling. It was through these workshops that the idea for this text was born. The counselors who attended our workshops had much in common, although they practiced in a variety of settings with diverse clientele. They shared a deep and abiding commitment to the welfare of their clients, a desire to stay current with the ethical standards of their profession, and a need to feel competent in dealing with legal issues that arose in their work. At the same time, they sometimes felt overwhelmed by the complex and conflicting demands of situations they encountered. They frequently had difficulty distinguishing between legal and ethical issues. As we worked together in our presentations to these counselors, we found that we very rarely disagreed with each other, but we did bring differing perspectives. Barbara's ethics orientation led her to focus on client welfare and to emphasize protecting the client. Ted, with his legal orientation, helped us to consider another dimension—that of protecting the counselor. We believe both perspectives are important.

Because both of us regularly teach graduate courses in professional orientation and ethics, we found ourselves discussing the need for a text written specifically for counselors that would address ethical, legal, and professional issues. Thus, out of our backgrounds and shared interests was conceived a text that is unique in that it approaches each professional issue in counseling from both an ethical perspective and a legal viewpoint. We believe you will find this integrated approach particularly helpful as you grapple with the complexities inherent in the work of the counselor.

We also believe that the best learning is active rather than passive, and personalized rather than abstract. We hope that you will actively discuss and even argue the issues that are raised throughout the text and that you will work to develop your own personal stance on these issues. Typical situations and dilemmas that counseling practitioners encounter are presented in each chapter. We ask you to imagine that you are the counselor in each case study and to attend to what you would think, how you would feel, and what you might do in the situation. In these case studies, as in real life, there is rarely a single right answer to the counselor's dilemma, so we hope that the situations will spark lively discussion.

## NEW TO THIS EDITION

- This edition is fully updated to include the 2014 American Counseling Association (ACA) *Code of Ethics*. Readers will be brought up to date on the 2014 ACA *Code of Ethics*, which includes new guidelines in the areas of professional and personal values, technology, counselor competence, social justice, and numerous additional changes.
- A new chapter focuses on the use of technology in counseling, teaching, and supervision and on the use of social media by clients. Technology and social media are being utilized more

frequently by counselors and clients, and counselors are given additional guidelines on how to deal with technology and social media in an ethical, legal, and professional manner.

- A thorough discussion is provided around the contemporary issue of ensuring that counseling students and practitioners do not allow their personal or religious values to interfere with their ability and willingness to counsel all clients, including those who are lesbian, gay, bisexual, or transgender. This issue in counseling has been at the heart of more than one lawsuit, has resulted in changes in the 2014 ACA *Code of Ethics*, and has caused counseling graduate programs and licensure boards to enact new policies and procedures.
- Additional guidelines are provided on how to manage boundary issues with clients. The counseling profession has moved in the last few decades from a position of prohibiting multiple relationships with clients to a more nuanced understanding of the issue and an acceptance that multiple relationships are inevitable. The focus now is on helping counselors understand how to manage these relationships in a manner that is not harmful to clients.
- A discussion is provided of new developments in the credentialing of counselors that have been initiated because of policies adopted by the U.S. Veterans Administration and state counseling boards, requiring that counselors hold master's degrees that are accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP). This is a new development that counseling students and practicing counselors need to understand because it affects their employment possibilities.
- The role of counselors as advocates for clients and the profession is addressed. Advocacy is a relatively new concept in the field of counseling, and counselors, counseling students, and counselor educators and supervisors need to understand appropriate and inappropriate advocacy positions.
- The globalization of counseling as a profession is addressed. Counseling, like most other professions, is expanding globally. Understanding the vast differences in cultures and stages of development of the counseling profession in other cultures and countries is essential as the world becomes technologically interconnected.

## ACKNOWLEDGMENTS

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# Introduction



## FOCUS QUESTIONS

1. Assuming that you are a moral and responsible person (as are most counselors), why do you think it is important for you to study ethical and legal principles and the decision-making process?
2. What are the differences among legal, ethical, and professional behaviors?
3. What resources can you use when you need help in resolving an ethical dilemma?
4. How should you get legal advice when a legal issue presents itself?

## PROFESSIONAL ORIENTATION

This text is intended primarily for prospective counselors; thus, most readers are likely to be graduate students in counselor education programs. However, many counselors who are already practicing use this text as a resource to help them address legal and ethical issues. As you, the reader, digest and discuss the material, we hope you will develop a thoughtful understanding of ethical, legal, and professional issues in counseling. These issues, collectively, make up the *professional orientation* content area of your graduate studies. The Council for Accreditation of Counseling and Related Educational Programs (CACREP), an organization that sets standards for counselor preparation and accredits training programs that meet these standards, requires the curriculum for counselors in training to include studies that provide an understanding of professional functioning. These required studies include, but are not limited to, the history and philosophy of the profession, counselor roles and functions, professional organizations,

professional credentialing, advocacy, ethical standards, and applications of ethical and legal considerations (CACREP, 2009).

The National Board for Certified Counselors (NBCC), a voluntary organization that credentials counselors, also requires the counselors it certifies to complete course work in the area of professional orientation to counseling (NBCC, 2011). If you plan to become licensed as a professional counselor, you should be aware that state counselor licensure boards mandate that licensees demonstrate knowledge of professional orientation issues, which include ethical and legal issues.

Beyond external requirements, an important part of your professional development as a counselor is to acquire a firm grounding in the area of professional orientation. This content area includes three main components:

- ***Developing a professional identity as a counselor.*** This includes understanding the history and development of counseling and related professions, knowing the professional roles and functions of counselors and how these are similar to and different from other professions, learning about and becoming involved in professional organizations, gaining awareness of counselor preparation standards and credentialing, knowing how to advocate for your clients and your profession, and developing pride in your profession. Professional identity is discussed in detail in Chapter 2.
- ***Learning about ethics.*** This involves becoming familiar with ethical standards for counselors, understanding the ethical issues that counselors encounter, developing ethical reasoning and decision-making skills, and being able to use an ethical decision-making model to apply your knowledge and skills in your day-to-day professional activities.
- ***Learning about the law as it applies to counseling.*** This includes being able to distinguish among legal, ethical, and clinical issues; acquiring a basic knowledge of legal issues in counseling and laws that affect the practice of counseling; and knowing what to do when you are faced with a legal problem.

It is essential that you develop a strong professional identity as a counselor during this time in our history when we are still a relatively new profession. Counselors today are constantly being asked questions such as “What kind of counselor are you?” or “Is being a counselor like being a psychologist?” or “How are counselors different from social workers?” These are legitimate questions, and you must be prepared to clearly explain who you are as a member of a professional group, what you believe, how you are similar to other mental health professionals, and, more important, how you are different. You must also be prepared to practice in ways that are ethically and legally sound and that promote the welfare of your clients. Information throughout this text will provide you with an understanding of your chosen profession of counseling and will prepare you to practice in an ethical and legal manner.

We hope that seasoned practitioners, as well as counselors in training, will read this text and find it useful. Professional, ethical, and legal standards are constantly changing, and it is important to keep up to date. Also, as Corey, Corey, Corey, and Callanan (2015) have pointed out, issues that students and beginning practitioners encounter resurface and take on new meanings at different stages of one’s professional development.

### **Morals, Values, and Ethics**

The terms *morals*, *values*, and *ethics* are sometimes used interchangeably, and they do have overlapping meanings. All three terms involve judgments about what is good and bad, or right and wrong, and all pertain to the study of human conduct and relationships. Nonetheless, distinctions must be drawn when these terms are applied to the behaviors of professional counselors.

The term *moral* is derived from the Latin word *mores*, which means customs or norms. Moral actions are determined within a broad context of a culture or society. Although some moral principles, such as “Do no harm to others,” are shared by most civilized groups of people, how these moral principles are interpreted and acted on will vary from culture to culture and from individual to individual within a culture. Thus, conduct that you evaluate as moral might be judged as immoral by another person or by people in another society. It is important to remember that what you view as moral behavior is based on the values you espouse. In this text, when we refer to moral conduct, we ask you to think in terms of your *personal* belief system and how this affects your interactions with others in all aspects of your life.

Although *values* are very similar to morals in that they serve as a guide to determining what is good or right behavior, we use the term *values* to apply more broadly to both the personal and professional functioning of counselors. Our *personal* values guide our choices and behaviors, and each of us holds some values more strongly than other values (Strom-Gottfried, 2007). Although your value system is unique to you, it has been influenced by your upbringing, the culture in which you live, and quite possibly your religious beliefs. What is important about your personal values as they relate to professional practice is that you have a high level of self-awareness of your values, and that you learn to *bracket* (Kocet & Herlihy, 2014), or set aside, your personal values within the counseling relationship. One of the hardest lessons counselors must learn is to respect values that are different from their own and to avoid imposing their own personal values on their clients. This can be a particularly challenging task when a client holds values that are very different from those of the counselor. For example, if you believe deeply that a fetus is a human being and that abortion is morally wrong, then it will be challenging for you to keep your values in check as you counsel a woman who is considering having an abortion (Millner & Hanks, 2002). Similarly, it may be difficult for counselors who believe strongly in the sanctity of marriage to counsel clients who are seeking divorce. A series of court cases have involved counselors with strong religious beliefs who declined to counsel lesbian, gay, bisexual, and transsexual (LGBT) clients. Partly as a result of the controversy generated by these court cases, the recently revised *Code of Ethics* of the American Counseling Association (ACA, 2014) states quite clearly that counselors must avoid imposing their own personal values on their clients.

Members of the counseling profession share certain *professional* values. These include enhancing human development across the life span, honoring diversity and embracing a multicultural approach, promoting social justice, safeguarding the integrity of the counselor–client relationship, and practicing competently and ethically (ACA, 2014, *Code of Ethics* Preamble). These core values are articulated in the code of ethics to help acculturate students to the expectations of the profession (Francis, 2015). If a counseling student’s personal values were so strong that he or she could not learn to counsel clients who held differing beliefs, or if a student could not embrace the professional values of the profession as articulated in the ethics code, we would be concerned that the student is not well suited for the counseling profession.

*Ethics* is a discipline within philosophy that is concerned with human conduct and moral decision making. Certainly, you have developed your own individual ethical stance that guides you in the ways you treat others, expect them to treat you, and make decisions about what behaviors are good or right for you. In this text, however, we think of ethics as it relates to the profession of counseling; that is, ethics refers to conduct judged as good or right for counselors as a professional group. When your fellow professionals have come to sufficient consensus about right behaviors, these behaviors have been codified and have become the ethical standards to which you are expected to adhere in your professional life (ACA, 2014). Therefore, think about ethics as referring to your *professional* behavior and interactions. Keep in mind that ethics must prevail

over your personal values when value conflicts arise within a counseling relationship. Because the counseling relationship exists to benefit the client, you must avoid imposing your own values on your clients.

### **Legal, Ethical, and Professional Behavior**

*Law* is different from morality or ethics, even though law, like morality, is created by a society and, like ethics, it is codified. Laws are the agreed-upon rules of a society that set forth the basic principles for living together as a group. Laws can be general or specific regarding both what is required and what is allowed of individuals who form a governmental entity. Criminal laws hold individuals accountable for violating principles of coexistence and are enforced by the government. Civil laws allow members of society to enforce rules of living with each other.

Our view is that there are few conflicts between law and ethics in professional counseling. Keep in mind, though, that there are important differences. Laws are created by elected officials, enforced by police, and interpreted by judges. Ethics are created by members of the counseling profession and are interpreted and enforced by ethics committees and licensure and certification boards. Laws dictate the *minimum* standards of behavior that society will tolerate, whereas ethics pertains to a wider range of professional functioning. Some ethical standards prescribe the minimum that other counselors will tolerate from fellow professionals (for example, sexual or romantic relationships with clients are prohibited), and some standards describe ideal practices to which counselors should aspire (for example, counselors aspire to foster meaningful and respectful professional relationships).

Rowley and MacDonald (2001) discussed the differences between law and ethics using concepts of culture and cross-culture. They argued that “law and ethics are based on different understandings of how the world operates” (p. 422). These authors advise you to learn the different culture of law, seek to understand how law operates, and develop collaborative partnerships with attorneys. We agree with the perspective that the cultures of counseling and law are different and that seeking legal advice is often an important step in the practice of counseling.

Where does the notion of *professionalism* fit into the picture? Many factors, including the newness of the counseling profession, the interpersonal nature and complexity of the counseling process, and the wide variety of types of counselors and their work settings, make it essential for counselors to conduct themselves in a professional manner. It is not easy to define what it means to be *professional*, and we discuss this in more detail in Chapter 2. We note here that professionalism is closely related to the concept in a profession of *best practice*, and perhaps the concepts of law, ethics, and best practice in the field of counseling are on a continuum. Legal standards are the minimum that society will tolerate from a professional. Ethical standards occupy a middle ground, describing both the minimal behaviors expected of counselors and the ideal standards to which counselors aspire. Best practice is the very best a counselor could be expected to do. Best practice guidelines are intended to provide counselors with goals to which they can aspire, and they are motivational, as distinguished from ethical standards, which are enforceable (Marotta & Watts, 2007).

Although there is no consensus among counseling professionals about what constitutes best practice (Marotta, 2000; Marotta & Watts, 2007), you will want to strive to practice in the best possible manner and provide the most competent services to your clients throughout your career. Meeting minimum legal standards or minimum ethical standards is not enough for the truly professional counselor. Professionalism demands that you be the best counselor for your clients that you are capable of being.

## 1-1 The Case of Alicia

Alicia will be seeing a 16-year-old minor for his first counseling session. Alicia knows that legally and ethically she must have one of his parents sign an agreement for her to disclose information regarding his sessions to his parent's health insurance company so that the parent will be reimbursed partially for the cost of her counseling services. Alicia also is aware that, according to the *ACA Code of Ethics* (2014), she may include parents in the counseling process, as appropriate (§A.2.d.; §B.5.b). However, she realizes how important confidentiality is to adolescents, and she wants to provide services to this minor in a way that would meet best practice standards.

- What are some of the things Alicia might do in this situation to go beyond what is minimally required by law or the code of ethics?
- How will Alicia know if what she finally decides to do is best practice?

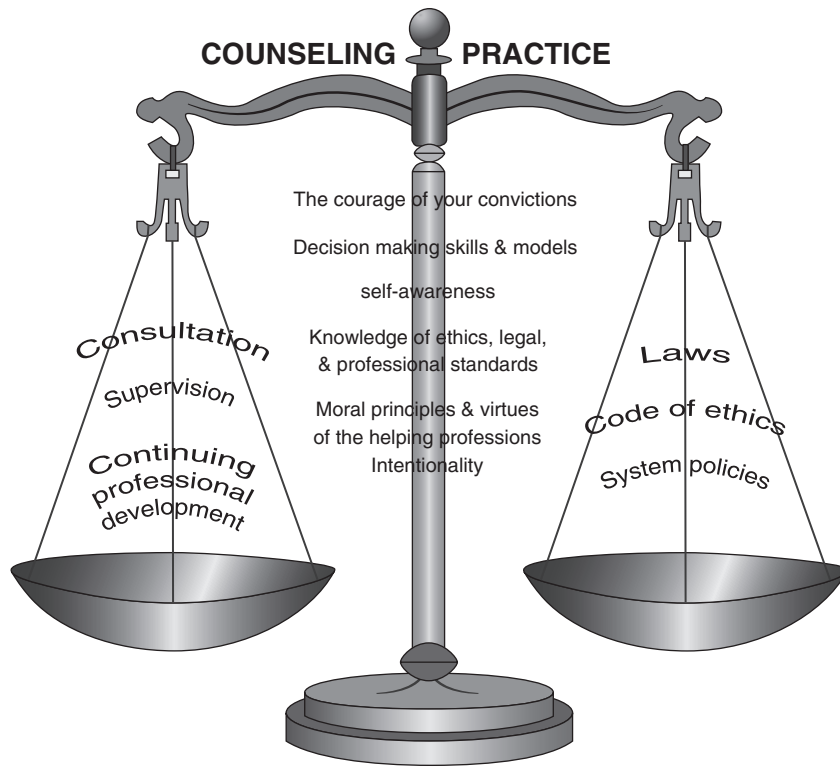
**Discussion:** You will have the information you need to answer these questions after you have read material on ethical decision making, informed consent, confidentiality, and counseling minor clients, all presented later in the text. For now, a brief answer is that Alicia would be well advised to hold a conversation with both the client and his parent(s) present, in which she discusses confidentiality and its limits (including the information she would share with the insurance company). Including the client in the decision-making process is good practice, and Alicia can ask the client to sign the agreement to signify his assent, in addition to having the parents sign to give legal consent. Best practice for Alicia will mean keeping a careful balance, honoring both her minor client's right to privacy and his parents' rights to information about their son, and working to establish and maintain a cooperative relationship with all parties.

### A Model for Professional Practice

One source of very real frustration for prospective and beginning counselors is that there are so few absolute, right answers to ethical, legal, or best practice questions. Throughout your career, you will encounter dilemmas for which there are no *cookbook* solutions or universally agreed-upon answers. We visualize professional practice as entailing a rather precarious balance that requires constant vigilance. We also see counseling practice as being built from within the self but balanced by outside forces, as shown in Figure 1-1.

In this model of professional practice, the internal building blocks are inside the triangle. The most fundamental element, at the base, is *intentionality*. Being an effective practitioner must start with good intentions, or wanting to do the right thing. The overwhelming majority of counselors have the best intentions; they want to be helpful to those they serve.

The second building block contains *principles and virtues*. Principles and virtues represent two philosophies that provide the underpinnings for ethical reasoning. Moral principles are a set of shared beliefs or agreed-upon assumptions that guide the ethical thinking of helping professionals (including physicians, nurses and other medical specialists, teachers, and mental health professionals). Basic moral principles include respect for autonomy (honoring freedom of choice), nonmaleficence (doing no harm), beneficence (being helpful), justice (fairness), fidelity (being faithful), and veracity (being honest). Virtue ethics focuses on the traits of character or dispositions that promote the human good. We discuss these in more detail later in this chapter.



**FIGURE 1-1** Professional practice—built from within and balanced from outside the self

Source: Pearson Education, Inc., Hoboken, NJ.

The third element is *knowledge* of ethical, legal, and professional standards. You will find that there is a wealth of resources available to you as you work to gain, maintain, and expand your knowledge base. Texts such as this one, casebooks, professional journals, codes of ethics, workshops and seminars, professional conferences, and your supervisors and colleagues are all excellent resources that can help to increase your knowledge.

The fourth element is *self-awareness*. As discussed earlier in this chapter, counselors must maintain a high level of self-awareness so that they do not inadvertently impose their own values, beliefs, and needs onto their clients. Knowledge of ethical, legal, and professional standards is not sufficient; best practice is achieved through constant self-reflection and personal dedication, rather than through mandatory requirements of external organizations (Francis, 2015).

Even after you have developed a solid knowledge base and the habit of self-reflection, you must have *skills* for applying your knowledge and reasoning through the questions and dilemmas that will arise in your practice. It also helps to have a *model* that will serve as a road map to guide your ethical decision making and bring some consistency to the process.

The final internal element is *the courage of your convictions*. This element can challenge even the most conscientious counselors who have the best intentions. As a counselor, you will face ethical quandaries. It can take courage to do what you believe is right, especially when there is a high cost to yourself, when your personal needs are involved, when you know that others may not agree with or approve of your actions, or when (as is the case in ethical dilemmas) there is no single, clear, right answer to the problem.



The following are some examples of ethical quandaries that take courage and that involve the behavior of other counseling professionals: What if you know that one of your professors has published, under her or his own name only, an article based largely on a paper you wrote? What if your supervisor at your internship site is engaging in a behavior that you strongly believe is unethical? What if you know that one of your fellow interns, who is also your friend, is engaging in inappropriate relationships with clients? In such instances, it can be easier to *turn a blind eye* than to confront the individual involved and run the risk of retaliatory action by the professor, a poor evaluation from your supervisor, or the loss of a friend. Chapter 8 discusses important points you must consider if you suspect another professional is behaving in an unethical manner and actions you might take.

Examples of ethical dilemmas that involve your own behavior include the following: What if you know that you are supposed to maintain personal boundaries between you and your clients, but just once you agree to allow a client to buy you a cup of coffee and have a social conversation immediately after a session has ended? What if you know you are supposed to render diagnoses of mental and emotional disorders for your clients based on criteria in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (American Psychiatric Association, 2013), yet you generally render the same diagnosis of *adjustment disorder* for most clients because you think this diagnosis is the least stigmatizing? What if you report to a counselor certification board that you attended a continuing education workshop you paid for, even though you did not actually attend it? In these situations, it might be tempting to make some minor compromises to your usual ethical behavior, especially when you feel no harm comes to a client or to anyone else as a result.

Nonetheless, if you do nothing when you know the behavior of other professionals is unethical, or if you compromise your own ethical behavior, you have set foot on an ethical slippery slope. The *slippery slope phenomenon* is a term used by moral philosophers to describe what happens when one begins to compromise one's principles—it becomes easier and easier to slide down the slope, diminishing one's sense of moral selfhood along the way.

The diagram of the model also includes external forces that can support counselors in their efforts to maintain sound, professional practice. External sources of guidance and support include consulting with colleagues, seeking supervision, and increasing your knowledge and skills through continuing education activities. Your code of ethics is certainly a major source of guidance. Some laws support counselors in fulfilling ethical obligations; for example, privileged communication statutes can help you to uphold your clients' confidentiality when called to testify in court or produce records. The system (school, agency, or institution) in which you are employed may also have policies on which you can rely when confronted with a challenge or a request to compromise your ethics.

## PROFESSIONAL ETHICS

Concern about ethics acknowledges the awesome responsibilities inherent in the practice of counseling. A counselor's work can make a difference in whether an abused child's life situation is recognized and addressed, whether a battered spouse finds the self-affirming courage to move to a safe environment, or whether a suicidal client finds the hope needed to choose life. Other clients come with less dramatic, more mundane problems, yet counseling can play a vital role in their struggle to lead more meaningful and effective lives (Pope & Vasquez, 2010). Ethical counselors take these responsibilities seriously.

### Foundations of Ethics

For many centuries, philosophers have debated what characterizes a moral and ethical person and how to behave in a moral and ethical manner, and these issues have been addressed within the helping professions since ancient times. The Hippocratic Oath was written about 2,500 years ago

in ancient Greece, and in fact Greek philosophers such as Plato and Aristotle created most of the ethical principles that helping professionals use today.

### **Ethical Theories**

Ethical theories provide a framework that counselors can use to decide whether an action or contemplated action is ethical. It is important for you to have an ethical theory because it will enable you to resolve the ethical dilemmas you encounter in your work and help you defend the solutions you reach. A number of ethical theories take opposing positions on what it means to be and act as an ethical person. Having some familiarity with a few of these positions may help you become aware of the approach you take in your ethical decision making as a counselor and perhaps challenge the assumptions you make. Remember that ethical reasoning is an acquired skill, not an inherent gift, and it can be sharpened through practice.

One set of opposing viewpoints on ethics is *ethical absolutism* versus *ethical relativism*. Ethical absolutists believe that there are some absolute moral standards that are universally applicable; that is, they must prevail in all circumstances and are not dependent on a person's beliefs or cultural values. These standards exist a priori (they exist before a situation arises) and independently of whether or not one believes in them. Ethical relativists, on the other hand, do not believe that any absolute moral standards exist that can be universally applied. Rather, they take the position that if the members of a culture believe an action is morally right, then it is morally right to perform that act in that culture (Freeman, 2000). As you begin to study the codes of ethics for counselors, these codes may seem to you to be written in absolutist terms. They are written in terms such as "counselors do not . . ." and "counselors ensure that . . .," which appear to suggest that there are absolute *do's* and *don'ts* of ethical behavior. We believe, however, that ethical standards must be interpreted in a relativistic manner, taking into account the uniqueness of the client, the situation, and any cultural variables that are involved. These distinctions should become clearer to you as you progress through the chapters of the text and begin to grapple with the ethical issues and dilemmas that are presented.

A related issue that is raised by philosophers of ethics is that of *utilitarianism* versus *deontology*, or consequential versus nonconsequential ethics. Utilitarian thought, represented by thinkers such as John Stuart Mill, argues that people should choose the act that will do the greatest good for the greatest number. In other words, an act is evaluated by its consequences. By contrast, deontologists, represented by the thinking of Emmanuel Kant, believe that an action is justified by its being inherently right, not by its consequences. Another way to state this idea is that what makes an action right is the principle that guides it. This philosophical question underlies much of the reasoning that counselors use in attempting to determine what is ethical professional behavior.

A third set of opposing philosophical viewpoints has to do with what motivates people to act morally or ethically. *Egoism* is the term used to describe actions taken out of self-interest, whereas *altruism* is the word that describes actions taken to benefit others (Freeman, 2000). Most people who choose counseling as their life's work tend to see themselves as altruists, and indeed one of the most fundamental ethical values of counselors is that "client welfare comes first." Although this ethical value is well established in the counseling profession, this does not mean that there is no place for egoism or self-interest in our work. When we consider the possible consequences of a decision or action we might take, we would be prudent to reflect on the effects that action could have on us as well as on our clients. This dual consideration of altruism and self-interest, in fact, is reflected in the differences between the ethical and legal perspectives that are presented throughout this text. The ethical perspective is focused more on the welfare and protection of the client, whereas the legal perspective is focused more on protecting the counselor.

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## 1-2 The Case of Edward

Edward is a high school counselor. His administrative supervisor is the school principal, Ms. Wilcox. Although Ms. Wilcox has no training as a counselor, she generally has been supportive of the counselors on her staff. She asks Edward to provide, for her eyes only, a list of his clients and presenting concerns. Edward trusts the supervisor to be responsible and refrain from sharing the list with others. Nonetheless, Edward believes it would be wrong to produce the list because it would violate his clients' right to confidentiality. At the same time, he realizes he could be at risk for disciplinary action for refusing to produce the list. He thinks that no real harm would be likely to result from giving it to Ms. Wilcox. He is also concerned that a refusal could negatively affect Ms. Wilcox's supportive attitude toward the counselors.

- What should Edward do? Do you believe the *principle* of confidentiality is the overriding consideration?
- Or, do you believe that it is more important for Edward to consider the *consequences* of the decision?

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**Discussion:** If Edward reasons that the ethical principle is most important, he would be committing himself to uphold the moral principle of fidelity. *Fidelity* refers to fulfilling a responsibility of trust in the counseling relationship: Counselors strive to be faithful to the promises they make, such as keeping clients' disclosures confidential. If Edward adheres to this line of reasoning, he could be said to be thinking as an ethical absolutist—that the principle always applies, regardless of the situation. He would also be thinking as a deontologist, by deciding that keeping the students' confidentiality is the right thing to do, regardless of the consequences. In addition, he might be relying on altruism, in that he believes that his actions must uphold client welfare rather than serve his own interests.

If Edward decides to produce the list for Ms. Wilcox, he might be motivated by egoism, or a focus on protecting himself and his fellow counselors from negative repercussions. He could be using utilitarian reasoning as suggested by Mill, that because no harm is likely to come to the students, his decision will do the greatest good for the greatest number of people—not only himself and his fellow counselors but also the students who would be better served by having a supportive school administration.

We believe the best course of action in this situation would be for Edward to have an open discussion with his principal and explain his concerns about providing her with the list of students he has seen in counseling. Hopefully, his principal will either understand his concern and withdraw her request or convince Edward of the need for the list that would override his ethical concerns about the privacy of his students.

All of the theories discussed up to this point have focused on the question of what constitutes ethical action. Other theories focus on what constitutes ethical character. Virtue ethics, which originated with Aristotle, explores the question of what character traits or dispositions form the basis for right action. Aristotle believed that positive personal character is developed when individuals consistently take actions that are based on their society's values. Virtue ethics focuses on individuals rather than actions and evaluates the whole individual instead of isolated decisions the individual

makes. Virtue ethicists believe that moral choices cannot be made by rule; what is needed instead is good judgment.

The ethic of care, or relational ethics, is based on the recognition that human beings exist in relationship and connection with one another. Psychologist Carol Gilligan (1982), who represents this perspective, believes that ethics exist in a world of relationships in which the awareness of connection among people gives rise to a recognition that we are responsible for each other. Thus, the solution to an ethical dilemma is not found in a contest between opposing philosophies but, rather, in a strengthening of the relationship on which the actors in the dilemma depend. Feminist ethicists have further articulated the ethic of care. Manning (1992) has stated, “An ethic of care involves a morality grounded in relationship and response. . . . In responding, we do not appeal to abstract principles . . . rather we pay attention to the concrete other in his or her real situation [and to] the effect of our response on the networks that sustain us both” (p. xiv). Relational or feminist ethicists do not disagree with principle ethicists, but their focus is different—they view moral actions as those that empower individuals, promote social justice, and ensure that all people are cared for and nurtured to develop their potentials (Vasquez, 2008).

With these general ethical theories in mind, we now turn to a consideration of ethical reasoning as it has been applied in the field of counseling.

### Linking Theory to Practice: Principles and Virtues

Thoughtful mental health professionals have struggled with questions of ethical ideals, concepts, principles, and values, and how to link these to ethical decisions in professional practice (Beauchamp & Childress, 1994; Jordan & Meara, 1990; Kitchener, 1984; Meara, Schmidt, & Day, 1996). Two helpful perspectives are *principle ethics* and *virtue ethics*. Even though these two approaches are quite different from one another, they are complementary. When integrated into a holistic framework for ethical decision making, they can serve as a bridge from philosophy to practice.

*Principle ethics* have their foundation in moral principles, which are agreed-upon assumptions or beliefs about ideals that are shared by members of the helping professions. They are *prima facie* obligations that are always considered in ethical decision making (Meara et al., 1996). Although moral philosophers do not agree about the nature or number of moral principles, the following six are included in the Preamble to the *ACA Code of Ethics* (ACA, 2014):<sup>†</sup>

- *Respect for autonomy* means to foster self-determination. According to this principle, counselors respect the rights of clients to choose their own directions, act in accordance with their beliefs, and control their own lives. Counselors work to decrease client dependency and foster independent decision making.
- *Nonmaleficence* means to avoid actions that cause harm. This principle, long established in the medical profession, obligates counselors to avoid actions that risk hurting clients, even inadvertently.
- *Beneficence* is the counterpoint to nonmaleficence. It could be argued that the obligation of ordinary citizens in our society ends with doing no harm to others, whereas professionals have a higher obligation to provide a service that benefits society. Thus, counselors actively work for the good of individuals and society by promoting the mental health and well-being of their clients.
- *Justice* refers to the counselor’s commitment to fairness in professional relationships and treating people equitably. Counselors’ actions and decisions must be fair to all concerned. Justice demands equality, which has implications for nondiscrimination and equitable treatment of all clients.

<sup>†</sup>Source: Based on Preamble to the ACA Code of Ethics (2014), American Counseling Association.

- *Fidelity* refers to fulfilling a responsibility of trust in the counseling relationship by honoring commitments and keeping promises. Counselors strive to be faithful to the promises they make, such as keeping clients' disclosures confidential.
- *Veracity* means truthfulness and addresses the counselor's obligation to deal honestly with clients and others with whom they relate professionally.

Some writers have suggested additional principles such as *respect for persons*, which refers to a duty to honor others and their rights and responsibilities (Kenyon, 1999), and self-care, which reminds counselors that we must take good care of ourselves as a prerequisite to being able to be fully present for others (Barnett, 2008). Another principle that may have increasing salience in the future is *reparation*, which is the duty to make up for a wrong. This principle seems foundational to our profession's commitment to social justice and advocacy (which we discuss in more detail in Chapter 3).

In theory, all of these principles have equal value and should be considered along with all the others when weighing an ethical decision. In reality, however, these principles can compete with one another, and counselors may need to sacrifice one in order to uphold another. For example, a counselor who is counseling a suicidal client may decide to intervene by notifying family members against the client's wishes (thus breaching confidentiality and sacrificing fidelity) or by seeking involuntary hospitalization (thus sacrificing client autonomy) in order to uphold the obligations to prevent harm and do good (nonmaleficence and beneficence).

*Virtue ethics* start from a premise very different from principle ethics. The basic assumption of virtue ethics is that professional ethics involve more than moral actions; they also involve traits of character or virtue. Virtue ethics focus on the actor rather than on the action. Principle ethics ask the question "What should I do?"; virtue ethics asks "Who should I be?" Patterns of virtuous behavior are evident throughout the career of a professional, rather than being found in any particular action or decision. Thus, this perspective asks you to look at who you are, rather than at what you do. Certain characteristics of virtuous agents have been suggested as appropriate for mental health professionals (Meara et al., 1996). We hope that you will read about these characteristics with an eye to whether you see them as representing the ideals you hold for yourself, and that you will assess their relevance for you as an aspiring counselor.

- ***Integrity.*** Virtuous agents are motivated to do what is right because they believe it is right, not because they feel obligated or fear the consequences. They have stable moral values and are faithful to these values in their actions.
- ***Discernment.*** Discerning counselors are able to perceive the ethically relevant aspects of a situation, know what principles apply, and take decisive action. Discernment involves a tolerance for ambiguity, the ability to maintain perspective, and an understanding of the links between current behaviors and future consequences.
- ***Acceptance of emotion.*** Without discounting the value of logic and systematic deliberation about ethical issues, virtuous agents also recognize the role of emotion in ethical decisions. Rather than assume that emotion hinders reason, they believe that emotion informs reason. Virtuous counselors are compassionate and sensitive to the suffering of others.
- ***Self-awareness.*** Virtuous agents know their own assumptions, convictions, and biases and how these may affect their relationships and interactions with others.
- ***Interdependence with the community.*** Virtuous agents realize that values cannot be espoused without awareness of context. They are connected with and understand the expectations and values of their communities.

Both perspectives—a focus on principles and a focus on virtues—can contribute to your understanding of the basis for professional ethics. Principle ethics help you to systematically evaluate what you should do when trying to resolve an ethical dilemma. Virtue ethics can help you examine your ideals and define the kind of person you aspire to be as a helping professional. Thinking about principles and virtues requires you to look inward in order to identify internal resources that can assist you in ethical decision making. There are external resources as well, and primary among these is your professional code of ethics.

### Codes of Ethics

Promulgating a code of ethics is one way that a group of practitioners can establish its professional status. Codes of ethics serve a number of other important purposes as well. They educate members of the profession as well as consumers about what constitutes ethical practice, help to ensure accountability through enforcement of the standards, protect the profession from government by allowing the profession to regulate itself and function more autonomously, promote stability within the profession by helping to control internal disagreement, and serve as a catalyst for improving practice (Herlihy & Corey, 2015; Mappes, Robb, & Engels, 1985; Van Hoose & Kottler, 1985). An established code of ethics also can protect practitioners—if professionals behave according to established guidelines, their behavior is more likely to be judged in compliance with accepted standards in a malpractice suit or licensing board complaint. Most fundamentally, codes of ethics exist to protect and promote the welfare of clients.

Some counselors practice *mandatory ethics*; that is, they function at a level of ethical reasoning that merely keeps them in compliance with minimal standards. By complying with these basic *musts* and *must nots*, they meet the letter but not the spirit of the ethical standards. Corey et al. (2015) use the term *fear-based ethics* to describe a level of ethical functioning that is motivated by a desire to avoid lawsuits, complaints to ethics committees or licensing boards, or getting into trouble in some other way. According to Pope and Vasquez (2010), counselors who set their sights at this level are vulnerable to denial and to other means of distorting, discounting, or dismissing ethical questions they encounter. Some of the self-statements that these counselors use to justify their actions include the following:

“It can’t be unethical if I don’t see it as an ethical issue.”

“It isn’t unethical if there is no ethical standard that specifically prohibits it.”

“It can’t be unethical if I know other practitioners who do it.”

“It isn’t an ethical problem as long as no client has ever complained about it.”

“It’s not unethical as long as no one finds out about it.”

Other counselors practice *aspirational ethics*, a term that describes the highest standards of conduct to which counselors can aspire. They understand the spirit behind the code and the moral principles on which it rests. They not only look outward to established standards, but also look inward and ask themselves whether what they are doing is best for their clients. Aspirational ethics, or *concern-based ethics* (Corey et al., 2015), means striving for the highest level of care for clients and is closely related to the concept of best practice. Corey et al. (2015) have emphasized that clients’ needs are best met when counselors monitor their own ethics and challenge their own thinking and behavior.

A code of ethics that would address every possible situation that a counselor might encounter would probably fill an entire library. You cannot expect your code of ethics to provide an answer to every question you might have. Codes are a crucial resource, but they are not a substitute for an active, deliberative, and creative approach to fulfilling your ethical responsibilities (Pope & Vasquez, 2010). You must attend to both the letter and the spirit of the code and work to understand

the intentions that underlie each standard. As Herlihy and Corey (2015) have noted, “there is a very real difference between merely following the ethics code and living out a commitment to practice with the highest ideals” (p. 13).

Your primary professional association, the ACA, has established a code of ethics to guide you in your practice. We encourage you to review it when you complete this chapter to become familiar with how the code relates to issues discussed throughout the text. The *ACA Code* can be found in Appendix A and at [counseling.org](http://counseling.org).

Figure 1-2 presents a brief overview of the nine sections of the code and their general provisions.

**Preamble** describes the American Counseling Association and its members, defines counseling, and enumerates core professional values and ethical principles.

**Purpose** sets forth six purposes for the Code of Ethics and describes the ethical decision-making process.

**Section A: The Counseling Relationship** addresses important issues in forming, maintaining, and ending the counseling relationship. This section includes guidelines to help counselors keep client welfare foremost. It contains standards that emphasize the importance of informed consent and of avoiding the harm that can be caused by imposing one’s own personal values. It provides guidance on how to maintain appropriate professional boundaries, advocate for clients, manage fees and business practices, and terminate the counseling relationship. Standards are also provided for working with multiple clients, groups, and clients served by other professionals.

**Section B: Confidentiality and Privacy** addresses the client’s right to privacy of information shared during counseling sessions and of records. Exceptions and limitations to confidentiality are specified, and special considerations in working with families, groups, and clients who lack capacity to give informed consent are addressed. Guidelines are offered for maintaining confidentiality when consulting.

**Section C: Professional Responsibility** contains standards related to competence. It emphasizes the importance of advertising services and qualifications in an accurate manner. It also addresses the counselor’s responsibilities to the public and other professionals and offers cautions regarding treatment modalities.

**Section D: Relationships with Other Professionals** offers guidelines for relationships with colleagues, employers, employees, and consultees. This section highlights the importance of respecting and establishing good working relationships with professionals in related mental health professions.

**Section E: Evaluation, Assessment, and Interpretation** includes standards on competence to select, use, and interpret assessment instruments. Client rights in testing, test security, and proper testing conditions are addressed. This section also includes standards related to diagnosis of mental disorders and forensic evaluations.

**Section F: Supervision, Training, and Teaching** presents guidelines for counselor supervisors, trainers, and educators. Responsibilities of supervisors and counselor educators are elucidated, and standards address relationship boundaries, evaluation and remediation, endorsement of students to enter the profession, and student welfare.

**Section G: Research and Publication** describes research responsibilities, rights of research participants, and the reporting of research results. A range of issues is covered from protection of human subjects to ethical procedures in seeking publication.

**Section H: Distance Counseling, Technology, and Social Media** presents guidelines to assist counselors to best serve clients using distance counseling, technology, and social media. This section addresses ethical issues that are specific to these new and emerging resources.

**Section I: Resolving Ethical Issues** addresses the responsibility of counselors to know ethical and legal standards and explains procedures for resolving and reporting suspected ethical violations.

**Glossary of Terms** provides definitions of terms used in the code.

**FIGURE 1-2** *ACA Code of Ethics: A synopsis*

Source: Pearson Education, Inc., Hoboken, NJ.

The current ACA *Code of Ethics*, adopted in 2014, is the seventh version of the ethics code established by ACA and its predecessor organizations. Development of the first code was initiated in 1953 by Donald Super, then president of the newly formed American Personnel and Guidance Association (APGA). The code was adopted in 1961. It was revised in 1974 and has been revised approximately every 7 to 10 years since that time. The current code is the result of a lengthy revision process that began in 2011, when a code revision task force was appointed to revise the 2005 code that was then in effect (Francis, 2015).

As you learn about ethical standards that you will be expected to uphold, keep in mind that codes of ethics are living documents that change over time. They are periodically revised as the profession's knowledge base grows and as consensus emerges about new and controversial ethical issues. Although the fundamental ethical principles do not change, new questions are constantly arising as to how to apply them in a changing world of counseling practice. For instance, when computer technologies first became widely available, ethical concerns centered around the security of client information stored on computers. Later, as Internet usage burgeoned, many questions arose around the ethics of Internet counseling. Today, the popularity of social media has raised new issues, such as whether counselors should “friend” clients, former clients, or supervisees. These developments led to the creation of a separate section on distance counseling, technology, and social media (ACA, 2014, §H) that reflects current issues when counselors use electronic means to provide services, store records, advertise their services, and communicate with clients (Francis, 2015).

It is also important to keep in mind that historically, counseling has not been a unified profession. Codes of ethics have proliferated as various specialty groups within counseling (Jordan, 2001a; Kelly, 2001), certification bodies, and state licensure boards have developed their own ethical standards. When you are established in your own professional practice, it is likely that you will hold multiple affiliations and will be bound to know and adhere to multiple codes. For instance, you might be a member of ACA and several of its divisions that have published specialty guidelines, be a National Certified Counselor (NCC), and be licensed as a counselor in your state. Holding each of these credentials will require you to abide by its particular code of ethics. The existence of multiple codes of ethics has created difficulties in enforcement, confusion for consumers of counseling services, and confusion for counseling professionals themselves (Herlihy & Remley, 1995). Efforts are being made by various organizations to bring standards into alignment, but until a single, universally accepted code of ethics for the counseling profession is established, you will need to be knowledgeable about all the codes of ethics that pertain to your practice.

### **Ethical Decision Making**

Ethical decisions are rarely easy to arrive at, and dilemmas can be very complex. When counselors encounter ethical dilemmas, “they are expected to engage in a carefully considered ethical decision-making process” and use a “credible model of decision making that can bear public scrutiny of its application” (ACA, 2014, Purpose). Although no particular decision-making model has been shown to be universally effective or applicable, a number of models do exist, and we briefly review them here for your consideration.

One of the earliest models was *A Practitioner's Guide to Ethical Decision Making* (Forester-Miller & Davis, 1996). This guide presented a practical, sequential, seven-step model (Herlihy & Corey, 1996) that was based on the moral principles already discussed in this chapter. Over a decade later, Koocher and Keith-Spiegel (2008) presented a nine-step model that took a similar, logical, and primarily cognitive approach to ethical decision making. The assumption inherent in these



models, that the goal of ethical decision making is to minimize subjectivity (Woody, 2013), has been challenged by some writers, particularly those with a feminist orientation (Hill, Glaser, & Harden, 1995; Meara et al., 1996; Rave & Larsen, 1995). Feminists have cautioned that traditional ethical decision-making models represent the information processing style of White males, in that they are linear, logical, rational, dispassionate, abstract, and paternalistic. Feminists have suggested that ethical decision making that is also holistic, intuitive, emotional, compassionate, personal and contextual, and mutual may be more inclusive of other processing styles and more culturally appropriate. Feminist theorists have emphasized the importance of remembering that ethical decision making does not occur solely within the mind of the professional. Walden (2015) urged including the client in the process, noting that clients are empowered when counselors make ethical decisions *with* them rather than *for* them.

Early models were also criticized for neglecting to consider multicultural issues. Garcia, Cartwright, Winston, and Borzuchowska (2003) offered a transcultural integrative model as being more appropriate when working with clients from diverse cultural backgrounds. They incorporated virtue ethics (already described in this chapter), along with the feminist concepts of reflecting on one's own feelings and balancing the perspectives of all involved. They suggested that a vital component, to be included early in the decision-making process, is for counselors to reflect on their own world views and how these affect their interpretation of the ethical dilemma. Frame and Williams (2005) presented a culturally sensitive ethical decision-making model that, like the feminist models, was based in an ethic of care and a consideration of power dynamics. To increase multicultural sensitivity, they added the element of assessing acculturation and racial identity development of the counselor and client. Finally, Herlihy and Watson (2006) offered a model based in a social justice perspective that puts multicultural competence at the core of the ethical reasoning process. The model is grounded in virtue ethics, cultural identity development, and collaborative decision making.

Cottone (2001) proposed a social constructivist model. Social constructivism is a relatively recent movement in the mental health field and purports that a person cannot know reality through individual contemplation because reality does not exist as objective fact. Rather, reality is socially constructed through interactions with others. Social constructivists see ethical decision making not as a process that occurs in the mind of the decision maker but as a process that is always made in interaction with at least one other person and that involves negotiating and consensualizing (Cottone, 2001).

A recent trend in ethical decision-making models seems to be the development of specialized models that are focused on counseling specific populations or on particular ethical issues (Deroche, Eckart, Lott, Park, & Raddler, 2015). Models have been offered for managing boundary issues (Herlihy & Corey, 2015b), resolving value conflicts (Kocet & Herlihy, 2014), integrating spirituality and religion into counseling (Barnett & Johnson, 2011), treating eating disorders (Matusek & O'Dougherty, 2010), school counseling (Luke, Goodrich, & Gilbride, 2013), and practicing play therapy (Seymour & Rubin, 2006).

There is much to be learned from each of these models, and we do not endorse any one particular model as being the *right* one for everyone. Instead, what follows is a description of steps that many of the models seem to have in common. We have tried to incorporate lessons that can be learned from principle and virtue ethics, feminist and multicultural ethics, social constructivism, and specialty models. We caution you to keep in mind that a listing of steps portrays ethical decision making as a linear progression, when in reality counselors rarely follow a set sequence of steps to resolve an ethical dilemma. In practice, numerous aspects of ethical decision making occur simultaneously in a dynamic process (Woody, 2013).

**Identify and define the problem.** Before deciding what action to take when faced with a dilemma, “determine whether the matter truly involves ethics” (Koocher & Keith-Spiegel, 2008, p. 21) or is actually a legal or clinical issue. If a legal issue is involved, consult with an attorney. If you have a clinical issue, consult with your supervisor or a trusted colleague. If, indeed, you have an ethical dilemma, it is prudent to take time to reflect and gather information. Although you may feel some sense of urgency, rarely will decisions that have ethical dimensions have to be made immediately. Take time to consider what you know (or what you can find out) about the situation, applicable ethical guidelines, and any laws that might be relevant. Try to examine the problem from several perspectives and avoid searching for simplistic solutions.

**Involve your client in the decision-making process.** This is not a separate step in ethical decision making; rather, it should occur throughout the process. Walden (2015) reminded counselors that the client is an integral part of the ethical community of the counseling relationship. Including clients in the process both empowers them and is culturally appropriate practice. We can think of very few situations that would preclude making the client an active partner in decisions affecting that client.

**Review relevant codes of ethics and the professional literature.** Examine the codes of ethics of the professional organizations to which you belong (as well as the ethical standards of your state licensing board if you are licensed as a counselor), to see if your issue is addressed in them. Be sure to read the codes carefully, as there may be several standards that pertain to different aspects of the dilemma. Also, read the recent literature on the issue at hand. This will help to ensure that you are using the most up-to-date professional knowledge on the issue (Herlihy & Corey, 2015a).

**Consider the principles and virtues.** Reflect on how the moral principles apply to the problem. Identify ways that they compete with each other, and rank them in order of their priority in this situation. Consider how virtue ethics might apply in the situation as well. Rather than focus exclusively on what you need to *do* in the situation, also consider who you want to *be* and how any possible action might affect your sense of moral selfhood.

**Tune in to your feelings.** Virtue ethicists believe that emotion informs judgment. Your feelings will influence how you interpret the dilemma, so it is important to consider what emotions you are experiencing as you contemplate the situation and your possible actions. To what extent are you being influenced, for instance, by emotions such as fear, self-doubt, or an overwhelming sense of responsibility? Being aware of your emotions, beliefs, values, and motivations can help guide you in your decision making.

**Consult with colleagues or experts.** Decisions made in isolation are rarely as sound as decisions made in consultation. Corey et al. (2015) have pointed out that poor ethical decision making often stems from our inability to view a situation objectively because we are emotionally invested in it or because our prejudices, values, or emotional needs are clouding our judgment. In addition, consultation would serve as an important element of your defense in court if your decision were challenged legally (Wheeler & Bertram, 2012).

**Consider the context.** Keep in mind that your worldview will affect how you interpret the dilemma, and that the client’s worldview and culture may differ from your own. The resolution that is chosen for the dilemma must feel right not only to you but must also be appropriate for the client. It is also important to remember that decisions occur in a context. Therefore,

it is useful to reflect on the potential ramifications of a decision for the client's family members, the community, and other professionals.

**Identify desired outcomes and consider possible actions to achieve the outcomes.** Even after thoughtful consideration, a single desired outcome rarely emerges in an ethical dilemma. There may be a number of outcomes you would hope to see achieved in a situation. Consider possible actions that you could take to achieve the desired outcomes. It may even be useful to list desired outcomes on one side of a page, and on the other side to generate possible actions that would facilitate the achievement of each of those outcomes. It is possible that implementing a particular action may achieve one desired outcome while eliminating another, forcing you to prioritize and choose one outcome at the expense of the other. Ponder the implications and consequences of each option for the client, for others who will be affected, and for yourself.

**Choose and act on your choice.** Once you have selected an action or series of actions, check to see whether your selected options are congruent with your ranking of the moral principles. Pay attention to how you feel about your choice. This final step involves strengthening your ego or gathering the moral courage to allow you to carry out your decision.

Even after the most careful deliberation, conscientious counselors cannot help but ask the question "How can I know whether I've done the right thing?" Van Hoose and Paradise (1979) suggested that decisions are probably ethically responsible if the counselors (a) maintained personal and professional honesty, coupled with (b) promoting the client's best interests (c) without malice or personal gain; and (d) can justify their actions as the best judgment regarding what should be done based on the current state of the profession.

You can also apply several self-tests after you have resolved an ethical dilemma. The first three tests were suggested by Stadler (1986). First is the test of *justice*, in which you ask whether you would treat others the same in this situation. Second is the test of *universality*, which considers if you would be willing to recommend the course of action you followed to other counselors who find themselves in a similar situation. Third is the test of *publicity*: Are you willing to have your actions come to light and be known by others? Another test is the *reversibility* test, which is a version of the Golden Rule; in this test you ask yourself if you would have made the same choice if you were in the client's shoes or if your child or life partner were subject to that choice. The *mentor* test asks you to consider an individual whose integrity and judgment you trust and admire, and ask how that person might solve the dilemma (Strom-Gottfried, 2007). Finally, you can check for *moral traces*, which are lingering feelings of doubt, discomfort, or uncertainty that counselors may experience after they have resolved an ethical dilemma, particularly when expediency, politics, or self-interest have influenced the decision. Moral traces are unpleasant but perform an important function. They act as a warning sign that you may have set foot on an ethical slippery slope, as defined earlier in this chapter.

We hope you will return to this material on the ethical decision-making process as you ponder the case studies that are presented throughout this text. As you reflect on what you might do if you were the counselor in the case study, you can gain practice in applying a systematic model, as required by your code of ethics. Being an ethical professional involves a combination of knowledge, problem-solving skills and strategies, understanding of philosophical principles, and a virtuous character that leads one to respond with maturity, judgment, and wisdom (Bersoff, 1996). It is a task that requires a lifelong commitment and is never really finished. Even the most experienced counselors who are intimately aware of the ethical standards wrestle with difficult ethical issues and dilemmas (Walden, Herlihy, & Ashton, 2003).

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### 1-3 The Case of Carla

Carla has been counseling a 15-year-old girl, Danielle, for several weeks. Carla has had to work hard to gain Danielle's trust. Danielle was raised by abusive parents until she was 13, when she went to live with her grandparents. Today she tells Carla that she is having some problems with her boyfriend. As Danielle describes these problems, Carla realizes that the boyfriend is treating her in an abusive manner. When Carla expresses her concern about this, Danielle replies that she loves him and can get him to change, that her grandparents don't know about his behavior, and that she absolutely does not want Carla to tell them or anyone else.

- How might you apply each of the six moral principles to this situation? In this case, which moral principle do you think must take precedence? How might you apply the ethic of care or relational ethics to this dilemma?
  - Try to apply to this scenario the steps of the ethical decision-making process described in this chapter. To what course of action does this process lead you? How well did it work for you?
- 

**Discussion:** The moral principles could be applied in several ways. The principle of respect for autonomy would support deferring to Danielle's wishes and not telling anyone about her abusive boyfriend. The principle of nonmaleficence would require Carla to weigh the risk for harm. Telling someone who could prevent further abuse would support nonmaleficence. However, if Danielle becomes upset by this action and refuses to continue in counseling, telling someone also could violate the principle of do no harm. Likewise, beneficence could be interpreted in more than one way. Beneficence means that professionals have an obligation to provide a service that benefits society, so taking action that would stop the abuse would best serve society's interests. Yet, beneficence also means to promote clients' mental health, and Carla could respect Danielle's wishes and continue to work to increase her awareness and self-esteem, which, for now, could be the most beneficent thing to do. How Carla adheres to the principles of justice, fidelity, and veracity will depend largely on whether she has informed Danielle that she would have to breach confidentiality to prevent harm to Danielle. If so, then telling her grandparents would be just and truthful, and would not be breaking her promise to keep Danielle's disclosures confidential.

If Carla reasons through her dilemmas from the perspective of the ethic of care, she will put primary importance on preserving and nurturing her relationship with Danielle. She would also be concerned about Danielle's other supportive networks, such as her relationship with her grandparents and what she considers to be a loving relationship with her boyfriend despite his problem behaviors.

Obviously, there is no one correct way to reason through this dilemma and no single, clear, right answer. We believe it would be a good learning experience for you to work your way through the decision-making process and then discuss your decisions with your classmates.

### LEGAL ISSUES

The discussion of professional ethics that precedes this section emphasized the serious responsibility you have to clients, the difference you can make in their lives, and the duty you have to practice in an ethical manner. Understanding the legal system and your role in it, the legal rights of your clients, and your legal responsibilities to clients is also essential to practicing counseling

in a professional manner. Legal issues within counseling are somewhat frightening because the law is an area that is complex, often vague, threatening, antithetical to the nature of counselors, and difficult to fully grasp. The process of decision making around legal issues is presented in this chapter. In addition, throughout this text, you are given information about the legal dimensions that surround your functions as a professional counselor.

## **Origins of Law**

There are a number of sources of law in the United States. The basic source is the U.S. Constitution. The 50 states, the District of Columbia, and the U.S. possessions also have constitutions. Laws created by the federal, state, district, and possession governments cannot violate either federal or state constitutional principles. The United States has adopted English common law, which includes a set of societal principles that were not written into documents but have been accepted over time as obvious within U.S. society. An example of common law that is very important to counselors is the law of torts. Tort law relates to the principle that individuals will be held responsible for any harm they cause to other members of society. Malpractice is an area of tort law that holds professionals accountable for any harm they might cause to the public. The public relies on professionals to provide services in a manner that benefits and does not harm them.

A primary source of law is statutes passed by federal and state legislatures. These statutes may modify the common law but may not violate constitutional principles. Governmental regulations, both federal and state, are procedures adopted by agencies to carry out laws created by statutes. Regulations, which are created by governmental agencies, may implement statutes but may not exceed the authority of the statute. Finally, federal and state courts interpret the law. Whereas some accuse judges of creating law, courts are limited to interpreting constitutions, common law principles, statutes, and regulations.

Almost all areas of counselor practice are affected by law. Most seasoned counselors are keenly aware of the law of malpractice and the fact that they might be sued by a client. As a counselor, you will probably come to share this awareness. You also must be aware of laws related to confidentiality, records, parental rights, and licensing statutes, among others. In addition, you must be able to identify legal problems as they arise, and you must adhere to legal requirements when you are involved in any way with a legal proceeding. Legal issues are an important part of the day-to-day professional practice of counselors in all settings.

## **Recognizing Legal Issues**

Many of the ethical and professional judgment questions you will encounter as a counseling practitioner will have legal implications as well. Sometimes counselors find it difficult to determine when they have a legal problem or to know what to do once a legal problem has been identified. This section of the chapter discusses how to recognize legal issues, how to get legal advice, and what steps to take to ensure proper and professional practice.

The following are examples of legal issues that counselors face in their practices:

- The secretary tells you that there is a deputy sheriff in the reception area asking for you. When you introduce yourself, the deputy hands you a subpoena that orders you to produce your case notes and any other documents related to one of your current clients.
- One of your clients asks you to come to a child custody hearing that will determine whether she will get permanent custody of her children.
- One of your clients has been arrested for drug possession. You receive a subpoena in the mail that orders you to appear at her criminal trial.

- A new client tells you that his lawyer sent him to see you. He is suing his employer for having fired him and wants you to verify that he has emotional stress that is job related.
- A client tells you that her former husband's lawyer called and told her she had to let her former husband have their children for the summer. She wants to know if the lawyer is right.
- A former client has sent you a letter demanding her money back. She thinks the 10 sessions she had with you were a waste of money because you did not help her. She has sent a copy of the letter to her lawyer.
- A client you are seeing appears suicidal and refuses to go voluntarily to the local hospital for a psychiatric evaluation.
- You receive a notice from your state licensure board that a formal complaint has been filed against you and that a hearing will be held on the matter.
- In your office mail, you receive a formal legal complaint against you that has been filed with the local court, accusing you of professional malpractice. One of your clients murdered his girlfriend 9 months ago. The complaint alleges that you were responsible for the girl's death and asks for \$1 million in damages.

A simple test to determine whether there is a legal issue involved in a situation you are facing is to review the situation to see if any of the following apply: (a) legal proceedings of some type have been initiated, (b) lawyers are on the scene in some capacity, or (c) you are vulnerable to having a complaint filed against you for misconduct. If you are providing professional counseling services and one or more of these three components exist, then you definitely are dealing with a legal issue. Sometimes, all you need to do with a legal situation is clarify the nature of a counselor's role with your client and refer the client to attorneys for legal advice. When you are dealing with a legal issue and you are unsure which course of action you should take, often you will need to consult a lawyer.

### **Obtaining Legal Advice**

Most counselors are employed by organizations or entities that provide counseling services, such as community mental health agencies, schools, businesses, hospitals, outpatient treatment programs, or colleges. These entities all have administrators and organizational structures that require the regular services of attorneys. It is the employees' responsibility to request legal advice when dealing with an issue that has legal implications beyond their ability to resolve. It is the obligation of employers to provide employees with the legal advice they need to perform their jobs appropriately.

Counselors seldom have direct access to lawyers, primarily because the cost is prohibitive. Also, administrators seek the advice of lawyers, but they must maintain their authority in making administrative decisions. When a counselor identifies a legal issue in the work setting and defines the legal questions to ask, the counselor should pose the questions to the immediate supervisor and ask for assistance. If the counselor thinks an attorney needs to have special information regarding the situation in order to render sound advice, the counselor should request a personal consultation with the attorney, although such consultations are not normally allowed. The supervisor will then either answer the counselor's questions based on previous experience with similar issues or seek legal advice through proper administrative channels within the organization.

In some circumstances, it is possible for counselors to give their legal problems to administrators within their agency. Many legal issues that arise are administrative in nature and should be handled by administrators rather than by counselors. Examples of legal issues that counselors might easily turn over to administrators include the following:

- A noncustodial parent demands from a school counselor that he be allowed to see his child's academic records.

- The police arrive at a counselor's door and want to see the counseling file for a current client.
- A health insurance company representative calls a counselor and wants to know why the counselor's agency has so many claims signed by the same psychiatrist.
- A client becomes irate because a counselor terminates the counseling relationship after five sessions because that is the agency's policy.
- A lawyer for a former client calls a counselor and threatens to sue if the counselor does not immediately give the lawyer the information being sought.
- A secretary who reports to an administrator appears to be revealing confidential information about clients to friends.
- A client tells a counselor that the counselor's colleague in the agency has made sexual advances during a counseling session.

If legal problems cannot be handed over to an administrator, then counselors themselves must take responsibility for resolving situations in an appropriate manner. Once counselors have disclosed their legal questions to their immediate supervisors and have received a response either from the supervisor or an attorney advising them as to the proper course of action, counselors must follow that advice. It is essential for counselors to follow legal advice given to them, even if they do not agree with it. Only then will counselors be indemnified by their employers and supported if problems arise later. By seeking and following legal advice when legal questions arise, counselors are taking steps that may protect them from being held individually responsible in the event their actions are challenged.

Counselors in independent private practice do not have the luxury of seeking legal advice without charge within their work environment, and they are not protected from responsibility because they do not have employers. Private practitioners must establish relationships with attorneys for legal advice just as they must retain accountants to handle their financial and business affairs. The cost of legal advice for a counselor in private practice is a necessary expense related to establishing and maintaining a business. However, finding a lawyer who understands the nature of mental health practices and is prepared to represent counselors effectively is not always an easy task (Remley, 1991). Counselors who are planning to open private practices are advised to identify an attorney while they are establishing their business so they will have a working relationship in place when problems arise. The best attorney probably would be a local one who is already representing one or more successful mental health practitioners—counselors, social workers, or psychologists. Such an attorney would already have been educated regarding the special issues surrounding mental health practices. If an attorney who is experienced in representing mental health professionals is not available, then a lawyer who represents other types of professionals—such as accountants, other lawyers, or physicians—would be a good alternative.

Some counselors have jobs in which they testify in court on a routine basis or provide services to clients who frequently are involved in litigation. These counselors learn their roles over time and do not need to consult attorneys for advice each time they encounter a legal situation. For most counselors, however, it is infrequent that they deal with legal proceedings, have clients who are represented by lawyers, or think they are in danger of being sued. When such situations arise for the majority of counselors, it is essential for them to obtain legal advice.

### **Exercising Professional Judgment**

Throughout the workday, counselors often have to exercise their professional judgment in areas that are difficult. They are held accountable for making professional decisions that are sound and reasonable, given the information they have available when they make such judgments. If a client

believes that he or she was harmed because of a professional decision made by a counselor, then the client might sue a counselor for malpractice. As a result, when a counselor exercises professional judgment, there is always a risk afterward of being accused of wrongdoing.

A few of the areas particularly vulnerable to later legal challenges in which counselors make judgments include the following:

- Determining whether a client is suicidal or a danger to others
- Deciding what to do to prevent harm after determining that a client is a danger to self or others
- Rendering a clinical diagnosis that could have negative implications for a client at a later time
- Terminating a counseling relationship over the client's objections
- Deciding whether to enter into a counseling relationship with a client who has a problem that you have not treated before or have not been specifically trained to treat
- Reacting appropriately to a client who has expressed an interest in having a sexual relationship with you
- Using a paradoxical intervention with a client

Just as counselors must obtain legal advice when legal questions arise in their practice, they must obtain professional consultation to the extent possible when making difficult professional judgments. It is inappropriate to ask counselor colleagues about how to handle legal problems, and at the same time it is inappropriate to consult with an attorney when making difficult clinical decisions. A counselor colleague might give you advice about a legal situation, but you cannot rely on the accuracy of that advice because your counselor colleagues are not lawyers. Likewise, a lawyer might give you advice about how to handle a difficult clinical issue, but lawyers are not educated as mental health professionals. If you ask attorneys about what to do in difficult clinical situations, they will focus on protecting you rather than on knowing what might be best for your client.

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## 1-4 The Case of Fatima

Fatima is a counselor in a university counseling center who is in the process of planning for a month-long vacation. She will be leaving in 2 months. She has been having a series of conversations with her supervisor and several of her colleagues at the center about the proper way to handle her existing clients: when to tell them she is leaving; whether to refer them permanently to other counselors; whether to refer them temporarily to other counselors and take them back when she returns; whether to terminate with those who are nearing readiness; and what to do about those clients who have been at risk for suicide in the recent past. At the staff meeting today, the counseling center director announced that he had talked to the university attorney about the situation and her advice was to just tell all of Fatima's clients that she will be gone for a month and to let them decide what to do in the interim. The director said that the attorney said that Fatima had no other legal obligations to the clients.

- To what degree should the university attorney's advice on this issue affect Fatima's decision making?
  - Because the director told Fatima and the staff about the advice of the university attorney, how should Fatima interact with the director if she decides to do something different from what the attorney advised?
-



**Discussion:** It is good for counselors to get advice from attorneys regarding their legal obligations. However, a counselor's ethical obligations may go beyond what is required legally. Fatima will want to be careful not to offend the director, so perhaps she could thank the director for obtaining legal advice. Later and in private, she might share the *ACA Code of Ethics* with the director and point out some of the ethical obligations she wants to meet. She could continue by suggesting that a good goal for the center would be to follow ethical and best practice guidelines, in addition to legal obligations, in order to provide the best possible service to clients.

When counselors face issues that require them to exercise their clinical judgment, particularly where there are no clear right or wrong responses, it is essential to consult with colleagues to the extent possible. In some situations consultation might be impossible, such as when emergencies arise. When time does allow, however, consulting about clients provides a substantial protection to counselors whose clinical decisions are later challenged. The legal standard of care for counselors is that counselors must practice in a manner consistent with the way in which a reasonable, similarly educated counselor would practice under the same set of circumstances. By consulting with others, counselors can prove later that they indeed met the standard of care by doing what other, presumably reasonable, counselors advised or agreed on. If experts are available for consultation, it is wise to talk with them as well. Experts might include former university professors, counselors who are known for their expertise in a particular area, or counselors with extensive clinical experience.

It is impossible for counselors to know for certain whether they are making decisions that will protect their clients or others from harm. Because of this uncertainty, it is essential that counselors maintain a current personal professional liability insurance policy at all times. Professional liability insurance policies are discussed in detail in Chapter 8.

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## Summary and Key Points

This introductory chapter has familiarized you with some key concepts that form the foundation for studying ethical, legal, and professional issues in counseling. The professional orientation content area of graduate training involves the study of professional identity, ethics, and law. *Morals*, *values*, and *ethics* are all interrelated terms, but they have different meanings. As used in this text, the term *morality* refers to personal beliefs and how these beliefs affect your conduct, whereas *ethics* refers to professional behaviors. Counselors share certain professional *values*, and they hold their own unique personal values, which they must take care not to impose on clients. *Laws* are agreed-on rules which set forth principles that allow people to live together in a society. Laws dictate minimal standards of

behavior, and ethics prescribe both minimal professional behaviors and ideal or aspirational behaviors. *Best practice* goes beyond what is minimally required by laws or codes of ethics and is the very best a counselor could be expected to do.

A model of professional practice was presented as one way to conceptualize how all these terms might fit together in your actual practice as a counselor. In this model, both internal and external building blocks contribute to the development and maintenance of sound, professional practice.

Following are some of the key points made in this chapter about ethics and law in counseling:

- Ethical theories have existed for centuries and provide a foundation for the ethical reasoning of contemporary professional counselors.

- Principle ethics, based on the moral principles of the helping professions, and virtue ethics, focused on traits of character, are two complementary ways of looking at the foundations of counselor ethics.
- Codes of ethics are vital resources in ethical decision making, but they cannot answer every question that might arise in actual practice. The *ACA Code of Ethics* (ACA, 2014) is the primary code on which counselors rely.
- Of critical importance to counselors is the development of ethical decision-making skills. Counselors are required to use an ethical decision-making model to reason through the ethical dilemmas confronting them.
- Most areas of counselor practice are affected by law.
- Counselors must know how to recognize legal issues and how to obtain legal advice.
- Counselors should seek advice from fellow mental health professionals when they have clinical or ethical questions, and seek advice from lawyers when they have legal questions.
- There is no substitute for professional judgment on difficult ethical or legal questions encountered by counselors, although many helpful resources exist.

# Professional Identity of Counselors



Counselors are a relatively new professional group compared to such other mental health professionals as psychologists, social workers, and psychiatrists. Potential consumers of mental health services often are unaware that counseling is a distinct profession that can be clearly distinguished from similar mental health professions. Even counselors themselves sometimes find it difficult to describe the distinctions. Thus, a vital professional task for counselors is to adopt a strong professional identity and to be able to articulate that unique identity to others (Gale & Austin, 2003; Healey & Hays, 2012; Smith, 2001).

Professional identity is a nebulous concept, but it is vital to the long-term success of a profession. In discussing the professional identity development of school counselors, Brott and Myers (1999) argued that professional identity is a process rather than an outcome, and that seasoned counselors must constantly reexamine their identities to meet new challenges. Individuals who have a strong professional identity

## FOCUS QUESTIONS

1. How do you respond when your friends and relatives ask you what you are studying in graduate school?
2. How do you think the wellness model of mental health espoused by counselors is different from the illness model or medical model of mental health?
3. What are some of the major challenges facing the counseling profession today?

can easily explain the philosophy that underlies the activities of their professional group, describe the services that their profession renders to the public, describe the training programs that prepare them to practice their profession, explain their qualifications and the credentials they possess, and articulate the similarities and differences between members of their own profession and other similar groups. In addition, those with a strong professional identity feel a significant pride in being a member of their profession and can communicate this special sense of belonging to those with whom they interact.

A number of articles have appeared regarding counselor identity over the last few years. Counselor professional identity development has been discussed and studied from various perspectives (Dollarhide, Gibson, & Moss, 2013; Healey & Hays, 2012; Moss, Gibson, & Dollarhide, 2014; Reiner, Dobmeier, & Hernandez, 2013). Scholars have recognized the importance of understanding counselor professional identity development for the success of the counseling profession.

Although it may seem strange to some, it wasn't until 2010 that a definition of *counseling* was agreed upon by the various organizations that represent the profession (Kaplan, Tarvydas, & Gladding, 2014). This agreed-upon definition can be found on the ACA website at [counseling.org](http://counseling.org).

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## 2-1 The Case of Rebekah

Rebekah is a third-grade teacher who recently completed her master's degree in counseling. Because her school district employs counselors only at the high school level, she has assumed that she will have to move to another district to fulfill her goal of being an elementary school counselor. She is very excited when her principal calls to tell her that the school board is going to consider hiring either counselors or school social workers for the elementary schools. The principal asks her to attend the next school board meeting and speak about what an elementary school counselor does and how counselors differ from social workers. Rebekah wants to give a very persuasive talk so that the board will decide to hire counselors and, she hopes, offer her one of the new positions. She asks you for advice on what to say and how to say it.

- What advice would you give Rebekah, in terms of the information she should present?
- What arguments do you think would be most persuasive in influencing the board members to hire counselors?

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**Discussion:** Rebekah might gather all the information available from the American School Counselor Association (ASCA; [schoolcounselor.org](http://schoolcounselor.org)) regarding the unique role of school counselors in elementary schools. She should summarize this information for the school board members. She should also be prepared to explain the differences between the roles of school social workers and school counselors at the elementary school level.

The most influential information Rebekah could present would be data showing that elementary school counselors make a difference in schools in terms of students' academic achievement; satisfaction of parents with the school; and satisfaction of parents, teachers, and administrators with elementary school counseling programs. Providing testimonials from students, parents, teachers, and principals in schools that have effective elementary school counseling programs might also be very effective.

We hope this chapter helps you clarify your professional identity as a counselor and also helps you tell others about the profession of counseling. It is also intended to help you understand and appreciate the history of the counseling profession, the professional associations that serve counselors, graduate program accreditation, and the credentials available to counselors.

## PHILOSOPHY UNDERLYING THE COUNSELING PROFESSION

Counselors have a distinct belief system regarding the best way to help people resolve their emotional and personal issues and problems. This belief system provides the foundation for the professional identity of counselors. Basically, counselors share the following four beliefs regarding helping others with their mental health concerns:

1. The best perspective for assisting individuals in resolving their emotional and personal issues and problems is the wellness model of mental health.
2. Most of the issues and problems that individuals face in life are developmental in nature, and understanding the dynamics of human growth and development is essential to success as a helper.
3. Prevention and early intervention are far superior to remediation in dealing with personal and emotional problems.
4. The goal of counseling is to empower individual clients and client systems to resolve their own problems independently of mental health professionals and to teach them to identify and resolve problems autonomously in the future.

### The Wellness Model

The first belief that counselors share is that the wellness model of mental health is the best perspective for helping people resolve their personal and emotional issues and problems (Hermon & Hazler, 1999; McAuliffe & Eriksen, 1999). Myers, Sweeney, and Witmer (2000) have developed a comprehensive model of wellness specific to counseling. Historically, the primary model used by other mental health professionals in the United States to address emotional problems was the medical or illness model, an approach created by physicians in caring for persons with physical illnesses.

In the medical model, the helper identifies the illness presented by the person asking for assistance. The diagnosis of the illness is always the first step in helping. This perspective assumes that the client is diminished in some significant way. The goal of the professional helper is to return the help seeker to the level of functioning enjoyed before the illness occurred. Once the illness has been isolated, the helper applies scientific principles in curing the illness. If the helper is successful and the illness is cured, the client then goes on about life. If another illness negatively affects the client's well-being, the client returns to the helper to be cured again.

Psychiatrists, who are physicians, are educated to approach mental health issues utilizing the medical model. Other mental health professions, including clinical psychology, psychiatric nursing, and clinical social work, came into existence when the medical model was prevalent, and these mental health professionals have their roots in this tradition as well.

Counselors, on the other hand, belong to a newer profession with a different tradition. Counselors have adopted the wellness model of mental health as their perspective for helping people, and there is evidence that counseling from a wellness perspective is an effective method of helping clients (Myers & Sweeney, 2004b; Prochaska, DiClemente, & Norcross, 1992; Tanigoshi, Kontos, & Remley, 2008; Westgate, 1996). In the wellness model, the goal is for each person to achieve



Within the counseling profession there is an increasing recognition of the importance of advocating for clients who face societal and institutional barriers that inhibit their access or growth and development (Hunt, Matthews, Milsom, & Lammel, 2006; Ingersoll, Bauer, & Burns, 2004; Myers & Sweeney, 2004a). Client advocacy has long been a tradition in social work practice, but until recently it has not been emphasized in the training of counselors, other than rehabilitation counselors. Mental health professionals who operate from the illness model might treat patients or clients in ways that appear similar to the way they would be treated by mental health professionals who embrace the wellness model. For example, mental health professionals who espouse either model would most likely provide individual or group counseling services, spend time talking with clients, take clinical notes, and render a diagnosis of any mental disorders the person may have. Perhaps the primary differences between the two are in the attitude of the professional toward the client and the focus of the professional's clinical attention. Counselors see the client as having both the potential and the desire for autonomy and success in living rather than having an illness that needs to be remediated. In addition, the goal of counseling is to help the person accomplish wellness rather than cure an illness. Hansen (2003; 2005; 2006; 2007; 2012) and Hansen, Speciale, and Lemberger (2014) have written a series of articles that question many of the current practices and language used by counselors, suggesting that the counseling profession may be moving away from its foundational beliefs by classifying itself as a health care profession.

### **A Developmental Perspective**

A second belief that counselors share is that many personal and emotional issues can be understood within a developmental perspective. As people progress through the life span, they meet and must successfully address a number of personal challenges. Counselors believe that most of the problems people encounter are developmental in nature and therefore are natural and normal. Problems that some other mental health professionals might view as pathological, and that counselors would see as developmental, include the following:

- A 5-year-old crying as if in terror when his mother drops him off for the first time at his kindergarten class
- An 11-year-old girl who seems to become obsessed with boys
- A teenager vigorously defying his parents' directives
- A 19-year-old boy becoming seriously depressed after breaking up with his girlfriend
- A young mother becoming despondent soon after the birth of a child
- A 35-year-old man beginning to drink so much he is getting into trouble after 15 years of social drinking
- A 40-year-old woman feeling worthless after her youngest child leaves home for college
- A 46-year-old man having an affair with a younger woman after 23 years of a committed marriage
- A 65-year-old woman feeling very depressed as her retirement approaches
- An 80-year-old man concerned that he is losing his mind because he is forgetting so much

By studying the developmental stages in life and understanding tasks that all individuals face during their lives, counselors are able to put many problems that clients experience into a perspective that views these problems as natural and normal. Even problems viewed as psychopathological by other mental health professionals, such as severe depression, substance addiction, or debilitating anxiety, could be seen as transitory issues that often plague people and that must be dealt with effectively if individuals are to continue living in a successful fashion.

## Prevention and Early Intervention

A third philosophical assumption of counselors is our preference for prevention rather than remediation of mental and emotional problems (Conyne & Horne, 2001; Kulic, Dagley, & Horne, 2001; McCarthy & Mejía, 2001; McCormac, 2014; Owens & Kulic, 2001; Sapia, 2001; Wilson & Owens, 2001). When prevention is impossible, counselors strive toward early intervention instead of waiting until a problem has reached serious proportions.

A primary tool that counselors use to prevent emotional and mental problems is education. Counselors often practice their profession in the role of teacher, using psychoeducation as a tool. By alerting clients to potential future areas that might cause personal and emotional distress and preparing them to meet such challenges successfully, counselors prevent problems before they arise. Just a few examples of prevention activities are parenting education programs, assertiveness training seminars, career exploration groups, and premarriage counseling.

When the time for prevention has already passed and a client is experiencing personal or emotional problems, counselors prefer seeing clients early in the process. Counselors believe that counseling is for everyone, not just for individuals who have mental illnesses or emotional disorders. By providing services to individuals when they begin to experience potentially distressing events in their lives, counselors hope to intervene early and thereby prevent problems from escalating. For instance, counselors would prefer to see a client who is beginning to have feelings of depression rather than someone who could be diagnosed as having an episode of severe depression, and counselors would encourage couples who are beginning to experience problems in their relationship to seek counseling rather than wait for their problems to escalate into serious marital discord.

## Empowerment of Clients

The fourth belief that counselors share regarding the helping process is that the goal of counseling is to empower clients to problem-solve independently (Chronister & McWhirter, 2003; Dailey, Gill, Karl, & Barrio Minton, 2014a; Lynch & Gussel, 1996; Savage, Harley, & Nowak, 2005). Through teaching clients appropriate problem-solving strategies and increasing their self-understanding, counselors hope that clients will not need assistance in living their lives in the future. Realizing that individuals often need only transitory help, counselors also try to communicate to clients that asking for and receiving help is not a sign of mental or emotional weakness but, instead, is often a healthy response to life's problems.

It is quite easy for individuals to become dependent on those who provide help to them. Some systems of mental health care seem to encourage a pattern of lifelong dependence. Counselors recognize this problem and encourage clients to assume responsibility for their lives and learn to live in a manner that allows them autonomy and independence as those concepts are understood within the clients' cultures. Although some people may need assistance throughout their lives because of a physical or mental disability, all clients are helped to become as independent as their circumstances will allow. Counselors do not present themselves as experts in mental health who must be consulted when problems arise. Rather, counselors communicate the belief that clients are capable of developing the skills they need for independent living and wellness.

## COUNSELING SERVICES

To achieve a strong professional identity as a counselor, it is essential that you understand the philosophy of helping we have just described. In addition, you need to be knowledgeable about the kinds of services that counselors provide to the public, even though the services that counselors



provide do not define the profession. Actually, counselors engage in a number of the same activities as do other professionals. The key to a strong professional identity is the philosophy underlying the services, not the services being rendered.

The basic service that counselors provide is counseling—for individuals, couples, families, and groups. All other mental health professionals counsel patients and clients, too. A major difference between counselors and other mental health professionals who counsel is that counseling is the *primary* professional service that counselors provide. By contrast, the primary service that psychiatrists provide is the diagnosis and medical treatment of mental disorders as a physician; psychologists primarily provide assessment and research; psychiatric nurses provide management of mental health care within a hospital setting; and social workers primarily link clients to community resources. For mental health professionals other than counselors, counseling may be a secondary or ancillary service.

In addition, a number of other professionals outside the mental health field call the service that they provide to clients *counseling*. For example, attorneys provide legal counseling, accountants offer financial counseling, and physicians offer counseling to their patients regarding their physical health. Counselors, in contrast to these non-mental-health professionals, provide mental health counseling services to clients.

In conjunction with counseling, counselors also perform a number of other professional services. These services include assessment, teaching, diagnosis, case management, and advocacy. Despite performing these other duties, the primary service provided by counselors is mental health counseling.

Counselors have a number of job titles, roles, and duties in their professional positions. To develop a strong professional identity, you must know when you are functioning as a counselor and when you are performing other roles in your professional position. You must also be able to identify the types of professional services that counselors render to the public.

## COUNSELOR PREPARATION PROGRAMS

Ask lawyers what they were taught in law school, physicians what they were taught in medical school, and engineers what they were taught in engineering school, and they can easily and clearly describe the courses they were taught, the practical components of their educational experience, and the topics covered in their preparation programs. To develop a strong professional identity, it is vital that you are also able to describe your training program components. By describing the educational programs that prepare counselors, you summarize the essential nature of counseling as a profession and emphasize the basic knowledge required for becoming a counselor.

An important aspect of counselor training is that the profession considers individuals to be professionals after they have completed a master's degree. Although a master's degree is the required professional degree in both psychiatric nursing and clinical social work, psychiatry requires a medical degree and a residency in psychiatry, and psychology requires a doctoral degree for the achievement of professional status. One of the primary differences between counseling psychology and the profession of counseling is that counseling psychologists must hold doctorates to be considered professionals, whereas counselors are considered professionals at the master's-degree level.

In addition, counseling skills are the primary focus of the counseling master's-degree training programs. Although other subjects are taught, all of the training emphasizes competency in the areas of individual and group counseling. The other courses required in master's-degree programs, such as research, assessment, multicultural counseling, and career counseling, are meant to strengthen the counseling skills of graduate students.

Counseling graduate programs generally are located in colleges of education within universities. The profession of counseling has its foundations in pedagogy and psychology, particularly

in counseling psychology and human growth and development. All these fields have their roots in colleges of education, which is why counseling graduate programs are usually located there. Some counselor educators and counselors are concerned that this implies that counselors are being prepared to function only in educational settings, such as schools or colleges. They believe that the general public's perception is negatively affected when they think of all counselors as being prepared and practicing in the same way that school guidance counselors were prepared and practiced at the beginning of the school counseling movement in the 1950s. The reality is that the counseling process is educational in nature, and although counselors do not educate in formal classrooms like traditional teachers do, counselors do educate their clients. Being located in colleges of education strengthens counseling graduate programs because the colleges emphasize pedagogy, human growth and development, applied research, and field placements as essential components of learning skills.

The counseling profession created the Council for Accreditation of Counseling and Related Educational Programs (CACREP) to set national standards for the preparation of master's- and doctoral-level counselors (CACREP, 2014; Urofsky, 2013). CACREP was begun during the 1960s under the leadership of Robert O. Stripling, a counselor educator at the University of Florida. CACREP began as a project of the Association of Counselor Education and Supervision (ACES), a division of the ACA, and now functions as a separate corporation.

CACREP has established standards for the preparation of counselors (CACREP, 2014). These standards require a minimum of 2 years or 48 to 60 semester hours in master's-degree programs that prepare counselors. In addition, the programs must include instruction in the following content areas: (a) human growth and development, (b) social and cultural foundations, (c) helping relationships, (d) group work, (e) career and lifestyle development, (f) appraisal, (g) research and program evaluation, and (h) professional orientation (which includes professional identity and ethics). CACREP requires that students complete a 100-hour practicum and a 600-hour internship. The CACREP standards also require that program faculty also be counselors, that programs have a laboratory for training, and that a number of other requirements for quality instruction be met (Bobby, 2013; Even & Robinson, 2013; Lee, 2013).

Currently, of the more than 1,600 master's- and doctoral-degree programs in counseling in the United States (Schweiger, Henderson, McCaskill, Clawson, & Collins, 2011), about one-third are CACREP accredited (CACREP, 2014). Many programs that are not yet accredited have patterned their master's-degree programs after the standards developed by CACREP. Although not all of the counseling graduate degree programs in the United States are accredited by CACREP, it is accurate to say that CACREP standards have been accepted by the profession as the model curriculum for preparing master's- and doctoral-level counselors. The doctoral standards have recently been strengthened (Adkison-Bradley, 2013). Because graduation from a CACREP-accredited program is one type of credential that a counselor might possess, CACREP accreditation will be discussed further in the next section.

In 2018, Ohio will be the first state to require that those licensed as counselors hold CACREP-accredited master's degrees (Bray, 2013). This is a major change and verifies that CACREP has become the educational standard for the counseling profession.

## **CREDENTIALING**

One of the greatest challenges faced by those entering the counseling profession is to understand counselor credentialing. Credentialed individuals possess some type of indicator that they are legitimate professionals. Credentialing comes in many forms, which is the basic reason people are so

confused by it. In addition, some credentials are essential to the practice of the profession, others are desirable but not necessary, and still others are of questionable value or even worthless.

This section contains a discussion of credentials and should assist you in conceptualizing and understanding counselor credentials.

A major problem that causes confusion among counselors and the public is that terminology is not consistent within the area of credentialing. The major types of counselor credentials are degree, state license, state agency certification, national voluntary certification, and program accreditation.

## Degree

The most obvious credential that counselors hold is the master's degree. Other degrees, such as specialist or doctoral degrees, are credentials as well.

Counselors hold a variety of master's-degree titles. A legitimate counselor might hold a Master of Education (MEd), Master of Arts (MA), Master of Science (MS), Master of Divinity (MDiv), or another, more unusual, master's-degree title such as Master of Counseling (MCoun). Most of the titles of master's degrees given in various universities were decided long ago and generally have little to do with any differences in the actual program content. The degree title in no way indicates whether a degree program requires a specified number of credits, includes a thesis, or has other specific requirements. In many universities, degree titles are decided politically among the various faculties. For example, a number of counseling master's-degree programs award MEd degrees because the degree programs are offered within university colleges of education.

Although the basic credential for a professional counselor is a master's degree in counseling, many counselors hold higher degrees, including specialist's degrees, certificates of advanced study, and doctoral degrees. Doctoral degrees in counseling usually are either the Doctor of Philosophy (PhD) or the Doctor of Education (EdD), although some counseling doctoral programs might have titles such as Doctor of Arts (DA) or Doctor of Divinity (DDiv).

## State License

In most states, a license issued by the state is required before a person is allowed to practice counseling in that state (Bergman, 2013). This licensure affects private practice counseling most directly because most licensure statutes state that counselors who practice in many other settings are exempt from the licensure requirement. For example, in most states, counselors who practice in local, state, or federal agencies; in nonprofit corporations; or in schools or other educational institutions are exempt from the licensure requirement. Often when professions are first licensed, many exemptions are granted to the licensure requirement. This occurs because of a concern that, if licensure were required for all members of that profession, agencies that traditionally pay less for the professionals' services would not be able to attract employees. For example, when physicians were first licensed by states, physicians employed in a number of settings were exempt from licensure. Over the years, these licensure exemptions have been removed for physicians, and now almost all physicians, no matter where they practice, must have a state license. The same removal of exemptions will most likely occur over time in the counseling field.

Unfortunately, counseling licensure statutes have various titles. In some states, counselors credentialed by the state are called *licensed*, and in other states they are referred to as *certified*. In some states, they have even been called *registered*.

In the more general arena of state regulation of professions, the terms *licensed*, *certified*, and *registered* have separate and specific meanings. A licensure law is referred to as a *practice law*, which means that the professional must be licensed to practice that profession in that state. A certification law is what is known as a *title law*, which means that a person must be certified to use the

title of *certified professional* but that the practice of that profession is not regulated by the state. Finally, a registration law was intended to mean that a professional had to *register* with the state but that no credentials would be required for registration. These terms, however, have been used interchangeably from state to state and from profession to profession. For example, registered nurses in almost all states in reality are *licensed* even though their title indicates they are *registered*. In addition, most current state registration laws do require that registered persons have some type of credentials before they will be added to the state registry.

Currently, in some states licensed counselors actually function under title laws, and some certified counselors, in reality, are operating under practice laws. As an individual counselor who wants to practice in a particular state, you should ascertain exactly what the state credential (whether a license, a certificate, or a registry) entitles the credentialed person to do. You do not have to fully understand the complexity of all state regulatory laws to understand what the particular law means in your state. The American Association of State Counseling Boards (AASCB; [aascb.org](http://aascb.org)) provides a listing of contact information for state licensure boards (AASCB, 2014). In addition, the National Board for Certified Counselors (NBCC; [nbcc.org](http://nbcc.org)) provides contact and testing information for state counselor licensure boards (NBCC, 2014). All 50 states, the District of Columbia, Puerto Rico, and Guam now have laws that regulate the profession of counseling.

To add to the confusion regarding state counselor licensure laws, states have given a number of titles to counselors who are licensed. The most common title is that of professional counselor. However, other states use titles such as mental health counselor or clinical counselor. The individuals who proposed the counselor licensing laws in each state decided which title to use. In some cases, titles were chosen to satisfy political compromises that had to be made to obtain legislative support for the bills.

### **State Agency Certification**

As the term is used here, *state agency certification* is different from state licensure. It was explained previously that counselors in some states are certified rather than licensed. However, in this section, the term *certification* is used to refer to the process whereby official agencies of the state certify individuals as qualified to hold certain state jobs. In most states, this agency process is referred to as *certification*, although some call it *licensure*.

The most obvious state agency certification process is for school counselors. In each state the department of education determines which counselors may be certified as school counselors. To maintain their school accreditation, schools in that state must hire certified school counselors, just as they must hire only certified school teachers. The requirements for being certified as a school counselor vary widely from state to state. In some states, school counselors must first be certified and experienced school teachers before they can become certified as school counselors, although this teacher certification requirement is being eliminated in most states. The requirements for state school counselor certification should be obtained from the state department of education in the state in which you wish to practice.

Another area in which counselors are certified by the state is in substance abuse counseling. Most states have various levels of certified substance abuse counselors, sometimes including counselors who hold less than a bachelor's degree. State agencies that provide substance abuse treatment services are required to hire only certified counselors who meet state requirements for certification. Information regarding state requirements for substance abuse counselors can be obtained from NAADAC: The Association for Addiction Professionals (NAADAC, 2014; [naadac.org](http://naadac.org)).

Rehabilitation counseling is another specialty area that involves varying state requirements. Although state rehabilitation agencies do not certify vocational rehabilitation counselors, they have

established minimum requirements for rehabilitation counselors that vary from state to state. Information regarding the requirements for being hired as a vocational rehabilitation counselor can be obtained from each state's rehabilitation agency.

### **National Voluntary Certification**

The two national certification agencies of the counseling profession are the National Board for Certified Counselors (NBCC; nbcc.org) and the Commission on Rehabilitation Counselor Certification (CRCC; crccertification.com). In 2014, NBCC certified more than 55,000 counselors in more than 40 countries (NBCC, 2014). In 2014 CRCC had over 17,000 certified rehabilitation counselors (CRCC, 2014). National certification is voluntary in that there is no governmental requirement that a counselor be certified for private practice. Even though a counselor may be required to be licensed in a state to practice counseling, there is no legal need for that same counselor to be certified by NBCC or CRCC. Counselors choose to become nationally certified to demonstrate they have met the highest national standards developed by their profession. National certification is sometimes used as a job prerequisite as well, especially in the field of rehabilitation counseling.

The counseling profession created NBCC in 1982 as the national agency to certify counselors who had met the minimum requirements of the profession (Stone, 1985). A National Certified Counselor (NCC) is an individual who has met the requirements set forth by NBCC. NBCC now functions as an independent corporation with its own board of directors. It was important for the profession to create NBCC so that the profession, rather than each individual state legislature, could determine the minimum requirements for being a professional counselor. In the same vein, it is important for counselors to support NBCC by becoming NCCs as soon as they are qualified to do so. In addition, counselors who hire other counselors should indicate that NCCs are preferred.

To become an NCC, a counselor must complete a master's degree in counseling, have 2 years of post-master's experience, and pass the National Counselor Examination. The 2 years of post-master's experience is waived for graduates of CACREP-accredited programs.

Every profession has national voluntary certification of specialists within that profession. NBCC has created specialty certification for the counseling profession. Although some believe that states should license counselors as specialists (Cottone, 1985; Emener & Cottone, 1989), Remley (1995) has argued that states should license counselors generally and NBCC should certify specialists. His position is that the role NBCC plays in certifying counselors as specialists within their chosen areas is vital to the success of the counseling profession. He believes that specialty designations should be voluntary and should be offered by a national body such as NBCC.

To become certified as a specialist by NBCC, a counselor first must be an NCC. Currently, NBCC offers specialty certification in mental health, school, and addictions counseling. The specific requirements for becoming specialty certified in one or more of these fields can be obtained by contacting NBCC (nbcc.org). In addition, an affiliate of NBCC, the Center for Credentialing & Education (CCE, 2014; cce-global.org) offers additional specialty certifications, including Approved Clinical Supervisor (APS), Distance Credentialed Counselor (DCC), Global Career Development Facilitator (GCDF), Thinking for a Change Certified Facilitator (T4C-CF), Board Certified Coach (BCC), Educational and Vocational Guidance Practitioner (EVGP), and Human Services-Board Certified Practitioner (HS-BCP).

Rehabilitation counseling specialists began certifying rehabilitation counselors before NBCC was formed. As a result, that specialty certification is offered by a separate certifying agency, the Commission on Rehabilitation Counselor Certification (CRCC; crccertification.com).

In addition to NBCC and CRCC, many other national voluntary counselor certifications are available to counselors. Some of these certifications have high standards and are multidisciplinary in nature. Others are simply designed to make money for the individuals who created them. If you are interested in a national certification for counselors offered by a group other than NBCC or CRCC, you should investigate the group's reputation among members of the counseling profession, the organizational structure of the group, and the general legitimacy of the credential.

NBCC is providing leadership in helping other countries establish the profession of counseling. The international affiliate of NBCC, known as NBCC International, has established relationships with counselors in a number of countries and is helping them become recognized as professionals (NBCC International, 2014; nbccinternational.org).

### **Program Accreditation**

The training of counselors was summarized previously in this chapter. The standards for preparing counselors that have been agreed upon by the counseling profession are included in the accreditation standards of CACREP, also detailed in the previous section. The Council on Rehabilitation Education (CORE, 2014; core-rehab.org) accredits master's-degree programs in the specialty area of rehabilitation counseling.

A counselor's graduation from a CACREP-accredited or CORE-accredited counseling graduate program is a credential. Although many highly competent counselors are graduates of non-CACREP-accredited programs, the CACREP credential does distinguish counselors as having completed a preparation program that meets the standards of excellence for the profession. Counselors can indicate on their résumés that they are graduates of CACREP-accredited or CORE-accredited programs. Many job announcements now indicate that CACREP-accredited or CORE-accredited program graduates are required or preferred.

The most comprehensive listing of graduate programs in counseling is found in a directory produced by Schweiger et al. (2011). In the most recent edition of that directory, more than a thousand master's-level programs and more than two hundred doctoral programs were listed. The master's-degree programs focus on the following specialty areas: community counseling, marriage and family counseling or therapy, mental health counseling, pastoral counseling, rehabilitation counseling, school counseling, college counseling, and miscellaneous specialty areas. The doctoral programs listed are divided into the following areas: counselor education and supervision, counseling psychology, marriage and family counseling/therapy, rehabilitation counseling, college counseling, pastoral counseling, and miscellaneous specialty areas.

Only master's- and doctoral-degree programs offered by regionally accredited universities are listed in the directory. Nonaccredited universities also offer graduate degrees in counseling. However, individuals who graduate from these nonaccredited university-degree programs often are unable to have their degrees recognized for the purposes of licensure, certification, or employment.

Accreditation of the university that offers degree programs in counseling, therefore, is essential for recognition. In addition to university accreditation, separate accreditation of counseling programs is important. Many state licensure statutes for counselors require the same preparation courses and field experiences as CACREP requires. In addition, NBCC has essentially the same preparation standards as CACREP.

Because the rehabilitation counseling specialty established a mechanism for accrediting master's-degree programs before counseling in general began accrediting master's- and doctoral-degree programs, the counseling profession has two recognized program accreditation groups—CORE and CACREP. CORE (2014) accredits only master's-degree programs in rehabilitation counseling. CACREP (2014) accredits master's-degree programs in career counseling; student

affairs and college counseling; clinical mental health counseling; marriage, couple, and family counseling; school counseling; and addiction counseling; and doctoral programs in counselor education and supervision.

In 2008, CACREP adopted program accreditation changes that went into effect in 2009 (CACREP, 2009). One major change was that the community counseling and mental health counseling specializations were combined into one program that includes 60 semester credits and requires 600 hours of internship rather than 900. Another major change was that newly hired full-time faculty members now must hold a doctoral degree in counselor education if they do not have previous experience teaching in a counselor education program.

CORE and CACREP reflect the minimum preparation program standards that have been agreed upon by the profession for master's- and doctoral-degree programs in counseling. If you want to determine whether programs that are not accredited by CORE or CACREP reflect these minimum standards, you could compare the degree requirements of those programs to the CORE or CACREP standards.

In established professions such as medicine, law, and even psychology, all preparation programs are either accredited by their professional accreditation bodies or are actively pursuing accreditation. Graduates of nonaccredited programs in those professions are unable to obtain state licenses to practice or are unable to secure desirable jobs (LaFountain & Baer, 2001). It is likely that, eventually, all master's- and doctoral-degree programs in counseling will be either CORE accredited or CACREP accredited as well. Ohio has recently passed a law that requires all future counselors who are licensed in that state to have degrees from CACREP-accredited programs (Bray, 2013).

### **Ethical Standards Related to Credentialing**

Professional counselors are ethically required to present their credentials accurately. According to the *ACA Code of Ethics* (2014), counselors must claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others. They must clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training (§C.4.a.). With respect to degrees held, counselors may advertise only the highest degree earned that is in counseling or a closely related field (§C.4.d.). Some counselors hold a master's degree in counseling and a doctoral degree in another field.

As you acquire various professional credentials, you certainly will want to advertise them. Your professional association's code of ethics imposes few restrictions on advertising (ACA, 2014, §C.3.), and those are limited to restrictions that can be clearly justified to protect the public. Nonetheless, you must know precisely what limits are contained in the code. In some circumstances, however, it is difficult to determine what the *ACA Code of Ethics* allows.

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## **2-2 The Case of Kevin**

Kevin earned his master's degree in counseling 8 years ago and has been working as a staff counselor in a psychiatric hospital since he graduated. In addition to this employment, he opened a part-time private practice when he became licensed as a professional counselor. Kevin recently completed his doctorate in health care administration from a nontraditional distance learning university in California. He is now focused on his goals of moving into an administrative position within the hospital as well as building up his private practice in case an administrative job opportunity does

not occur. He has decided to update the business cards and brochures he uses in his private practice, and he has changed the wording to present himself as “Kevin Smith, PhD, MS, LPC, Professional Member of the American Counseling Association.”

- Do you see anything wrong with the wording on Kevin’s cards?
- Do you believe a doctorate in health care administration could be considered a doctorate in counseling or a closely related field?

**Discussion:** All of Kevin’s credentials on his card are directly related to counseling except perhaps his PhD, which is in health care administration. If his doctorate was earned from a university that was not accredited by one of the regional accrediting bodies, then the legitimacy of his degree would be questionable. He must be careful not to mislead the public into believing that he has a legitimate counseling doctoral degree. Whether the university from which he earned his degree is accredited by a regional accrediting body is not known. Many nontraditional distance learning universities do hold regional body accreditation.

According to the *ACA Code of Ethics* (2014), “Counselors do not imply doctoral-level competence when possessing a master’s degree in counseling or a related field by referring to themselves as *Dr.* in a counseling context when their doctorate is not in counseling or a related field” (§C.4.d.). There are arguments for and against recognizing a PhD in health care administration as a doctorate in a field closely related to counseling. On one hand, counseling is a form of health care, and a specialty within health care could easily be mental health care administration. On the other hand, general health care administration is not a mental health field. Perhaps the best way for Kevin to ensure that he is acting ethically, even though it might be a bit awkward, would be for him to specify on his business cards that his PhD degree is in health care administration and his MS degree is in counseling.

Basically, advertising must be accurate and must not be false, misleading, deceptive, or fraudulent (ACA, 2014, §C.3.a.). When you become aware of any misrepresentation of your credentials that might be made by others, you are responsible for making reasonable efforts to correct the misinformation (§C.3.c.). Because many counselors hold multiple credentials, their business cards and advertising brochures can sometimes resemble a kind of alphabet soup. A counselor’s degrees, licenses, certifications, and professional memberships might include, for instance, MS (Master of Science) from a CACREP-accredited counseling program, LPC (Licensed Professional Counselor), NCC (National Certified Counselor), CCMHC (Certified Clinical Mental Health Counselor), CADAC (Certified Alcohol and Drug Abuse Counselor), and ACA Professional Member. It is important for counselors to make reasonable efforts to ensure that the *meaning* of these credentials is clear to potential consumers of their services.

In addition, as a credentialed counselor, you must be careful not to attribute more to your credentials than the credentials actually represent (ACA, 2014, §C.4.a.), and you should not imply that other counselors are not qualified because they do not possess the same credentials as you do or because they lack certain credentials (§§C.4.a. and D.1.a.). For example, it would be inappropriate for a Certified Alcohol and Drug Abuse Counselor to say or infer that a mental health professional had to have that credential in order to be competent to counsel clients regarding substance abuse or dependency problems. Also, it would not be professional to denigrate the preparation of licensed psychologists by inferring that their degree programs have prepared them less adequately for mental



health practice than have the degree programs of licensed professional counselors. The *ACA Code of Ethics* (ACA, 2014) states, “Counselors acknowledge the expertise of other professional groups and are respectful of their practices” (§D.1.a.).

## EVOLUTION OF THE COUNSELING PROFESSION

History is in the eye of the beholder. In other words, people view history from their own personal perspectives. A number of authors have attempted to summarize the history of the counseling profession, and each summary is different (Bradley & Cox, 2001; Gibson & Mitchell, 2008; Hershenson, Power, & Waldo, 1996; Sweeney, 2001). Various authors emphasize different events and give their own interpretations to facts that have led them to various conclusions. The following summary represents a brief view of the history of the counseling profession that recognizes the input of others and adds our perspectives based on our observations as leaders and members of the profession.

### Origins of the Profession

At the same time that the psychology profession was establishing the doctoral level as the requirement for professional status and counseling psychology was developing as a specialty area within it, historical events were leading to the rapid development of school counseling programs and vocational rehabilitation counseling. Eventually, changes within counseling psychology, the school counseling movement, and federal funding of vocational rehabilitation counseling led to the emergence of the new profession of counseling.

### Counseling Psychology

The counseling profession basically shares its history with the emergence of counseling psychology as a specialty within the psychology profession (Goodyear, 2000). Early leaders in the specialty of counseling psychology distinguished themselves from other psychologists by declaring that they were interested in the normal, healthy development of human beings rather than in illness and psychopathology. In counseling psychology, the focus was on developmental stages in people’s lives and career concerns. World War I and the work of Frank Parsons on career classifications provided the impetus for the development of counseling psychology as a separate specialty within psychology. Parsons created a concept in the United States that citizens should be assisted in selecting careers that would be rewarding and matched to their abilities and interests (Gibson & Mitchell, 2008).

Although the field of psychology has offered doctoral degrees for quite some time, at the beginning of its political movement to become a profession, psychology recognized individuals with master’s degrees as professional psychologists. Several decades ago, the American Psychological Association (APA) declared that, in the future, only psychologists who held doctoral degrees would be recognized as professionals. The profession decided to continue to recognize all existing psychologists who held master’s degrees and allow them to practice, but in the future to allow only individuals who held doctoral degrees in psychology into the profession. Licensure laws in psychology throughout the United States were changed to reflect this new political position.

Despite APA’s declaration that only psychologists at the doctoral level would be recognized as professionals, universities throughout the United States continue even today to offer master’s degrees in clinical and counseling psychology. Essentially, these master’s-degree programs in psychology have produced and are continuing to produce graduates who have limited or no professional recognition in psychology. Graduates of these master’s-degree programs most often seek and

obtain licensure as counselors in states that have counselor licensure laws. When graduates of master's-degree programs in clinical or counseling psychology become counselors through the process of state counselor licensure, the professional identities of both psychologists and counselors become blurred, and the public becomes more confused about the differences between the two professions. In addition, a number of licensure boards have adopted rules in the last few years that do not recognize master's degrees in psychology as acceptable for licensure as professional counselors.

### **School Counseling**

When the Russians launched the first spacecraft, *Sputnik*, in 1957, politicians in the United States feared that, because the Russians had exceeded U.S. technology and beat the United States in the *race to space*, they might overpower the country politically as well. In response to this fear, the U.S. Congress created and funded substantial programs to encourage young people to seek careers in technical and scientific fields. Part of this effort included placing counselors in high schools to channel students into math and science courses. Throughout the United States, universities created summer institutes in which high school teachers were given basic courses that led to their placement in high schools as guidance counselors. In most instances, high school teachers were given two or three courses in *guidance* or *counseling*, which then allowed them to be certified as school counselors and assume guidance counselor positions within schools. Because the primary purpose of this effort was to encourage students to take math and science courses, it did not seem necessary for counselors to be prepared beyond the training provided in these summer institutes.

In a very short time, school accreditation groups required that high schools have guidance counselors in order to receive or continue their accreditation. Today, almost all middle and high school accreditation agencies require that these schools have counselors, and in some areas of the country elementary schools are required to have counselors as well. Almost all states now require that certified school counselors have received the master's degree and have completed specified courses and an internship. For a school counseling program to achieve CACREP-accredited status, the master's degree must include a minimum of 48 semester hours.

### **Vocational Rehabilitation Counseling**

In the 1950s, it was recognized in the United States that citizens with physical and mental disabilities were not being given the help they needed to become productive members of society. As a result, legislation was passed that provided counseling and educational resources that were meant to rehabilitate persons with disabilities so that they could function as autonomously as possible.

A major component of this rehabilitation legislation was funding to prepare counselors to help disabled persons evaluate their disabilities, make plans to work, and find satisfactory employment. As a result of this funding, master's-degree programs in rehabilitation counseling were developed and existing programs were expanded. State rehabilitation agencies created positions in rehabilitation case management and counseling for the graduates of these programs.

In summary, the dynamics around the creation of the specialty of counseling psychology, the decision within the psychology profession that professionals would be recognized only at the doctoral level, the emergence of school counseling, and the funding of vocational rehabilitation counseling programs led to the creation of counseling as a separate profession. Clearly, the origins of the profession lie in the convergence of several disparate forces rather than in a single event.

### **Counseling as a New Profession**

An entire area of scholarly inquiry in the field of sociology studies the emergence of new professions. Scholars within this field have identified the essential factors that define what a profession

is and what steps a group must go through to establish itself as a legitimate, separate, and unique profession. In relation to other professional groups in general and to mental health professional groups in particular, counseling is a relatively new professional entity. To understand some of the difficult problems facing the counseling profession today, it is important for counselors to compare counseling to other, older mental health professions, to ascertain where we are in the process of becoming a fully recognized profession.

Toren (1969) defined a fully developed profession as one that has the following traits: a body of theoretical knowledge, members who possess competence in the application of this knowledge, and a code of ethics focused on the client's well-being.

A different concept of a profession has been offered by Hughes (1965). He has said that, compared to nonprofessions, emerging professions demand more independence, more recognition, a higher place, a clearer distinction between those inside and those outside the profession, and more autonomy in choosing colleagues.

Six criteria for determining professional maturity have been described by Nugent (1981). According to Nugent, a mature profession and its members have the following characteristics:

- They can clearly define their role and have a defined scope of practice.
- They offer unique services (do something that members of no other profession can do).
- They have special knowledge and skills (are specifically trained for the profession).
- They have an explicit code of ethics.
- They have the legal right to offer the service (have obtained a monopoly, through licensure or certification, over the right to provide the services).
- They have the ability to monitor the practice of the profession (the profession can police itself).

By considering these traits, conceptualizations, and definitions of a mature profession, it is possible to see that the field of counseling fully meets the criteria in some areas and is still struggling in others. Certainly counselors have a well-established code of ethics and have achieved societal recognition through state licensure. Areas that are still weak include identifying services that are uniquely offered by counselors, developing a body of knowledge that belongs specifically to counseling and does not borrow so heavily from psychology, and achieving a higher status within society.

### **Steps in Becoming a Profession**

According to sociologists who have studied emerging professions within society (Abbott, 1988; Caplow, 1966; Dugan, 1965; Etzioni, 1969; Friedson, 1983; Hughes, 1965; Scott, 1969; Toren, 1969), professions must go through a developmental process if they are to be successful in establishing themselves as fully recognized professions.

Caplow (1966) maintained that the steps whereby a group achieves professional status are quite definite, and that the sequence of steps is explicit. The first three steps toward professionalization are (a) forming associations, (b) changing names to reduce identification with the previous occupational status, and (c) developing a code of ethics. Certainly the counseling profession has accomplished these three steps. First, ACA was chartered in 1952 from three long-standing subgroups. Second, the association's name was changed from the American Personnel and Guidance Association (APGA) to the American Association for Counseling and Development (AACD), and then to the ACA. Each change reduced the identification with words such as *guidance*, *student personnel*, and *student development* and embraced more fully the word *counseling*. In addition, ACA has had a code of ethics since 1961.

According to Caplow (1966), the fourth step in accomplishing the goal of becoming a profession is prolonged political agitation. Members of the occupational group obtain public sanction to maintain established occupational barriers. Counselors have been involved in substantial political agitation since the first counselor licensure law was passed in Virginia in 1976. That political activity has been continued as similar licensure laws have been passed in state after state. In addition, counselors have lobbied state legislators to mandate school counseling programs, to include counselors as providers in health care programs, and to ensure that the professional services of counselors are reimbursed by health care insurance companies. Clearly, counselors have engaged in Caplow's prolonged political agitation, and this process is continuing today.

Counselors have been fighting hard and making a number of changes to overcome the deficiencies that have hindered the development of the profession. Some of the changes that have taken place in the last 20 to 30 years in the field of counseling include the following: The length of most training programs has increased from 30 to 48 or 60 semester hours; efforts have been made to improve the professional status of counselors through credentialing and legislation; laws are continually passed in states granting privileged communication to interactions between counselors and their clients; the body of knowledge is being increased through scholarly publications specifically in counseling, as distinguished from psychology; and counselor licensure laws have brought autonomy from being supervised by others to practice counseling. Evidence suggests that counseling is now close to being a fully recognized profession in the United States.

### **Progress Toward Professionalization**

It is discouraging for graduate students preparing to enter the field to realize that counseling, despite its progress, still has some way to go before achieving recognition on a par with other mental health professions within our society. On the other hand, it is encouraging to note that counseling is making progress toward recognition as a profession at a relatively fast rate when compared to professionalization efforts in other fields. For example, scholars within psychology wrote as late as 1982 in one of their own profession's journals that they doubted that psychology could validly claim to be a profession (Phillips, 1982). The first law establishing psychologists as independent health practitioners was passed in 1968 in New Jersey (Dorken & Webb, 1980), and some states still do not require a license to practice psychology. In comparison, the first counselor licensure bill was passed in Virginia in 1976, and already all states and the District of Columbia have passed licensure bills for counselors.

Although counselors are continuing to work toward full professional status, we will continue to refer to ourselves as professionals and to our field as a profession.

## **PROFESSIONAL ASSOCIATIONS OF COUNSELORS**

Professional associations are formed by professional groups for a number of reasons. First, associations provide a forum for professionals to gather to discuss issues and problems that exist within the profession. An association allows the members of a profession to address issues as a group rather than work independently on behalf of the profession. Second, professional associations provide leadership by speaking for the profession on critical legislative issues that affect the profession at all levels of government. Professional associations also provide continuing education for their members. Earning a master's degree in counseling is only the beginning of the learning process

for counselors. As new information becomes available, counselors must attend conferences and workshops to update their skills and expertise. Professional associations provide such learning opportunities and also publish scholarly journals, texts, monographs, and other media resources for the continuing education of their members. In addition, professional associations publish and enforce a code of ethics for their members. Important hallmarks for professionals are having a code of ethics and policing themselves.

### **American Counseling Association**

The American Counseling Association (ACA, 2014; counseling.org) has a number of divisions and state branches that represent the counseling profession and serve counselors in various ways.

You should join ACA when you begin your graduate degree program in counseling and maintain active membership throughout your career as a counselor. Students receive discounted membership. All members, including students, receive a subscription to the counseling professional journal, the *Journal of Counseling & Development*. In addition, members receive a monthly magazine and bulletins, which include current political and professional news related to counseling as well as announcements of professional development opportunities, job openings, and advertisements for professional products. Other benefits of membership include the ability to purchase professional liability insurance policies, reduced registration fees for the national convention and national workshops, and discounted prices for texts and media products published by ACA. Professional liability insurance is free to student members of ACA.

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## **2-3 The Case of Juanita**

Juanita recently received her master's degree in counseling and has taken her first full-time job as a counselor at an outpatient substance abuse treatment facility. Although her beginning salary was lower than she anticipated, Juanita is confident that with hard work and determination, she will get promotions and pay raises in the next few years. Immediately after beginning her job, Juanita paid a \$200 fee to register with her state counselor licensure board so that she could complete her 2 years of supervised experience required to become licensed. She also made arrangements with a local licensed counselor to meet weekly at \$90 per meeting for supervision. During her 2 years in graduate school, Juanita had been a student member of ACA and two ACA divisions, the American Mental Health Counselors Association (AMHCA), and the International Association of Addiction and Offender Counselors (IAAOC). In addition, she had been a student member of her state counseling association and the state branch divisions of AMHCA and IAAOC. Juanita is also a member of the national counseling scholarship honorary, Chi Sigma Iota, and is a National Certified Counselor (NCC). Both the organization and the certification board require annual dues or renewal payments. Juanita is on a tight budget and is thinking that she might not rejoin ACA and the two national divisions or her state counseling association and its two divisions.

- What will Juanita miss if she drops her ACA and national division memberships?
  - What will Juanita miss if she drops her state counseling association and two state division memberships?
  - How would you advise Juanita?
-

**Discussion:** Most important, if Juanita drops her ACA and national division memberships, she will miss the opportunity to stay informed of new developments in the counseling profession from a national perspective. She will no longer get ACA and division newsletters, announcements of national conferences, discounts for texts and conference registration fees, and bulletins on important matters of interest to counselors. Juanita will also miss opportunities for continued development of her professional identity as a counselor by not knowing what is going on in the counseling profession at the national level. She will no longer be able to purchase the high-quality professional liability insurance policy ACA makes available to its members.

If she drops her state association memberships, Juanita will miss the opportunity to stay informed of new developments in the counseling profession at the state level, where state licensure issues are addressed, and where funding for counseling positions and state laws affecting counselors are monitored. She will no longer get state counseling association and division newsletters, announcements of state conferences, discounts for conference registration fees, and bulletins on important matters of interest to counselors in her state. Juanita will also miss opportunities for continued development of her professional identity as a counselor by not knowing what is going on in the counseling profession at the state level and not being connected professionally to her state colleagues.

You might remind Juanita that she has spent considerable amounts of money to earn her master's degree in counseling. Not only has she paid for tuition and texts, but she has also lost income she would have earned by working while she was taking her graduate classes. Although all of these expenses may seem overwhelming to a new professional, if Juanita is to be successful in her career as a counselor, she will need to continue her professional association affiliations and maintain her counseling credentials. Counselors who isolate themselves from their professional peers seldom have successful careers. Professionals in all fields have similar expenses. These membership dues, certification renewal fees, and licensure board fees are part of the costs of being a professional.

## ACA Divisions

Currently, ACA has 20 divisions. ACA members, if they choose, may join one or more divisions in addition to their basic ACA membership. Division members receive scholarly journals from divisions that publish them, periodic newsletters, and from time to time information related to the divisions' special purposes.

There are two types of divisions within ACA, and all divisions are subgroups of ACA. One type of division has as members counselors who practice in various employment settings, such as schools, colleges, or mental health centers. The other type of division has as members counselors who have special interests within counseling such as group counseling, multicultural counseling, or marriage and family counseling. Figure 2-2 provides a listing of the 20 ACA divisions with a description of their members.

## ACA State Branches

Most states plus the District of Columbia, the Virgin Islands, Puerto Rico, the Philippines, and Europe have ACA branches. Although these branches are chartered by ACA, they are separate, independent organizations. To join a state branch, you must contact that organization. Most branches offer discounted membership rates for graduate students. Telephone and address information for state branch associations can be obtained by contacting the ACA ([counseling.org](http://counseling.org)). State branches

<b>NAME OF ACA DIVISION</b>	<b>MEMBERSHIP INCLUDES</b>
<b>Association for Adult Development and Aging (AADA)</b>	Counselors who have a special interest in counseling issues of adults and those who specialize in gerontology
<b>Association for Assessment and Research in Counseling (AARC)</b>	Counselors who are interested in testing and research
<b>Association for Child and Adolescent Counseling (ACAC)</b>	Counselors who have a special interest in counseling children and adolescents in all settings
<b>Association for Creativity in Counseling (ACC)</b>	Counselors who have an interest in understanding creative approaches to counseling (such as art, music, or dance therapy)
<b>American College Counseling Association (ACCA)</b>	Counselors who work in college and university settings, including technical and community colleges
<b>Association for Counselors and Educators in Government (ACEG)</b>	Counselors employed by federal and state governments
<b>Association for Counselor Education and Supervision (ACES)</b>	University professors who teach in counseling graduate programs, supervisors of counselors, and individuals who specialize in counseling supervision
<b>The Association for Humanistic Counseling (AHC)</b>	Counselors who are oriented toward humanistic principles
<b>Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC)</b>	Counselors who have a special interest in providing counseling services to lesbian, gay, bisexual, and transgender clients
<b>Association of Multicultural Counseling and Development (AMCD)</b>	Counselors who have a special interest in multicultural issues in counseling
<b>American Mental Health Counselors Association (AMHCA)</b>	Counselors who practice in community mental health settings and who are in private practice
<b>American Rehabilitation Counseling Association (ARCA)</b>	Counselors who work in government and private vocational rehabilitation settings
<b>American School Counselor Association (ASCA)</b>	Counselors who practice at all levels of school counseling: elementary, middle, and secondary
<b>Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC)</b>	Counselors who have special interests in spiritual, ethical, or religious values issues in counseling
<b>Association for Specialists in Group Work (ASGW)</b>	Counselors who have a special interest in group counseling
<b>Counselors for Social Justice (CSJ)</b>	Counselors who are interested in the eradication of oppressive systems of power and privilege
<b>International Association of Addictions and Offender Counselors (IAAOC)</b>	Counselors who work in substance abuse or prison settings
<b>International Association of Marriage and Family Counselors (IAMFC)</b>	Counselors who specialize in marriage and family counseling
<b>National Career Development Association (NCDA)</b>	Counselors who have a special interest in career counseling
<b>National Employment Counseling Association (NECA)</b>	Counselors who work in employment agency settings

**FIGURE 2-2** The 20 divisions of the American Counseling Association

Source: Pearson Education, Inc., Hoboken, NJ.

hold annual conventions, represent counselors from their states in legislative matters, publish periodic newsletters, and sometimes provide publications and workshops for members.

Most state ACA branches have state branch divisions that parallel the national ACA divisions. So, in addition to a state ACA association, often there will exist, for example, state divisions for school counselors, mental health counselors, and counselors interested in multicultural counseling issues. When you join your state ACA branch, you will also have the opportunity to join any divisions that exist in your state that interest you.

Many important professional issues, such as licensure and school counselor certification, can be addressed only at the state level. In addition, it is very important for counselors to know and interact with their colleagues throughout the state in which they are practicing. Therefore, throughout their professional careers counselors should belong to their ACA state branch in addition to belonging to ACA and should provide leadership for the counseling profession (Meany-Walen, Carnes-Holt, Minton, Purswell, & Pronchenko-Jain, 2013).

### **Other Associations**

In addition to ACA and its national divisions and state branches, counselors belong to a number of other national and international associations. These associations represent a variety of interests. Associations consist of multidisciplinary groups of mental health professionals, professionals interested in specializations within the mental health field, special political-purpose groups, and even associations that are in opposition to the professional and political interests of the ACA and counselors. It might be beneficial for counselors to join multidisciplinary professional associations to gain from cross-disciplinary interactions and fresh perspectives on mental health issues. Counselors may also want to purchase materials developed by other associations or attend workshops these associations sponsor.

One association that was created as a result of ACA's success in the area of state licensure for counselors is the American Association of State Counseling Boards (AASCB, 2014; [aascb.org](http://aascb.org)). This group has as its members state boards that license counselors and individuals who have been appointed to those boards or who administer them. The group meets annually to update members regarding developments in the area of counseling licensure.

Not all other mental health professional associations are supportive of counseling as a profession. The APA opposed counselors as they achieved recognition in state legislatures as an independent profession and currently opposes licensed counselors' efforts to pass legislation making it clear that counselors can diagnose and treat mental disorders, can test, and can be reimbursed by health insurance companies for their services. A number of associations focus on the certification of counselors and the accreditation of facilities that offer counseling services. Groups that have not already been mentioned in this chapter include the Commission on Accreditation of Rehabilitation Facilities (CACRF International; [carf.org](http://carf.org)); the International Association of Counseling Services (IACS; [iacsinc.org](http://iacsinc.org)), which accredits university counseling centers; and the Joint Commission ([jointcommission.org](http://jointcommission.org)), which accredits hospitals, home care organizations, laboratory services, and nursing care centers, among others.

## **CURRENT ISSUES RELATED TO PROFESSIONAL IDENTITY**

One of your tasks as a graduate student preparing to enter the counseling profession is to develop a strong identity as a counselor. Yet, as we have seen, the profession itself seems confused about its identity. Highlighting and discussing some of the current professional identity problems in the



profession may help you acknowledge and put these problems in perspective as you develop your own professional identity as a counselor.

### **Specialties Versus One United Profession**

Probably the most significant problem that the counseling profession faces today is determining whether the profession will develop a strong identity as one united profession with a common philosophical foundation and knowledge base, or whether the specialties will emerge as the dominant force within counseling (Myers & Sweeney, 2001). If the specialties prevail, counseling has little chance of becoming a unified and societally recognized profession.

The problems associated with the specialties within the counseling profession were discussed two decades ago in the November/December 1995 issue of the *Journal of Counseling & Development* (Myers, 1995). In that issue of the primary professional journal of the counseling profession, authors discussed the following established and emerging counseling specialties: career counseling (Engels, Minor, Sampson, & Splete, 1995), college counseling (Dean & Meadows, 1995), school counseling (Paisley & Borders, 1995), marriage and family counseling (Smith, Carlson, Stevens-Smith, & Dennison, 1995), mental health counseling (Smith & Robinson, 1995), rehabilitation counseling (Leahy & Szymanski, 1995), addictions counseling (Page & Bailey, 1995), and sports counseling (Miller & Wooten, 1995).

A complex profession must include specialties because no one practitioner can be proficient in all areas of the profession (Abraham, 1978; Kett, 1968; Napoli, 1981). Specialties are necessary to ensure that research, training, and improved practice occur in specialized areas of counseling with unique needs and issues. If members of subgroups within a profession believe that their specialties are significantly different from the general profession, however, then those specialty groups will attempt to establish themselves as separate professions (Etzioni, 1969). This phenomenon seems to continue to occur in counseling, particularly within the specialties of mental health counseling (Messina, 1999), marriage and family counseling, school counseling (Johnson, 2000), and career counseling. It would be wise for new counseling professionals to recognize that the specialty group members with whom they wish to affiliate may be working against the overall goal of establishing counseling as a strong, viable, and societally recognized mental health profession (Fox, 1994).

Our position on this issue is that counseling is our primary profession, and that counselors who are members of specialty groups should support the overall profession while paying attention to their special interests and needs within the counseling profession. When you enter the profession, you will have opportunities to voice your own position, and you will want to consider carefully the issues involved.

### **Organizational Structure of ACA**

Historically, some specialty groups in counseling (school counselors, college counselors, career counselors, and counselor educators) came together to form the first professional association, which they named the American Personnel and Guidance Association (APGA) in 1952. The name was later changed to the American Association for Counseling and Development (AACD) and is now ACA.

An unfortunate event occurred during the history of the association when, at some point, the divisions within ACA were incorporated as separate legal structures. This makes ACA appear to be a federation, or a group of groups, rather than one unified organization with subgroups of specialties. The separate incorporation of the divisions within ACA has led to many disagreements among association leaders as to whether ACA is a manager meant to serve the interests of the divisions, or

whether the divisions are subgroups of individuals whose primary interest is in being members of a unified professional association.

These disagreements led the American College Personnel Association (ACPA) to disaffiliate from ACA in 1992 and become a separate, autonomous professional association. Three additional ACA divisions have seriously discussed, and taken some actions that could lead to, disaffiliation. They are the American School Counselor Association (ASCA), the American Mental Health Counselors Association (AMHCA), and the National Career Development Association (NCDA). Leaders and members of the association have spent energy on the conflict rather than on the tasks of strengthening the counseling profession and ensuring that members' continuing professional development needs are met.

When ACPA left ACA, ACA immediately created a new division, the American College Counseling Association (ACCA), for members who worked in higher education settings. Some ACA leaders have stated their intent to do the same thing if the mental health counseling, school counseling, or career counseling associations disaffiliate from ACA. In the future, AMHCA (Beck, 1999), ASCA, NCDA, and perhaps others might disaffiliate from ACA and establish themselves as separate autonomous associations. If major divisions within ACA leave, ACA could create entities within ACA to replace them. In any eventuality, ACA members will be able to continue their affiliation with ACA and will have opportunities within ACA to affiliate with members who have their same specialty interests.

A basic aspect of human nature is that people tend to identify with the group they know best and with which they are most familiar. Members and leaders within the specialty subgroups in counseling have naturally tended to create well-organized entities that represent their specialized interests. It also is clear that counseling is at a critical stage of development (Collison, 2001). Either the profession of counseling will find a way through its conflict and will emerge as a unified profession, or it will fragment and its various specialties will attempt to establish themselves as separate independent professions. Bradley and Cox (2001) have suggested that perhaps a new organizational structure is needed that will allow the larger ACA to accommodate the differences within its divisions. Only time will reveal the outcome of the current struggles.

### **CACREP Accreditation of Specialties**

Sweeney (1995) has pointed out that CACREP actually accredits master's-degree programs leading to specialty degrees in counseling, rather than accrediting general master's-degree programs in counseling. If a university that offers a master's-degree program in counseling wants to obtain CACREP accreditation, the program must declare that it prepares master's-level counselors for one or more of the following specialty areas: addictions counseling; student affairs and college counseling; career counseling; marriage, couple, and family counseling; clinical mental health counseling; or school counseling (CACREP, 2014). Even though CACREP accredits master's-degree programs leading to specialty degrees in counseling, a core curriculum that includes basic instruction for all counselors is required for accreditation in any of the specialty areas. Bobby (2013) has explained how the CACREP standards have helped to unify the counseling profession.

This requirement that students specialize at the master's-degree level does cause some professional identity problems for graduate students. Although professors encourage graduate students to develop identities as counselors in general, these same graduate students are being told that they must choose and prepare for one specialty area within counseling. There are questions as well about what constitutes a particular specialty, such as clinical mental health counseling, and what makes it different from other specialties (Hershenson & Berger, 2001).

## Varying State Licensure and Certification Requirements

As explained previously in this chapter, the states that license counselors vary significantly in requirements. Licensure statutes require from 30 to 60 hours of graduate course work and from 1 to 3 years of post–master’s-degree supervision, and they include a variety of requirements that are unique to the state (ACA, 2014). State requirements for certification as a school counselor also vary considerably from jurisdiction to jurisdiction.

These differences in licensure and certification standards reflect a profession that has not been able to establish an agreed-upon set of standards and then to get those standards accepted by political entities throughout the United States. Because of this lack of uniformity, individual counselors who move from state to state often find that they must take additional course work or even earn another master’s degree to meet the new state’s standards. Established professions, such as law, medicine, and even psychology, have been able to establish licensing laws across the United States that are uniform and allow members of their professions to be licensed and to practice no matter where they live. Eventually, the licensing and certification laws for counselors will become more uniform, but currently the lack of uniformity causes problems for counselors who relocate. Ohio’s recent new law that will require those seeking licensure as counselors to have graduated from a CACREP-accredited program beginning in 2018 (Bray, 2013) may be the foundation for other states passing similar laws. Leaders in ACA and AASCB are working to resolve problems associated with licensure *portability* from state to state (Mascari & Webber, 2013).

## LEGAL AND POLITICAL ISSUES

In addition to the professional identity problems that currently exist for counselors, you must be familiar with a number of legal and political issues. The successful resolution of these issues is critical to the continued movement of counseling to establish itself as a legitimate societally recognized profession.

### Challenges to the Scope of Practice of Counselors

Counselors believe that they are qualified to perform a number of professional services for clients, based on their training and expertise. Two areas in which counselors have been challenged by psychologists and other mental health professionals are testing and the diagnosis and treatment of mental and emotional disorders. Some psychologists and social workers claim that they are adequately prepared to perform these professional services and that counselors are not.

There is an economic component to these issues. Counselors who test and diagnose and treat mental and emotional disorders in their practices often compete in the marketplace with psychologists and social workers. Many health insurance companies and health maintenance organizations require that mental health professionals be qualified to perform these two tasks before they will reimburse their insured for the services of these professionals. Therefore, there is a significant economic advantage for psychologists and social workers to claim that counselors are not qualified in these professional practice areas.

This debate has taken place in state legislatures in the form of arguments over the language in state statutes that license counselors for practice. In most states, counselors have been successful in inserting language into their licensing statutes that says they are competent and therefore qualified to test and to diagnose and treat mental and emotional disorders. There are some states, however, where these issues are still unresolved.

**TESTING** One of the core curriculum requirements for preparation of counselors is in the area of testing, or assessment. All counselor master's-degree programs require at least one graduate course in testing principles that includes evaluating the validity and reliability of tests, selecting appropriate tests for clients, administering tests, and interpreting test results. Counselors have used tests in their practices since the profession was first established.

Of course, testing is a very broad area, and counselors might not be prepared at the master's-degree level to administer and interpret a number of psychological tests, such as individual intelligence tests or projective tests. Psychologists have claimed that counselors should not be allowed to test at all within their practices, or should be allowed to use tests only in a very limited fashion. Counselors, on the other hand, believe that they have the basic education needed to test and that each counselor should determine the particular tests he or she is qualified by education or experience to administer and interpret.

Some state licensure statutes give counselors broad testing privileges, whereas others either are silent on whether testing is part of a counselor's practice or are very restrictive in enumerating which tests a counselor may administer and interpret. In some states (Butler, 1998), counselors have been accused of practicing psychology without a license because of their testing activities. In states in which the testing practices of counselors are restricted, political activities are taking place to change the statutes to broaden the authority of counselors to test.

**DIAGNOSIS AND TREATMENT OF MENTAL AND EMOTIONAL DISORDERS** Counselors are taught to diagnose and treat mental disorders as part of their specialized training (Seligman, 1999). Ivey and Ivey (1999) have explained how counselors, with their wellness orientation, can utilize a developmental approach when using the *DSM* system. In most states, course work is required in this area for counseling licensure. In addition, counselors are tested before they are licensed to determine whether they are proficient in the diagnosis and treatment of mental and emotional disorders. Despite the preparation of counselors in this area, it appears that the general public may need to be better educated regarding the skills of counselors in the area of diagnosis and treatment of mental disorders (Fall, Levitov, Jennings, & Eberts, 2000).

The *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, published by the American Psychiatric Association (2013), clearly states that many mental health professionals are engaged in the diagnosis and treatment of mental disorders and that the manual is meant to be a reference for all of those professionals. The use of this standard manual is taught to counselors who wish to be licensed.

As with the testing issue, in many states the scope of practice of licensed counselors includes the diagnosis and treatment of mental disorders. In states in which the authority of counselors to diagnose and treat mental disorders is being challenged, efforts are being made to change the language of the licensure statutes to state clearly that counselors are qualified to perform this professional activity.

### **Job Classifications for Counselors**

Positions for counseling professionals exist in many state and federal agencies. In some of these agencies, however, no job classification categories have been established for counselors. As a result, when counselors are hired, their job titles might be *psychologist I*, *social worker I*, or *mental health technician I*. Although being hired into these positions gives counselors jobs and entry into agencies, counselors may be discriminated against later because promotions might require a license in psychology or social work or a graduate degree in one of those fields.

As a result of this problem, efforts are being made to have job titles established specifically for counselors. Convincing a state or federal agency that job titles or classifications should be changed is not an easy task. Bureaucracies are very slow to change. Nonetheless, professional associations and leaders within the counseling profession must address this problem if counselors are to be fully accepted as professionals within these agencies.

In Louisiana, a series of job categories for counselors who work in the state civil service system was created in 2003 (C. Gagnon, personal communication, September 10, 2003). Until that time, counselors were hired in job categories that limited their ability to receive promotions. Creation of these new counselor job categories (which are equivalent to those that existed already for social workers) was completed in a unique manner because of the political and legal environment in that state. The success in this endeavor will have a significant positive impact on all counselors currently working in that state and future counselors who will be hired there. NBCC reported that in July 2014, a U.S. Senate subcommittee went on record urging the creation of an occupation series for mental health counselors (NBCC, 2014).

### **Third-Party Reimbursement**

It is essential for counselors in private practice that their clients be able to access counselors' mental health services as part of clients' health care plan (Palmo, 1999). If clients are participating in health maintenance organizations (HMOs) or preferred provider organizations (PPOs), then counselors must be on the list of eligible providers for the clients. If clients are part of an indemnity health care plan, then counselors must be acknowledged as qualified mental health care providers so that clients can be reimbursed for counselor services.

HMOs, PPOs, and health insurance companies can voluntarily acknowledge counselors as qualified mental health care providers, and most do. However, these health care organizations have a legal right to refuse to give their clients access to counselors unless there is legislation to the contrary. This type of legislation, called *freedom of choice legislation*, requires health care providers to give access to licensed counselors for mental health care if they give access to other mental health care providers such as psychologists or social workers. Many states have passed freedom-of-choice legislation. In states that have not, counselors are active in trying to get freedom-of-choice legislation passed.

ACA and NBCC are active in seeking national legislative and regulatory changes that would allow Medicaid recipients, military personnel, and federal employees to receive mental health services from counselors as part of their health benefits. An important goal is for all Americans to have access to mental health services from counselors, not just from psychiatrists, psychologists, or social workers.

Counselors have been successful in being recognized as providers for individuals who are on active duty in the military and their dependents through TRICARE and for individuals who are war veterans (ACA, 2014; NBCC, 2014).

## **IDENTITY AND PROFESSIONALISM**

### **Counseling and Other Mental Health Professions**

As we noted at the beginning of this chapter, counselors are a relatively new professional group, and counselors are often asked what they do. A weak answer would be that counselors do things similar to what psychologists do. A strong answer would be to describe the process of counseling, including its philosophical foundations, the services that counselors provide, and the components

of training programs that prepare master's-level counselors. A counselor or prospective counselor with a strong professional identity will be able to describe the process of counseling without reference to other mental health professions.

The material provided in this chapter should allow you to state clearly what a counselor does. However, a further challenge for counselors is to be able to describe objectively, accurately, and dispassionately the similarities and differences between counselors and other mental health professionals. Listeners should take away from a conversation with a counselor the conclusion that counselors have a clear and unique identity within the field of mental health and that the counselor with whom they have been talking takes pride in her or his chosen profession.

How are counselors similar to other mental health professionals, including psychiatrists, psychologists, and social workers? We are all prepared at the master's-degree level or higher, and we all provide mental health services for clients. All mental health professionals follow a similar process of assessing a person's mental health needs, developing a plan for assisting the person, and then providing mental health services consistent with the assessment and plan for treatment. All mental health professionals counsel clients in some fashion. Mental health professionals of all types can be found in agencies and institutions where mental health treatment is offered to individuals.

How are counselors different from other mental health professionals? The primary difference between counselors and other mental health professionals is that counselors espouse the wellness model of mental health instead of the illness or medical model. The wellness model of mental health emphasizes helping people maximize their potential rather than curing their illness. Counselors believe that human growth and development stages and processes make life's problems normal and natural rather than pathological. Counselors emphasize prevention and early intervention rather than remediation. Empowerment of clients is a goal of counselors. The training of counselors focuses on teaching counseling skills rather than skills in physical health care, psychopathology, assessment, or social service linkages.

Definitions of the mental health professions, including counseling, have been published by professional associations. The definition for *counselor* is from the American Counseling Association (2014; counseling.org); the definition for *social worker* is from the Council on Social Work Education (2014; cswe.org); the definition for *psychologist* is from the American Psychological Association (2014; apa.org); and the definition for *psychiatrist* is from the American Psychiatric Association, as provided by MedicineNet (2014; medterms.com). These definitions provide insight into how professional organizations view themselves. The *counselor* definition focuses on the counseling process that was derived from mental health, psychological, and human development principles. The *social worker* definition emphasizes the goals of promoting social justice, human rights, and quality of life as well as eliminating poverty. The *psychologist* definition states the requirement that psychologists must hold doctoral degrees and that psychologists focus on the understanding of human behavior. The *psychiatrist* definition begins by saying that psychiatry is a specialty for physicians who focus on mental illnesses. Figure 2-3 summarizes the differences in preparation program requirements for the major mental health professions of counseling, social work, psychology, and psychiatry. This figure was developed using information provided by the organizations that accredit these four mental health professions: for counseling, the Council on Accreditation of Counseling and Related Educational Programs (CACREP, 2014); for social work, the Council on Social Work Education (CSWE, 2014); for psychology, the American Psychological Association Commission on Accreditation (American Psychological Association Commission on Accreditation, 2014); and for psychiatry, the Liaison Committee on Medical Education (LCME, 2014) and the American Board of Psychiatry and Neurology (ABPN, 2014). This figure illustrates the differences in the amount of post-bachelor's-degree study required (ranging from 2 years of graduate study for counseling and social work, and 3 years of

<b>COMPARISON OF PREPARATION PROGRAM REQUIREMENTS FOR THE MENTAL HEALTH PROFESSIONS</b>	
<b>Profession and Graduate Education Required</b>	<b>Summary of Required Courses and Required Supervised Field Experience</b>
<p><b>Counseling</b> 48–60 graduate credits required for master's degree</p>	<p>Graduate coursework required in professional identity; social and cultural diversity; human growth and development; career development; helping relationships; group work; assessment; research and program evaluation; and specialty area (mental health counseling, community counseling, school counseling, career counseling, marriage and family counseling/therapy, college counseling, gerontological counseling, and student affairs).</p>
<p><b>Social Work</b> 60 graduate credits required for master's degree</p>	<p>A 100-hour practicum and 600-hour internship are required. Coursework required in professional social worker identity; ethical principles; critical thinking; diversity and difference; advancing human rights and social and economic justice; research-informed practice and practice-informed research; human behavior and the social environment; policy practice; contexts that shape practice; and engaging, assessing, intervening, and evaluating individuals, families, groups, organizations, and communities.</p>
<p><b>Psychology</b> 3 full-time years of graduate study required for doctoral degree</p>	<p>A total of 900 hours of field experience is required. Coursework required in biological aspects of behavior; cognitive and affective aspects of behavior; social aspects of behavior; history and systems of psychology; psychological measurement; research methodology; techniques of data analysis; individual differences in behavior; human development; dysfunctional behavior or psychopathology; professional standards and ethics; theories and methods of assessment and diagnosis; effective intervention; consultation and supervision; evaluating the efficacy of interventions; cultural and individual diversity; attitudes essential for life-long learning, scholarly inquiry, and professional problem solving.</p>
<p><b>Psychiatry</b> 130 weeks required for medical degree (usually 4 years) plus 36-month residency in psychiatry required</p>	<p>One full-time year of residency required. MD requires coursework in anatomy; biochemistry; genetics; physiology; microbiology and immunology; pathology; pharmacology and therapeutics; preventive medicine; the scientific method; accurate observation of biomedical phenomena; critical analysis of data; organ systems; preventive, acute, chronic, continuing, rehabilitative, and end-of-life care; clinical experiences in primary care, family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery in outpatient and inpatient settings; multidisciplinary content areas, such as emergency medicine and geriatrics; disciplines that support general medical practice, such as diagnostic imaging and clinical pathology; clinical and translational research, including how such research is conducted, evaluated, explained to patients, and applied to patient care; communication skills as they relate to physician responsibilities, including communication with patients, families, colleagues, and other health professionals; addressing the medical consequences of common societal problems—for example, providing instruction in the diagnosis, prevention, appropriate reporting, and treatment of violence and abuse; the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments; gender and cultural biases; medical ethics and human values.</p>

**FIGURE 2-3** Comparison of preparation program requirements for the mental health professions

Source: Pearson Education, Inc., Hoboken, NJ.

The psychiatry residency must prepare physicians in the psychiatric areas of development through the life cycle; behavioral and social sciences; epidemiology and public policy; diagnostic procedures; clinical aspects of psychiatric disorders; treatment of psychiatric disorders; special topics (suicide; dangerousness; seclusion/restraint; risk management; child abuse, sexual abuse, and domestic violence; psychiatric consultation; professionalism/ethics; other). In addition, the psychiatry residency must prepare physicians in the neurologic areas of development through the life cycle; basic neurosciences; diagnostic procedures; clinical aspect of neuropsychiatric disorders; treatment of neuropsychiatric disorders; diagnostic and clinical evaluation of neurologic disorders/syndromes; and management and treatment of neurologic disorders.

**FIGURE 2-3** (continued)

graduate study for psychology, to 7 years of graduate study for medicine). The content of the course work requirements demonstrates that the counseling curriculum has a primary focus on counseling, the social work curriculum emphasizes social issues, the psychology curriculum has a heavy emphasis on evaluation and research, and the curriculum for psychiatry prepares physicians who specialize in behavior disorders and neuroscience. An examination of the actual required courses within accredited counseling, social work, psychology, and psychiatry programs would further demonstrate these different emphases among the preparation programs of these mental health professions.

The similarities to and differences from other mental health professionals, as previously summarized, are easy to articulate. It is vital that counselors learn to state both the traits we share in common with our other mental health colleagues and the differences that make us unique as mental health care providers (Sweeney, 2001).

In addition to understanding differences and similarities, it is important to keep in mind that you will also have working relationships with other mental health professionals when you enter practice as a counselor. Psychologists often contribute articles to counseling professional journals (Weinrach, Lustig, Chan, & Thomas, 1998; Weinrach, Thomas, & Chan, 2001). In addition, many counselors work closely with other mental health professionals on a day-to-day basis—for example, as members of multidisciplinary treatment teams in hospitals or as members of school teams that provide services to students with special needs. Increasingly, collaboration with other mental health professionals is regarded as best practice, so it is vital for counselors to understand the scope of practice of these other professionals. There is some evidence that counselors hold stereotyped views of psychologists as primarily focused on testing and of social workers as primarily experts in case management (Mellin, Hunt, & Nichols, 2011).

In the previous section we discussed some conflicts that currently exist between counselors and certain other mental health professional groups. Despite the likelihood that you and your colleagues will disagree about professional issues, in the practice environment these differences are always set aside in the interest of providing clients with the best possible mental health services (ACA, 2014, *Code of Ethics*, §D.1.c.). You have an ethical obligation to respect approaches to mental health treatment that are different from your own, and to acknowledge the expertise of other professional groups and be respectful of their practices §D.1.a.).

### **Pride in the Counseling Profession**

In Chapter 1, we defined *professionalism* as an internal motivation to perform at the level of *best practices* that represent the ideals of the profession, enhance its image, and promote its



development. A crucial component of professionalism is having a sense of pride in one's chosen profession. Counselors who have strong professional identities are proud to be members of their profession. By understanding and appreciating the counseling profession's history, philosophical foundations, services that are offered to the public, training program contents, and similarities to and differences from other similar mental health professions, counselors with strong professional identities are satisfied with their chosen profession and communicate this pride to those with whom they come into contact.

It is important for members of a profession to be self-critical and to seek advancements in knowledge and improvements within the profession. At the same time, members of a profession must be comfortable with the career choice they have made in order to develop a professional identity that serves them and the profession well.

Counselors with strong professional identities express pride in their profession by defending the profession when inaccurate statements are made concerning the profession itself or members of the profession. To represent the profession vigorously to the public, counselors must be thoroughly familiar with the information presented in this chapter. Individual counselors who provide quality counseling services are responsible for the positive reputation that the counseling profession enjoys. Similarly, individual counselors who can articulate the strengths of the counseling profession are responsible for informing the public about the unique contributions to society that members of the counseling profession are making.

### **Counseling Around the World**

Although counseling is a profession that was established and developed in the United States, there is evidence that the counseling profession, in a form similar to that which exists in the United States, is being established throughout the world. In other words, today's counseling profession is trending toward globalization.

Despite cultural differences in other countries, there appears to be an interest worldwide in having counseling services available to citizens. It appears that counseling imported from the United States is being adapted to the cultures of the countries where counseling is being established.

Countries have a variety of political environments that are affecting the way in which counseling is developing. For example, in European countries, counseling is not accepted as a field of study in universities, so counselors are being prepared in private schools. In some African countries, counseling is being established to assist citizens cope with the AIDS epidemic. In many Asian countries, counseling is closely following the model of the profession in the United States, despite the vast cultural differences between Asians and Americans.

A book published by the American Counseling Association, *Counseling Around the World: An International Handbook*, edited by Hohenshil, Amundson, and Niles (2013), summarized how the profession of counseling is developing in 40 countries located on six continents. In addition, the leading journal in the counseling profession, the *Journal of Counseling and Development*, has published a series of articles summarizing the beginnings of the counseling profession in a multitude of countries including, but not limited to, Australia (Schofield, 2013); Ecuador (Smith & Valarezo, 2013); Hong Kong (Yuen, Leung, & Chan, 2014); Italy (Remley, Bacchini, & Krieg, 2010); Russia (Currie, Kuzmina, & Nadyuk, 2012); South Korea (Lee, Suh, Yang, & Jang, 2012); Switzerland (Thomas & Henning, 2012); Taiwan (Guo, Wang, Combs, Lin, & Johnson (2013); and Uganda (Senyonyi & Ochieng, 2012).

CACREP has established a registry that includes counselor preparation programs that are different from those in the United States but meet CACREP standards (CACREP, 2014). The registry is known as the International Registry of Counsellor Education Programs (IRCEP; ircep.org).

## Summary and Key Points

The aim of this chapter is to help you clarify and strengthen your professional identity as a counselor. We hope that after reading the material in this chapter, you will have a clear sense of your professional identity and be able to do the following:

- Explain the philosophy that underlies the activities of your professional group
- Describe the services your profession renders to the public
- Describe the components of your profession's preparation programs
- Articulate the similarities and differences between members of your profession and other, similar professional groups
- Communicate your pride in being a member of the counseling profession

We begin the chapter with a discussion of the philosophy underlying the counseling profession. This philosophy, which makes the counseling profession unique and distinguishes us from other mental health professions, includes the following four components: the wellness model of mental health, a developmental perspective, a strong preference for prevention and early intervention into problems, and a goal of empowerment for clients.

Other aspects of professional identity presented in this chapter include counselor preparation programs; credentialing; professional associations for counselors; and current professional, political, and legal issues. A brief history of the counseling profession provided a foundation for a careful look at its present status as an emerging profession. Following are some of the key points of this chapter:

- A vital professional task for counselor trainees is to develop a strong professional identity and to be able to articulate that identity to others.
- Counselors espouse the wellness model of mental health as their perspective for helping people. Other mental health professions have their roots in the tradition of the medical model. Although the differences between the two traditions are clear, in actual practice many other mental health practitioners use the

wellness model and counselors are educated to use the medical model of diagnosing mental disorders.

- Counselors take a developmental perspective to understanding people's personal and emotional issues and problems. From this perspective, problems that other mental health professionals might view as pathological are seen by counselors as natural and normal.
- Counselors believe that prevention of and early intervention into mental health problems is far superior to remediation.
- The goal of counseling is to empower clients so that they will be able, in the future, to resolve their problems independently of counselor assistance.
- For counselors, mental health counseling is the primary service they provide. By contrast, other mental health professionals provide counseling as a secondary or ancillary service.
- Counselors are considered to be professionals after they have completed the master's degree. Preparation programs emphasize the development of counseling skills and are generally located in colleges of education within universities.
- Credentialing in counseling is complicated and can be confusing. It is important that you are able to distinguish among state licensure, state certification, national voluntary certification, and program accreditation. It is also important that you plan your program of studies carefully so that you will qualify for the credentials you will need to practice effectively.
- Professional codes of ethics impose only a few restrictions, designed to protect the public, on advertising one's credentials in counseling. You must attend carefully to these restrictions as you prepare to practice and as you develop your business cards, brochures, or other advertising materials.
- The counseling profession emerged out of a convergence of several disparate forces,

including counseling psychology, school counseling, and vocational rehabilitation counseling.

- The field of counseling meets the criteria generally accepted as constituting a mature profession and is making rapid progress toward becoming a societally recognized profession.
- The primary professional association for counselors is the ACA. This organization has various divisions and state branches that serve the particular needs and interests of its members. You should join ACA now, if you have not already done so.
- Currently, the counseling profession is struggling with several professional identity problems. One issue presently being debated is whether counseling will develop as a united profession or as separate specialties. Another issue that is being decided is the organizational structure of ACA. A third problem is that requirements for becoming licensed as a counselor vary from state to state.
- Contemporary legal and professional issues include challenges to the scope and practice of counselors, particularly in the areas of testing, diagnosis, and treatment of mental disorders; job classifications for counselors; and third-party reimbursement for counseling services.
- Counselors have an ethical obligation to maintain positive working relationships with other mental health professionals and to respect and understand their differing approaches.
- Having a sense of pride in being a member of the counseling profession is essential both for your own internal satisfaction with your chosen career and for the continued progress of counseling toward being a societally recognized profession.
- The profession of counseling is developing in countries around the world. Each country is adapting the profession to fit its own political climate and cultural heritage.