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Article 75

The Transformation of Community Counseling for 2015 and Beyond

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The dissemination of the proposed 2008 standards for counselor education programs by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2007) has stimulated thought and discussion about the current status and future direction of the profession. Community counseling, in particular, has experienced such major changes over the years that its present status could be considered an identity crisis. This article reviews the current status and future of the community counseling specialization, which may be considered the core of professional counseling. Contrary to a pessimistic view in which the demise of community counseling would be heralded by a transition to a clinical counseling specialty, the foundations of the profession and developments over the years suggest that community counseling will thrive in the future.

Community counseling in 2015 and beyond may best represent the developmental and prevention perspectives that have been foundational in distinguishing counseling from other professions such as social work and psychology. The present article includes a literature review, analyses of trends in the extant literature, and summaries of research and expert opinion regarding the future of community counseling. The article concludes with a list of ten recommendations for preparing community counselors for 2015 and beyond, as well as implications for counseling, future research, practice, and theory.

Current Status of Community Counseling

The current status of community counseling could be described as an identity crisis in which a generic model of counseling practice in community settings is being transformed by increasing professional differentiation and societal changes. In their review of the current status of community counseling programs, Hershenson and Berger (2001) observed that the specialization had not developed its own unique identity. While

community counseling has been second only to school counseling in number of accredited programs (104 in 2001, 163 in 2007; CACREP, 2007), the field has no specialized certification or organization and no professional journal. In 1981 CACREP established accreditation in community counseling and other agency settings (CCOAs), but programs were allowed to define their own training approaches until 1994, when criteria were specified (Hershenson & Berger, 2001). Although the first textbooks on community counseling were published in the 1970s (e.g., Amos & Williams, 1972; Lewis & Lewis, 1977), professional resources articulating the viability of community counseling were not common until the 1990s (Hershenson, Power, & Waldo, 1996; Lewis, Lewis, Daniels, & D'Andrea, 1998).

Hershenson and Berger (2001) conducted a study to determine the status of community counseling. Surveys were mailed to coordinators of 90 CACREP accredited Master's degree programs in community counseling. The results identified some underlying conflicts in professional identity and some lack of support for the specialization. Descriptive results included: 67% of programs opposed the development of a professional organization for community counseling; 46% reported plans to keep program in essentially present form; 39% of community counseling program coordinators/directors offered no ideas about how to improve community counseling; 20% observed substantial overlap with school, mental health counseling, and marriage and family counseling; 17% indicated intention to increase semester hours to 60 (same as mental health counseling and marriage and family counseling); 16% admitted the community counseling specialization was not distinctive; 14% planned to add a course or two; 6% said the community counseling specialization should be eliminated.

Overall, the survey results were discouraging regarding the current professional status of community counseling. While there were some ideas about means for improving the specialization, most program coordinators and directors showed little support for this area of practice.

Some respondents to the survey viewed community counseling as a foundation for other specialized training (Hershenson & Berger, 2001). For this group of coordinators, community counseling has been characterized by application of generic counseling theories, models, techniques, and research findings to agency and community settings. The authors discussed their findings and tried to determine what may distinguish community counseling from other specializations such as school and mental health counseling. From their perspective, community counseling includes the following features: broad scope; developmental orientation; prevention focus; agency setting; diversity of clientele; community level of intervention; person-environment context; and public rather than private focus. These features reflect foundational themes of professional counseling (e.g., developmental orientation and prevention focus), while acknowledging the relevancy of contemporary trends such as diversity and multiculturalism.

Furthermore, respondents of the study identified issues that should be addressed in community counseling training, including coursework and supervision. The top ten issues were in descending order of endorsement: DSM diagnosis and treatment planning; community resources and range of agencies; addictions and substance abuse; family systems and family counseling; program development and evaluation; psychopathology; psychopharmacology; case management; consultation; and mental health counseling.

Three of the issues constitute traditional concerns in community counseling: community resources and range of agencies, program development and evaluation, and case management. However, social work could make a strong case that these issues are contained in the core of their profession. The majority of the remaining issues represent typical concerns of other specializations, especially mental health counseling. In fact, a professional colleague, upon reviewing the proposed 2008 standards for clinical counseling, concluded the replacement for community counseling could be labeled "mental health-light."

Purpose of the Study

The purpose of the present study was to examine the major themes and emerging trends in the area of community counseling. Consequently, a content analysis was conducted in order to assess the areas of community counseling as related to current status and potential benefits. The following sections will present content analysis procedures and results.

Method

Procedures and Criteria

The present study utilized a research team, which consisted of two senior faculty members and two doctoral level graduate assistants. The content analysis employed two rounds of analysis, which investigated both the community and mental health counseling fields. Mutually, both rounds of analysis were intended to identify salient themes and trends within the aforementioned fields.

Subsequently, articles were accessed through PsycINFO and PsycARTICLES search engines of the American Psychological Association (http://psycinfo.apa.org/ psycinfo/qsearch) and Sage Full Text online (http://www.sagefulltext.com/). The content analysis utilized specific rules for inclusion (Weber, 1990), which included: (a) published articles from refereed journals, (b) explicit mention of "future" or "trend" in the title, abstract, or key words, and (c) articles having only sections concerned with "future research" recommendations were excluded from the analysis. Categorical analysis for the first round of analysis were derived from the findings of previous content analyses published in major counseling journals, including the *Journal of Counseling & Development* (Barry & Wolf, 1958; Brown, 1969; Goodyear, 1984; Pelsma & Cesari, 1989; Stone & Shertzer, 1964; Weinrach, Lustig, Thomas, & Chan, 1998; Williams & Buboltz, 1999), *Journal of Counseling Psychology* (Buboltz, Miller, & Williams, 1999), *Journal of Marital & Family Therapy* (Bailey, Pryce, & Walsh, 2002; Faulkner, Klock, & Gale, 2002), *Journal of Addictions and Offender Counseling* (Charkow & Juhnke, 2001; Juhnke, Bordeau, & Evanoff, 2005), and *The Family Journal* (Southern, 2006).

Furthermore, a content analysis of five major counseling journals, including *Counselor Education and Supervision* (Smith, Southern, & Devlin, 2007) provided additional direction for formation of the basic categories for content analysis: research, multiculturalism, pedagogy, advocacy, spirituality, technology, and globalism. Selected articles represented several types of manuscripts: works designating specifically the future of community counseling; meta-analyses of practice domains within the

specialization; comprehensive literature reviews of roles, functions, and practices in community counseling; content analyses of multiple articles over time; and position papers describing the current status or future trends in the field.

An initial pool of 336 articles published during 1996-2007 was subjected to content analysis using the aforementioned rules. Following the first round of review, additional categories were identified and several small topics were combined to establish the final themes or trends. Categorization was completed by the research team.

Results

The results of the content analysis of published articles concerned with trends in community counseling are included in Table 1.

Table 1
Trends in Community Counseling

Trend	Number of Published Articles	
Health problems and aging	22	(17.75%)
School-based and children's services	18	(14.5%)
Diversity and multiculturalism	15	(12%)
Delivery of services, access, and utility	15	(12%)
Relationship orientation: couples, families, parenting	11	(9%)
Consultation and collaboration	10	(8%)
Research and technology	10	(8%)
Substance use and addictive disorders	9	(7.25%)
Positive psychology, wellness, and spirituality	7	(5.75%)
Career development, employment, and economics	7	(5.75%)
Total	*124*	*(100%)*

Findings regarding the trends in community counseling concur with general trends in professional counseling and echo concerns about an identity crisis for the specialization. In general, trends concerned with diversity and multiculturalism, research and technology, and wellness and spirituality represent themes of interest across the counseling profession. Other trends, including school-based and children's services and relationship orientation, have been associated with school and marriage and family counseling specializations. Typical community counseling themes were detected: delivery of services, access and utility; consultation and collaboration; and substance use and addictive disorders. Also, the unifying, historically significant theme of career development, employment, and economics was identified in the content analysis. The top rated trend toward increasing concern with health problems and aging seems to reflect issues with the graying of the Baby Boomers and the ongoing needs for gerontological and rehabilitation services. Yet, there are currently only two CACREP accredited programs in gerontological counseling and the specialization is not included in the list of programs associated with the proposed 2008 standards.

Identified themes and trends in community counseling were compared to results of a content analysis of published articles concerned with the future of mental health counseling. An initial pool of 336 articles concerned with mental health counseling, published during 1996-2007, was subjected to content analysis. The results of the final analysis are reported in Table 2.

The trends in mental health counseling reported in Table 2 confirmed the importance of themes identified in the content analysis of community counseling articles. General counseling trends included diversity and multiculturalism, evidence based therapy and outcome research, wellness and spirituality, and technology and innovation. Some typical community counseling themes were emphasized in mental health counseling articles: delivery of services, access and utility; consultation, collaboration, and advocacy; and addictions and offender issues.

Table 2
Trends in Mental Health Counseling

Trend	Number of Published Articles	
Delivery of services, access, and utility	51	(21.25%)
Health problems, public health, and aging	34	(14%)
Diversity and multiculturalism	24	(10%)
Consultation, collaboration, and advocacy	23	(9.5%)
Prevention and health promotion	20	(8%)
Children, adolescent, and youth services	17	(7%)
Evidence based therapy and outcome research	17	(7%)
Disaster, trauma, and grief services	11	(5%)
Sex and gender issues	10	(4.25%)
Family systems and family therapy	8	(3.5%)
Positive psychology, wellness and spirituality	7	(3%)
Private practice and business issues	5	(2%)
Addictions and offender issues	5	(2%)
Psychotherapy integration	3	(1.25%)
Technology and innovation	3	(1.25%)
Other (psychodrama and animal assisted therapy)	2	(1%)
Total	240	(100%)

Curiously, delivery of services was the top ranked trend in mental health counseling, reflecting realities of working with a diverse clientele or addressing such influences as managed care. The category of health problems, public health and aging was highly ranked in mental health and community specializations. Several trends were associated with mental health counseling, but not identified in the community counseling analysis: disaster, trauma, and grief services; sex and gender issues, private practice and business issues; and psychotherapy integration. Disaster services seem to reflect a concern with public service over private interest. Therefore, it is noteworthy that the private practice oriented mental health counseling evidenced greater concern than the

community counseling field for a major societal concern in the aftermath of the 911 tragedies and Hurricane Katrina.

When trends in community counseling and mental health counseling were compared, there were similarities in themes, as well as some important differences. Both specializations evidenced strong interest in health issues and aging; diversity and multiculturalism; and delivery of services. The two fields also addressed the ongoing needs for children's services and consultation or collaboration. The literature of mental health counseling seemed to place greater emphases upon two aspects of community-oriented service: prevention and health promotion and disaster, trauma, and grief services.

The Future of Community Counseling

It was enlightening to review a commentary on the future of community counseling, which was presented 15 years ago at the Annual Conference of the Association for Counselor Education and Supervision in San Antonio, Texas. It is noteworthy that the author recognized some societal trends and professional responses that apply today.

First, we must broaden our focus from a narrow intrapsychic perspective to a more systems oriented perspective including a social context for change. We have in recent years taken on a clearly narrower focus emphasizing intrapsychic change, technology, and technique. The social context of change has for the most part been ignored. The counseling profession has been largely ineffective in responding to a multitude of social issues that have arisen. These issues include racism, women's rights, gay rights, drug abuse, alienation from the establishment culture, poverty, homelessness, current unemployment related to our present weak economy, gang violence, and natural disasters such as the recent hurricanes (Nisenholz, 1992, p. 1). Nisenholz articulated the tension in professional aspirations between providing state-of-the-art individual services and contributing to the well being of the community through systemic change.

Nisenholz' (1992) vision for the future of community counseling included the following components; pluralistic perspective holistic thinking, wellness orientation, systems approach, sociocultural contexts, environmental changes, and change agent roles. Implementing an emerging community counseling specialization would include outreach efforts that address particular issues and concerns such as stress management, nutrition consultation, alternative healthcare approaches including transpersonal perspectives, physical fitness and aerobics, self esteem building, communication and relationship skills training, drug abuse prevention, violence prevention, premarital counseling, and parenting education. Most of the outreach efforts reflect prevention services that would help individuals and families adjust to developmental transitions in order to contribute to health in the communities served by professional counselors.

In the future, community counseling will expand its boundaries to represent the needs and interests of citizens through social justice and advocacy; systemic approaches to prevention and developmental adjustment in community; and sustaining health, intimate relationships, and meaningful work over the lifespan. Contrary to benign neglect of community counseling, such that it emulates psychotherapy and becomes

"mental health-light" in the proposed *clinical counseling* designation, now is the time for reclaiming the relevancy and vitality of the specialization. A transformed community counseling would include several components: generic themes from professional counseling, emphases shared in common with other specializations, and future trends particular to community counseling. The characteristics of a transformational community counseling for 2015 and beyond are included in Table 3.

The transformation of community counseling will involve building a viable specialization upon the foundations of professional counseling, the framework afforded by a common core, and unique contributions that should characterize the field in the future. A transformational model for community counseling would be based on lifespan career development emphasizing assistance with individual and family transitions. Examples of such transitions are students graduating from high school, veterans returning from military service, couples having their first children, co-parents recovering from divorce, and aging persons receiving diagnoses of chronic illness.

Overall, there would be emphases upon prevention at primary, secondary, and tertiary levels to support families and communities (Romano & Hage, 2000). In his landmark text, *Principles of Preventive Psychiatry*, Caplan (1964) described prevention as a community service. Primary prevention has focused traditionally on the well being of children, reducing harmful influences or increasing resistant and protective factors. Primary prevention efforts are community oriented and dedicated to building strengths. Secondary prevention focuses upon early identification and treatment of individuals from at risk groups (e.g., foster children of drug addicted parents). Tertiary prevention attempts to reduce harm associated with impairment or disability.

Table 3
The Transformation of Community Counseling for 2015 and Beyond

Themes and Trends by Source of Component
Foundational Concerns
Vocational guidance
Mental hygiene
Life span development
Generic Professional Counseling Themes
Diversity and multiculturalism
Research and technology
Wellness and spirituality
Common Factors Across Related Specializations
Prevention
Disaster relief
Family enhancement and relationship education
Substance abuse prevention and effective addictions treatment
Conflict resolution and peace making

Specific Trends for the Future of Community Counseling
Innovative delivery of services, access, and utility
Consultation and collaboration
Social justice and advocacy

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Other forms of prevention that would be included in a futures oriented community counseling model include family enhancement and relationship education, substance abuse and addictions treatment, and conflict resolution and peace making. Frequently, community problems with family functioning, addictions, and violence have been conceptualized as criminal matters or pathological conditions. Stigma and consequences associated with crime and pathology impose barriers to accessing and using counseling services. Therefore, community counseling should address these common concerns by searching for strengths and identifying solutions. Community counseling solutions should be systemic and collaborative, addressing the concerns and priorities of stakeholders, rather than imposing restrictive theories, models, and techniques that are not culturally sensitive.

The transformation of community counseling for the future will require respect for diversity and intentional application of multicultural competencies, primarily through education, consultation, and advocacy. Community counseling research would be relevant, but only in the context that quantitative and qualitative studies address legitimate community problems. Research findings should produce near-future benefits for stakeholders and should not be manipulative or exploitative. Action research and postmodern qualitative research methods seem especially well suited to inquiry in community counseling. Counselors should be skilled in the use of evidence based techniques and new technologies (e.g., online counseling and virtual reality therapies). However, innovations in technique should be selected through collaboration, adapted to fit community contexts, and implemented fairly through egalitarian decision making. In many poor and urban communities, lack of resources, such as access to computers, impose real barriers to services. Therefore, community counselors should be committed to equitable distribution of resources and innovative delivery of services. Accessibility and utility of services are as important as efficacy.

Community counseling in 2015 and beyond will be offered in a myriad of settings and under conditions far different from the private practice model of psychotherapy. In order to increase access and utility, community counseling should be practiced where potential clients may be found. Outreach and advocacy efforts could contribute to early identification and intervention. Community counseling settings may include medical clinics or doctors' offices, libraries, shopping centers, schools, community colleges, religious institutions, clubs, and the streets. Community mental health centers will be reserved increasingly for severe and chronic cases of mental illness. Community agencies may decline in the future due to lack of funding and insurmountable barriers to services. Home based counseling services, especially when identifying strengths and seeking solutions to family problems, should be increased dramatically in a transformational model for community counseling.

Two remaining components would be emphasized in a comprehensive model for community counseling: wellness and spirituality, and social justice and advocacy. Wellness and spirituality represent generic professional counseling themes that are

manifested increasingly in the professional literature. Wellness refers to physical, mental, and spiritual well being or wholeness without regard to the age or health status of the individual. In addition, wellness applies to couples, families, groups, organizations, neighborhoods, and institutions in communities. Providing voluntary and free nutritional counseling, stress management, and fitness training in a non-stigmatizing setting during office hours would be a good example of a community counseling prevention service.

Spirituality within community counseling may be viewed as the relationship between the client's health or wellness and his or her spiritual beliefs. Hope, meaning, and wisdom will be found in facilitating community spiritual life. Persons called to religious and spiritual vocations would be outstanding resource persons and collaborators in the quest for wellness.

Social justice and advocacy represent professional responsibilities, as well as indicators of community health and vitality. Community counselors should be well equipped to address societal problems and identify systemic resources. Multiculturally sensitive counselors would be attuned to articulating relevant community issues and advocating for client rights.

The transformation of community counseling is an ongoing process. We reclaim the assets of professional counseling while recovering the mission of strengthening communities through meaningful vocational development. Prevention efforts, consultation, and social justice advocacy become critical tools in accomplishing the mission of a futures oriented community counseling. Life span development, wellness, and spirituality represent key components in the emerging model. Respect for diversity and multiculturalism in innovative settings afford opportunities for community counselors to enhance family resources, facilitate recovery from disasters and addictions, and contribute to conflict resolution and violence reduction. Research and technology would serve the interests of community members and advance the efficacy and utility of professional efforts. A transformed community counseling model will prepare specialists to make a difference: restoring peace and well being, hope and opportunity in revitalized communities.

Recommendations for Counselor Education

The transformation of community counseling for 2015 and beyond would require modification of traditional counselor education. In general, training should be field based whenever possible and integrate theory, research, and practice around the emerging themes and future trends. There would be some new course content and priorities for existing components in the curriculum. Learning experiences would address meaningful competencies for individual, family, group, and community work. Community stakeholders, clients, supervisors and professionals in the field should be involved actively in shaping the training of new specialists who are willing to dedicate themselves to public service. The following recommendations sketch an outline for the training of future community counselors, a work in progress to prepare professionals for 2015 and beyond.

1. Since traditional counselor education in university settings may constitute a barrier to preparation and service, training should take place in innovative community settings. Service learning opportunities should be emphasized.
2. Training would integrate theory, research, and practice in field based *professional development teams* to identify community strengths and resources, resolve conflicts and concerns, and prevent problems. These teams could include university faculty members, site supervisors, research consultants, community stakeholders, clients, and students at various levels of training.
3. Community counselors in training should become familiar with research methods, emerging technologies, and evidence based practices that can be adapted to serve the interests of community members who select developmental transitions, risk factors, and emerging problems for professional intervention.
4. Multicultural competencies will be infused throughout the curriculum, guiding professional decision making and serving an increasingly diverse clientele in a pluralistic society. Given advances in communications technology and globalization, community counselors should learn about international concerns through immersion in other cultures.
5. Foundational concerns of community counseling are helping clients adjust to strength building developmental transitions and to achieve meaningful vocational goals from a lifespan career development perspective. The concerns of aging persons and their families would be highlighted in a renewal of respect for elders.
6. Training for community counselors should emphasize wellness and spirituality, as well as social justice and advocacy. There would be emphases upon knowledge and skills needed to facilitate health, hope, equity, and peace by strengthening family and community life.
7. Prevention, consultation, and collaboration would be major tools in realizing community counseling goals. There would be a focus on collective interests rather than individual differences.
8. Given the severity of substance use disorders and other addictions in society, immediate attention should be invested in effective treatment and services delivery.
9. Community counselors should become experts in conflict resolution, peace making, and relationship education to reduce the harmful impacts of violence in families and communities.
10. The profession must be prepared to respond immediately and follow up potentially traumatic disasters and losses. While there are some counseling interventions that are likely to be helpful to communities ravaged by violence, disaster, or war, community counselors should discover new resources and methods needed to render communities responsive and resilient.

Implications for Research, Practice, and Theory

The transformation of community counseling may afford some opportunities for integrating and enhancing research, practice, and training. Presently, the three aspects of professional counseling, in the aforementioned outline, are dissociated among Master's level practitioners who represent the heart of community counseling. Research and theory

training need not be subordinated to clinical practice and supervision. The field based nature of the proposed community counseling model will encourage study of relevant theories and models while learning techniques and testing their efficacy in innovative settings.

Additional research is needed to determine the exact nature of a revitalized curriculum for a futures oriented community counseling. Course outlines and syllabi for CACREP accredited programs would reveal the extent to which proposed innovations already exist. It would be helpful to replicate the survey of coordinators and directors of programs conducted by Hershenson and Berger (2001) to determine the current status of the field. Additional research and expert opinion are needed to develop a viable community counseling curriculum that responds to the proposed 2008 CACREP standards, but does not relegate the specialization to oblivion. Our communities deserve the best we have to offer.

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