

# The Professional Counselor Challenges and Opportunities



Shannon Hodges

# The Professional Counselor

*The Professional Counselor: Challenges and Opportunities* weaves a rich narrative for the inner counselor of self-discovery, mindfulness and self-care, emotional intelligence, counselor identity, ethical issues, career maturation, and future trends in counseling.

Readers will be confronted with professional decision points regarding enrollment in the counselor profession, ethical issues, client treatment, accreditation, and occupational outlook. The text also posits counseling as an emerging global profession and addresses the ways technology will transform professional practice. Each chapter concludes with a Lessons Learned section in which the author uses his personal and professional experiences to address relevant professional issues in mindfulness-based treatment.

*The Professional Counselor* is an excellent resource and guide for students in graduate counseling programs, those considering the field, and counselors new to the profession.

**Shannon Hodges, PhD**, is professor of clinical mental health counseling at Niagara University, USA



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# The Professional Counselor

## Challenges and Opportunities

Shannon Hodges

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This book is dedicated to Clarence Calvin Bowling. He was my uncle by marriage, but closer than any blood relative could become. An entomologist by training, though as patient a listener as any counselor and was mindfulness embodied before I had ever heard of the term. No matter what endeavor I tried, he was always there for support.

In memory of Clarence C. Bowling (1926–2018)



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# Introduction

This text, *The Professional Counselor: Challenges and Opportunities*, represents my effort at introducing the counseling profession to graduate counseling students and those considering the profession. Throughout the pages of this text I have attempted to portray the counseling profession through the windows of my eyes. As I have over two decades of professional counseling experience, including serving as director of a community clinic in the rural Mountain West and director of a university counseling center in the rural upper Midwest, as well as 30 years of teaching experience, I have a particular perspective. I have counseled individuals, couples, families, and groups, at an in-patient psychiatric center, in the remote Outback of Australia, in South African orphanages, and numerous other locations. While I am trying to pass on what I consider the most pertinent information regarding the counseling field, the more important aspects of the chapters are the self-reflective questions and the lessons learned section. The former provides readers the opportunity for intense self-reflection while the latter illustrated some of my challenges, struggles, and successes in the profession and in my life.

It is my sincere hope that this text will be more than a simple course requirement or an assigned text for a book report, but rather a catalyst for a “deeper dive” into the self and the profession by graduate counseling students and readers considering the profession for a career. While I obviously cannot answer all important questions regarding the profession of counseling, I do believe I have addressed some of the challenges, complexities, and rewards the profession offers. As a counseling professional who stumbled into the profession by accident when taking a counseling course when running a university living group, my initial foray was transformed into a life-altering pathway. It is no exaggeration to say the counseling profession has changed my life for the better. That I have had professional and personal success, perhaps more than envisioned, is to a good deal the result of landing in a profession for which I was well suited. In fact, other than teaching, counseling is the only other professional endeavor I have enjoyed. Thankfully, I found my passion and have been able to maintain it 35 years later.

Finally, you just never know where your life’s journey will take you. The Quakers have a say that goes, “Way will open.” I have found this to be particularly true in my personal and professional life. Truthfully, I have further discovered that sometimes *way will close*, but this has had the same guiding principle in my experience.

## 2 *Introduction*

The openings and closings of my life have helped to make me the person, counselor, and counselor educator I have become. I hope my book will serve as a useful guide for readers in counseling programs, those interested in the profession, or simple the curious reader who like me, may have stumbled accidentally into their life profession.

Finally, I would hope that all readers, regardless of whether they become counselors or another profession, will find the meaning and fulfillment I have discovered. Professional life has occasionally been very hard on me but the challenging times only make the smooth one more rewarding. The profession has transported me far from my rural Ozark upbringing and sent me all over the world to teach, counsel, and conduct trainings and seminars. I have had the privilege of meeting amazing people from many cultures and have learned so much from them. Wherever your life journey takes you, I wish for you the same type of meaning and fulfillment as I have found.

# 1 Who Am I? The Power of Self-Discovery

The year is 1985 in late August and I am sitting in a stuffy classroom in the College of Education building at Oregon State University. Fall term classes had just commenced. With few options, I had enrolled in OSU's graduate Community Counseling program. I cannot recall *which* particular class it was. More embarrassing, I do not recall which of my professors was teaching the class. What I do remember is the question we were to ponder and then discuss in a small group. The question was "Who am I?"

I was initially puzzled at the assignment. As a young twenty-something person, I had given only vague consideration to my self-identity, often in relation to another person and never had I thought to any great depth on the matter. I do not recall the ensuing discussion though the question lingered with me for some time until the matter faded from conscious thought. Some 15 years later, however, while participating in a workshop at a small college where I served as director of Counseling Services, the question returned. The facilitator, a woman from one of the indigenous tribes in Minnesota, gave us the same assignment. "Tell us who you are in any way you define," she suggested. She went on to model that she was a mother, wife, daughter, sister, tribal member, friend, and neighbor, and continued for several more lines. I was impressed. This woman had really given a lot of thought to the matter! Some 60 participants sat in an oval listening. We were an amalgamation of faculty, staff, and students. I had known several of my colleagues for years, but after the exercise realized I really did not *know* them. I knew their peripheral selves, but not so much their hopes, vulnerabilities, and expectations. As one of the last to speak, I cannot recall what I said. I do remember, however, the impact the exercise had on me. Namely, that I, a professional counselor, needed to engage more in a deep, self-reflective manner on who I was beyond my professional title and family. Therefore, as this is a text for counselors in training, or anyone else reading it, here is who I am. I am the following: a spouse, a brother, an uncle, a friend, a counselor, a professor, a liberal, straight, though not narrow Christian, a man of conviction, of real weakness, strong on patience but with real slip-ups, an empathic type who too often misses injustice before him, a person of love but also one who has struggled to show it to those closest, an idealist with few illusions, to cite several layers of self-hood.

#### 4 *Who Am I? The Power of Self-Discovery*

I am all these and much more, and though it pains me to acknowledge it, I am sometimes far less that who I would like to be. Such is the human experience and thus the necessity for us all, counselors particularly, to engage in ongoing self-reflection and self-discovery. Therefore, here is a suggestion: You ask yourself the same “Who am I?” question. Go as far with it as you feel led to do. In fact, write it down on paper or on a smart phone, a laptop—somewhere it is retrievable. Next, share your list with someone you trust and who knows you well. Ask that person how well your self-view coincides with theirs. The reason for sharing with someone close to you is to check if your self-view is closely aligned with his or hers. It is not necessarily a problem if there is difference, depending on the nature of that difference. Soliciting feedback from key people in our lives is a way to check how well we live out our values. This exercise has brought me both real validation and, on occasion, much disappointment. I would admit that it seems the disappointing feeling motivates me to hold myself more accountable.

#### **Peeling Away Our Defenses: Vulnerability Risks and Rewards**

Now that you have considered your identity on a more in-depth level, the next step is to examine your relationships and additional reflective questions. Healthy attachments are encoded in our DNA and are good for our wellbeing (Myers & Sweeney, 2005). Here are some reflective questions to consider:

1. How satisfied are you with your friendships and social relationships (including close family relationships)? If not satisfied, what could you do to create a greater sense of fulfillment?
2. Would you want to make friends with someone such as yourself? Why or why not? If “no,” what could you change in order to answer “yes”?
3. If you are single and would like to be in a relationship (e.g., marriage or partnership), what qualities would you want in that person? Then, how well do those qualities match up with your values?
4. Recall a difficult transition in your life. How did you navigate your way through that difficult time?
5. How would a best friend describe you? Then, seek that person out and ask to check your perception.
6. What person (or persons) do you most admire? What qualities about this person (or persons) do you find particularly appealing?
7. Complete this sentence: “What matters most to me in life is ...”
8. Complete this sentence: “My greatest challenge in life has been ...”
9. Complete this sentence: “My greatest fear in life is ...”
10. Complete this sentence: “My most significant accomplishment thus far is ...”

Naturally, age and experience make a difference when entertaining questions on personal issues such as those above. Nevertheless, anyone in a counseling program, considering becoming a counselor, or who is a counselor, would be wise to consider questions such as the ones above (and questions well beyond, naturally).

## Meaning and Purpose in Counseling

Famed psychiatrist, author, and Holocaust survivor Viktor Frankl theorized that the will to meaning and not sex, power, or aggression was the primary motivating force in human existence (Frankl, 1969). Frankl developed a therapeutic approach he termed “Logotherapy” (Frankl, 1965) or, essentially, a therapy of meaning. While numerous arguments persist regarding the construct of meaning, it appears important in many regards. First, one can hypothesize hope as strongly correlated with optimism. Aaron Beck’s research on cognitive therapy, depression, and suicide strongly suggests optimism as key to combat depression and suicide (Beck, 1963; 1967). My own anecdotal experience strongly validates both Frankl and Beck. In more than 20 years of providing counseling in university counseling centers, and community mental health clinics, and other human service agencies, seemingly every person presented with the underlying issues of “My life is less meaningful.” Now, few were articulating their presenting problem as such, but as the counseling relationship matured, it seemed life meaning was precisely a chief concern. I would also voice that in ten years of supervising a variety of university-living groups, where a good part of my job was advising, most residents seemed to be presenting for advising with issues about life meaning. In some of my own research, a survey of nearly 500 college students, nearly every respondent agreed meaning was important to very important in their life (Hodges, Denig, & Crowe, 2014).

Thus, a central theme of this book is that meaning in life is very important in the counseling encounter. What I have discovered, however, through finding meaning in my own life, teaching it as a counselor education professor, and working as a counselor in practice, is that meaning seems to be a by-product of relationships and doing good works. So then, for readers interested in becoming counselors, those in counselor education graduate programs, and others in the field, here are some reflective questions for consideration:

1. What role does meaning play in your life?
2. What relationship do you see meaning having in your career (or future career) as a counselor?
3. How, or in what way, is meaning manifest in your life (e.g., family, spiritual life, occupation, etc.)?
4. What is the most meaningful experience you have had? What made that experience so meaningful?
5. Think of someone you admire who appears to have lived a meaningful life. It could be a famous person (e.g., Nelson Mandela, the Dalai Lama, Mother Teresa, Viktor Frankl, etc.) or someone you know very well. What role did meaning appear to have played in their life?
6. If you feel you have less meaning in your life than you would like, how could you begin to rediscover a stronger sense of meaning?
7. Make a list of the ten most important “things” you most value in life. What persons and what things are included on that list? What do you learn from your list? What might you change if anything?

## 6 Who Am I? *The Power of Self-Discovery*

8. If you could change anything in your life, what would you change? How could you begin to make that change happen?
9. If you were to ask a close friend or family member whether they see you living a meaning-filled life, what might they say? If you feel so inclined, ask this question of someone close to you.
10. True or false: I have a clear vision for how meaning instructs my personal and professional life. If you answered false, how might you begin to develop a clear vision for meaning in your personal and occupational life?

## The Importance of Presence in Counseling

The previous exercises are less about specific answers and more to promote the genesis of an in-depth self-reflection. Readers must be aware they have or may enter a profession where presence arguably far more important than technique or theoretical approach. A challenge I have often encountered as a counselor education professor is how precisely to “teach” presence. Miriam Rose-Baumann, an indigenous elder, retired school principal and former teacher in remote Daly River, Australia teaches workshops on “Dadirri” (pronounced “da-da”), which roughly translates as deep listening. She conducts workshops throughout Australia, in remote aboriginal schools and communities as well as professional conferences for counselors, psychologists, teachers, and others. During June 2018, I visited her community and former school. She invited me to her home, and my colleague and I had an informative conversation with her. We spoke of the similarities of her approach and philosophy to that of counseling. She was familiar with Carl Rogers and agreed his view of presence was akin to deep listening. I explained my challenges in trying to teach and model deep listening to my students and those I have supervised in clinical settings. She admitted she had similar difficulties, especially when instructing children and adolescents. “I tell them, you have to find a way to catch it,” she opined (pers. comm., 2018). She went on to say that, in her experience, prayer or meditation, and understanding one’s culture and oneself, were critical components in developing deep listening. Deep listening is essential in developing as an educator and likely a counselor, as we must attend to voice tone, body language, eye contact, and what the client does not say as much as what is stated. As Miriam Rose suggests, stillness also is a vestige of presence.

In a similar vein, the author, sociologist, and higher education speaker Parker Palmer writes eloquently on presence and vocation. Vocation, counseling, teaching, nursing, and so forth, do not spring from mere interest and hard work, although these are very important components. One’s vocation comes from listening and accepting the authentic self (Palmer, 2000). Thus, your vocation as counselor is not a terminal goal in itself, but an ongoing process where the *gift* lies in living authentically as opposed to any particular external award or recognition. This type of language—gift, deep listening, meaning in life and so forth—may not fit so neatly in a twenty-first-century evolving counseling profession where “evidenced-based” seems to be the primary mantra. However, questions surrounding the deeper subjective responses to the human condition do not necessarily lend themselves easily

to empirical research study (Yalom, 1998). Furthermore, when I consider how complicated explaining my therapeutic approach has become, I am tempted to say, “existential-oriented, mindfulness-based cognitive therapy,” which some suggest is a contradiction in terms. Perhaps, then, learning how to balance and live consciously within contractions is part and parcel of an authentic life.

So then readers, what is an existential approach and how is it important to your development as a counselor? Professors and researchers alike pepper imprecise responses with terms such as “self-actualization,” “humanistic,” “grounding,” “centering,” and the current term du jour, “mindfulness.” All these terms may be somewhat related to an existential therapeutic approach, although I find none of them satisfying in the general sense. My own orientation on the matter, honed from my study and experiences in the field during the past 30-plus years, is that existential therapy is more a “being” than a “doing.” Existential counseling requires a different understanding of what matters in therapy and flies in the face of evidence-based therapeutic approaches that have become the battle cry among a profession concerned about *DSM-5* (*Diagnostic and Statistical Manual of Mental Disorders*, fifth ed., 2013) typologies and insurance reimbursement. No doubt, counselors must generate income in order to continue providing valuable services. I would maintain, however, that authenticity, addressing life meaning, exploring one’s condition, and helping clients to author healthy changes in life are all higher callings and likely more important than the diagnosis du jour. Now, I am not opposed to diagnosis per se, but rather the indiscriminate manner whereby it may be used against the client and the fact that the shelf life of diagnostic labels may extend far beyond the actual duration. Consider Borderline Personality Disorder, for example, and the stigma for women, most of whom are trauma survivors (Linehan, 1993). To paraphrase Linehan, women with BPD diagnoses are having a normal reaction to an abnormal experience (1993).

During the initial counseling class I took prior to admission to the counseling program, we studied Fritz and Laura Perl’s Gestalt Therapy. After an extended discussion on the chapter, someone in the class (someone braver than yours truly) asked, “What does the term gestalt mean?” The professor replied that a gestalt implied a whole that was more than the sum of its parts. We all nodded our heads in agreement and understanding, although from the furrowed brows evidenced, I wonder how many actually understood. Finally, someone else asked for an example of gestalt. The professor pondered momentarily, then compared it to love. “Look” he said, “I know why I love my mother. Nevertheless, if I list out the reasons, I am never satisfied with my answers. Any definition of love is certain to be incomplete. I know all these various and sundry reasons are why I love her, but I know there is more, even if I can’t name what that something more is.”

An existential mindset requires us to confront realities we would feel more comfortable ignoring—for example, the reality of death. US society is youth-obsessed, something we see in the media, the film industry, and the cosmetics industry—the latter of which rake in multi-billions of dollars. Look at plastic surgeon and cosmetic dental ads in the flight magazine next time you travel, and note how much of society focuses on appearance. None of that advertising, money, surgery, or denial can wipe

away the reality that death awaits us all. “He that dies pays all debts,” Shakespeare wrote in *The Tempest*. Perhaps the primary work in human existence is to address effectively one’s mortality and the anxiety involved in such contemplation—something that Yalom illustrates in his opus *Staring at the Sun* (2008). Whatever else, mortality inspires fear, denial, hope for some, and possibly represents the last great opportunity for growth in our lives. So when you consider your own demise, what are your thoughts, fears, and hopes?

### **Where Does This Leave You?**

This initial chapter may seem perplexing for those readers contemplating entering a counseling program and those early in their program. Here is a piece of wisdom, or more accurately a tidbit of my experience. The counseling profession is a world shaded in gray, with less certainty than many find comfortable, and easy, precise answers are as scarce as warm Duluth January. Counseling a client caught between two opposing forces, both of which she finds appealing, can be fraught with challenges (more on this soon). As a counselor, I learned early on to role-play issues with clients during sessions as otherwise they often would not make necessary changes outside counseling. Here are some additional questions to entertain regarding the profession.

1. What matters most in your life? How congruent is your current behavior with what you say matters most? If this is a concern here, how might you bridge the chasm between what matters most and your current behavior?
2. When you have felt stuck on a particular issue, situation, or the like, how do you resolve this conflict?
3. If you were asked at a job interview (or likely somewhere else!) “What’s the meaning of *your* life?” how would you answer?
4. How does the reality of death change your life? If you have not thought of it, I heartily recommend it. Counselors address mortality with clients regularly.
5. What are your core values? List at least ten. Now, how will these values inform and assist you as a counselor?

### **Lessons Learned**

Perhaps the most unusual case I encountered as a counselor was in a university counseling center. An undergraduate came in one morning for counseling services. He was well groomed, an honors student, and had already been accepted to a very good university for graduate school. During the intake process, his scores on the Beck Depression Inventory-2 and the Beck Anxiety Inventory were low and the intake interview was unremarkable. Under “reason for the visit” he simply wrote, “Would prefer to discuss.” Once counseling commenced, he recounted a fascinating tale of an encounter with aliens. At the conclusion of his story, he inquired, “So, do you believe me?” I paused briefly to consider his question. Frankly, no, I did not believe he actually met aliens, but decided to temporarily side-step the issue. “Look,” I began, “people come in this office and tell me all kinds of things. It’s often more

important what they believe.” He considered this momentarily, and then offered up another thought. “Listen, I’m close with my parents. I told them about this and they are worried I might have schizophrenia or something. So, I said I’d come see you.”

I was thinking of administering the Minnesota Multi-Phasic Inventory, second edition. The MMPI-2 is a lengthy test, assessing psychiatric and related disorders, with 567 items. The test and a referral to a psychiatrist were in order, but I decided to play the line out a little longer. I inquired about sexual abuse, but he denied abuse of any kind. He had already denied any hallucinations, delusions, and was well oriented to time, place, and person. His speech was fluid, coherent, and the content was absent any concerns save his story. I thought briefly of neurologist Oliver Sacks and one of his books. Knowing of little else, I pursued another line of inquiry: “Well, what you make of the experience?” He went on to say that he considered the encounter to have been positive and life changing. What had evidently changed for him was that previously he been a very rigid, emotionally cloistered person. If something did not fit into the scientific method, then he figured it was irrational and dismissed it. He smiled a very wide, natural smile. “Now, well it’s like the experience has shattered that illusion and I feel liberated.” “Well then,” I continued, “what seems to be the problem?” “Look,” he began, “if I were you and someone told me what I told you, I would think that person was looney. That’s the problem. I mean, it’s funny, as society would view me as ill when I actually feel better.”

This was an odd moment where I felt torn. He did seem happy and quite stable, yet the professional in me was screaming, “Something’s wrong!” “Alright, how else has this impacted your life?” He added that he felt less judgmental and critical of others and reported he had made a couple of friends where previously he had been isolated. I sat back and waited for some inspiration to come—an experience akin to waiting for Godot. Desperate as I was, I decided to try basic honesty. “Frankly, I do not know what to make of your story. I must tell you I am skeptical of alien visits. But regularly, students come through my door and speak of personal relationships with Jesus. Most such students are well oriented and usually struggling with stress or a relationship break-up.” I did suggest him taking the MMPI-2, which he agreed to do. The results, however, came back with no particular cause for concern, with Scale 8 (Schizophrenia) and Scale 6 (Paranoia) well within the acceptable range.

“So, I’m not crazy, right?” He continued to be concerned about this. “Well, according to our intake interview, MMPI-2 and our session, you appear well-adjusted.” He was still not quite satisfied. “But what do you make of my experience. I can tell you, I am not fabricating it.” I shook my head. “No idea what to make. But what do you tell yourself about the experience?”

He smiled. “That it was a real gift. It’s changed my life and opened me up to new ideas and possibilities and for the first time there’s real meaning in my life.”

We ended the session with the caveat that he could return should he feel anxious, depressed, or concerned about his mental state. I did repeat the possibility of his seeing a psychiatrist as a check, but, given his mood and cognitive state, I did not recommend a referral at that time. I never saw him in session again. While skeptical that he had actually encountered extraterrestrials, he seemed to be doing well on all fronts. What this client taught me was to remember to “keep that don’t know

self,” as the Buddhists say. The most important aspect of the session was not what I believed, but rather the impact the experience had on the client. Granted, we must do due diligence regarding assessment and intervention, but the more important part of counseling likely lies in keeping an open perspective and learning the lessons clients can teach us. I still do not know what to make of his incredible encounter of the third kind, but *my* belief was not what mattered, his was. I have retained a healthy sense of skepticism on such matters, but remain open to ways the unconventional may actually aid in therapy. In this unusual case, eschewing conventional belief systems was what led to his living more fully.

## 2 The Counseling Profession

### Critical Information for Consideration

Anyone reading this text either is in the process of becoming a counselor (in a graduate counseling program), is interested in becoming a counselor, or already is a counselor. As a counselor, a counselor educator, an author of articles and books on counseling, and a person who has supervised counselors in the field and in training programs, I have had many opportunities to consider who is and *is not* appropriate for the profession. There will be a much more in-depth review of factors to consider in becoming a counselor in Chapter 3. This chapter addresses the counseling profession, how it differs from related mental health professions, the state of the profession, professional ethics, the U.S. Bureau of Labor's occupational outlook, benchmarks the profession has achieved, and remaining challenges. Naturally, this author's view is generally positive regarding the profession, having witnessed its significant growth, achievement of licensure in all 50 states and three territories (Washington, DC, Puerto Rico, and Guam), and gaining of insurance billing privileges. Despite all this success, there remain several unmet goals and challenges.

#### Professional Identity

The counseling profession is relatively new in comparison to its relatives—psychiatry, psychology, and social work. The counseling profession genesis goes back to 1952 when four separate organizations merged to form the American Personnel and Guidance Association (APGA). The APGA evolved into the profession now named the American Counseling Association (ACA), and is the largest and considered the profession's flagship organization. The ACA consists of 19 professional affiliate divisions ([www.counseling.org/](http://www.counseling.org/)). Many mental health counselors, school counselors, addictions counselors, and rehabilitation counselors join both the ACA and their respective divisional affiliate (e.g., American Mental Health Counselors Association or AMHCA)—something encouraged in graduate counseling programs and by the ACA, and a practice encouraged in this and other texts by me.

A question the public, and certainly students in counseling programs, will ask is “How is counseling different from social work and psychology?” After all, all these professions also train professionals to counsel individuals. My own experience is the public does not understand the distinctions thus complicating the issues of

professional identity. Professional counselors themselves often struggle to articulate the differences between counseling and related mental health professions. As counseling professionals, it is imperative we understand our identity as separate, and distinct from our colleagues in psychology and social work in particular (Healy & Hays, 2012). The counseling profession focuses primarily on the counseling relationship and encounter as its specialty. For psychology and social work, counseling is more an ancillary function (Remley & Herlihy, 2016). Clinical and counseling psychologists do provide counseling services as do clinical social workers, although their profession's primary mission is not counseling. Without question, as many mental health professions provide counseling services, the public continues to be confused between these disparate professions.

Professional identity can be a challenging concept to articulate, yet one vital to the viability and wellbeing of a profession. Think of well-known professions such as medicine, engineering, law, and accountancy—each of these is well understood, at least in general terms. Naturally, there are different types of physicians (surgeons, general practice, psychiatrists, etc.) and even accountants have variations. My experience, however, is that most adults understand what doctors, accountants, engineers, and CPAs do. Some researchers have argued that professional identity is a process as opposed to a specific outcome, and that counselors must frequently examine their identities to address emerging challenges (Brott & Myers, 1999; Hodges, 2019; Remley & Herlihy, 2016). Individual counselors must then be able to explain the philosophy undergirding the profession, professional practices, professional ethics, and scope of practice parameters, counselor training programs, licensure requirements, and outline differences between counseling and related occupations, to name some important responsibilities. Counselors with a strong professional identity often feel a sense of pride in being a member of their chosen profession (Remley & Herlihy, 2016).

While counseling was founded as a separate profession in 1952, it was only in 2010 that a definition of it was approved (Kaplan, Tarvydas, & Gladding, 2014). An ad hoc task force composed of delegates from major counseling organizations gathered in Pittsburgh at the ACA 2010 conference and approved the following definition of counseling:

Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

(American Counseling Association, 2014, p. 20)

An operational definition provides illumination as to what counseling professionals actually do. While the definition of counseling is relatively brief, the nuances of counseling (e.g., professional divisions, research, ethics, training, etc.) would fill a lengthy book (or several texts). This chapter aims to provide clarity for the counseling profession and make it understandable to readers as well as the public. Knowledge and understanding of the counseling profession requires a brief foray into the philosophical underpinnings.

## The Wellness Model of Counseling

The counseling profession developed out of a belief that the best method of assisting students and clients in resolving emotional, social, career, and relationship issues is the wellness model of mental health (Myers & Sweeney, 2005). Myers, Sweeney, and Witmer (2000) developed a comprehensive model of wellness that was specific to the counseling profession. The medical model has been the primary model that other mental health professions, such as psychiatry, psychology, and social work, have utilized to address emotional and mental health concerns. The medical model is an approach created by physicians for diagnosing and treating physical illnesses. In the medical model of treatment, diagnosis is the first step in assistance. Then, the professional sets about a treatment plan based upon that diagnosis to assist the patient to return to the level of functioning prior to the illness. The helping professional uses a scientific method, which is generally understood as evidence-based therapies, to help cure the afflicted person. The treatment plan is crafted as such, with measurable outcomes. As a cognitive-oriented counselor, I have done as such countless times myself.

Psychiatrists, who are physicians, utilize this approach, as do psychologists, nurse practitioners, and clinical social workers. All these professions matured while the medical model became the dominant approach and developed practice to align with that philosophy. Counselors, as previously mentioned, are a newer profession originally constructed on a different philosophy. Namely, the counseling profession subscribes to the wellness model of healing. The wellness model of counseling, furthermore, has solid research support as a viable treatment approach (Myers & Sweeney, 2005; Tagnoshi, Kontos, & Remley, 2008) and was championed by luminaries such as Carl Rogers (1951). The goal in the wellness model is for each person to achieve the most optimal mental and emotional health that is possible. In terms of a spectrum, on one end we have unhealthy, dysfunctional people, while on the other there exist healthy, fully functioning others. Fully functioning individuals likely approximate what Maslow called “self-actualized,” which sits atop Maslow’s Hierarchy of Needs (Maslow, 1968).

For clinical mental health counselors, and likely clinical rehabilitation counselors, addictions counselors, and others, wellness is at the core of their profession, although for these newer counseling affiliates, operations are more complex. A glance at the Council for the Accreditation of Counseling and Related Educational Programs (hereafter CACREP) for the clinical mental health counseling standards, however, suggests a very clinical focus (CACREP, 2016). The very name *Clinical Mental Health Counseling*, or *Clinical Rehabilitation Counseling*, and so forth, suggests a philosophy beyond the traditional wellness orientation. As a long-time mental health and addictions counselor, for third-party insurance and Medicaid reimbursement, a DSM diagnosis was required. Measurable treatment plans to address anxiety, depression, addiction, and so on, also are standard in clinical settings. Clinical mental health counselors, addictions counselors and clinical rehabilitation counselors are among the fastest-growing mental health professions in the USA (BLS, 2018–2028). So, as a graduate student and well into your profession,

be grounded in a wellness-oriented profession, but be prepared to adapt to a dynamic, clinical focus. Given that the marketplace for clinical mental health counseling, addictions counseling, and clinical rehabilitation counseling is hospitals, outpatient clinics, and in- and outpatient addictions treatment, understanding the medical-model approach is an absolute necessity. You will notice signs of change, however. During my years in clinics, I cannot recall anyone mentioning the word *mindfulness*. Now, even in the country's most august hospitals, mindfulness is the term du jour in treatment. You will also hear much about the mind–body integration, and a recent training brochure I received regarding an upcoming training by a psychiatrist mentioned the word spirit. Change definitely is in the works!

### **A Brief History of the Counseling Profession**

The counseling profession actually emerged relatively late in comparison to its colleagues of psychology and social work. Thus, the profession has had to “catch-up” to these respective related professions with regard to marketplace opportunities. The first half of the twentieth century witnessed several disparate organizations with some relationship to counseling, school guidance, advising, college student development, and so on. Then, in 1952, four different organizations met and agreed to merge, creating the American Personnel and Guidance Association (ACPA) evolving into what is now called the American Counseling Association (ACA) (Wrenn, 1962). The profession consisted of student affairs in college and university settings (e.g., counseling center, career services, dean of Students, etc.), P-12 schools as “guidance” workers, and in addictions treatment. In the late 1950s, the advent of the Cold War spurred Congress and President Eisenhower to implement the National Education Defense Act (NDEA). NDEA's primary mandate was to stimulate the advancement of education in mathematics, science, and foreign languages, providing funding for school counselors (Wrenn, 1962). The Russian launch of Sputnik soon thereafter stimulated even more support for guidance professionals in schools, and the American School Counselor Association formed, furthering the professional identity of school counseling (Wrenn, 1962).

The counseling profession's early days (i.e., 1952–1960) were dominated by the influx of counselors in P-12 school settings and school counselors became fixtures in public school throughout the USA. Counselors continued in professional roles in community centers and in colleges, though arguably in less visible roles in comparison to their P-12 counterparts. School “guidance” counselors dominated the numbers in the broader counseling profession throughout most of the profession's history. Currently, however, clinical mental health counselors, addictions counselors, and clinical rehabilitation counselors are expanding at a much faster rate. In the near future, clinical mental health counselors will outnumber their school counseling colleagues, as evidenced by the U.S. Bureau of Labor Statistics for the CMHC and SC professions (2018–2028). In 1976, Virginia became the first state to grant licensure to counselors. The next four decades have witnessed all 50 states, Washington, DC, Puerto Rico, and Guam achieve counselor licensure (American Counseling Association, n.d.). The counseling profession's achieving licensure of all