The Professional Counselor’s Desk Reference
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The Professional Counselor’s Desk Reference

Second Edition

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Mark A. Stebnicki, PhD, LPC, DCMHS, CRC, CCM

Editors
There really are not any new words or phrases I can think of that I have not already expressed in my first four book dedications to describe my wife, Darlene. When you have a partner who supports you, literally helps you, and represents the lighthouse in the dense fog of your tribulations, there are no words to express that gratitude and appreciation. Darlene remains the most selfless person I will ever know. She remains the strongest person I will ever know. I would not be here, I would have no accolades, I would not have the resilience and perseverance had she not stayed. Everything I have accomplished has had her invisible signature on it. To my love and my friend, thank you.

Irmo

It would be difficult to visualize writing and coediting a book like The Professional Counselor’s Desk Reference (PCDR) with any colleague other than you, Irmo. Our brief year together at Arkansas State University in Psychology and Counseling forged a lifelong relationship that goes considerably beyond collegial. Our mantra of work hard–play hard had no boundaries from early morning hours to late night. We basically created our own culture of mixing a deep friendship with creatively developing projects that we had not even envisioned yet, such as PCDR. Somehow we managed to blend our families together with Darlene, Bandit, Bonnie, Mark, and Sarah to share in something so special that it would take another book to describe. I am honored to have started my career with you. I have much gratitude for your mentorship, friendship, and craftsmanship.

Mark
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Foreword

Without a doubt, many practitioners, students, supervisors, counselor educators, and researchers will treasure this unique handbook that contains a wealth of information on a variety of topical areas, some of which include professional identity, ethical and professional issues, case management and consultation, multicultural counseling issues, counseling theories and techniques, career counseling across the life span, assessment and diagnosis, counseling couples and families, disability-affirmative counseling, counseling diverse client populations, and contemporary issues in counseling. A few of the newer chapters that are featured in this revised work represent military service members and veterans; wellness approaches in counseling; issues in the lesbian, gay, bisexual, and transgender (LGBT) community; the use of the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5); and addressing counseling concerns of diverse client populations. This second edition represents a significant revision and expansion of the original work. About one third of the 93 chapters are either new or revised, and 117 contributors share their expertise on a wide range of issues in the mental health profession. Each section of this reference work is structured within the framework of the Council for Accreditation of Counseling and Related Education Programs (CACREP) and Council on Rehabilitation Education (CORE) accreditation standards. Readers who want answers to the following questions will find up-to-date information:

- What are the roles and functions of professional counselors?
- What are some of the issues in the practice of clinical supervision?
- What are some of the new concepts and issues addressed in the 2014 *ACA Code of Ethics*?
- What are some of the practical guidelines for minimizing ethical and legal risks?
- How can homework be effectively used in the practice of counseling?
- How can counselors effectively address multicultural concerns in their practices?
- What are some of the social justice issues counselors must address?
- What are some of the key concepts of contemporary counseling theories?
- How can career counseling address challenges across the life span?
- What is the psychosocial impact of global disasters?
- What do professional counselors need to know about assessment and diagnosis?
- What are some of the key issues facing counselors who work with couples, families, and groups?
- What are some of the emerging areas in counseling specific populations?
- What are some of the effective ways to develop treatment plans?
- How are empathy fatigue, burnout, and self-care of vital importance to every counselor?
- How can religion and spirituality be effectively and ethically addressed in counseling?

The questions posed here represent just a few of those addressed in the second edition of *PCDR*. This book will be a useful reference tool that practitioners can turn to when they want specific information on any of these topics. Most of the chapters contain current references and places the readers can explore for further information. *PCDR* can be used as a supplementary text in various courses in counseling programs. Those who are studying for the professional counselor’s licensing examination will find the various categories of the core counseling standards to be a useful review. This will also be a valuable resource for continuing education programs.
I continue to find the chapters in this new edition to be well written, organized in a clear manner, and presented in a balanced way. Experts in the content areas did a high-quality job of presenting their ideas in a direct way that makes for easy comprehension. This is truly a comprehensive work that has something to offer to seasoned professionals, students, and new professionals. This is a reference work that people in the mental health professions will want to buy and make frequent use of.

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A Tribute to Jane E. Myers:
A Pioneer in Wellness and a Leader in the Counseling Profession

“Jane, it leaves me heartache when we drift apart on earth. But your inspiration on wellness sheds light on my research trajectory and your passion and love for life never ceases to diminish. You are always missed and remembered, my dear friend.” Patrick S. Y. Lau, the Chinese University of Hong Kong.

On December 23, 2014, Jane died in her Lexington, North Carolina, home after a brief but hard-fought battle with cancer. It was a battle she fought with dignity, grace, and courage just as she had lived her life. She leaves us a rich legacy of her work and passion for the well-being of humankind.

For anyone who interacted with Jane, it was clear that she lived what she taught. From her own report, it was the role modeling of her advocate mother as a special educator and her experiences during the Civil Rights Movement that influenced her perception of what was important to her personally and professionally. This led to her early professional work as a rehabilitation counselor and rehabilitation counselor educator.

Lesser known than her professional life, she held two black belts in martial arts, was a national Judo champion and instructor, an instrument-rated pilot who flew her airplane on business trips all over the country, an avid gardener, and an animal and environmental rights advocate. In short, she practiced what she preached—a balanced, personal wellness orientation to life.

LEADER ADVOCATE

Early in her career, Jane was dedicated to working with older adults and felt the need for counselors to work with this population. As a consequence, she spearheaded the development of training standards and national certification for counseling this population of clients. Her efforts contributed to the founding of the American Counseling Association (ACA) Association of Adult Development and Aging (AADA); she served as its first president from 1990 to 1991. In conjunction with the National Board of Certified Counselors (NBCC), Jane helped draft the criteria for the National Certified Gerontological Counselor credential. Additionally, she contributed to the Gerontological Counseling specialty standards for the Council for Accreditation of Counseling and Related Education Programs (CACREP) and also served as the CACREP board chairperson and president from 1994 to 1996.

When asked about her leadership experiences, she would explain that as an introvert she rarely sought specific leadership positions. Opportunities arose because her position as leader served and benefited others. In essence, this exemplified her philosophy as a “servant leader.” In an interview that was published in the Journal of Counseling and Development (JCD), Jane explained how leadership and advocacy are linked:

Servant leaders are first interested in the needs of others. They place themselves in positions of leadership so that others might benefit.

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Leadership per se is not the goal. That fits for me. I do not see myself as a leader, though I have served in many leadership positions. I see myself as an advocate, and leadership positions are the avenue through which advocacy is implemented. (Nichols & Carney, 2013, p. 244)

PROLIFIC SCHOLAR

Jane Myers exemplified the meaning of scholar. Cited as one of the most prolific authors in the counseling profession with more than 150 refereed journal articles, 44 published book chapters, 26 books and special journal issues, and 34 nationally distributed media publications, her promotion of counseling as a unique profession through scholarship and research was unmatched. In the 45 years devoted to her counseling career, including 35 years as a counselor educator, her research interests expanded from gerontological counseling to focusing on wellness across the life span.

RESEARCHER AND COUNSELING WELLNESS ADVOCATE

Working with J. Melvin Witmer and her husband, Thomas J. Sweeney, in the late 1980s, she developed theoretical and evidence-based wellness models with assessment measures of wellness, now translated into several languages. A story that they liked to share concerned Jane’s early influence on their initial “Wheel of Wellness” model and the serious efforts to measure the essential factors of wellness. After researching what was their earliest efforts to capture this broad concept by reviewing research across disciplines, they had drawn on the theoretical ideas of Alfred Adler, the famous author of a counterpoint to the personality theory of Sigmund Freud. Adler proposed that human beings could not be viewed as “parts of a whole like id, ego, and super ego” but rather as a “whole” that had parts! Later, when trying to explain why the Wheel of Wellness model was not borne out statistically, Adler’s holism distinction proved to be even more significant than they had originally thought.

Jane was impressed but puzzled. Why did they not consider gender and culture as essential components of wellness? They noted that indeed there were items in their early instrument that addressed matters on gender and culture. But Jane noticed that they were only items, not essential factors in the wellness model that they had begun sharing. Well, they said, if you can find research to validate them as factors like the others in the model, of course, we would want to include them. So she did just that! Thus, cultural identity and gender identity became factors in both the models and instruments.

Two colleagues also came to understand that Jane was a master of instrument development. She personally designed and maintained a cross-cultural database of thousands of subjects. She freely shared her experience and expertise to help students and faculty alike, wherever they might be. Her personal website, for example, was designed to assist researchers worldwide (wellness-research.org) solely to facilitate their efforts.

The wellness models and assessment instruments have been used in countless studies in the United States and internationally through translations that Jane helped to develop through mentorship. Many of her publications were also focused on advocating for wellness lifestyles for individuals of all ages across the life span (Myers & Sweeney, 2005). More than a scholarly interest, wellness permeated her personal philosophy and it shaped her daily activities and interests. She was known to exercise regularly, plan nutritional meals that she enjoyed preparing, and actively pursued new research on all aspects of wellness. “Wellness Throughout the Life Span” was her 1990–1991 ACA presidential theme, as well as her mission for the remainder of her career.

In the last 4 years of her life, Jane’s counseling and research focus evolved again. Biofeedback, particularly neurofeedback, became her wellness research and clinical practice interest. Through study, supervised clinical practice, and national examination, she obtained certification in this specialty area and pursued its practical applications and research possibilities. She was thrilled with the prospect of helping others optimize their well-being without the side effects of drugs or the stigma of labels in psychological manuals. Her article in the JCD on neurofeedback and counseling went viral in the neurofeedback practitioner community (Myers & Young, 2012).

LEAVING A PROFESSIONAL AND PERSONAL LEGACY

Jane retired from the University of North Carolina at Greensboro (UNCG) after 24 years as a professor of counselor educator and became the executive director of Chi Sigma Iota Counseling Academic and Professional Honor Society International (CSI), the third largest counseling membership organization in the world. Former UNCG colleague and CSI president Dr. Craig Cashwell noted in a personal correspondence that “Jane was a dear colleague and friend. Regardless of how busy she was, she would always put everything aside to sit with me and help me think through some aspect of my professional life,
and I valued her perspective immensely. We have lost the hardest working advocate for the counseling profession that I know.”

Our final tribute to Jane Myers is to note that her life was the embodiment of her favorite quote from Mahatma Gandhi, “Be the change you wish to see in the world.”

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Preface

With the completion of the second edition of The Professional Counselor’s Desk Reference (PCDR) there continues to be an identity shift within the counseling profession. This is evidenced by

• role and function studies within the counseling profession;
• the foundational principles and practices of counseling versus related professions of psychology and social work;
• state licensure laws delineating eligibility requirements, competencies, ethical practice, and other policies that guide professional licensure laws;
• professional counseling associations’ advocacy for a 60 semester hour program;
• joint alliances within the Council for Accreditation of Counseling and Related Education Programs (CACREP) and the Council on Rehabilitation Education (CORE) accreditation standards to train preprofessionals in a common core;
• the recognition of specialty certifications;
• opportunities to collect third-party reimbursement for the provision of counseling-related services;
• the emphasis on evidence-based practices;
• new codes of ethics within the specialty areas of counseling, the new Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013); and
• multiple other factors that have determined the profession that will be decided in the coming years.

Indeed, we are in a state of transition and continual professional development with the intention of differentiating professional counselors from other counseling professions such as psychology and social work. Overall, the counseling profession for the 21st century has evolved and appears much different than was first “cultivated” by its creative practitioners, professional counseling associations, consumer advocates, counselor researchers, and educators, as well as other visionaries from the 1950s to the 1970s.

As our contributors to the second edition of PCDR point out in the first section on professional identity, the history and evolution of the profession continues to advance as a group of specialty areas within the counseling profession (e.g., vocational, school, mental health, marriage and family, and rehabilitation counseling) that practice a common core of competencies and possess similar foundational concepts and skills. Accordingly, counselors continue to be differentiated by their employment setting, the types of clients served, and the counseling services provided. Interestingly, early professional counselors appeared to lack a professional identity despite practicing within their own specialty areas. This was due in part to (a) a lack of research defining best practices in counseling, (b) limited preprofessional counselor training programs, (c) a lack of regulations that included counselor certification and licensure, and (d) a poorly defined code of ethics. This is not the case today. We have much to be proud of because our profession has widely recognized leaders in state and national professional counseling associations and counselor credentialing entities, as well as congressional representatives who advocate for inclusion of services provided by qualified licensed professional counselors (LPCs).

The second edition of PCDR truly reflects a significant revision (with more than 30% new and updated chapters) of the original work. In the brief 5 years since introducing the first edition, the sociocultural landscape of the United States has changed in many ways. These changes require professional counselors to address mental health and other specialty counseling-related services with children, adolescents, adults, and older adults within a multicultural context. For instance, at the time of this writing, 36 states have passed laws related to same-sex marriage or identify civil unions within the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) community. In addition, as of June 26, 2015 the U.S. Supreme Court ruled that same-sex marriage is now a federal law in the United States. There are two states in the United States (Colorado and Washington) that have legalized marijuana. We continue to see new populations of returning veterans and civilians with disabilities requiring physical and psychosocial rehabilitation
services as a result of exposure to combat and natural disasters, as well as indigenous groups of individuals exposed to extraordinary stressful and traumatic events in war-torn countries. Many in the United States are now being exposed to traumatic events that once only happened on foreign soil (e.g., bombings in public places, sniper attacks, and civil unrest). Based on some of these critical events, there is much work to be done in order to effectively, competently, and ethically provide services to this new group of consumers and clients who are continually exposed to violence, devastation, and death by social media 24 hours a day.

In response to these sociocultural changes, we have provided readers with new chapters related to some of the aforementioned critical events. A review of the table of contents demonstrates an impressive body of research and practice guidelines offered by many well-known practitioners, counselor educators, and researchers. Indeed, the second edition of PCDR has reached a pivotal point of reflecting our identity as professional counselors that continues to expand into other counseling settings and respond to critical issues with new groups of individuals.

The core philosophy of the second edition of PCDR remains the same as our original body of work—cultivating opportunities to (a) work with other accrediting and credentialing bodies in an interdisciplinary environment; (b) increase our capacity for partnering, collaborating, organizing, and uniting state and national professional counseling associations with one voice for the profession; and (c) cultivate the spirit to thrive as a profession where state counselor licensure is reciprocal with all states. Thus, the interconnectedness between different systems makes up the whole of our structure and professional counseling identity.
We would like to acknowledge the exemplary work of all of our chapter authors. What a pleasant journey to work with experts in their field as we piece together the most comprehensive counseling desk reference out there. We would also like to express our gratitude to Springer editorial director Nancy S. Hale and assistant editor Jacob Seifert for their guidance and support. We have been working with Nancy for more than a year shaping this second edition; you made the process virtually stress free. In addition, we are also very appreciative for the exemplary copyediting skills of Lindsay Claire and Ashita Shah for their essentially flawless work. Likewise, this is our fourth book with Sheri W. Sussman (who has better things to do these days) periodically checking in, offering advice, and always being available. This is our fifth book published with Springer Publishing Company. We continue to acknowledge the exemplary products the company produces. We also want to express our gratitude to Dr. Gerald Corey for his review of PCDR and his kind words of support that he so eloquently communicated in his Foreword.

Irmo and Mark

I personally want to acknowledge my friend and colleague, Mark Stebnicki, who has now coauthored and coedited three books with me. I'm honored to be your friend, and I have always been impressed by your ability to walk the walk and talk the talk. You exemplify the perfect counselor and professional, and family man. It's a privilege to be associated with you, my friend.

Irmo
Introduction

The field of counseling is an exciting and challenging career choice. It is a profession that has a prolific history of enabling person-centered counseling approaches for individuals, couples, partners, and families, and facilitates therapeutic services for children, adolescents, adults, and older adults. Many individuals living in today’s complex world report high levels of stress and traumatic stress, chronic and persistent mental health conditions, substance use disorders and process addictions, major depression and anxiety, and a multitude of other life-adjustment issues. As we have found in our own clinical practice, even seasoned professionals can benefit from training and preparation for working with the diversity of individuals who seek services in everyday practice. Oftentimes, there are coexisting medical, environmental, and mental health factors that hinder our client’s functional capacity and opportunity to achieve optimal levels of mental and physical well-being. Based on the complexity of issues in the individuals and groups we serve, there are times when we need immediate and direct information for working with clients with specific issues. There may not be time to consult or attend a workshop to acquire the necessary and sufficient information and skills to work with certain clients who may be coming to our office within the hour for the first time. Thus, it was in this spirit that the philosophy and intention of the original Professional Counselor’s Desk Reference (PCDR) was born.

The original PCDR was named an Outstanding Academic Title in 2009 and earned a “Choice” Award. Given the success of the first edition, it was a daunting task to envision a second edition that could maintain this formula of being the first counselor’s desk reference of its kind to serve as an authoritative resource written for a variety of counseling professionals and disciplines. We are pleased to report that we have exceeded our expectation from the first edition of PCDR.

Our intent in writing the second edition was the same as, and different from, the first edition. Since the publication of the first edition, PCDR has been used by both preprofessionals working toward counselor licensure and certification, as well as seasoned counselors, counselor educators, clinical supervisors, psychologists, and social workers. We wanted to continue to provide professionals with a desk reference guide based on the 10 core content and knowledge areas described in both the CACREP and the CORE accreditation standards. The second edition of PCDR continues to offer an excellent resource for graduate-level coursework that relates to an orientation to the counseling profession, professional issues, and special topic seminars, as well as other counseling-related coursework. To continue the academic mission of this work, we asked each of our chapter contributors to submit four multiple-choice questions based on the material in his or her chapter. Surprisingly, we were able to amass a 325-plus multiple-choice question and answer self-examination for preprofessionals to prepare for licensure and certification board exams. Although we do not claim to cover all possible curricula required by the CACREP and CORE accreditation standards, the breadth of information contained within the second edition serves as an original guide to good counseling practices written by more than 117 professionals who understand the roles and functions of professional counselors and the knowledge, awareness, and skills that lead to competent and ethical counseling practices.

The second edition of PCDR includes 93 chapters and collaborative works from 117 contributing authors, each with extensive expertise in his or her own specialty area as outlined in the table of contents. The second edition includes more than 30 chapters that have been either extensively rewritten/revised or developed as new material. Most of our chapter contributors have well over 20 years of clinical practice, teaching, and research experience within their specialty areas. Many of the authors in the second edition have written several books and/or have numerous articles published in peer-reviewed journals within their disciplines. PCDR continues to be didactic in its coverage, containing numerous how-to chapters with examples such as starting your own
private practice, developing professional disclosure statements, conducting intake interviews, developing treatment plans, negotiating third-party contracts with insurance companies, ensuring clients return after the first session, and strategies for motivating and providing homework assignments for clients.

Additionally, a review of the table of contents for the second edition of PCDR reveals new chapters that relate to counseling strategies and techniques for persons with mental health issues; using the DSM-5; treating persons of color in the LGBT community; treating military service members and veterans; facilitating wellness counseling strategies; cultivating the mind, body, and spirit; understanding the psychosocial aspects of global disaster; understanding the foundations of feminist therapy; promoting social justice issues; and working with those who are socially oppressed, as well as many other areas of interest that focus on the most contemporary issues in counseling. In addition, we have expanded beyond assisting clients with their personal issues, and solicited contributors to write chapters dedicated solely to working with partners and families who often equally share in their loved one’s pain. As a profession, working with families has often taken a backseat to helping individuals themselves; however, we have not neglected them in this edition.

Perhaps the most significant contribution that the second edition of PCDR has to offer is its interdisciplinary approach across all counseling disciplines. The content offered appears to more accurately reflect the present realities that we see in everyday practice with our clients and/or their families. Overall, the strength of the second edition provides both contemporary insight and practical strategies for working with the complexity of real-life issues related to assessment, diagnosis, and treatment of diverse clients and their families. Although the second edition of PCDR is not designed to be an end-all guide, it is very comprehensive and encompasses readable and usable information that offers professionals a comprehensive list of references and resources for further reading on each topic. The optimal value of such a desk reference takes advantage of the various counseling specialties, providing a breadth of information to the reader that facilitates counseling strategies with both specialized and general clients and consumers of counseling services.

The Professional Counselor’s Desk Reference, Second Edition, provides professionals with chapters organized into the 10 CACREP and CORE content areas that address the awareness, knowledge, and skills required to work with children, adolescents, individuals, groups, couples, families, and persons from diverse cultural backgrounds. The content areas are:

- Professional counseling identity
- Ethical and practice management issues
- Case management and consultation issues
- Multicultural counseling awareness
- Counseling theories and techniques
- Career counseling and human growth
- Assessment and diagnosis
- Counseling couples, families, and groups
- Counseling specific populations
- Contemporary issues in counseling

Special features of The Professional Counselor’s Desk Reference, Second Edition, include:

- Tools and information to begin establishing a private practice
- Bulleted how-to strategies and counseling techniques for working with specific populations under various environmental and complex circumstances
- A comprehensive list of references and Internet sites for further reading
- A comprehensive 325-plus multiple-choice test reflecting each chapter’s content
- Easy-to-read tables, graphics, and figures to capture a holistic picture of the client’s situational circumstances
- Usable common counseling formatted documents, including a professional disclosure statement, intake interview, treatment plan, checklists, mental and physical functional capacity evaluations, and summary guidelines
- A comprehensive index at the end of the book
- Concise informational tools and resource introductions, such as ethical practice guidelines, HIPAA regulations, the Affordable Care Act, interpretations of the changes in the new DSM-5, and use of the International Classification of Functioning (ICF)
- Quick reference information that can be integrated into PowerPoint presentations
- Working with new populations including returning veterans; veteran families; the socially oppressed; LGBTQ populations, partners, and family; common children and adolescent psychiatric medications; and community-based rehabilitation counseling.

Overall, the PCDR has something valuable for preprofessional counselors, students enrolled in graduate-level counselor education programs, clinical supervisors, counselor educators, and seasoned counselors.

Finally, we would like to thank our 117 contributing authors who made The Professional Counselor’s Desk Reference, Second Edition, possible. We were extremely fortunate to have many seasoned contributors for our chapters, including counselor and counseling psychology educators, researchers, counseling
practitioners, and doctoral-level students who have been mentored by their majors' professors. It is our hope that you will find *The Professional Counselor's Desk Reference, Second Edition*, a valuable resource that offers the combined wisdom of many authors to assist you in providing the optimal level of awareness, knowledge, and skills to work with a diversity of clients in an increasingly complex world.

Irmo Marini
Mark A. Stebnicki
The Identity of Professional Counselors
A Brief History of Counseling and Specialty Areas of Practice
Michael J. Leahy, Eniko Rak, and Stephen A. Zanskas

HISTORICAL ROOTS OF THE COUNSELING PROFESSION

The history of counseling is a fascinating evolutionary process, particularly in relation to how the profession developed, and how quickly it has evolved through the professionalization process during the past half century. Counseling principally evolved as a profession from the development and maturation of specialty areas of counseling practice (e.g., school counseling, rehabilitation counseling, and mental health counseling) that shared a common core of professional competencies and foundational concepts (Hosie, 1995; Myers, 1995; Sweeney, 1995). Historical, philosophical, and societal trends and public policy have all contributed to the development of the various counseling specialties.

Rather than the profession of counseling evolving first, followed by a logical sequence of specialization of practice (as evident in the medical and legal professions), the specialty areas actually emerged first in response to a variety of human needs and were only later conceptualized as belonging to the common professional home of counseling. This unusual sequence of professional emergence has had a direct impact on the institutions, regulatory bodies, and professional associations that represent the profession and the specialty areas of practice. Myers (1995) indicated that specializations in the counseling profession have been based on unique employment settings, clients served, techniques employed, or a blend of required knowledge and client populations. Herr (1999) has suggested that the content of counseling, with whom the counselor works, and the degree to which counseling is seen as a vital and important sociopolitical institution derive from major social, economic, and political themes that affect the individual and group psychology. Thus images, beliefs, narratives, and realities that compose the national macrosystems also have a ripple effect through the subsystems—community, school, workplace, and family—in which people interact with institutions and with other individuals to negotiate their identity, their sense of purpose, and their meaning. (p. x)

For the most part, the counseling specialty areas emerged to address specific client needs within the system and environmental context that Herr (1999) described earlier, and early practitioners in these special practice areas had limited preservice education and supervision, did not have well-defined codes of ethics, were not regulated (certification and licensure), may not have been aware of the values and needs of diverse populations, and did not have access to research that could help define best practices for counselors (Capuzzi & Stauffer, 2008).

Although the term counseling appeared for the first time in print in 1931, the practice of this helping relationship started well before that date. For example, psychological healing was used in ancient Greece and Rome thousands of years ago (Jackson, 1999). Considered an adjacent process of guidance at the beginning of the 20th century, counseling is now considered a profession. It was discussed in the Workbook in Vocations (Proctor, Benefield, & Wrenn, 1931), and added as a supplement to Proctor’s publication Educational and Vocational Guidance (Proctor, 1925), where the word counseling was first introduced (Aubrey, 1982). Today, counseling is a vibrant professional discipline that is taught at the preservice graduate level in accredited university programs throughout the United States. Defined as “a professional relationship that empowers
diverse individuals, families and groups to accomplish mental health, wellness, education and career goals” by the 20/20 delegates (Kaplan & Gladding, 2010), a coalition of 31 counseling organizations (ACA, 2015), counseling is currently practiced under state and federal licensure and certification standards and has its own professional organizations, philosophy and principles, professional standards, and ethical codes of conduct. Professional counselors provide services through different specialties in diverse settings (Sweeney, 2001). A series of significant political, social, and cultural events led to these accomplishments.

The purpose of this chapter is to briefly review and highlight the major events that led to the development of professional counseling, including the numerous professional specialty groups that make up the family of professional disciplines in counseling that provide services to clients in diverse practice settings. For interested readers who may want a more detailed history of counseling than is possible in this brief chapter, there are a number of excellent resources available in print (e.g., Gibson & Mitchell, 1990; Gladding, 2004; Locke, Myers, & Herr, 2001; Petterson & Nisenholz, 1991), as well as more detailed descriptions of the specialty areas (e.g., Capuzzi & Stauffer, 2008; Riggar & Maki, 2004).

THE EARLY YEARS

The origins of the counseling profession in the United States have generally been attributed to Frank Parsons, “the father of the guidance movement,” who established the first formal career counseling center in Boston in 1909 (Hartung & Blustein, 2002). This center offered assistance to young people in vocational selection and other work-related issues. The first decade of the 20th century included major events that launched the guidance movement in this country. Industrialization, mass migration to large cities, compulsory education, immigration, the women’s movement, and the emergence of psychometrics led to changes that increased needs for assessment and guidance. Migrant workers and war veterans needed expert guidance to help find suitable occupations in various industries (Aubrey, 1982). At the beginning of the century, “visiting teachers” performed social welfare functions to students who showed adjustment problems (Sedlak, 1997). Parsons’s book, Choosing a Vocation, published in 1909, was a capstone event in the emerging guidance movement and its corollary process, counseling. Counseling was seen as a helpful tool to accomplish the goals of guidance.

Another early influential reformer was Jesse Davis, who, as a high school principal, introduced vocational guidance into public education. He believed in the idea of call to a vocation. His initiatives established opportunities for students to explore possible vocations while in school. Parsons also inspired Boston school superintendent Stratton Brooks to introduce guidance practices in local schools, although Jesse Davis is generally credited with the naturalization of educational guidance. During these formative years, guidance was delivered in regular classrooms just like any other subject of the curriculum (Aubrey, 1982). Formal training of teachers in guidance began in 1911 at Harvard College (Nugent, 1990). A third pioneer, frequently mentioned in the literature, was Clifford Beers, an early advocate for reform in mental health facilities. His book, A Mind That Found Itself, published in 1908, described the regrettable conditions he witnessed firsthand as a patient (Gladding, 2004).

These reforms introduced guidance into schools, a practice that soon became mandated by the passage of the Smith-Hughes Act in 1917 (Aubrey, 1977). This legislation made funding available to provide vocational education in public schools. Educational guidance increased in the 1920s because of emerging issues in school settings that included the expanded curriculum and an increase in the number of students due to compulsory education laws. Another series of important events for counseling in this era was the establishment of the first marriage and family counseling center in New York City by Abraham and Hannah Stone in 1929 (Nugent, 1990); the passage of the Soldiers Rehabilitation Act in 1918 and the Smith-Fess Act in 1920, which mandated counseling and guidance services for individuals with service-related disabilities (pre-Veterans Administration program legislation); and civilians with disabilities who had the capacity to enter or reenter employment as an outcome of services.

During the 1920s and 1930s, guidance and counseling began a significant shift from a predominantly selection-focused test-and-tell approach to a conceptualization of guidance that was focused primarily on personal adjustment and human developmental issues (Aubrey, 1982). There is no question that, in the early stages of the 20th century, the field of counseling was heavily influenced by the vocational guidance movement, the mental health movement, and the study of individual differences, particularly in relation to psychometrics (Petterson & Nisenholz, 1991). Furthermore, as Petterson and Nisenholz (1991) succinctly point out, “in large part, counseling developed from a non-medical, non-psychoanalytic point of view” (p. 100).
THE MIDDLE YEARS—THE PROFESSIONALIZATION OF COUNSELING PRACTICE

Counseling gained considerable autonomy and visibility by the middle of the century. The debut of Carl Rogers, the great pioneer of humanistic approaches and founder of client-centered counseling, prompted this process of individualization. Rogers’s (1942) book, Counseling and Psychotherapy, revolutionized the counseling profession. The trait-and-factor approach was gradually replaced or at least supplemented by a nondirective, humanistic approach to counseling. Rogers brought the client-centered orientation into the fields of psychotherapy and counseling. The client-centered approach (now termed person-centered), founded on humanistic principles, became known as the third force in psychology and counseling, next to psychoanalysis and behaviorism. In the 1950s other orientations emerged to offer a basis of theoretical and methodological grounding in counseling practice. There were also a number of critical developments achieved through legislation and public policy that initiated a process of professionalization in the counseling specialty areas. For example, the Vocational Rehabilitation Act Amendments of 1954 provided funding to university programs and students to train rehabilitation counselors at the graduate level to work with individuals with disabilities (Leahy, 2004). The National Defense Education Act of 1958 (Aubrey, 1982) provided funding for schools to select students with potential for scientific and academic work (Sweeney, 2001). Another major contribution of this law was to provide funds to train counselors (Bradley & Cox, 2001). The Community Mental Health Centers Act of 1963 was another significant legislative piece that launched counseling in community and health institutions. This law started a trend that made counseling available and accessible to diverse groups in highly diverse practice settings.

Professions have been defined as full-time occupations that are characterized by specific education or training requirements, professional associations, established codes of ethics, and public recognition (Rothman, 1998). The transition from an occupation to a profession occurs through a dynamic and continuous process (Rothman, 1998). For most of the counseling specialty areas, the period of time from the early 1950s through the 1970s represents a 30-year period in which significant strides were made in relation to professionalization of practice. Specialty areas of counseling practice that made significant progress during this period included school counseling, rehabilitation counseling, mental health counseling, marriage and family counseling, addiction counseling, and career counseling. According to Myers (1995), the American Counseling Association (ACA) has created specialty divisions consulting with the following four groups to determine a counseling specialty: the Council for Accreditation of Counseling and Related Educational Programs (CACREP), the Council on Rehabilitation Education (CORE), the National Board for Certified Counselors (NBCC), and the Commission on Rehabilitation Counselor Certification (CRCC).

CONTEMPORARY PRACTICE—PROFESSIONAL IDENTITY AND RECOGNITION

One of the critical issues that continues to challenge the counseling profession and related specialty areas is professional identity and professional unification (Remley, 1993; Sweeney, 2001). Because the profession of counseling evolved initially as specialty areas, this unusual sequence of professional development has directly impacted on its identity. Contemporary practice also is characterized as both unified and fragmented. However, the family of professional disciplines in counseling provides services to a wide range of clients in highly diverse practice settings. In fact, some of the specialty areas developed their own codes of ethics, and in the case of rehabilitation counseling, established independent regulatory bodies (i.e., certification and accreditation) prior to the development of these mechanisms within the general counseling field.

In the early 1990s, there was a specific initiative to address the unity and professional identity issues within the counseling specialty areas (Remley, 1993). These efforts continue today, although one of the lessons learned during these earlier initiatives was the critical significance of the specialty areas in the individual practitioner’s professional identity. Practitioners typically identify first with their specialty area of practice, and secondarily with the profession of counseling. In the sections that follow we highlight developments in professional associations, education and training, and practitioner credentials that demonstrate the significant progress that has been made in the professionalization arena over the past 30 years. Although these areas, along with codes of professional ethics for counselors, are covered more extensively elsewhere in this text, they are significant milestones in the history of counseling and related specializations and deserve attention here.
Professional Associations

Any discussion of the history of counseling needs to address the professional associations that represent its vital interests (Goodyear, 1984). The first professional association to comprehensively represent counselors was the American Personnel and Guidance Association (APGA) founded in 1952. Over time, the name was changed to the American Association for Counseling and Development (AACC) in 1983, and again in 1992 when the organization became the ACA. This organization is by far the largest association of counselors in the world, with more than 55,000 members and 20 divisions representing its diverse community of counselors, who share the belief that the goal of counseling is to facilitate individual adjustment and development across the life span, by empowering individuals, families, and groups of diverse backgrounds to accomplish mental health, wellness, education, and career goals.

The 20 unique divisions within the ACA represent areas of specialized practice (e.g., school counseling, rehabilitation counseling, mental health counseling, marriage and family counseling, addiction counseling, and career counseling) and special-interest areas (e.g., assessment in counseling; adult development and aging; counselor education and supervision; spiritual, ethical, and religious values; and social justice) that relate to a broad constituency of counselors regardless of their specialty areas of practice. There are also a number of other professional associations outside of the ACA that provide additional opportunities for counselors from distinct specialty areas, including organizations at the state level.

Education and Training

The majority of master’s-level counselor education programs consists of 48 or 60 semester credit hours. Counselor education programs are accredited by two primary institutional accreditation organizations: CORE and CACREP. The similarity between the two organizations’ goals and objectives and an interest in the promotion of a unified counselor identity has led to proposals to merge the two organizations in recent years. Although the merger did not occur, a very recent development of this effort is the approval of a dually accredited master’s-level training program, titled Clinical Rehabilitation Counseling, in 2013. Thus, all 60 semester hour clinically based programs that are currently accredited by CORE may pursue dual accreditation as both a clinical rehabilitation counseling and a clinical mental health counseling program (CORE, 2013).

The accreditation organization for rehabilitation counselor education is CORE (Leahy & Szymanski, 1995). Incorporated in 1972, CORE’s stated purpose is “to promote the effective delivery of rehabilitation services to individuals with disabilities by promoting and fostering continuing review and improvement of master’s degree level RCE [rehabilitation counselor education] programs” (CORE, 2001a, p. 2). Currently, there are 96 master’s degree programs accredited by CORE (CORE Master’s Programs in Rehabilitation Counselor Education, 2013–2014 academic year).

CACREP was incorporated in 1981, nearly 9 years after the development of CORE. In 1993, CACREP (2008) articulated its mission “to promote the professional competence of counseling and related practitioners through the development of preparation standards, encouragement of excellence in program development, and accreditation of professional preparation programs” (About CACREP, section 3). CACREP currently accredits 634 counseling programs at 279 institutions and 11 entry-level master’s degree program categories: addiction counseling; career counseling; clinical mental health counseling; college counseling; community counseling; gerontological counseling; marital, couple, and family counseling; mental health counseling; school counseling; student affairs; and student affairs and college counseling (CACREP, 2013). The council also recognizes 63 doctoral programs in counselor education and supervision (CACREP, 2014, Directory of Accredited Programs).

Practitioner Credentials

Counselor certification began with the movement to certify teachers and school counselors in the 1940s and 1950s (Forrest & Stone, 1991). The primary impetus for counselor certification remained with school counselors until 1973 when the CRCC was the first organization to establish a credentialing process for counseling and rehabilitation professionals (Leahy & Szymanski, 1995). Examination and certification standards for the certified rehabilitation counselor (CRC) credential have been established through empirical research throughout the CRCC’s history (Leahy & Szymanski, 1995).

Engels, Minor, Sampson, and Splete (1995) indicated that the NBCC represents a common foundation for all of the counseling specialties. The NBCC was incorporated in 1982, some 9 years after the CRCC, to establish and monitor a national counselor certification system. The NBCC certification program has established standards for counselors’ training, experience, and performance in the National Counselor Examination for Licensure and Certification (NCE). The national certified counselor (NCC) is the primary credential offered by NBCC. The NCC is a prerequisite for the NBCC specialty certifications in school
counseling, clinical mental health counseling, and addiction counseling (NBCC, 2007).

Licensing of professional counselors has contributed to the public’s recognition of counseling as a profession (Remley, 1995). The counselor licensure movement began in the early 1970s (Bradley, 1995). Although the primary purpose of licensure is public protection, the counseling profession’s interest in licensure was also a reaction to prevent restriction by other professions (Hosie, 1995). Virginia became the first state to license professional counselors in 1975 (Bradley, 1995). By 1994, 41 states and the District of Columbia regulated the counseling profession (Bradley, 1995). Currently, all 50 states, the District of Columbia, Guam, and Puerto Rico have some form of counselor licensing law. Although there has been some fragmentation in relation to certification and accreditation efforts within the counseling specialty areas, there has been a much more unified voice in relation to counselor licensure.

CURRENT AND FUTURE CHALLENGES

The fundamental purpose of counseling is to address human needs emerging in response to the ongoing changes that define dynamic societies (Herr, 1999). There is no question that the counseling specialty areas, and the profession as a whole, have made remarkable strides and accomplishments over the past 100 years or so in responding to these human needs. According to the U.S. Department of Labor, Bureau of Labor Statistics’ Occupational Outlook Handbook (2014), there were more than half-a-million jobs held by counselors in the United States in 2012, with an occupational outlook expected to grow faster than average over the years to come. The distribution of these jobs includes school and career counselors (262,300); rehabilitation counselors (117,500); substance abuse and behavioral disorder counselors (89,600); and mental health counselors and marriage and family therapists (166,300).

American society has always been diverse. Projections indicate further diversification along various dimensions, such as age, racial and ethnic affiliation, sexual orientation, family patterns, and disability, which will continue to challenge the counseling profession to respond. Major demographic shifts are predicted that will have profound implications for counseling, raising the need for enhanced competencies to serve an increasingly diverse group of individuals.

Other issues that will impact the practice of counseling in the years to come include the aging of American society (Himes, 2001); the anticipated increase in disability (partially related to aging and better quality health care); significant changes in the world of work; and advancements in technology. The next chapter in the history of counseling and related specializations is currently in progress, and, to some degree, its success will depend on how well these issues are understood and addressed in practice by professional counselors from all the specialty areas.

REFERENCES


