# BRENT M. SNOW

# Counselor Licensure as Perceived by Counselors and Psychologists

Counselor licensing has been a "hot" issue now for some time. There has been considerable dialogue in recent years alluding to difficulties between psychologists and counselors regarding who should or should not be licensed (as psychologists) and who can do what to whom. The problem seemed to magnify in the early 1970s as state psychology licensing boards became more restrictive in just who they were willing to identify as psychologists (Cottingham & Swanson, 1976; Kendrick, 1976; Morgan, 1976; Sweeney & Sturdevant, 1974). While many counselors continue to identify with psychology, apparently 'psychology" does not want to identify with all of them (Fretz, 1977; Gazda, 1977; Shertzer & Isaacson, 1977). Thus, the battle for professional territory began and continues with counselors, through the American Personnel and Guidance Association (APGA), vigorously and quite successfully developing generic counselor licensing laws in several states.

While there has been much literature published on the various counselor and psychologist licensing issues and problems, very little descriptive, objective data exists indicating the opinions and feelings of professionals themselves. Carroll, Griggs, and Halligan (1977) queried ACES (Association for Counselor Education and Supervision) members and reported licensing within an association. Even less is known about the licensing opinions of psychologists who also influence counselor licensing efforts. Given that, it is important to obtain concurrent opinions of psychologists as well as counselors. As Carroll, Griggs, and Halligan implied, professional documentation and opinions of counselors themselves remain crucial. Equally important in the success or failure of counselor licensure efforts are the attitudes of significant others who may be affected by licensure of any kind in the helping professions. This study and article, then, addresses those opinions of both counselors and psychologists relative to counselor licensure.

# METHODOLOGY AND PARTICIPANTS

The participants in this study were the total memberships of the Idaho Personnel and Guidance Association (N=116) and the Idaho Psychological Association (N=105). IPGA members were classified as "counselors" and IPA members as "psychologists." Professionals who were members of both organizations were eliminated from the study.

A questionnaire was developed, piloted, and mailed to each participant, with two follow-up mailings (between May 8, 1978

and July 20, 1978). Of the 221 professionals surveyed, 202 questionnaires were returned, resulting in a 91% return rate.

The average age of the respondents was 44.2 years, with a range of 54 years (24 to 78). Counselors averaged 44.7 years of age, psychologists 43.6 years. There were proportionately more female counselors (44%) than female psychologists (19%), with women comprising 33% of the total responding group.

Both professional groups were almost exactly distributed according to employment classification. Counselor and psychologist practitioners made up 50% of the respondents, while educators totalled 19%, administrators 8%, and "other" 23%.

As a total group, respondents indicated an average of 10.7 years of counseling experience, with a range of 40 years (0 to 40). Counselors showed a mean of 9.4 years of professional experience in counseling while psychologists had a mean of 12.2 years.

Slightly over half of the psychologists were licensed under the state psychology licensing law compared with 9% of the counselors. About 13% of the counselors had a part- or fulltime private practice, while 39% of the psychologists reported such involvement.

Psychologists generally had higher academic degrees than counselors. Nearly 70% of the psychologists had doctorates, 21% had a master's "plus," and 10% had a master's or less. A majority of counselors had a master's plus (68%), with 18% having a master's, 12% a doctorate, and 3% less than a master's.

# **RESULTS**

# NEED FOR LICENSURE

The data indicate that both counselors and psychologists perceive a need for counselor licensure. Combining both groups, 90.3% felt that a licensure law of some sort for counselors was necessary. The figures found in Table 1 suggest that counselors tend to feel that a licensure law should control private practice only, while psychologists tend to favor licensing in all counselor settings.

Overall, as one might expect, counselors tended to be a bit more enthusiastic about counselor licensure than psychologists. Based on the very high return rate of the questionnaire used in the study and the responses to this particular question, however, counselor licensure holds widespread professional interest across both groups. The number of articles published in professional counseling and psychology journals in recent years tends to confirm this observation.

# SEPARATE LAWS

Should licensing regulating counseling be a separate law from licensing regulating psychology? Both counselors and psychologists tend to favor separate licensure. Counselors do feel

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TABLE 1

# Perceptions of Counselors and Psychologists Regarding the Need for a Counselor Licensing Law

	N	No Need	Private Practice Only	All Settings	Some Settings
Counselors	107	3.7%	63.6%	27.1%	5.6%
Psychologists	89	16.9%	31.5%	46.1%	5.6%

more strongly about this issue, however, than do psychologists (see Table 2).

As a combined group, 53.3% favored separate laws. A relatively large number (about 25% of each group) were unsure regarding this question. It may be that this is not seen as a particularly important issue by professionals or, perhaps, that the implications of separate licensure versus psychology "umbrella" licensure are unclear.

# MINIMUM ACADEMIC LEVEL

What should be the minimal academic level necessary to obtain a counseling license for private practice? Psychologists tend to favor higher minimal academic levels for counselor licensure (at least for private practice) than counselors do. Counselors view the master's degree (41.1%) as the most appropriate minimal level, followed by the master's plus (37.4%) or educational/academic experiences beyond the master's, and doctorate degree (14%). Psychologists tend to prefer those levels in a reverse order (doctorate, 43.2%; master's plus, 28.4%; master's, 25%). Carroll and Halligan (1976) indicate that 45.4% of ACES members who responded to their questionnaire preferred the master's as the minimal level. In that same study,

41.6% preferred the doctorate and 13% preferred "other" requirements.

Perhaps more insight comes with comparing the obtained academic degree level of respondents without regard to counselor or psychologist status, with their recommended minimal academic level preference. An inspection of Table 3 indicates that 66.7% of those holding a master's degree prefer the master's for licensure while 56.2% with a doctorate prefer the doctorate for licensure. It seems fair to say that counselors and psychologists prefer minimal academic levels for counselor licensure that resemble their own, obtained academic level. In other words, those with a doctoral degree favor the doctorate as the minimal level, while those with a master's (or master's plus) favor the master's as the appropriate licensing level.

It is interesting to note that Carroll and Halligan (1976) found that their national respondent group of ACES members responded in a very similar fashion as the counselors and psychologists in this study. They reported 70.8% of those with master's degrees recommended that level and 51.7% of those with Ph.D.'s recommended the doctorate. Carroll and Halligan concluded: "ACES members who hold Doctorates (especially

TABLE 2
Perceptions of Counselors and Psychologists
Regarding the Need for Separation of Counseling
and Psychology Licensing Laws

		Not			
12.	N	Separate	Separate	Unsure	
Counselors	108	62.0%	9.3%	28.7%	
Psychologists	- 89	42.7%	31.5%	25.8%	

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TABLE 3

Degrees Held Compared With Preferred Academic Levels for Licensure in Private Practice

			Preferred Academic Level for Licensure				
Degree Held	N	Doctorate	Master's Plus	Master's	Bachelor's	Other	
Master's	24	12.5%	20.8%	66.7%	0.0%	0.0%	
Master's Plus	92	8.7%	39.1%	45.7%	2.2%	4.3%	
Doctorate	73	56.2%	31.5%	8.2%	0.0%	4.1%	

Ph.D.'s) are most in favor of licensure being made available only at the Doctorate level. Respondents with masters or 'other' degrees are most in favor of the masters as the necessary degree for licensure" (p. 11). Obviously this statement tends to confirm the results reported in the present study and summarized in Table 3.

### MINIMUM COUNSELING EXPERIENCE

The data from Table 4 indicate that both counselors and psychologists prefer 2 to 3 years of counseling experience as necessary to obtain a counseling license for private practice. These preferences tend to coincide with licensing laws currently enacted, particularly in psychology.

TABLE 4
Preferences of Counselors and Psychologists Regarding Years of Experience for Counselor Licensure in Private Practice

	N	0-1 yr.	2-3 yrs.	4-5 yrs.	Over 5
Counselors	101	10.9%	61.4%	24.8%	3.0%
<b>Psychologists</b>	83	10.8%	74.7%	14.5%	0.0%

# **EVALUATION**

Neither counselors nor psychologists indicate strong preferences as to the most appropriate method a counselor licensing board should use in evaluating the qualifications of applicants. About one-fourth of each group felt that academic degrees seemed to be the most appropriate, single method of evaluation. Both groups agreed that the most inappropriate method was the use of an examination. About one-fourth of the counselors and over one-third of the psychologists preferred "other," which usually was described as a combination of the other methods (see Table 5).

# PRIVATE PRACTICE

Counselors and psychologists present fairly similar desires to apply for counselor licensure for private practice. Approximately one-third would apply, one-third would not, and one-third were not sure (see Table 6). Carroll and Halligan (1976) reported that about 80% of their unlicensed ACES respondents were interested in applying for private practice licensure, while nearly 20% were not. It is not known if the respondents in the Carroll and Halligan study had reference to psychology licensure, counselor licensure, or both.

About half of those professionals, whether counselors or psychologists, presently licensed as psychologists would not

apply for counselor licensure. As can be seen in Table 7, more than one-third of those who are unlicensed would apply. A considerable number of both licensed and unlicensed professionals are uncertain if they would apply. It is interesting that about one-fourth of the licensed psychologists would definitely apply for counselor licensure. Obviously, counselor licensure is attractive to a significant number of those already licensed in a related area.

# DISCUSSION

There seems to be little doubt that the licensing of counselors will have an effect on psychologists as well as counselors. Participants in this study judged counselor licensure as an attractive professional goal for counselors as well as presently licensed and nonlicensed psychologists. While counselors support private-practice licensure, few actually engage in private counseling. Obviously, licensure restricted to independent practice may affect very few counselors. Indeed, the possibility exists that as many or more professionals identifying with psychology may apply for counselor licensure as those identifying with counseling.

Most counselors and psychologists consider themselves competent for licensure at their present academic degree level. Most prefer that minimal academic levels for licensure be equivalent (not higher or lower) than their own obtained level. There seems to be some rigidity in viewing others with less education, relatively speaking, as competent; however, those with more education are not necessarily seen as more competent. This apparent bias is an excellent example of "similarity" errors in ratings—that is, a tendency for people to overrate or positively identify with characteristics or others that are similar to themselves. In this case, the bias seems to be identifying with potential licensees having the same academic degree. Given the above, one could conclude that counselors and psychologists might and do have a difficult time in objectively establishing minimal academic levels for licensing.

Generally speaking, counselors and psychologists tend to have similar perceptions and thoughts regarding counselor licensure issues. While that may be unique to this study and the populations involved, the potential for cooperative licensing efforts may be ripe. Given the recent actions of several states to dissolve regulatory authority over psychologists by eliminating licensing boards (American Psychological Association, 1979; Foltz, 1979), psychology licensing interest groups may be more than interested in working with their "new neighbor." While that may never occur, the thought is not totally unpleasant.

TABLE 5
Preferences of Counselors and Psychologists Regarding Methods of Evaluating Counselor Licensing Applicants

	N	Degree	Exam	Experience	Tapes, Recommends, Interviews	Other
Counselors	106	26.4%	4.7%	11.3%	33.0%	24.5%
Psychologists	85	27.1%	7.1%	12.9%	12.9%	40.0%

TABLE 6 Desire of Counselors and Psychologists to Apply for Counselor Licensure for Private Practice If Available

/ Apply Unsur	.6
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	30.5% 38.1% 37.6% 27.1%

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TABLE 7 Desire of Counselors and Psychologists Presently Licensed as Psychologists to Apply for Counselor Licensure If Available

	N	Would Apply	Would Not Apply	Unsure
Licensed	55	25.5%	50.9%	23.6%
Unlicensed	134	35.8%	26.9%	37.3%

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Within a context of public and individual harm resulting from the administration of licensing acts by those very health-care practitioners in medicine, psychology, and marriage and family counseling committed to the betterment of society, this article argues that professional injustice can be decreased through both the implementation of state licensing and the alternative of national professional certification.

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# Counselor Licensure: Overkill?

As of summer 1981, four states have passed counselor licensing acts. In Virginia, Arkansas, Alabama, and Texas counseling has become a profession, de jure. The professionalization of counseling in those states has been aided by southern legislators who well understand the two-edged power of legal authority to support the common good—or hinder it—to the advantage of societal institutions. Among these institutions are the professions, conceived to serve that common good.

In our society, authority through law is tangible collective power, a means of control widely sought and accepted as the foundation of organized social interaction. Counseling, following the course of medicine and psychology, aspires to the authority of licensure. Licensing marks the evolution of counseling from an occupation, a varied collective of practitioners with many common interests and skills, to a profession. Matarazzo (1977) and Gross (1978) note that, ironically, professions in the human services field seem schizophrenically dedicated to the betterment of society through legal self-propagation and extinction of competing practitioners not duly (legally) recognized by the group in control.

The evolutionary process of professionalization has been described by a number of sociologists. Feldstein (1971) cites Caplow's (1954) sequential steps of the collective or informal guild in an occupation that (a) establishes a professional association, usually an outgrowth of a training school (Wilensky, 1964); (b) asserts a monopoly over some area of service; (c) developes a code of ethics; and (d) seeks legislative mandates of certification and licensure while gaining control of training facilities and cultivating relationships with potentially competitive groups. Fine (1967) counters Greenwood's (1957) classic position that a profession is best defined by a systematic body of knowledge. Instead, according to Fine, professionalization depends on public acceptance not only of a group's claim to a body of knowledge, but the group's assertion that only it can select, train, and declare competent its practitioners. Licensure thus becomes the necessary instrument for the professionalization of both the group and the individual practi-

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