

## A profession in peril

**T**his article is intended to reignite a discussion about the future of the counseling profession. Our hope is that this continuing discussion will expedite effective responses to immense challenges that confront counselors.

On the basis of our professional history, we write primarily with attention to counselor education and licensing, but we wish to emphasize that all counselors have our support and should be participants in our collective future.

### Professional identity

The disciplined and professional dedication of thousands of counselors over the past 40 years has produced several identifiable, major advances for professional counseling. These include viable professional associations, accreditation of counselor education programs, useful professional ethics, licensing, professional certifications and several important professional journals.

Despite our considerable accomplishments, however, we are vulnerable, if not in peril. Among other things, we failed to anticipate that many others, including state-sponsored universities, private universities and for-profit universities, would opportunistically take advantage of these advances and use counselor education programs as “cash cows.” These parties have produced results that undermine all of us — including those taking advantage of counselors.

Here are some anecdotes we have gathered that support that statement:

A recently licensed professional counselor reported that she prefers to be a “marriage and family therapist” and does not intend to participate “in any counselors organization.”

In post-degree clinical supervision, a counselor heard a reference to the American Mental Health Counselors Association. Another asked, “What’s

that?” Worse, no one else in the group of seven supervisees had heard of AMHCA. All seven supervisees were graduates of unaccredited programs.

Trained almost exclusively by psychologists, another licensed counselor sought to administer psychological tests. When told this was not what his professional counselor license permitted him to do, he expressed genuine confusion.

An LPC reported that she completed a master’s degree in a human services program without any clinical courses, completed “fill-in” courses in an MFT program, counted her work as her “internship” and received a license as a counselor. She says she knows very little about counseling.

A recent counselor licensee who graduated from a psychology program identifies herself as a “licensed psychological counselor,” not as an LPC. To promote itself, the psychology program says its courses lead to a license as a professional counselor — as a backup benefit for candidates who cannot make it as psychologists. The licensee acknowledges she is embarrassed to be an LPC.

During group supervision, a counselor described her degree program as one that “is accredited by CACREP.” In response, another counselor asked, “What’s CACREP?” The other three members of the group indicated they had never heard of the Council for Accreditation of Counseling and Related Educational Programs.

In referring to her professional identity, another LPC said, “I am a psychologist.”

A counselor earned his master’s degree from a non-accredited program and received clinical supervision from a social worker during his internship. He also received his post-degree clinical supervision from a social worker. After accepting his first position as a licensed counselor, he almost lost his job because

he was trying to function as a social worker.

In our state of Tennessee, the licensing board’s website includes information about LPCs who have violated professional ethics and/or state laws. Of the eight who were successfully prosecuted from 2001 to 2009 and whose educational institutions may be found, only one was a graduate of a CACREP-accredited program. This may be an indicator of the superior preparation in CACREP-accredited programs but should be regarded, at best, as preliminary, not conclusive, information.

Of the approximately 25 post-degree supervisees for whom we currently provide clinical supervision, not one is a member of a counseling-related association.

### The consequences of chaos

The apparent chaos in counselor education, professional associations and licensing, along with other areas of counseling, sustains poor training and seriously compromises professional identity and integrity among counselors. Consider these facts:

■ In Tennessee, most of those who teach in so-called “counselor education” programs are not counselors. Instead, according to information published by these programs, these educators are psychologists (36 percent), social workers (5 percent), MFTs (7 percent) or have no identifiable mental health training (49 percent). Only 4 percent are counselors.

■ Most counselor education programs that lead to licensing by their graduates are not accredited by CACREP. The conspicuous lack of accredited programs confirms that counseling seriously lags behind other mental health professions. The majority of so-called “counselor education” programs have no apparent assessment or endorsement from any mental health profession.



■ In Tennessee, the rapid rise in the number of programs that allege to prepare individuals for licensing as professional counselors (from about 10 on-ground programs to 31 such programs during the last two decades) has coincided with a drop in membership in professional counseling associations. With the increase in the number of training programs of all kinds, membership in the Tennessee Mental Health Counselors Association dropped from about 400 to 300. Furthermore, during the first three years of licensing, almost 70 percent of licensees came from CACREP-accredited programs and other counselor education programs. During 2008, though, only 13 percent of licensees came from CACREP-accredited programs, and another 14 percent came from non-accredited counselor education programs.

Significantly, the appearance is that in receiving training by non-counselors and completing unaccredited programs, graduates of most programs do not align themselves with professional counseling associations as they move forward in their careers. Why should they? They don't need a strong counselor identity,

a degree from an accredited program or any other connection with the counseling profession to be licensed as a counselor.

■ Most states do not require counselor education programs to be accredited by CACREP. In our state, for example, there are as many programs with no licensed mental health professionals of any kind to train counselors as there are CACREP-accredited programs.

■ In most states, post-degree counselors seeking licensure may be supervised by other mental health professionals, including psychiatrists, social workers, psychologists, MFTs and psychological examiners, among others. Most of these states do not allow counselors to supervise other mental health professionals for licensing.


■ The number of students in non-accredited and/or for-profit counselor education programs has risen dramatically during the past decade. This is mainly because of the readily accessible income that comes from being able to offer "professional" programs with no standards.

CACREP-accredited programs continue to decline in proportion to non-accredited programs. For example,

Tennessee has 31 on-ground programs that lead to licensing as a professional counselor. Only six are accredited by CACREP. Five of these are state-supported programs. The non-accredited programs include 16 that are private, five state-supported and four for-profit. Almost all of the non-accredited programs arose during the past 15 years, after the availability of licensing in Tennessee. The largest program in the state is a for-profit program that has more than 400 students, including a doctoral program, but no full-time faculty. This program did not exist in 2000. At their current rate, the non-CACREP programs will soon produce 90 percent of new licensees in Tennessee. The lack of accreditation and the easy establishment of programs that can promise access to a license provide hints to the perilous condition of professional counseling not only in our state, but in many other states as well.

In addition to the critically important issues already named, we have other concerns. Among them:

Our state requires 60 semester hours for licensing, with little more than half



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being specifically required content areas. This allows many so-called counselor education programs to meet only the minimum requirements, leaving them to offer many fill-in courses that have little relevance to counseling.

Some of these programs report that they are "CACREP compliant" when they clearly do not meet the minimal requirements for CACREP accreditation. One for-profit program of which we are aware says, "The curriculum was developed using standards set by the Council for Accreditation of Counseling and Related Educational Programs." This would appear to be a good thing, but with approximately 400 students, including those in a doctoral program, it has no full-time faculty. At best, these programs are misleading. In reality, if these programs met CACREP standards, they would be accredited.

Most of these programs have no counselors or counselor educators on their faculties and thus lack a genuine commitment to advancing counselors — their students and graduates. Understandably, these non-counselor faculty members are more concerned with advancing their own professions than advancing counseling.

On a very large scale, many so-called counselor education programs mislead prospective students. Their false claims mean prospective students have no way of knowing whether a program qualifies as a minimally good one. Worse, public consumers of mental health services cannot know whether their counselors meet the minimal requirements of our profession. And to enforce this egregious and disturbing condition, our profession has no way of reassuring the consuming public that licensed counselors are capable of delivering competent services.

Every mental health profession emphasizes the importance of professional identity. Only counseling allows its identity to sink into unrecognizable and largely irrelevant caretaking, mainly from streams of professional preparation that have no obvious connections with professional counseling.

We are truly in a strange situation in that we have given legitimacy to a vast number of programs and professionals that apparently prefer not to be part of



our profession. Oddly, those who have worked for many years to establish the counseling profession as truly professional have become a shrinking minority within it.

With regard to numbers, professional counselors appear to be the ascendant mental health profession. With this ascendancy, though, we are losing credibility and influence. As time passes, we are becoming less and less of a profession.

Significantly, the first principle in the 2009 report by delegates of the "20/20: A Vision for the Future of Counseling" initiative holds that "sharing a common professional identity" is necessary. We wholeheartedly agree with this. At least tacitly, the delegates representing the nearly 30 counseling organizations taking part in the initiative acknowledge the reality that we lack a common professional identity. Still, the 20/20 delegates correctly and boldly stake a claim for what is right. (*Editor's note:* In March, at the 2010 ACA Conference in Pittsburgh, the 20/20 delegates reached consensus on a definition for the counseling profession; for more on this development, turn to pages 5 and 8.)

The message here is simple. As counselors, we have nearly lost control of our profession. Our considerable gains are slipping away from us. The time has come for us to regain control of our profession.

### What next?

This brief article identifies several problems, all of which raise the question, "So, what should be done?" As a contribution to the ongoing discussion about the future of the counseling profession, we offer some possible recommendations for consideration.

- Counselors should advocate for CACREP accreditation of all programs that train professional counselors.
- Counselors should vigorously advocate for enforceable standards of clinical supervision.
- Counselors should advocate for reciprocity in clinical supervision for licensing in relation to other mental health professions OR exclusivity in clinical supervision so that only counselors supervise counselors.

- Counselors should advocate for reciprocity in teaching/staffing training programs in various mental health professions OR exclusivity in teaching/staffing training programs so that only counselors teach in counseling programs.
- All active LPCs should pursue ways to unite among themselves and with their professional peers.
- Leaders of counseling-related associations, educational programs and other organizations should place a high priority on those who practice counseling on the "front lines" of service and, in every way that is feasible, bring them into decision-making roles.
- Counselors should invest in actions that lead us to a common identity, including universal CACREP accreditation, unity among counseling associations, supervision of counselors by counselors and more.

The challenges of advocating for our profession and bringing coherence and unity to it are urgent. If we fail to face these challenges, our profession is in peril.

Counselors have the option of unifying or not, of establishing an appropriate professional identity or not, of managing our counselor education programs or not, and generally taking rightful control of our profession or not. It's our call. ♦

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## LETTERS

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have yet to meet a person who is lacking "hope" within himself or herself. My challenge is to help him or her get in touch with that hope and learn to let it grow.

On the other hand, in the February issue, when President Linde talked about helping clients see the hidden potential and ability they have always had within them and wrote that helping them "understand that they have the brains, the heart and the courage to change" is one of our gifts to our clients, then I could not agree more. I just happen to also agree with Pope, such that helping our clients "see" their internal hope is part of the same helping process — as opposed to "instilling" a trait with which I think we are all born.

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### Integrated care and ADHD

I enjoyed Jonathan Rollins' article on integrated care models ("Reconnecting the head with the body," January 2010) and found many parallels to my job as a professional school counselor. I work in an elementary school in Bowie, Md., and have the type of collaborative relationship described in the article with the R.N. at my school. In fact, when I showed her the article, she requested that I copy it for her.

I really see a need for the type of integrated care *Counseling Today* wrote about in the area of attention-deficit/hyperactivity disorder. Students who have been diagnosed (with or without meds) and their parents do not generally receive adequate counseling to learn about physiology, behavior management or family support. Even when they are referred to a counseling professional, they do not follow through.

Would *Counseling Today's* readers know of anyone involved in this type of integrated care? If so, please contact me at the e-mail address below. Thank you very much for any information.

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