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Article 8

A Critical Analysis of Counseling's Professional Identity Crisis

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The American Association of State Counseling Boards (AASCB) and the American Counseling Association (ACA) jointly sponsored the 20/20 Vision for the Future of Counseling (hereafter referred to as 20/20) to define and unify the counseling profession from other closely related helping professions. The 20/20 collaborative efforts began in January 2006 and include 31 organizational stakeholders in the profession of counseling (Kennedy, 2006). The purpose of this joint initiative is to develop a common vision and understanding for the counseling profession by the year 2020 in the areas of legislation, unity, identity, and public awareness (Linde, 2008). The 20/20 initiative developed in response to licensure portability, the challenges counselors face with differing licensure requirements across states (Hock, 2008; Kaplan & Gladding, 2011; Locke, 2011), and the resulting counselor professional identity crisis (Rollins, 2006, 2012). Even though “counselor identity has probably been debated so vigorously in the literature because the nature of the counseling profession makes it difficult to agree on the precise identity factors that distinguish counselors from other helping professionals” (Hansen, 2010, p. 102), we offer an expansion of this philosophical debate by critiquing the 20/20 initiative and analyzing attempts to dispel counselor professional identity myths.

Critiquing the 20/20 Definition of Counseling

Since its inception as a profession, counseling did not have a clear and concise definition to reflect its unique philosophy until 2010 (Linde, 2010; Puglia, 2009). Emerson (2010) attempted to create a psychometrically reliable and valid measure to define counseling. She reported difficulty in developing a unified definition because writers and scholars in this area used only parts of a more comprehensive definition. Using Remley and Herlihy's (2009) ethics textbook, Emerson developed a psychometric instrument containing six subscales (history, philosophy, roles and functions, professional

pride, professional engagement, and ethics) and randomly selected ACA and American School Counselor Association (ASCA) members to participate in the study. Based on participant responses and statistical analysis, Emerson could not develop an empirical definition of counseling. Results indicated that significant group differences regarding professional identity and a definition of counseling existed on some factors, leading Emerson to ask if counseling lacked a collective identity or was experiencing fluidity of identity, as proposed earlier by Gale and Austin (2003).

Emerson (2010) suggested the use of a Delphi method to solidify a counseling definition. The 20/20 delegation used Delphi-based procedures to obtain key concepts from various counseling association leaders to develop a consensus definition of counseling (Rollins, 2010). Significant differences exist between the 2010 definition of counseling (a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals; Rollins, 2010) and the 1997 definition of counseling (the application of mental health, psychological, or human development principles, through cognitive, affective, behavioral or systemic intervention strategies, that address wellness, personal growth, or career development, as well as pathology; ACA, 1997). The 2010 definition of counseling removed the words: *human development, personal growth, pathology, cognitive, affective, behavioral, and systemic*. The definition added the words: *empowers, diverse, individuals, families, groups, and education*. Both the 1997 and the 2010 definitions of counseling contain the words *mental health, wellness, and career*.

In a discussion about counselor professional identity and counselor diagnosis of client pathology, Eriksen and Kress (2006) and Guindon (2010) noted the values inherent in counseling. The first of these was growth and development, including optimal mental health and wellness. While unknown if the 20/20 delegates assumed *growth and development* into the words *mental health* and *wellness*, the 2010 definition of counseling no longer directly promotes growth and development—a fundamental counseling value that distinguishes counselors from psychologists, marriage and family therapists, and social workers (King, 2012). The second value Eriksen and Kress discussed was contextual focus. Attention to multicultural competence, social influences, family perspectives, environmental factors, and individuals with less power than dominant cultural groups is core to counselor professional identity. The 2010 definition of counseling captures these concepts.

Eriksen and Kress (2006) then discussed values inherent in the current diagnostic system of pathology. Psychopathology and diagnosis is unique to the medical or psychiatric model that focuses on a person's cognitions, affect, or behavior (Guindon, 2010). The 20/20 decision to remove the words *pathology, cognitive, affective, and behavioral*, terms prominently used in psychology (Zlotlow, Nelson, & Peterson, 2011), is congruent with the counseling-based literature advocating use of a wellness model instead of a medical model (Myers & Sweeney, 2008).

Gibson, Dollarhide, and Moss's (2010) grounded theory study into professional identity construction validated the addition of the words *empowers* and *diverse* to the 2010 definition of counseling. We assume the word *empowers* encompasses the emerging social justice advocacy paradigm in counseling and that the word *diverse* includes multicultural counseling competencies (Crethar, Rivera, & Nash, 2008; Ratts, 2011). While the word *diverse* is found in the social and cultural diversity core curriculum for

counselor education (CACREP, 2009), the word *empower* is not core to counselor education. Yet, the terms *diversity* and *advocacy* are used not only in the CACREP common core curriculum, but they also appear as key domains in each of the counseling specializations (addiction, career, clinical mental health, marriage/couple/and family, school, student affairs and college, and counselor education and supervision).

The word *families* in the 2010 definition of counseling may replace *systemic* in the 1997 definition of counseling, while addition of the words *individuals* and *groups* is consistent with the CACREP (2009) common core curriculum of helping professions and group counseling. Finally, the addition of the word *education* in the 2010 definition of counseling may be an attempt to include school counselors under the umbrella of counseling as a single profession with specialties, rather than distinct professions united in a common cause (Canfield, 2008).

These changes between the 1997 and the 2010 definition of counseling are characteristic of identity searching, a process of elimination, and an effort for personal, occupational, and political understanding. Such efforts reinforce the counselor professional identity crisis and are characteristic of Erikson's developmental stage of identity versus identity diffusion (Feldman, 2008). In addition to formulating a counseling definition, the 20/20 delegates have also struggled with resolving myths about the profession.

Validation of Counselor Professional Identity Myths

The ACA's Chief Professional Officer, David Kaplan, noted that 20/20 delegate conversation and debate have focused on counselor professional identity. He believed that four myths were impeding a unified counselor professional identity: (a) we do not know who we are, (b) counseling specialties can be considered separate professions, (c) licensure defines the profession of counseling, and (d) counseling's historical roots are passé and inhibit moving forward (Kaplan, 2006). The next section reviews these myths in detail with a corresponding critique based on the current literature.

Professional Identity Myth 1: We Do Not Know Who We Are

According to Kaplan (2006), counselors know who they are because the CACREP *Standards* and the National Certified Counselor (NCC) credential from the National Board for Certified Counselors (NBCC) define counselors. Canfield (2008) and Long and McCaskill (2010) agreed with this statement on the basis that national certification assists with lobbying power, state-to-state portability, counselor marketability, international involvement, access to low-cost liability insurance, and promotion of a peer reviewed journal publication. On the other hand, a critical analysis of this position reveals five logical inconsistencies.

Logical Inconsistency 1. A comparison between the 2001 and 2009 CACREP *Standards* reveals significant changes within the Professional Identity domain. These changes indicate an evolving and changing concept that lacks stability and is typical of Erikson's adolescent identity diffusion stage of development. For example, the 2001 *Standards* listed Professional Identity as one of the eight common core curriculum; whereas, the 2009 *Standards* broadened the concept of Professional Identity to include all

eight common core curriculum regardless of counselor work setting or specialization (Urofsky, Bobby, & Pope, 2009).

Logical Inconsistency 2. The CACREP specializations are confusing, duplicative, and dilute a unified professional identity (Fong, 1990; Hendricks, 2008; Rollins, 2006). This creates an intraprofessional identity crisis. According to Granello and Young (2012) and Sweeney (1995), the counseling profession has yet to answer if it is one profession with specialties or many separate specialties with commonalities. Counselors may experience identity confusion and weakening of a common vision because of diverse specialty credentialing (Hartley, Ziller, Lambert, Loux, & Bird, 2002; Locke, 2012; Myers, Sweeney, & White, 2002; Remley & Herlihy, 2009). The CACREP specialization standards fragment the counseling profession by requiring a range of credit hours (48 or 60), different supervision hours (600 or 900), and various training foci (Altekruse, Harris, & Brandt, 2001; CACREP, 2009; Sweeney, 1995). In contrast, clinical psychology, counseling psychology, and school psychology specializations have education and training requirements that are consistent (Resnick, 1997; Zlotlow et al., 2011); and the marriage and family therapy and social work professions have no specializations thereby creating a unified professional identity for those professions.

In the United States, the professions of psychology, marriage and family therapy, and social work each have one ethical code. In contrast, the profession of counseling and each of the CACREP specializations have multiple ethical codes that compete with and contradict each other (Neukrug & Remley, 2009). For example, a counselor can simultaneously be a member of ACA, a member of ASCA, and board certified through NBCC, requiring adherence to three distinct ethical codes (Hodges, 2011). Individuals receiving a master's degree in counseling with the CACREP specializations in mental health counseling or marriage/couple/family counseling each have independent ethical codes.

The confusion over counseling specialist identities is evident in the shifting credentials CACREP offers. The 2009 CACREP *Standards* reflect a continuing identity crisis with removal of some specialties (community and gerontological), merger of some specialties (college and student affairs), addition of a specialty (addiction), and name enhancement of a specialty (mental health). An additional argument of identity confusion promoted by the CACREP *Standards* is the specialization in marriage/couple/family counseling (Kleist, 2008). A counseling student may receive this CACREP specialty graduate training, become licensed as a professional counselor, join membership in the ACA division of International Association of Marriage and Family Counselors (IAMFC), adhere to the ACA and the IAMFC ethical codes, and engage in the practice of marriage, couple, and family counseling (Southern, Smith, & Oliver, 2005). The confusion exists in distinguishing this professional identity from an individual who graduates from a Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) program, is licensed as a marriage and family therapist, is member of the AAMFT, and adheres to the AAMFT ethical code (Everett, 1990; Gaskell & Leadbetter, 2009).

Pistole and Roberts (2002) and Gale and Austin (2003) debated whether mental health counseling is a distinct occupation from professional counseling or a specialty of professional counseling. In the second edition of the seminal work, *Foundations of Mental Health Counseling*, Palmo (1996) reviewed the history and identity of mental health counseling. In the third edition (2006), he replaced the chapter title and text

discussion with the words professional counseling. In Gerig's (2007) *Mental Health and Community Counseling Foundations*, he referred to Licensed Mental Health or Professional Counselors throughout the text, with a preference for the term mental health counseling when referring to general professional identity because both professions provide a similar range of services. This changing taxonomy highlights counselor professional identity diffusion (Pistole & Roberts, 2002) and is inconsistent with prior statements from counseling professionals who insist that mental health counseling is distinct from professional counseling (Fong, 1990; Palmo, 1986, 1990). In summary, counseling's various specialties create fragmentation by establishing themselves as independent professions (MacCluskie, 2011; Remley & Herlihy, 2009).

Logical Inconsistency 3. CACREP's (2009) use of the word *Related* in its title promotes the concept that other mental health disciplines are philosophically similar, if not hierarchical to counseling (Gillig & White, 2009; King, 2009). The CACREP *Standards* allow for supervision of entry-level and doctoral students by those of related professions (psychology, marriage and family therapy, and social work). Furthermore, the 2009 CACREP glossary defines a professional counselor as a person with a master's degree *closely related* to counseling. This practice allows for non-counseling-based professionals, such as counseling psychologists, to enter the counseling profession by state licensure (Cashwell, 2010). Cummins (2009) found that if a supervisor lacking a strong professional counselor identity (e.g., psychiatrist, and social worker) supports a counselor supervisee, conflicts can arise that may cause supervisees to question their counselor-based professional identity (e.g., use of the medical model and case management versus wellness). Allowance from CACREP, NBCC, and state licensing boards of psychiatrists, psychologists, marriage and family therapists, and social workers to supervise counselors-in-training contradicts Kaplan's (2006) argument that counselors are junior to no other mental health profession. This supervision practice caused Calley and Hawley (2008) and King (2010) to ask why closely related professions do not reciprocate these supervision practices.

Logical Inconsistency 4. CACREP and the Council on Rehabilitation Education (CORE) have failed to merge into a single accrediting entity because faculty requirements potentially harm existing programs and create concerns about counselor professional identity (Kennedy, 2007). This unsuccessful merger leaves two independent accrediting agencies and creates the perception that rehabilitation counseling is not part of the collective counselor professional identity (Hennessey, 2001; Hodges, 2011; Patterson, 2009; Rollins, 2012; Stebnicki, 2009; Sweeney, 2011). Ironically, Kaplan (as quoted in an interview with Kennedy, 2007) commented that "Having one accreditation body for graduate counseling programs would have been a major step forward in unifying the profession and would have reduced confusion for legislative bodies, prospective students and, most importantly, the public" (p. 17).

Logical Inconsistency 5. Certification from NBCC does not guarantee a pure counselor professional identity (as proposed by Kaplan [2006]). Through NBCC, counselors can initially receive National Certified Counselor (NCC) status and then obtain specialty credentials, such as National Certified School Counselor (NCSC), Certified Clinical Mental Health Counselor (CCMHC), or Master Addictions Counselor (MAC). Each of these credentials requires distinct graduate level coursework, supervision experience, and examination requirements. These credentials also require adherence to

the NBCC *Code of Ethics* in contrast to the ACA *Code of Ethics*, creating an intraprofessional identity conflict (Crosslin, 2006). Additionally, the NBCC offers non-CACREP counselors within the United States to apply for this credential even though significant differences exist between CACREP and non-CACREP programs regarding education courses, training practice, and clinical supervision (Hartley et al., 2002; Kennedy, 2008).

In summary, the first professional identity myth is valid because CACREP's *Standards* and NBCC's certification and supervision requirements fail to delineate a unique intraprofessional and interprofessional counseling professional identity.

Professional Identity Myth 2: Counseling Specialties Can Be Considered Separate Professions

According to Kaplan (2006), membership and active participation in counseling organizations are essential to defining professional identity. Although Young (2009) claimed the ACA divisions enhance professional identity by satisfying the needs of the counseling community, some of ACA's divisions exist with independent governance structures. These include ASCA and AMHCA. Both national associations have marked tension, seem to harbor ill feelings, act out of sync, or duplicate efforts (Gerig, 2007). Although these organizations provide valuable services and resources to counselors, they each require separate payment for membership and embrace different ethical codes (Herlihy & Remley, 1995). This practice creates confusion about distinct roles, association loyalties of counselors, and struggles to establish a professional identity (Canfield, 2008; Gladding, 2008; Kraus, Kleist, & Cashwell, 2009; Logan, 2008; Neukrug & Remley, 2009; Sparks, 2008; Sweeney, 2011).

ACA, AMHCA, and ASCA have differing opinions that lead to professional splintering and diffusion (Calley & Hawley, 2008). Counselor role distinction and national recognition is evident in the historical record of AMHCA (Colangelo, 2009; Colangelo & Schaefer-Schiomo, 2009; Mears, 2006, 2007). This professional organization has championed political leadership and credentialing and it has been at the forefront of advancing the counseling profession (Weikel, Smith, & Brooks, 2006). AMHCA's pioneering efforts include advocating for clinical training, government and third-party insurance reimbursement, national certification and licensure, parity with other mental health disciplines, and focusing more on mental health issues than any other professional association (Smith & Weikel, 2006).

The United States Department of Veterans Affairs (VA) recently recognized the CACREP master's degree in mental health counseling as the only degree authorized for employment. This action excludes employment for those with a CACREP degree in career counseling, college counseling, school counseling, student affairs counseling (Barstow & Holt, 2010), and rehabilitation counseling (Lane, 2010). The Institute of Medicine only recognizes counselors working for the VA who hold the Certified Clinical Mental Health Counselor (CCMHC) credential and successfully pass the National Clinical Mental Health Counselor Examination (NCMHCE; Rollins, 2012). The CCMHC and the NCMHCE both originated with AMHCA (Messina, 1985). Pistole and Roberts (2002) advocated that counselors obtain the CCMHC credential to support their professional identity, and Pistole (2001) established the important role of education,

identity, and differentiation in the establishment of the CCMHC from other counseling specializations. Developed by AMHCA, the CCMHC is a distinct counseling profession with its own ethical code, educational curricula, supervision expectations, and licensure examination (AMHCA, 2012; Colangelo & Schaefer-Schiumo, 2009; Lopez-Baez, & Barclay, 2012; Messina, 1985; Palmo, 2006; Pistole, 2001). Nonetheless, obtainment of this credential requires the prerequisite NCC credential, indicating that the core identity is mental health counseling as a specialty within counseling, not a distinct profession (Pistole & Roberts, 2002).

Regarding the ASCA, Canfield (2008) noted this association ascribes to a different notion of professional identity that advocates for multiple professions of counseling rather than a single profession with multiple specializations. He discussed how the ASCA's position conflicts with the single profession model championed by the ACA. Two years later, the ACA, the ACES, the NBCC, and the CACREP leadership met with the ASCA leadership to discuss the *Principles for Unifying and Strengthening the Profession*, as part of the 20/20 initiative (Kraus et al., 2009). Association members discussed concerns regarding the ASCA's stance that school counseling is a separate profession. Discussion also included the ASCA's development of separate accreditation standards outside of the CACREP that lead to divisiveness and confusion within the profession and among the public. Canfield (2008) commented that ASCA is not concerned with the issue of professional identity and operates independently from ACA (Gysbers, 2004; Schneider, 2009; Webber & Mascari, 2006). In 2009, ASCA president, Jim Bierma, affirmed the position that counseling is not a single profession and ASCA refused to accept the 20/20 definition of counseling (Kaplan & Gladding, 2011).

In summary, the second professional identity myth is valid because counseling specialties create distinct professions and fragment a unified occupation via intraprofessional identity diffusion, conflicting philosophies, differing professional association governance structure, and confusing member loyalties.

Professional Identity Myth 3: Licensure Defines the Profession of Counseling

According to Kaplan (2006), not all professional counselors need to be licensed because not all of them diagnose mental illness, requiring public protection and oversight. In fact, the Center for Credentialing & Education (2011) found no differences in job tasks between licensed counselors and non-state licensed counselors. Yet, AASCB recognized the lack of counselor licensing portability and conflicting state licensing titles fragment the profession (Rollins, 2007, 2012; Rudow, 2011). Hartley et al. (2002), Kennedy (2006), and Mascari (2009) concurred with this observation. If Kaplan's statement is correct, the purpose of the 20/20 initiative is invalid and the ACA's and the NBCC's effort to obtain licensure in all 50 of the United States is impractical (Littmann, 2011; Long & McCaskill, 2010). Kaplan's claim opposes the ACA licensure and certification updates (ACA, 2010a), the ACA milestones (ACA, 2010b), statistics that compares state licensure rates of counselors (ACA, 2011), the ACA Governing Council positions (Lane, 2010), and the ACA's model legislation for professional counselors (Glossoff, Benschoff, Hosie, & Maki, 1995). Recently, Kaplan acknowledged that disparate licensure titles necessitate the 20/20 initiative to improve public perception and advocating for professional issues to promote one licensure title across the different states (Kaplan &

Gladding, 2011). Finally, Kaplan's (2006) position contradicts opinions and research that counselor licensure is a significant hallmark of professional identity (Calley & Hawley, 2008; Daniels, 2002; Hodges, 2011; Lane, 2010; Leahy, Rak, & Zanskas, 2009; Locke, 2012; Long & McCaskill, 2010; Mellin, Hunt, & Nichols, 2011; Puglia, 2009; Rollins, 2012).

Some counseling scholars observed that counselor licensure detracts from unifying the profession (Chronister, Chou, & Chan, 2009) and others commented that licensure law differences create professional identity confusion for the public and counselors (Daniels, 2002; Kennedy, 2008; Linde, 2010; Tarvydas & Hartley, 2009). This is especially applicable when graduates of master's level psychology programs obtain licensure as counselors, further distorting counselor professional identity and confusing the public (Hartley et al., 2002; Remley & Herlihy, 2009). Regardless, Kaplan's (2006) position contradicts CACREP's (2009) *Standards* that contain requirements for education in licensure and the effects of public policy within the Professional Identity common core curriculum. The VA requirement that a counselor is licensed within two years of date of appointment to retain employment signifies the relationship between licensure and professional identity (Barstow & Holt, 2010).

In summary, the third professional identity myth is valid because national licensure efforts from ACA and AASCB are critical to counselor professional identity, parity with other licensed mental health professions, counseling job opportunities, and third-party vendor recognition.

Professional Identity Myth 4: Counseling's Historical Roots Are Passé and Get in the Way of Moving Forward

According to Kaplan (2006) and other counseling scholars (Granello & Young, 2012; Myers, Sweeney, & Witmer, 2000; Skovholt, Hage, Kachgal, & Gama, 2007; Sweeney, 2011), career development is what sets counselors apart from closely related mental health professionals. Lichtenberg and Goodyear (2004) and Romano and Kachgal (2004) claimed career development makes counseling psychology substantially distinct from professional counseling because of professional counseling's historical origins with K-12 education. Whiston (2004) argued that counseling psychology has produced the most significant contributions to career development out of all the closely related mental health professions, including professional counseling. McGlothlin and Davis (2004) found in a study that mental health counselors, school counselors, and counselor educators ranked the CACREP common core of career development as seventh most beneficial out of the eight common core curriculum (with mental health counselors perceiving this domain as the least beneficial to clinical practice).

These attitudes may explain why Erford et al. (2011) found that *Journal of Counseling & Development (JCD)* publication patterns on career development declined from 12.4% in 1994 to 2.5% in 2009 and possibly why Helwig and Schmidt (2011) found that ACA convention programming between 1977 to 2008 departed significantly from the profession's original roots of career development. These trends may also reflect the journal name changes from *National Vocational Guidance Bulletin* and *The Personnel and Guidance Journal* to the *Journal of Counseling & Development*, and the association's name change from the American Personnel and Guidance Association to the

American Counseling Association (Young, 2009), indicating a movement away from career development and vocational guidance as a counseling specialty.

In summary, the fourth professional identity myth is valid because the historical origin of career development is no longer as valued by the counseling profession which is becoming more focused on clinical issues (Helwig & Schmidt, 2011). Most important, counseling psychology contains a stronger career development history compared to professional counseling.

Implications and Recommendations

The counseling profession is experiencing an identity crisis as the profession passes through Erikson's adolescent stage of development and asks, "Who are we?" (Hendricks, 2008; Lopez-Baez & Barclay, 2012) and "How does our identity converge with and diverge from that of other mental health professionals?" (Myers et al., 2002, p. 399). The counselor professional identity crisis creates impaired state licensure portability, government and insurance reimbursement challenges, blurred marketplace recognition, and disjointed advocacy efforts (Cashwell, 2010). Unless this crisis is resolved, the occupation may fail to establish a niche in the marketplace and thus become relegated to unprofessional status through social role confusion, lack of marketable distinctiveness, an unattractive public image, and restrictive legislative efforts (Evans, 2008; Rollins, 2006, 2007, 2012). We applaud the 20/20 efforts and invite the collective counseling community to join together to promote a unified profession. Further unification endeavors may include the following:

1. The counseling profession needs one unified code of ethics that explicitly outlines counselor roles for all work settings and clients served to avoid difficulties with legal enforcement, misunderstanding for consumers, and confusion for professionals (Herlihy & Remley, 1995; Legget & Roaten, 2009). ACA should work collaboratively with all counseling divisions, including the independent affiliated associations of ASCA and AMHCA, to collapse all specialty codes of ethics into one unified document. This action would mirror the profession of psychology that has one code of ethics despite having 56 divisions, or specialties; and this would be congruent with the marriage and family therapy and social work professions which each has one code of ethics.
2. CACREP should collapse all the entry-level master's degree specializations of addiction counseling, career counseling, clinical mental health counseling, marriage/couple/family counseling, school counseling, and student affairs and college counseling into one unified accreditation of PROFESSIONAL COUNSELING (MacCluskie, 2011; Remley & Herlihy, 2009). This move would mimic the psychology profession that has unified graduate level education and training for clinical psychology, counseling psychology, and school psychology specializations. In the spirit of Locke (2012), CACREP should offer specialization standards within the Professional Practice section of the doctoral counselor education and supervision standards.
3. The 20/20 should modify the definition of counseling to include the words *growth* and *development* (Guindon, 2010; King, 2012). In the words of

Eriksen and Kress (2006), “developmental perspectives offer hope because client problems or positions are not permanent; instead, change and growth are continuous and always possible” (p. 205). This change to the counseling definition would align with the ACA (2005) *Code of Ethics*: “ACA members are dedicated to the enhancement of human development throughout the life span” (p. 3).

4. NBCC and CACREP should change their certification and accreditation standards to require clinical supervisors of counselors-in-training who display a pure counselor identity, thus restricting clinical supervision of professional counselors from psychiatrists, psychologists, marriage and family therapists, and social workers. Clinical supervision reciprocity does not exist with these closely related professions and closing the door to other professions would help to establish professional counseling’s independence and distinctiveness among the helping professions (King, 2009).

Our hope is by critiquing of the 20/20 definition of counseling, validating the counseling professional identity myths, and proposing recommendations, counselors and educators will be further motivated to unify the counseling profession.

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