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VISTAS Online

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Article 2

The Counseling Profession: Reflections and Projections

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The purpose of this brief thought piece is simple and straightforward: to share one counselor's view on where the counseling profession has been and where it is going. This first edition of *VISTAS—Perspectives on Counseling 2004* is a wonderful opportunity to reflect on the past and to project some of our best thinking into the future. After spending 30 years in the profession and embracing it in a number of different capacities (i.e., lifetime member, Governing Council Representative, Parliamentarian, President of a Division, and Chair of two ACA Committees) and from a number of different perspectives (i.e., private practice, counselor educator, ACA staff person), I have watched it morph its way along its own developmental journey. There have been high points and low points along that journey, not unlike for most of us in our personal developmental journey. It is my hope that by sharing my reflections, some of those professional counselors with whom I have had the pleasure to serve as a contemporary will take pause to do some reflecting on their own. For it is in looking back that we can gain a valuable vision for the future and best prepare to avoid some of the pitfalls and quagmires we have passed through and capitalize on some of the victories that have served us well.

During those last 30 years, it has been a matter of developing an identity. The question simply posed has been "What is the counseling profession to be?" From the 1952 coming-together of four smaller organizations, which believed that there would be value added to each and all of them if they were to focus primarily on their respective

similarities, there has been an importance and urgency toward identifying those similarities and to identify what the aggregate of these organizations would look like, what their identity would be, what services they would provide, and how they might function as a single profession without losing their individuality and their uniqueness. In a very broad-brush description of those 30 years, we have made progress and we have failed. Let's look first at the progress.

With the focus being on the amalgamated identity, we have accomplished many significant tasks. Not to gloss over the struggles that we have come through, but rather to deal with the progress that has been made, in 1976, the Commonwealth of Virginia passed the first licensure legislation that provided a defensible identity of professional counselors in terms of clinical practice. This set the standards for those counseling professionals who wanted to provide clinical mental health care services in Virginia. In the ensuing 28 years, 46 other states, plus the District of Columbia and Puerto Rico, have followed suit. Licensure provides a practice credential that sets standards externally (i.e., by the state government) and, by imposing these external standards on a profession, assists consumers by providing recourse should they be harmed as a result of action taken by a member of the profession.

By 1976, there was also talk in the profession of setting internal standards and the importance of the profession, itself, setting standards and determining how and what the members of the profession were educated, trained, and prepared to do. This led to the development of the National Academy of Certified Clinical Mental Health Counselors in 1979 to define one area of specialty. Through no small coincidence, this was accomplished by the specialty that had external forces pushing and shaping it. It was a matter of professional integrity. Do we let external forces shape us, or do we shape ourselves? That was the question.

Within a few short years, the conglomerate group, currently known as the American Counseling Association, had developed a national certification process through what has become the National Board for Certified Counselors (NBCC). This effort was much more challenging as, once again, the issue of what these disparate specialties

had in common that needed to be embraced. Out of these efforts, today, we have well over 30,000 nationally certified professional counselors who have voluntarily put themselves to the test of their professional knowledge. This step is also essential in that this professional credential, as opposed to the practicing credential of licensure, determines what it is that counselors must know to be able to hold themselves out to the public as a professional counselor. It is a matter of identity and integrity for the profession.

Around the same time, the profession was also attempting to develop an accreditation process that looks at the preparation standards. We wanted to make absolutely certain that we were standardizing, and thereby stabilizing, the training that each of us went through to become a professional counselor. We needed to identify the essential knowledge base of this profession if we were to continue to seek an identity in a profession where several other provider groups already resided and had histories much longer than ours. It was at this point that counseling, in this new amalgamated definition, began to see itself as having similarities and differences with the larger mental health care industry. This was a turning point for the profession as, if it were to emphasize its similarities with these other provider groups, it begs the question of whether it needs to exist. Why not simply join one of these other professions and save ourselves the effort and the consumers the confusion of adding yet another dimension to what was already a very complex professional field? On the other hand, if we were to emphasize our uniqueness, we may have more work ahead of us and run the risk of total failure to establish an identity that would be acceptable to ourselves, much less to the public.

Out of those struggles came the Council for Accreditation of Counseling and Related Educational Programs (CACREP). CACREP is yet another example of how those early specialty areas came together to work through a problem that impacted all of them and were able to add value to each of these specialties as a result. Today well over 25% of the existing counselor education programs are accredited; and, if one were to add those programs that have used the CACREP model of curriculum to develop an approximate equivalent

but for whatever reason have not subjected themselves to the rigor of the accreditation process, that number would be more than doubled.

I list these significant mileposts in the development of the counseling profession to call your attention to the fact that none of them would have been possible were it not for what began as the American Personnel and Guidance Association (APGA), then moved to the American Association for Counseling and Development (AACD) and finally to what it is today, the American Counseling Association (ACA). Without the combined efforts of all of the areas of specialty within the counseling profession and without a larger organization to provide the leadership and a venue wherein issues as essential as identity can be discussed, debated, and decided upon, we would surely not be in a position where we can brag about the services that we, as a profession, provide in the wide variety of settings in which our members are employed. Instead, we would be small groups of people trained in a much narrower and perhaps poorly defined fashion, and we would certainly be without the recognition by the public. It is as simple as the old adage, “United we stand; divided we fall.”

In summary then, through the organization of the profession provided by the American Counseling Association, we have articulated who we are, what we know, and what we can do. While the efforts have not always, and in fact rarely, yielded easy results, we remain committed to the process. Moreover, while our many discussions and debates have not always led to solid agreement by all parties involved, the consensus has been strong enough so that we have not only survived but have actually thrived and currently enjoy recognition by consumers, public policy makers, and even ourselves. For those of us whose careers have spanned these last 30 years, it has been our task to identify the profession through credentialing, accreditation, and thoughtful self-monitoring. However, the angst in all of this success is the knowledge that there are many things remaining to be done.

Perhaps the most significant area to be tackled for the survival of our profession is that of outcomes research. In point of fact, there is a dearth of outcomes-based research on the efficacy of what it is

that we as professional counselors do with our clients. To be sure, there are a few significant exceptions to this statement, but let's look honestly at these past 30 years. With all of the efforts mentioned above and many, many others not mentioned, why is it that we have been so reliant on the research efforts of our sister mental health care professions? It is certainly not that we do not have the capability or capacity to do the research. However, we have done precious little while the other professions have continued to be productive in this regard.

We have written and published, but certainly much, if not most, of our efforts have been the result of our library research on what other professions have done. This has not been all bad in that it has established clearly that we have much in common historically with these professions and have shared much of the same knowledge base as they have. However, it contributes little or nothing to our uniqueness. To establish once and for all that we are a major player in the mental health care provider arena, we must be able not only to show our similarities to these other groups, but we absolutely must also contribute something unique. The urgency of our conducting efficacy studies cannot be overstated. Data-driven research results must be gathered, interpreted, and utilized to hold the counseling profession accountable, just as it is for any other mental health profession.

There needs to be a new paradigm in the way we operate as a profession. Every professional counselor, regardless of specialty area, must hold himself or herself accountable to a high standard of excellence. This cannot be done without assessing the results, the outcomes, of one's practice with his or her own clients. There is no shortcut or easy alternative to the security, the absolute certainty, that counseling efforts are of benefit to clients, other than through the hard data generated by good research methodology on those specific and particular clients. The old approach of spending time listening to clients as they give an oral rendition of their particular problematic life circumstance, offering a suggestion here or there, throwing out a challenge now and then, is simply inadequate and unacceptable in this day and age. Counselors, as well as other mental

health care provider groups, have been guilty of assuming that their own effectiveness will match that of the research on other professionals if they simply apply that knowledge, those techniques, and the intervention strategies learned in their respective training programs.

The counseling profession must now prove to the consuming public, public policy makers, and third parties—be they the managed care organization, the insurance company, or the local school board—that there are strong and hard data supporting the effectiveness of counseling services. Beyond that, and perhaps even more importantly, individual counselors must prove it to themselves. Imagine the increase in personal professional integrity and sense of professional pride felt by a counselor who has conducted longitudinal, outcome research on his or her own clients.

We, as professional counselors, must lead the way toward focusing on competency-based, decision making regarding reimbursement and scope of practice issues. To do this, we must first have the evidence that proves our effectiveness. We must know that what we are teaching our students and the competencies they must possess when they graduate are above reproach. When public policy makers and third party payers wake up to the fact that what they ought to be primarily interested in is the competency of mental health care providers rather than the academic discipline from which they come, counselors must be ready to stand the test and have data available. We cannot now, any more than we ever could, tolerate slipshod performance/practice within our ranks.

The American Counseling Association, through its Practice Research Network, has software available that helps its members do just that. Through a subcontract with the Lewin Group, a nationally recognized research consulting group, made possible through a grant from the Federal Government, ACA has been working at developing this software and field testing it for the last four years. It allows counselors, regardless of their area of specialization, to enter pre-selected data elements and to get feedback directly from clients on the effectiveness of the counseling experience.

Equally as important as generating fact-based knowledge of our

own is how we utilize this knowledge. ACA again serves the profession well through the recent establishment of the *ACA Center for the Utilization of Counseling Knowledge*. The Center is the result of an agreement between Counseling Outfitters/CAPS Press and ACA, wherein ACA members will have access to an electronic library that will have the capability of providing the full text of a wide variety of articles on any particular topic related to the counseling profession. This will be in addition to the archival library that ACA has maintained throughout the years. The service will promote the ease of continuing to do library research.

Another service provided through the Center is the publication of presentations such as *VISTAS–Perspectives on Counseling 2004*, which is intended to provide a snapshot of the profession at the time of the ACA Annual Convention by assisting ACA members in publishing their areas of interest at this point in time. On an annual basis, this service will provide a dynamic record, a living history if you will, of what is considered to be important in the profession in an ongoing manner. Each year, the members of ACA will have an opportunity to present their findings through *VISTAS*. In addition, to those who submit a brief article on the topic they propose to present at the conference, whether or not the proposal is accepted for presentation at the annual convention, the article will have an opportunity to be included in this printed snapshot, which shows the vista of the counseling profession.

So, as we project ourselves into the future, our work is cut out for us. Sure, we have come a long way from when those four professional organizations came together to seek some added value to themselves through emphasizing their similarities. And, yes, we have not always succeeded. But the world is a different kind of place than it was 30, much less over 50, years ago when that all started. We must push ourselves to be even better than we are. We must read more, collaborate in research more, and advocate more for our profession. If those advocacy efforts are not based on hard data relative to our effectiveness, we will surely be found to be the lesser of the mental health professions; and that is a fate none of us want.

To accomplish the Herculean task before us, we must work

together and work collaboratively for the good of the cause. That is where a professional association comes in. What better way to utilize our combined resources and efforts than in an organized manner that is made possible through a professional association that is representative of the many specialties we have in the divisions. To maximize the results, however, it takes cooperation and continuous effort to move forward. When we settle for less, we are guilty of undermining the work of others. By working together toward fulfilling our potential as a profession, no one is left out and, more importantly, our clients stand to gain the most.