The Professional Counselor’s Desk Reference

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The PCDR is dedicated in memory of
Dr. T. F. Riggar (February 15, 1944–June 9, 2007)

The Rehabilitation Institute, Southern Illinois University at Carbondale.

Words cannot express the creative seeds that you have planted for more than 30 years of teaching, research, and service.

Thank you, Phil Laughlin, Senior Editor, Springer Publishing, for proposing the concept of the PCDR to us.

—Mark and Irmo

To my family who never stopped believing in me, and to my wife Darlene, the most selfless person I know, who has saved me in more ways than anyone could imagine.

—Irmo

For Bonnie, Sarah, and Mark D. What a gift you’ve been to me.

—Mark
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Students and seasoned counseling professionals often need to review different books to find what they are looking for to address their concerns. Many would treasure a book that contains a wealth of practical information. This unique handbook contains this wealth of information on a variety of topics that will be of interest to counseling students, counselor educators, and practitioners in the mental health field. Each section of this reference work is structured within the framework of the CACREP and CORE accreditation standards. Readers who want to answer the following questions will find 81 chapters that offer up-to-date information:

- What are the roles and functions of professional counselors?
- What are some issues in the practice of clinical supervision?
- What are some new areas in ethics in the counseling profession?
- What are some practical guidelines in reducing ethical and legal risks?
- How can homework be integrated into the practice of counseling?
- How can counselors effectively address multicultural issues in their practices?
- What are some unique issues facing mental health counselors who work in rural settings?
- What are some of the key concepts of contemporary counseling theories?
How can career counseling address challenges across the lifespan?

What do counselors need to know about assessment and diagnosis?

How can the DSM-IV-TR be used?

What are some key issues facing counselors who work with couples, families, and groups?

What are some emerging areas in counseling specific populations?

How are empathy fatigue, burnout, and self-care of vital importance to every counselor?

What is the place of religion and spirituality in counseling?

This book will be a useful reference tool that practitioners can turn to when they want specific information on any of the topics listed above. Most of the chapters contain current references and places the readers can contact for further information. The 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 for preparing for an examination.

I found the chapters to be well-written, organized in a clear manner, and presented in a balanced way. Current literature was used to support the discussion of the variety of topics covered in this single volume. 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 a reference work that people will want to keep.

This will also be a valuable resource for continuing education programs. Community mental health agencies may want to order copies of this handbook for those who work in the agency. It would be most useful as a discussion tool and also for in-service education and training.

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There are multiple indicators to suggest there is an identity shift in the foundational principles and practices of the counseling profession. This is due to state-mediated professional counselor licensure laws, the increase in required coursework (to 60 semester hours) within many accredited counselor education programs, the recognition of specialty certifications as well as other credentials that demonstrate counselor competence, and equivalent opportunities to collect third-party reimbursement for the provision of counseling-related services. Indeed, we are in a state of transition to differentiate professional counselors (i.e., state-licensed LPCs [licensed professional counselors]) from other counseling professions such as in psychology and social work. Overall, the profession looks and feels much different now than when it was first conceived by our lineage of creative practitioners, consumer advocates, highly productive counselor educators, and visionaries from the 1950s–1970s.

As Leahy, Rak, and Zanskus as well as Tarvydas and Hartley point out in the first section (professional identity) of the Professional Counselor’s Desk Reference (PCDR), we have evolved as a group of specialty areas (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 are now 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 (1) a lack of research defining best practices in counseling, (2) limited preprofessional counselor training programs, (3) a lack of
regulations that included counselor certification and licensure, and (4) 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, counselor credentialing entities, as well as congressional representatives who advocate for inclusion of services provided by qualified LPCs. Our professional identity now has a brief history that is marked by a wellspring of therapeutic outcome as well as role and function studies, state laws mandating that LPCs have access to insurance panels, as well as national standards and guidelines for providing competent and ethical practice in the counseling profession.

The Professional Counselor’s Desk Reference is a reflection of our identity as professional counselors for the start of the 21st century. 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. Accordingly, we have reached a pivotal point in our professional identity as LPCs continue to expand into other counseling specialty settings that have been traditionally marked by psychologists and social workers.

Regardless of scope of practice and counseling specialty, we have been challenged with counseling a more diverse group of individuals than in the early days of the profession. We are hopeful that the Professional Counselor’s Desk Reference can be used as a resource offering a framework for understanding this change from providing traditional counseling services to the interrelationships between counseling individuals, groups, and families, and the importance of maintaining a professional identity through professional counseling associations.

At the core of working from this perspective, it is essential to understand that we have much to gain by (1) working with other accrediting and credentialing bodies in an interdisciplinary environment; (2) increasing our capacity for partnering, collaborating, organizing, and uniting state and national professional counseling associations with one voice for the profession; and (3) cultivating 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.

Indeed, a profession that is licensable has the capability to negotiate third-party contracts with Medicare, Medicaid, and private insurance; can function independently (not under the supervision or referral of a psychologist or medical professional); and can enjoy the benefits and opportunities afforded to other counseling professions. Advancing the practice of professional counseling requires an increased recognition of and sensitivity to the diversity of specialty areas in counseling and expanding opportunities in this dynamic sociopolitical environment so that we may communicate with one voice.
Introduction

The field of counseling is a continually expanding and challenging profession that has a prolific history of facilitating person-centered, couples, family, and group therapeutic services for children, adolescents, and adults. Many consumers of counseling services report chronic and persistent mental health conditions such as substance abuse or addictions, depression and anxiety, acute stress, and a multitude of other life-adjustment issues. As we have found in our own clinical practice, rarely do we treat individuals with just a mental health condition. Oftentimes, there appears to be a coexisting medical and/or situational circumstance that hinders the individual’s functional capacity to achieve optimal levels of mental and physical well-being.

The Professional Counselor’s Desk Reference (PCDR) is the first of its kind that serves as an authoritative resource written for both preprofessionals working toward counselor licensure and certification as well as seasoned counselors, counselor educators, clinical supervisors, psychologists, and social workers. Our intent in writing and editing the Professional Counselor’s Desk Reference is to provide professionals with a quick desk reference guide based on the 10 core content and knowledge areas as described in both the Council for Accreditation of Counseling and Related Education Programs (CACREP) and Council on Rehabilitation Education (CORE) accreditation standards. It also offers an excellent resource for graduate-level coursework that relates to an orientation to the counseling profession. To advance this mission, we asked each of our chapter contributors to submit four multiple-choice questions based on the material in his or her chapter. Although the
300-plus multiple-choice questions do not cover all the possible curricula required by the CACREP and CORE accreditation standards, they serve as an original guide to good counseling practices written by more than 100 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 *Professional Counselor’s Desk Reference* includes 81 chapters and collaborative works from more than 100 different contributing authors, each with extensive expertise in his or her own specialty area as outlined in the table of contents. Most of our chapter contributors have well over 25 years of clinical practice, teaching, and research experience within their specialty area. Many of these authors have written several books and/or have numerous articles published in peer-reviewed journals within their discipline. The *Professional Counselor’s Desk Reference* is didactic in its coverage, containing numerous how-to chapters with examples such as starting your own private practice, 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, there are chapters that relate to counseling strategies and techniques for counseling persons with psychiatric disabilities, providing services in rural settings, and working therapeutically with children, older adults, adult offenders, persons with substance abuse or addiction problems, college student adjustment concerns, end-of-life issues, and counseling persons with various other types of mental and physical disabilities. The *Professional Counselor’s Desk Reference* is contemporary in its focus as well, addressing spirituality-religiosity issues, the increasing interest in providing disaster mental-health counseling, positive psychology and wellness, dealing with counselor impairment and fatigue syndromes such as empathy fatigue, and counseling the increasing elderly population and their family members.

Perhaps the most significant contribution of the *Professional Counselor’s Desk Reference* is its interdisciplinary approach that is inclusive across all counseling disciplines. The content offered appears to more accurately reflect the realities that we see in everyday practice with our clients. The intent of the *Professional Counselor’s Desk Reference* is to provide both insight and practical strategies for working with the complexity of real-life issues clients may present with in counseling. Although the *Professional Counselor’s Desk Reference* is not designed as an end-all guide that offers all the necessary counseling skills for working in all situations, the majority of chapters provide a comprehensive list of references and resources for further reading on the topic. Each counselor of course must still determine when appropriate referrals
need to be made. The full value of such a desk reference, however, is that various counseling specialties can learn from each other’s practice strategies to become more knowledgeable in dealing with numerous client issues.

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

- 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 include:

- Tools and information to begin establishing a private practice
- Bulleted how-to strategies and counseling techniques in working with specific populations under various environmental and complex circumstances
- A comprehensive list of references and Internet sites for further reading
- A comprehensive 300-plus-item 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 and author listing at the end of the book
- Concise informational tools and resource introductions, such as ethical practice guidelines, HIPAA regulations, using the Diagnostic and Statistical Manual of Mental Disorders (DSM–IV–TR) and the International Classification of Functioning (ICF)
- Quick reference information that can be integrated into PowerPoint presentations
Overall, the *Professional Counselor’s Desk Reference* has something valuable for preprofessional counselors and students enrolled in a graduate-level counselor education program, clinical supervisors, counselor educators, and seasoned counselors. Although we have attempted to cover a comprehensive list of counseling issues, there are many other content areas that will be added to future editions of the *Professional Counselor’s Desk Reference*. As such, we welcome your feedback regarding other important counseling topics that would benefit our colleagues.

Finally, we would like to thank our more than 100 contributing authors who made the *Professional Counselor’s Desk Reference* possible. We were extremely fortunate to have many “first-round draft choices” say yes to contributing one or more chapters to the *Professional Counselor’s Desk Reference*. We solicited contributions from many of the American Counseling Association (ACA) subdivisions, fellow colleagues, well-known practitioners who work within their specialty area, distinguished counselor educators, and some highly productive master's- and doctoral-level students to join in developing these works. Together, they made coediting the *Professional Counselor’s Desk Reference* a much easier task. In most instances, many of our chapter contributors who have written numerous books and journal articles on their topic did not have to struggle with which appropriate material to include in their chapter, but rather the major decision was what content they should leave out. As such, each chapter is applied in nature and represents decades of combined experiences in psychology and counseling research, teaching, and practice. It is our hope that you will find the *Professional Counselor’s Desk Reference* 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.

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Section A

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, 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) describes above, 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 in the Workbook in Vocations, added as a supplement to Proctor’s publication Educational and Vocational Guidance, 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 this country. It is 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 development of professional counseling, including the numerous professional specialty groups that make up the family of professional disciplines in counseling that provide services to a wide-ranging population of clients in highly 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 decades 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). Parson’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, creating the opportunity for students to explore possible vocations. 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

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; the Smith Fess Act of 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 psychometry (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, addictions counseling, and career counseling. According to Myers (1995), the American Counseling Association (ACA) has created specialty divisions consulting with the four following 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 to 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 will 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. While these areas, along with codes of professional ethics for counselors, will be 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 Personal and Guidance Association (APGA) founded in 1952. Over time the name was changed to the American Association for Counseling and Development (AACD) 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 40,000 members and 19 divisions representing its diverse community of counselors, who share that the goal of counseling is to facilitate individual adjustment and development across the life span.

The 19 unique divisions within the ACA represent areas of specialized practice (e.g., school counseling, rehabilitation counseling, mental health counseling, marriage and family counseling, addictions 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 area 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 consist of 48 or 60 semester hours of credits. 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. However, these organizations have not been merged at this point in time.

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, 2001, p. 2). Currently, there are 102 master’s degree programs accredited by CORE (CORE Master’s Programs in Rehabilitation Counselor Education, 2006–2007 Academic Year).

CACREP was incorporated in 1981, nearly 9 years after the development of CORE. In 1993, CACREP (2006) articulated its mission “to promote the professional competence of counseling and related practitioners through the development of preparation standards, encouragement in program development, and accreditation of professional preparation programs” (About CACREP, section 3). CACREP currently accredits 210 programs and 10 entry-level master’s degree program categories, which include addiction counseling; community counseling; college counseling; career counseling; gerontological counseling; marital, couple, and family counseling; clinical mental health counseling; student affairs and college counseling; student affairs practice in higher education—college counseling emphasis; student affairs practice in higher education—professional practice emphasis; and school counseling. The council also recognizes 50 doctoral programs in counselor education and supervision (CACREP, 2008, 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 on 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 addictions 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), and in 2007, Nevada became the 49th state to license counselors (American Counseling Association, 2007). While 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* (2008), there were 636,000 jobs held by counselors in this country in 2006, with an occupational outlook expected to grow faster than average over the years to come. The distribution of these jobs include educational, vocational, and school counselors (260,000); rehabilitation counselors (141,000); mental health counselors (100,000); substance abuse and behavioral disorder counselors (83,000); marriage and family therapists (25,000); and all other counselors (27,000).

American society always has been diverse. Projections indicate further diversification along various dimensions, such as age, racial and ethnic affiliation, sexual orientation, family patterns, and disability, that 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 advanced medical practices), 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


