# *The World of the* COUNSELOR

## *An Introduction to the Counseling Profession*

SIXTH EDITION



*Edward Neukrug*

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# Brief Contents


Preface . . . xv

**SECTION I** **Professional Orientation** . . . **1**

1 The Counselor's Identity: What, Who, and How? . . . 2
2 The Counseling Profession's Past, Present, and Future . . . 29
3 Standards in the Profession: Ethics, Accreditation, Credentialing, and Multicultural Counseling . . . 63

**SECTION II** **The Helping Relationship I: Theories and Skills** . . . **97**

4 Individual Approaches to Counseling . . . 98
5 Counseling Skills . . . 147

**SECTION III** **The Helping Relationship II: The Counselor Working in Systems** . . . **181**

6 Couples and Family Counseling . . . 182
*Edward Neukrug and Amber Pope*
7 Group Work . . . 222
8 Consultation and Supervision . . . 251
*Ed Neukrug and Gulsah Kemer*

**SECTION IV** **The Development of the Person** . . . **281**

9 Development Across the Life Span . . . 282
10 Abnormal (Atypical) Development, Diagnosis, and Psychopharmacology 314
11 Career Development: The Counselor and the World of Work . . . 347

**SECTION V** **Research, Program Evaluation, and Assessment** . . . **379**

12 Testing and Assessment . . . 380
13 Research and Evaluation . . . 413

**SECTION VI** **Social and Cultural Foundations in Counseling** . . . **451**

14 Theory and Concepts of Multicultural Counseling . . . 452
*Shuntay Tarver and Ed Neukrug*
15 Knowledge and Skills of Multicultural Counseling . . . 481

**SECTION VII** **Select Specialty Areas in Counseling** . . . **515**

16 School Counseling . . . 516
*David Moran, Emily Goodman-Scott, and Ed Neukrug*
17 Mental Health, Addiction, and Rehabilitation Counseling . . . 545
18 College Counseling and Student Affairs . . . 579

Afterword . . . 607
References . . . 614
Author Index . . . 680
Subject Index . . . 693
About the Author . . . 710

# Detailed Contents


Preface xv

**SECTION I Professional Orientation 1**

**CHAPTER 1 The Counselor's Identity: What, Who, and How? 2**

Guidance, Counseling, and Psychotherapy: Variations on the Same Theme? 3
Comparison of Mental Health Professionals 4
- *Counselors* 4
- *Social Workers* 8
- *Psychologists* 8
- *Psychiatrists* 9
- *Psychoanalysts* 9
- *Psychiatric–Mental Health Nurses* 10
- *Creative and Expressive Therapists* 10
- *Human Service Practitioners* 10
- *Psychotherapists* 11

Professional Associations in the Social Services 11
- *Select Counseling Associations: ACA, AMHCA, and ASCA* 11
- *Other Select Professional Associations* 15

Characteristics of the Effective Helper 16
- *Empathy* 18
- *Acceptance* 18
- *Genuineness* 18
- *Embracing a Wellness Perspective* 19
- *Cultural Competence* 21
- *The "It Factor"* 22
- *Compatibility With and Belief in a Theory* 23
- *Competence* 23
- *Cognitive Complexity* 24

Multicultural/Social Justice Focus: Inclusion of Multiculturalism in the Profession 25
Ethical, Professional, and Legal Issues 25
- *Knowing Who We Are and Our Relationship to Other Professional Groups* 25
- *Impaired Mental Health Professionals* 26

The Counselor in Process: Personal Therapy and Related Growth Experiences 27
Summary 27

**CHAPTER 2 The Counseling Profession's Past, Present, and Future 29**

Understanding the Human Condition: From Early Antiquity to the Present 30
A Brief History of Related Helping Professions: Social Work, Psychology, Psychiatry 32
- *The Social Work Profession* 32
- *The Psychology Profession* 34
- *The Psychiatry Profession* 36

The Counseling Profession: Its History and Trends 38
- *Precursors to the Counseling Profession: The 1800s* 38
- *Social Reform Movements of the 1800s* 38
- *Vocational Guidance in the 1800s* 39
- *The Beginnings of the Testing Movement: The Turn of the 20th Century* 39
- *Psychoanalysis and the Development of Psychotherapy: The Turn of the 20th Century* 39
- *Early Vocational Guidance and the First Guidance Counselors: Early 1900s* 40
- *The Expansion of the Testing Movement: 1900–1950* 42
- *The Spread of Psychotherapy and Its Impact on the Counseling Profession: 1900–1950* 44
- *Emergence, Expansion, and Diversification: The 1950s* 45
- *Increased Diversification: The 1960s* 46
- *Continued Proliferation of the Counseling Field: The 1970s* 47
- *Changes During the Late 20th Century: 1980–2000* 49

Emerging Issues During the 21st Century 50
- *Division Expansion and Disaffiliation From ACA* 50
- *A Shared Vision for the Future of Counseling: The 20/20 Standards* 51
- *Credentialing* 51
- *Changes in Ethical Guidelines* 52
- *Culturally Competent Counseling and Social Justice Work* 52
- *Evidence-Based Practice and Common Factors* 53
- *Crisis, Disaster, and Trauma Counseling* 53
- *Technology and Online Counseling* 55
- *Counselor Access to Provider Roles* 55
- *Globalization of Counseling* 56
- *Other Issues* 56

Do We Have to Memorize All Those Names? A Developmental Perspective 56

Multicultural/Social Justice Focus: Moving Toward the Future 60
Ethical, Professional, and Legal Issues: Changing Over Time 60
The Counselor in Process: Looking Back, Looking Ahead, and Embracing Paradigm Shifts 61
Summary 61

**CHAPTER 3 Standards in the Profession: Ethics, Accreditation, Credentialing, and Multicultural Counseling 63**

Ethics 64
*Defining Values, Ethics, Morality, and Their Relationship to the Law* 64
*The Development of and Need for Ethical Codes* 68
*Codes of Ethics in the Helping Professions* 69
*Ethical Hot Spots for Counselors* 72
*Resolving Ethical Dilemmas: Models of Ethical Decision-Making* 74
*Reporting Ethical Violations* 78
*Legal Issues Related to Ethical Violations* 79
Accreditation 81
*The History and Development of Professional Preparation Standards* 81
*The Council for Accreditation of Counseling and Related Educational Programs* 82
*Other Accrediting Bodies* 84
Credentialing 85
*Three Types of Credentialing: Registration, Certification, and Licensure* 85
*Credentialing for Counselors* 87
*Credentialing in Related Helping Professions* 88
*Lobbying for Credentialing and Counseling-Related Issues* 89
Multicultural Counseling 90
*The Multicultural and Social Justice Counseling Competencies* 90
Multicultural/Social Justice Focus: A Lens to View the Profession 93
Ethical, Professional, and Legal Issues: A Plethora of Standards? 94
The Counselor in Process: A Lifelong Commitment to Professionalism 94
Summary 95

**SECTION II The Helping Relationship I: Theories and Skills 97**

**CHAPTER 4 Individual Approaches to Counseling 98**

Why Have a Theory of Counseling? 99
Paradigm Shifts, the Changing Nature of Reality, and Counseling Theory 99
The Classic Approaches to Counseling and Psychotherapy 101
*Psychodynamic Approaches* 101
*Existential–Humanistic Approaches* 109
*Cognitive Behavioral Approaches* 116
*Postmodern Approaches* 128
Emerging Approaches 135
*Dialectical Behavior Therapy (DBT)* 135
*Acceptance and Commitment Therapy (ACT)* 136
*Motivational Interviewing (MI)* 137
*Positive Counseling* 139
*Neurocounseling* 140
*Complementary, Alternative, and Integrative Approaches* 140
*Integrative Counseling and Psychotherapy (Eclecticism)* 141
Multicultural/Social Justice Focus: Bias in Counseling Approaches 142
Ethical, Professional, and Legal Issues 143
*Theory and the ACA Code* 143
*Working Effectively With All Clients* 143
The Counselor in Process: Embracing a Theory but Open to Change 144
Summary 145

**CHAPTER 5 Counseling Skills 147**

The Counseling Environment 148
*The Office* 148
*Nonverbal Behavior* 149
*Counselor Qualities to Embrace and to Avoid* 150
Counseling Skills 151
*Foundational Skills* 151
*Commonly Used Skills* 156
*Commonly Used Advanced Skills* 163
*Advanced and Specialized Counseling Skills* 167
Conceptualizing Client Problems: Case Conceptualization 168
Stages of the Counseling Relationship 169
*Stage 1: Rapport and Trust Building* 169
*Stage 2: Problem Identification* 170
*Stage 3: Deepening Understanding and Goal Setting* 170
*Stage 4: Work* 171
*Stage 5: Closure* 171
*Stage 6: Postinterview Stage* 172
Theory, Skills, Stages, and Case Conceptualization: A Reciprocal Relationship 172
Case Notes 173
Multicultural/Social Justice Focus: Applying Skills Cross-Culturally 175
Ethical, Professional, and Legal Issues 175
*Confidentiality of Records and Privileged Communication* 176
*The Clients' Rights to Records* 177
*Process Notes, Progress Notes, and HIPAA* 177
*Security of Record Keeping* 178

The Counselor in Process: The Developmental Nature of Counseling Skills 178
Summary 179

**SECTION III The Helping Relationship II: The Counselor Working in Systems 181**

**CHAPTER 6 Couples and Family Counseling 182**

Couples and Family Counseling: A Brief History 183
View of Human Nature 186
Key Concepts 187
*General Systems Theory* 187
*Cybernetics* 188
*Boundaries and Information Flow* 190
*Rules and Hierarchy* 191
*Communication Theory* 192
*Unfinished Business, Scapegoating, and Identified Patients* 192
*Stress* 193
*Developmental Issues* 194
*Social Constructionism* 196
*Attachment Theory* 196
Models of Couples and Family Therapy 197
*Human Validation Process Model* 197
*Structural Family Therapy* 199
*Strategic Family Therapy* 201
*Multigenerational Family Therapy* 204
*Experiential Family Therapy* 206
*Psychodynamic Family Therapy* 208
*Cognitive Behavioral Family Counseling* 209
*Narrative Family Therapy* 210
*Solution-Focused Family Therapy* 212
*Emotional Focused Couples and Family Therapy* 212
*Gottman Method of Relationship Therapy* 213
Multicultural/Social Justice Focus: Points to Consider When Working With Minority Families 215
Ethical, Professional, and Legal Issues 216
*Ethical Concerns* 216
*Professional Issues* 218
*Legal Concerns* 219
The Counselor in Process: Understanding Our Client's Family, Understanding Our Family 220
Summary 220

**CHAPTER 7 Group Work 222**

Groups: A Systemic Perspective 223
Why Have Groups? 223
The History of Group Work 224
*Early History* 225
*The Emergence of Modern-Day Groups* 226
*The Popularity of Groups Surges* 226
*Recent Trends* 228
Defining Modern-Day Groups 228
*Self-Help Groups* 229
*Task Groups* 230
*Psychoeducational Groups* 231
*Counseling Groups* 232
*Group Therapy* 232
*Comparing Psychoeducational, Counseling, and Therapy Groups* 233
The Use of Theory in Group Work 234
*Psychoanalytic Group Therapy* 235
*Cognitive Behavioral Group Therapy* 236
*Person-Centered Group Counseling* 237
*Solution-Focused Group Counseling* 238
Preparing for the Group 239
*Getting Members* 240
*Group Composition* 240
*Closed and Open Groups* 240
*Size of Group* 240
*Duration of Meetings* 241
*Frequency of Meetings* 241
*Securing an Appropriate Space* 241
Group Leadership Style 241
The Stages of Group Development 241
*The Pregroup Stage (Forming)* 242
*The Initial Stage (Forming)* 243
*The Transition Stage (Storming and Then Norming)* 243
*The Work Stage (Performing)* 244
*The Closure Stage (Adjourning)* 245
Multicultural/Social Justice Focus 245
*Principles for Diversity-Competent Group Workers* 245
*Social Justice in Group Work: Understanding the Place of Privilege* 246
*Prejudice and the Group as a Microcosm of Society* 246
*Cultural Differences Between a Group Member and the Group Leader* 246
Ethical, Professional, and Legal Issues 246
*Ethical Issues* 246
*Professional Issues* 247
The Counselor in Process: Allowing Groups to Unfold Naturally 249
Summary 249

**CHAPTER 8 Consultation and Supervision 251**

Consultation 252
*Consultation Defined* 252
*A Brief History of Consultation* 253
*Consultant-Centered Consultation* 254
*Consultee-Centered Consultation* 255
*Theories Applied in the Consultation Process* 255
*The Consulting Process: Stages of Consultation* 258
*The Counselor as Consultant* 259
Supervision 264

*Supervision Defined* 264
*Who Is the Supervisor?* 266
*Who Is the Supervisee?* 267
*Individual, Triadic, or Group Supervision?* 268
*Models of Supervision* 269
*Supervision of Graduate Students* 272
*Supervision of Practicing Counselors* 273
Multicultural/Social Justice Focus 274
*Multicultural Consultation Within a System* 274
*Cross-Cultural Supervision* 275
Ethical, Professional, and Legal Issues 275
*Ethical Issues in the Consulting Relationship* 275
*Ethical Issues in the Supervisory Relationship* 276
*Professional Issue: Professional Association for Counselor Supervision* 277
*Professional Issue: Technology and Supervision* 277
*Legal Issue: Liability in Consultation and Supervision* 277
The Counselor in Process: Committed to Ongoing Consultation and Supervision 278
Summary 278

**SECTION IV The Development of the Person 281**

**CHAPTER 9 Development Across the Life Span 282**

A Little Background 283
Understanding Human Development 284
*Development Is Continual* 284
*Development Is Orderly and Sequential and Builds on Itself* 284
*Development Implies Change, but Our Core Remains More or Less the Same* 284
*Development Is Painful, Yet Growth Producing* 285
*Developmental Models Are Transtheoretical* 285
*Development Is Preventive, Optimistic, and Wellness Oriented* 285
A Brief Overview of Physical and Psychosocial Development in Childhood 286
Development in Adolescence and Adulthood 287
The Development of Knowing: Cognitive and Moral Changes in Childhood 288
*Jean Piaget and Cognitive Development* 288
*Kohlberg's Theory of Moral Development* 290
*Gilligan's Theory of Women's Moral Development* 292
*Comparison of Cognitive and Moral Development* 293
Adult Cognitive Development 294
*Loevinger's Stages of Ego Development* 294
*Kegan's Constructivist Developmental Model* 295
*Perry's Theory of Intellectual and Ethical Development* 298
*Comparison of Adult Cognitive Development Theories* 299
Life Span Development 299
*Erikson's Stages of Psychosocial Development* 299
*Levinson's Seasons of a Man's Life/ Seasons of a Woman's Life* 302
*Comparison of Life Span Development Theories* 304
Fowler's Theory of Faith Development 304
*Stage 0: Primal Faith (Infancy)* 305
*Stage 1: Intuitive–Projective Faith (Minimum Age: 4 Years)* 305
*Stage 2: Mythic–Literal Faith (Age 6.5–8 years)* 305
*Stage 3: Synthetic–Conventional Faith (12–13 years)* 306
*Stage 4: Individuative–Reflective Faith (18–19 years)* 306
*Stage 5: Conjunctive Faith (30–32 years)* 306
*Stage 6: Universalizing Faith (38–40 years)* 306
Other Developmental Theories 307
Applying Knowledge of Development 307
Comparison of Developmental Models 308
Multicultural/Social Justice Focus 309
*Bias in Developmental Models* 309
*The Development of Cultural Identity* 310
Ethical, Professional, and Legal Issues 310
*The ACA Code of Ethics: A Developmental Emphasis* 310
*Professional Associations* 310
*Legal Issue: Missing Problems Because We Are Too Positive* 310
The Counselor in Process: Understanding Your Own Development 311
Summary 311

**CHAPTER 10 Abnormal (Atypical) Development, Diagnosis, and Psychopharmacology 314**

Why Study Abnormal Development, Diagnosis, and Medication? 315
You Can't Have One Without the Other: Abnormal Behavior, Diagnosis, and Medication 317
Personality Development and Abnormal Behavior 318
*Genetic and Biological Explanations of Development* 318
*Freud's Model of Psychosexual Development* 319
*Learning Theory and the Development of the Person* 321
*The Humanistic Understanding of Personality Development* 323
*Postmodernism's and Social Constructionism's View of Development* 326
*Comparison of Models* 328
Diagnosis and Mental Disorders: What Is DSM-5? 329
*Specific Diagnostic Categories* 330
*Making and Reporting Diagnoses* 334

Psychopharmacology 336
*Antipsychotics* 336
*Mood-Stabilizing Drugs* 337
*Antidepressants* 338
*Antianxiety Medications* 339
*Stimulants* 339
Multicultural/Social Justice Focus: DSM-5 and Cultural Sensitivity 339
Ethical, Professional, and Legal Issues 340
*Ethical Issues* 340
*Professional Issues* 341
*Legal Issues* 343
The Counselor in Process: Dismissing Impaired Graduate Students 344
Summary 344

**CHAPTER 11 Career Development: The Counselor and the World of Work 347**

Some Definitions 348
Is Career Development Developmental? 349
Why Career Development and Career Counseling? 350
A Little Bit of History 351
Theories of Career Development 352
*Trait-and-Factor Approach* 352
*Ann Roe's Psychodynamic Theory* 353
*John Holland's Personality Theory of Occupational Choice* 355
*Super's Life Span Development Approach to Career Counseling* 357
*Social Cognitive Career Theory* 359
*Constructivist Career Counseling: A Postmodern Approach* 361
Integrating Models of Career Development 363
*Trait-and-Factor Theory and Holland's Personality Theory* 363
*Developmental Theory* 363
*Psychodynamic Theory* 364
*Social Cognitive Career Theory* 364
*Constructive Development Theory* 364
*Bringing It All Together* 365
The Use of Career-Related Information 365
*Occupational Classification Systems* 365
*Assessment Instruments* 368
*Other Sources of Occupational Information* 369
*The Clinical Interview: The Lost Child in Career Development* 370
Integrating Theory, Career Information, and Career Assessment 370
Multicultural/Social Justice Focus 371
*Multicultural Career Counseling and Development Competencies* 371
*Social Justice Focus: Reshaping Clients' Stories* 372
*Multicultural Theory of Career Development* 372
Ethical, Professional, and Legal Issues 373
*Ethical Issues* 373
*Professional Issues* 373
*Legal Issues: Important Laws* 374
The Counselor in Process: Career Development as a Lifelong Process 375
Summary 375

**SECTION V Research, Program Evaluation, and Assessment 379**

**CHAPTER 12 Testing and Assessment 380**

Defining Testing and Assessment 381
Why Testing and Assessment? 382
A Little Background 383
Types of Assessment Techniques 384
*Assessment of Ability* 384
*Personality Assessment* 388
*Informal Assessment Procedures* 389
The Clinical Interview 392
Norm-Referenced, Criterion-Referenced, Standardized, and Nonstandardized Assessment 393
Basic Test Statistics 394
*Relativity and Meaningfulness of Test Scores* 394
*Measures of Central Tendency* 395
*Measures of Variability* 395
*Derived Scores* 398
*Correlation Coefficient* 399
Test Worthiness 400
*Validity* 400
*Reliability* 402
*Cross-Cultural Fairness of Tests* 403
*Practicality* 404
Where to Find Tests and Assessment Techniques 404
Writing Assessment Reports 405
Multicultural/Social Justice Focus 405
*Caution in Using Assessment Procedures* 405
*Take a Stand—Do Something!* 406
Ethical, Professional, and Legal Issues 406
*Ethical Issues* 406
*Professional Issues* 408
*Legal Issues: Laws That Have Had an Impact on Testing* 409
The Counselor in Process: Assessment as Holistic and Ongoing 410
Summary 410

**CHAPTER 13 Research and Evaluation 413**

Research 414
*The Purpose of Research* 414
*Literature Reviews and the Statement of the Problem* 415

*Quantitative and Qualitative Research: Distinguishing Features* 417
*Quantitative Research Methods* 418
*Qualitative Research Methods* 428
*Statistics and Data Analysis in Quantitative and Qualitative Research* 434
*Issues of Quality in Research Studies* 438
*Reading and Writing Research* 440
Evaluation 441
*The Purpose of Evaluation* 441
*Formative and Summative Evaluation* 442
Multicultural/Social Justice Focus: Bias, Subjectivity, and Positionality in Research 444
Ethical, Professional, and Legal Issues 446
*Ethical Issue: Code of Conduct* 446
*Professional Issue: Standards in Research* 446
*Legal Issues* 447
The Counselor in Process: Discovering New Paradigms 447
Summary 447

**SECTION VI Social and Cultural Foundations in Counseling 451**

**CHAPTER 14 Theory and Concepts of Multicultural Counseling 452**

What Is Multicultural Counseling? 453
Why Multicultural Counseling? 454
*Diversity in the United States* 454
*Counseling Is Not Working for a Large Segment of Our Population* 454
Some Definitions 458
*Culture* 458
*Race* 458
*Ethnicity* 459
*Minorities and Nondominant Groups* 460
*Religion and Spirituality* 460
*Sexual Orientation* 460
*Social Class* 462
*Intersectionality* 462
*Privilege* 463
*Oppression* 464
*Power Differentials* 464
*Systemic Inequality* 464
*Microaggressions* 465
*Prejudice, Stereotypes, and Racism* 465
Political Correctness, or "Oh My God, What Do I Call Them?" 465
Conceptual Models Toward Understanding Cultural Identity 467
*Existential Model of Identity* 467
*Tripartite Model of Personal Identity* 468
*Developmental Models: Cultural/Racial and White* 468
Working With Diverse Clients in the Helping Relationship 471
*Using the RESPECTFUL Acronym* 471
*Using the Multicultural and Social Justice Counseling Competencies* 472
*Results of Not Adhering to the MSJCC* 474
Multicultural/Social Justice Focus 475
*The Fourth and Fifth Forces* 475
Ethical, Professional, and Legal Issues 476
*Infusing Multicultural Counseling into Ethical Considerations* 476
*Professional Associations* 478
The Counselor in Process: Working With Culturally Different Clients 478
Summary 478

**CHAPTER 15 Knowledge and Skills of Multicultural Counseling 481**

The Changing Face of America 482
Understanding and Counseling Select Culturally Diverse Groups 483
*People From Varying Cultural/Racial Heritages* 483
*Religious and Spiritual Diversity in the United States* 489
*Gender Differences in the United States and Gender-Aware Therapy* 494
*Differences in Sexual Orientation* 499
*Individuals Who Are HIV Positive* 502
*The Hungry, the Homeless, and the Poor* 504
*Older Persons* 505
*The Chronically Mentally Ill* 507
*People With Disabilities* 509
Multicultural/Social Justice Focus 511
*Is All Counseling Multicultural?* 511
*Client–Counselor Match Versus Cultural Competence* 511
Ethical, Professional, and Legal Issues: Making Wise Ethical Decisions 512
The Counselor in Process: The Ongoing Process of Counseling the Culturally Different 512
Summary 513

**SECTION VII Select Specialty Areas in Counseling 515**

**CHAPTER 16 School Counseling 516**

What Is School Counseling? 516
A History of School Counseling 520
*The Early Years* 520
*From Vocational Guidance to Guidance Counseling* 521
*The Wonder Years: From Guidance Counseling to School Counseling* 521

*Pre-Millennium and Beyond* 522
*Recent History: Preparing Better K–12 Students and Future School Counselors* 523
Roles and Functions of School Counselors: CACREP and the ASCA National Model 524
*CACREP* 524
*The ASCA National Model* 526
*Other School Counseling Models* 528
*Implementation of the ASCA National Model* 528
Theory and Process of School Counseling 530
*Counseling Theory* 530
*Career Development Theory* 530
*Human Development Theory* 530
*Systems Theory* 531
Settings for School Counselors 531
*Elementary School Counselors* 531
*Middle School Counselors* 532
*High School Counselors* 534
*School Counselor Supervisors and Educators* 535
Multicultural/Social Justice Focus: Creating a Multicultural School Environment 537
Ethical, Professional, and Legal Issues 538
*Ethical Issues* 538
*Professional Issues* 539
*Legal Issues* 540
The Counselor in Process: Changing in the 21st Century 542
Summary 542

**CHAPTER 17 Mental Health, Addiction, and Rehabilitation Counseling 545**

What Is Mental Health, Addiction, and Rehabilitation Counseling? 546
*Clinical Mental Health Counseling* 546
*Addiction Counseling* 547
*Rehabilitation Counseling* 547
A Brief History of Mental Health, Rehabilitation, and Addictions Counseling 548
*1900 to 1940s: The Beginning* 548
*1940s to Mid-1970s: Increased Need for Mental Health, Rehabilitation, and Addiction Counselors* 548
*Mid-1970s to 2010: Expansion of Mental Health and Addiction Counseling Services* 549
*Recent Events* 550
Roles and Functions of the Mental Health, Rehabilitation, and Addiction Counselors 552
*Roles and Functions* 552
*Knowledge and Skills* 553
Theory and Process of Clinical Mental Health, Addiction, and Rehabilitation Counseling 555
Settings Where You Find Mental Health, Addictions, and Rehabilitation Counselors 555
*Career and Employment Agencies* 556
*Community Mental Health Centers* 556
*Correctional Facilities* 556
*Family Service Agencies* 557
*Gerontological Settings* 559
*HMOs, PPOs, and EAPs* 560
*The Military and Government* 560
*Pastoral, Religious, and Spiritual Counseling Agencies* 561
*Private Practice Settings* 562
*Rehabilitation Agencies* 564
*Residential Treatment Centers* 565
*Substance Abuse Settings* 566
*Youth Services Agencies* 567
*Counselors in Other Settings* 569
Multicultural/Social Justice Focus 569
*Counseling and the Diverse Client—We Can Do Better!* 569
*Assessment Bias: Testing and DSM-5* 570
Ethical, Professional, and Legal Issues 571
*Ethical Issues* 571
*Professional Issues* 573
*Legal Issues* 575
The Counselor in Process: Growing, Changing, Accepting 576
Summary 577

**CHAPTER 18 College Counseling and Student Affairs 579**

What Is Student Affairs? 579
The History of Student Affairs 580
*The Beginning* 580
*The Expansion of Student Affairs Practices* 580
*Recent Trends* 581
*The 21st Century* 582
Roles and Functions of Student Affairs Specialists 582
*Personal and Ethical Foundations* 583
*Values, Philosophy, and History* 583
*Assessment, Evaluation, and Research* 584
*Law, Policy, and Governance* 584
*Organizational Human Resources* 584
*Leadership* 585
*Social Justice and Inclusion* 585
*Student Learning and Development* 586
*Technology* 586
*Advising and Supporting* 586
*Final Thoughts on the Roles and Functions* 587
Theories of Student Development 587
*Overview* 587
*Chickering's Seven Vectors of Student Development* 588
*Perry's Scheme of Intellectual and Ethical Development* 588

Settings Where You Find Student Affairs Specialists 589
*Academic Support Services* 590
*Career Services* 591
*Counseling Centers* 592
*Office of Educational Accessibility (Disability Services)* 593
*Health Services* 593
*Human Resources* 594
*Intercultural Student Services* 594
*Residence Life and Housing Services* 594
*Student Activities Services (Student Life)* 595
*Other Student Services Offices* 596
Multicultural/Social Justice Focus 596
*Applying Student Development Theory to Students From Diverse Backgrounds* 596
*Implementing a Cultural Environment Transitions Model* 597
*Removing Barriers to Academic Excellence for Underrepresented Students* 598
Ethical, Professional, and Legal Issues 599
*Ethical Issues* 599
*Professional Issues* 600
*Legal Issues* 601
The Counselor in Process: The Student Affairs Practitioner 603
Summary 603

Afterword 607
References 614
Author Index 680
Subject Index 693
About the Author 710

# Preface

They brought the fireman (now firefighter) to my school. I wanted to be just like him. They brought the policeman (now police officer)—that's a pretty intense job, I thought. My father, a building contractor, came and talked about building bridges. I was very proud. Maybe I would be a building contractor. The doctor, of course, was pretty impressive too. But they didn't bring the counselor. In fact, few of us knew about counselors—what they did, who they were. Despite this, I became one. And now, I want the world to know who they are and what they do. That is what this book is about.

After teaching for 40 years, I have found that new counselor education students have a deep desire and longing to be counselors. However, I have also found their knowledge of the counseling profession to be limited. Although they understand the importance of listening to a person who is experiencing distress, they tend to know little about the broad knowledge needed to be a counselor or about the important professional, ethical, and cross-cultural issues that underlie so much of what counselors do. Thus, the purpose of this book is to enlighten students about the depth of the counseling profession so they can make informed decisions about whether they want to enter it and to help them begin their journey as a professional counselor with important knowledge and skills.

I have found that students tend to find *The World of the Counselor* comprehensive, yet readable, and it is often suggested that it is a book that could be used when studying for comprehensive exams or when taking a credentialing exam. For this sixth edition, I have updated information, attempted to maintain its comprehensiveness, and have hopefully kept its readability.

## Organization of the Text

*The World of the Counselor* addresses the eight common-core curriculum guidelines of the Council for Accreditation of Counseling and Related Educational Programs (CACREP): (a) professional orientation and ethical practice, (b) social and cultural diversity, (c) human growth and development, (d) career development, (e) helping relationships, (f) group work, (g) assessment, and (h) research and program evaluation. It also offers specific content in the specialty areas of clinical mental health counseling, rehabilitation counseling, addiction counseling, school counseling, and college counseling and student affairs. Adhering to the CACREP-accredited common-core areas ensures that the text complies with this important standard and offers the student a broad knowledge base.

The book is separated into seven sections and an afterword. In writing the text, I have attempted to weave all eight common-core areas, just noted, into the first six sections, with the seventh section spotlighting several specialty areas that students commonly enter: school counseling; clinical mental health counseling, rehabilitation counseling,

addiction counseling; and college counseling and student affairs. The afterword offers tips for applying to a master's or doctoral program and for applying for a job.

## Sections and Afterword

### *Section I, Professional Orientation*

This section encompasses much of the content highlighted in the CACREP common-core area of professional orientation and ethical practice and more. There are three chapters in this section:

*Chapter 1: The Counselor's Identity: What, Who, and How?*
*Chapter 2: The Counseling Profession's Past, Present, and Future*
*Chapter 3: Standards in the Profession: Ethics, Accreditation, Credentialing, and Multicultural Counseling,*

### *Section II, The Helping Relationship I: Theories and Skills*

Section II loosely follows the CACREP common-core areas entitled "Helping Relationships," although consultation, and systems perspective, which are listed under this guideline, are covered in Section III. There are two chapters in this section:

*Chapter 4: Individual Approaches to Counseling (Counseling Theories)*
*Chapter 5: Counseling Skills*

### *Section III, The Helping Relationship II: The Counselor Working in Systems*

This section draws from the CACREP common-core areas that focus on systems in counseling, which include a focus on consultation and supervision found in the common-core areas of helping relationships and group work, and from the specialty guidelines on marriage, couple, and family counseling. There are three chapters in this section:

*Chapter 6: Couples and Family Counseling*
*Chapter 7: Group Work*
*Chapter 8: Consultation and Supervision*

### *Section IV, The Development of the Person*

The broad spectrum of human development issues in counseling are examined in Section IV. Loosely following the two CACREP common-core areas of human growth and development and career development, this section includes the following three chapters:

*Chapter 9: Development Across the Life Span*
*Chapter 10: Abnormal (Atypical) Development, Diagnosis, and Psychopharmacology*
*Chapter 11: Career Development: The Counselor and the World of Work*

### *Section V, Research, Program Evaluation, and Assessment*

This section is based on the two CACREP common-core areas of research and program evaluation and assessment and has two chapters:

*Chapter 12: Testing and Assessment*
*Chapter 13: Research and Evaluation*

### *Section VI, Social and Cultural Foundations in Counseling*

Section VI loosely follows the CACREP common-core area of social and cultural diversity and has two chapters:

*Chapter 14: Theory and Concepts of Multicultural Counseling*
*Chapter 15: Knowledge and Skills of Multicultural Counseling*

### *Section VII, Select Specialty Areas in Counseling*

This final section examines several of the most popular specialty areas in counseling: school counseling, mental health counseling, addiction counseling, rehabilitation counseling, and college counseling and student affairs. Each of these chapters provides history, defines roles and functions, presents theory and practice issues, and provides the counselor with specific examples of what it's like to work in each of these specialty areas. Places of employment and potential salaries are also given. The section includes the following chapters:

*Chapter 16: School Counseling*
*Chapter 17: Mental Health, Addiction, and Rehabilitation Counseling*
*Chapter 18: College Counseling and Student Affairs*

### *Afterword*

The Afterword provides students with tips on how to get into a master's and doctoral program in counselor education and related fields and how to apply for jobs in the helping professions.

## A Focus on Multicultural and Social Justice Issues; Ethical, Professional, and Legal Issues; and "The Counselor in Process"

The counseling profession has zeroed in on the importance of understanding the critical knowledge and skills related to multicultural counseling and social justice and has also focused on the importance of acting ethically, professionally, and legally. Thus, at the end of each chapter, you will find a special section that highlights multicultural and social justice issues; another section that focuses on important ethical, professional, and legal issues related to that chapter's content; and a concluding section, called "The Counselor in Process," which stresses how the self-reflective counselor who is willing to risk change might deal with issues related to the chapter content.

# Pedagogical Aids

Replete with material that highlights the content of each chapter, the *World of the Counselor* includes the following:

1. Personal vignettes from the author and coauthors concerning their experiences in the field of counseling and in related professional fields
2. Vignettes that highlight specific chapter content
3. Testimonials from individuals in the field about their work
4. Experiential exercises that are peppered throughout the text that students can do in class or at home
5. References to websites that can highlight specific course content

6. Tables and graphs that elaborate what is in the chapter content
7. For the instructor, a sample syllabus, teaching tips, exam items, and numerous instructional aids such as ethical vignettes, experiential exercises, and much more. This material can be accessed by contacting Cognella Academic Press directly.

## Specific Changes to This Edition

I take revisions quite seriously and attempt to keep content as up to date as possible. Thus, in addition to updating general content and references typically done for each revision, I have added or changed much in this text, including the following:

- Discussing the disaffiliation of the American School Counselor Association and Mental Health Counselors Association from the American Counseling Association
- Identifying rehabilitation counseling as now being accredited by CACREP
- Identifying new ethical concerns faced by counselors
- Discussing the 2016 CACREP standards
- Adding information about the Multicultural and Social Justice Counseling Competencies
- Updating information about crisis, trauma, and disaster counseling
- Adding a short piece about the Masters in Psychology and Counseling Accreditation Council (MPCAC)
- Adding more about Telemental Health Counseling
- Revamping the chapter on individual approaches to counseling so that it now addresses classic theories as well as new, commonly used theories
- Adding information about emotional-focused couples and family therapy (EFT) and the Gottman's method of relationship therapy to the marital and family therapy chapter
- Adding a section on solution-focused consultation
- Adding a section on 12 areas of best practices in supervision
- Adding a section on cross-cultural supervision
- Adding a section on Loevinger's stages of ego development
- Updating information on DSM-5
- Identifying abnormal development as "atypical" development
- Revamping the section on social cognitive career counseling
- Updating the chapters on multicultural counseling and adding a more in-depth section on sexual orientation and intersectionality
- Adding a section on historical research
- Adding a section on bias, subjectivity, and positionality in research
- Adding information about addiction and rehabilitation counseling
- Making major changes to the specialty area chapters

To ensure accuracy in content, I asked some colleagues, who had expertise in specific content areas, to update certain chapters. For instance, Dr. Amber Pope edited and added content to the chapter on couples and family counseling; Dr. Gulsah Kemer did the same with the chapter

on consultation and supervision; Dr. David Moran updated the chapter on school counseling; and Dr. Shuntay Tarver updated content on multicultural counseling. Their expertise is greatly appreciated.

## Websites to Enhance Learning

Over the years I have developed several websites to assist with learning. These include the following:

1. *Great Therapists of the 20th Century*: This animated website introduces you to close to 20 famous therapists of the 20th century with whom you can interact and gain important information. The site should be viewed on Google Chrome or on a Safari Browser. http://ww2.odu.edu/~eneukrug/gttc/
2. *Survey of Your Theoretical Orientation*: This survey allows students to compare their theoretical orientation with several well-known therapeutic approaches and schools of therapy (psychodynamic, cognitive behavioral, existential-humanistic, postmodern). http://ww2.odu.edu/~eneukrug/therapists/booksurvey.html
3. *Stories of the Great Therapists*: This website has short, select oral stories about several famous therapists of the 20th century. http://ww2.odu.edu/~eneukrug/therapists/index.html

## Acknowledgments

A number of people were particularly helpful in ensuring accuracy and in helping me complete this text in a timely manner. For instance, Brielle Kittrell, Matthew Wade, Alex Johnston, and Ashley Casey, counseling and human services students at Old Dominion University (ODU), assisted me in updating content, redoing PowerPoints, updating test items, and much more. Alyssa Reiter, a doctoral student at ODU, helped out with the updating of references and the content of a few chapters. Thank you all so much for your help. Several colleagues also assisted me in updating specific chapters in the text. They include Drs. Emily Goodman-Scott, Gulsah Kemer, Amber Pope, Shuntay Tarver, and David Moran, all from ODU. In addition, a special thanks to Kassie Graves, vice president, editorial, of Cognella for continuing to support me and have faith in my books and in my writing. Others from Cognella who helped me finish this book, to whom I am greatly indebted, include Amy Smith, senior project editor; Casey Hands, production editor; Sabrina Baeta, editorial assistant; Emely Villavicensio, senior graphic designer; and Alexa Lucido, licensing manager.

SECTION I

# Professional Orientation


**CHAPTER 1** The Counselor's Identity: What, Who, and How?

**CHAPTER 2** The Counseling Profession's Past, Present, and Future

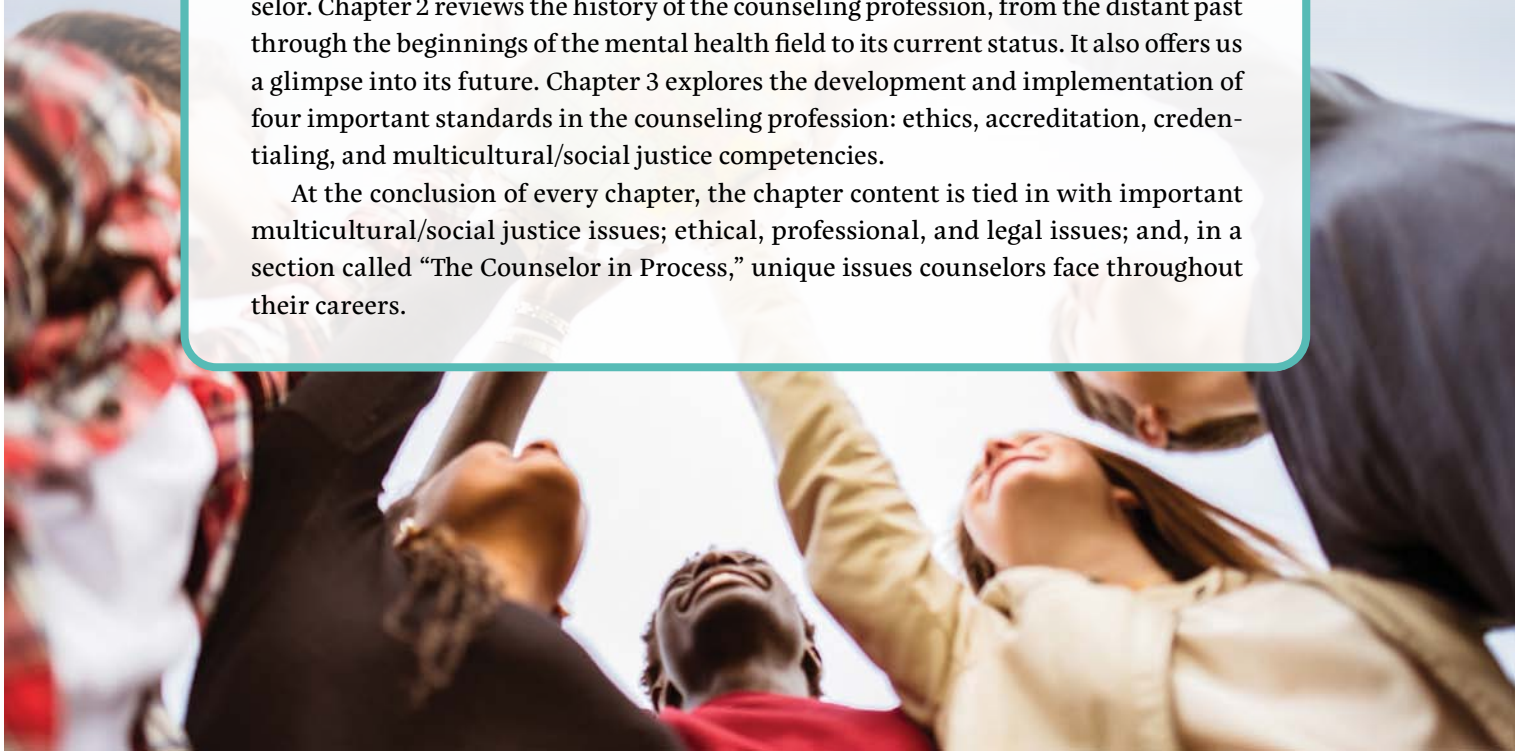
**CHAPTER 3** Standards in the Profession: Ethics, Accreditation, Credentialing, and Multicultural Counseling


## Overview

Section I of *World of the Counselor* offers an overview of important professional issues in the field of counseling. A common theme running through these first three chapters is how the counseling profession has developed its unique professional identity. This topic is explored by looking at how we are the same and different from other mental health professionals. This is done by examining our unique history and by highlighting a number of standards of our profession.

Chapter 1 defines counseling and distinguishes it from related terms such as *guidance* and *psychotherapy*. It also compares different kinds of mental health professionals who do counseling and concludes by examining the characteristics of an effective counselor. Chapter 2 reviews the history of the counseling profession, from the distant past through the beginnings of the mental health field to its current status. It also offers us a glimpse into its future. Chapter 3 explores the development and implementation of four important standards in the counseling profession: ethics, accreditation, credentialing, and multicultural/social justice competencies.

At the conclusion of every chapter, the chapter content is tied in with important multicultural/social justice issues; ethical, professional, and legal issues; and, in a section called "The Counselor in Process," unique issues counselors face throughout their careers.





CHAPTER 1

# The Counselor's Identity: What, Who, and How?

> *Counseling has proven to be a difficult concept to explain. The public's lack of clarity is due, in part, to the proliferation of modern-day practitioners who have adopted the counselor label. They range from credit counselors to investment counselors, and from camp counselors to retirement counselors. Although their services share the common ingredient of verbal communication, and possibly the intention to be helpful, those services have little in common with … [psychological counseling].*
>
> (Hackney & Cormier, 2013, p. 2)

**Sometimes as a child, I would have a temper tantrum, and my mother would say, "I just don't understand why you get so angry; maybe I should take you to see a counselor." This threat intimated that there was something terribly wrong with me, and perhaps, in some way, also showed her love for and desire to understand and help me.**

**I used to wonder what it would be like to see a counselor. It couldn't be a good thing if my mom was using it as a threat, I thought! On the other hand, maybe counseling would be a place where I could talk to someone who understood me, someone who could understand my moods, moods that felt normal to me yet were being defined as being wrong, or kind of abnormal. Maybe seeing a counselor would be okay. In fact, maybe a counselor would say I was normal! But what exactly would a counselor do, I wondered?**

**Thankfully, over the years I've had the opportunity to be in counseling. And, irony of all ironies, I became a counselor. Well, maybe my mom intuited early that I was going to be intimately involved in counseling in one way or another!**

This chapter is about defining the words *counseling* and *counselor*. First, I will highlight the word *counseling* and distinguish it from related words such as *guidance* and *psychotherapy*. Then I will compare counselors with other mental health professionals who do counseling. Next, I will examine the characteristics of an effective helper.

As we near the end of the chapter, I will provide an overview of the various professional associations in the counseling field, with particular emphasis on the American Counseling Association (ACA), the American Mental Health Counselors Association (AMHCA), and the American School Counseling Association (ASCA). I will conclude the chapter by highlighting the importance of multicultural issues in the field of counseling and by focusing on ethical, professional, and legal issues that apply to counselors.

## Guidance, Counseling, and Psychotherapy: Variations on the Same Theme?

> *Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.*
>
> (Kaplan et al., 2014, p. 366)

With differing opinions about what counseling is and how it is distinguished from guidance and psychotherapy, coming up with one clear-cut definition was not easy. Despite these differences, ACA, in consultation with several counseling associations, came up with this definition of counseling. Despite this definition, people often confuse the words *guidance*, *counseling*, and *psychotherapy*. When I ponder the word *guidance* I think of *advice*, *direction*, *on the surface*, *advocacy*, and *support*. The word *counseling* makes me think of *short-term*, *facilitative*, *here and now*, *change, problem solving*, *being heard*, and *awareness*. And finally, to the word *psychotherapy*, my thoughts go to the words *deep*, *dark*, *secretive*, *sexual*, *unconscious*, *pain*, *hidden*, *long-term,* and *reconstructive*. Did these associations ring true for you?

Over the years, counseling has been defined in a variety of ways, suggesting that it could be anything from a problem-solving, directive, and rational approach to helping normal people—an approach that is distinguishable from psychotherapy (Williamson, 1950, 1958), to a process that is similar to but less intensive than psychotherapy (Nugent & Jones, 2009), to an approach that suggests that there is no essential difference between the two (Neukrug, 2018).

Some of the confusion among these words rests in their historical roots. The word *guidance* first appeared around the 1600s and was defined as "the process of guiding an individual." Early guidance work involved individuals giving moralistic and direct advice. This definition continued into the 20th century, when vocational guidance counselors used the word to describe the act of "guiding" an individual into a profession and offering suggestions for life skills. Meanwhile, with the development of psychoanalysis near the end of the 19th century, came the word *psychotherapy*. Meaning "caring for the soul," the word was derived from the Greek words *psyche*, meaning spirit or soul, and *therapeutikos*, meaning caring for another (Kleinke, 1994).

During the early part of the 20th century, vocational guidance counselors became increasingly dissatisfied with the word *guidance* and its heavy emphasis on advice giving and morality. Consequently, the word *counseling* was adopted to indicate that vocational counselors, like the psychoanalysts who practiced psychotherapy, dealt with social and emotional issues. As mental health workers became more prevalent during the mid-1900s, they too adopted the word *counseling* rather than use the word *guidance*, with its moralistic implications, or *psychotherapy*, which was increasingly associated with psychoanalysis. As Tyler (1969) stated, "Those who participated in the mental health movement and had no connection with vocational guidance used the word counseling to refer to what others were calling [psycho]therapy" (p. 12).

In the training of counselors today, the word *guidance* has tended to take a back seat to the word *counseling*, while the words *counseling* and *psychotherapy* are generally used interchangeably in textbooks. Examine most texts that describe theories of counseling and compare them to a text that describes theories of psychotherapy and you will find them to be nearly identical. In other words, theories of counseling and psychotherapy are indistinguishable. In fact, both words often are in the title. For example, C. H. Patterson (1986) noted in his very popular

text, *Theories of Counseling and Psychotherapy*, that "counseling and psychotherapy are both used in the title of this book because it appears to be impossible to make any clear distinction between them" (p. xvii). In a similar vein, Corey (2017), the author of one of the best-known texts on theories of counseling and psychotherapy, simply does not address the issue, choosing to use the words interchangeably.

Despite the lack of distinction made in most texts, a differentiation between counseling and psychotherapy is likely to be made by the average person, perhaps by many counseling students, and even by professors of counseling. Acknowledging this common usage, one model of understanding these terms would place *guidance* and *psychotherapy* on opposite extremes, with *counseling* falling somewhere in the middle of the continuum (see Figure 1.1).

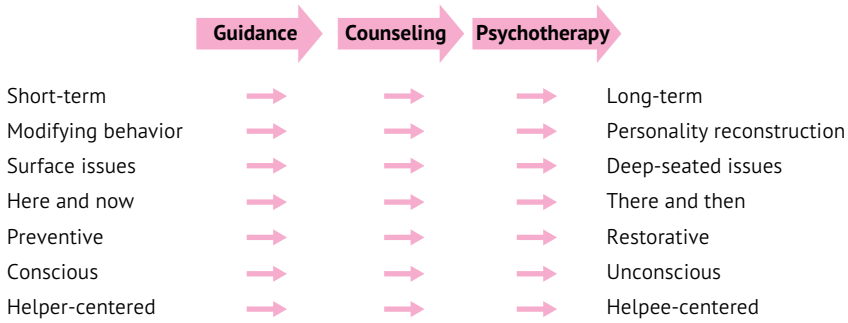



**FIGURE 1.1** Guidance, counseling, and psychotherapy continuum.

## Comparison of Mental Health Professionals

Whether we call it *guidance*, *counseling*, or *psychotherapy*, in today's world we find a number of professionals practicing it. In fact, although differences in the training of mental health professionals exist, over the years their professional duties have begun to overlap (Todd & Bohart, 2006). For instance, many school counselors do mental health counseling; counseling and clinical psychologists do educational consultation; psychiatrists do counseling; social workers and others practice psychoanalysis; mental health counselors do family therapy; and some psychologists can prescribe psychotropic medications (American Psychological Association [APA], 2017a). Let's examine some of the similarities and differences among various professionals, including counselors, social workers, psychologists, psychiatrists, psychoanalysts, psychiatric mental health nurses, psychiatrists, human service practitioners, and psychotherapists.

### Counselors

For many years, the word *counselor* simply referred to any "professional who practices counseling" (Chaplin, 1975, p. 5). However, most individuals who call themselves counselors today have a master's degree in counseling. These days, counselors are found in many settings and perform a variety of roles. For instance, they may serve as school counselors, college counselors, mental health counselors, substance abuse counselors, couples and family counselors, and so forth. The counselor's training is broad, and we find counselors doing individual, group, and family counseling; administering and interpreting educational and psychological assessments; offering

career counseling; administering grants and conducting research; consulting on a broad range of educational and psychological matters; supervising others; and presenting developmentally appropriate guidance activities for individuals of all ages. Although not all counselors are experts in psychopathology, they do have knowledge of mental disorders and know when to refer individuals who need more in-depth treatment.

Although there are many kinds of counselors, all tend to have had common coursework in professional orientation and ethical practice, social and cultural diversity, human growth and development, career development, the helping relationship, group work, assessment, and research and program evaluation. In addition, counselors generally have had coursework in a counseling specialty area (e.g., school counseling, clinical mental health counseling, etc.), which might include classes in the history, roles and functions, and knowledge and skills of that specialty area. Finally, all counselors have had the opportunity to practice their acquired skills and knowledge at field placements, such as a practicum or internship.

Most graduate programs in counseling today offer degrees in one or more of the following specialty areas recognized by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP, 2016): school counseling; clinical mental health counseling; marriage, couple, and family counseling; addiction counseling; career counseling; college counseling and student affairs; rehabilitation counseling; and clinical rehabilitation counseling. Not all programs use the exact names that CACREP suggests, and some programs offer specialty areas outside of those delineated by CACREP. However, most programs will offer a core curriculum and fieldwork similar to those noted.

All counselors can take an exam to become a national certified counselor (NCC) that is offered by the National Board for Certified Counselors (NBCC, 2021a, 2021b). NBCC also offers subspecialty certifications in clinical mental health counseling, school counseling, and addiction counseling. In addition, all 50 states, Puerto Rico, and the District of Columbia have established licensing laws that allow a counselor who has a master's degree in counseling, additional training, and supervision to practice as a licensed professional counselor (LPC); some states use a related term (ACA, 2021a). Whereas certification is generally seen as mastery of a content area, licensure allows counselors to practice independently and obtain third-party reimbursement for their practice. The professional association for counselors, the American Counseling Association (ACA), currently has 18 divisions that focus on a variety of counseling specialty areas.

While keeping in mind that a person with a master's degree in counseling is primarily a counselor and secondarily a school counselor, mental health counselor, or a counselor in some other specialty area, the following are brief descriptions of some of the more prevalent counseling specialty areas.

### *School Counselors*

A *school counselor* has a master's degree in counseling and a specialty in school counseling. Some states credential school counselors at the elementary, middle, and/or secondary levels, while other states offer credentialing that covers kindergarten through 12th grade (K–12). The majority of school counseling programs are CACREP accredited, which currently requires 60 semester credit hours (some programs that fall under the older standards require 48). The professional association for school counselors is ASCA. Previously a division of ACA, in 2018 ASCA disaffiliated

from ACA and is now an independent entity, although the organizations continue to strive toward common goals. In recent years, the ASCA National Model has been used as a training model that school counselors can apply in their schools and districts (see Chapter 16). In addition, over the past few decades, there has been a large push to replace the term *guidance counselor* with *school counselor*, as the latter term is seen as deemphasizing the guidance activities of the school counselor (Zyromski et al., 2019). School counselors can become nationally certified counselors, ASCA-certified school counselors, national certified school counselors, and more. In addition, in most states, with additional coursework, they can become LPCs or its equivalent as well.

### Clinical Mental Health Counselors

A *clinical mental health counselor* is an individual who has obtained their degree in clinical mental health counseling or a closely related degree in counseling (e.g., agency counseling). CACREP's current standards support a 60-credit clinical mental health counseling degree, and although not all programs are CACREP accredited, individuals who obtain a degree in clinical mental health counseling, or related degrees, are generally trained to conduct counseling or psychotherapy for those who are struggling with life problems, emotional issues, or mental health disorders. Clinical mental health counselors are found working in a wide variety of agencies or conducting counseling and psychotherapy in private practice. The clinical mental health counselors' professional association is AMHCA. Like ASCA, AMHCA recently disaffiliated from ACA and is a standalone association (Goodman, 2019). Individuals who have a CACREP-accredited master's degree in clinical mental health counseling often become NCCs and LPCs.

### Marriage, Couple, and Family Counselors

*Marriage, couple, and family counselors* are specifically trained to work with couples and with family systems and can be found in a vast array of agency settings and in private practice. These counselors tend to have specialty coursework in systems dynamics, couples counseling, family therapy, family life stages, and human sexuality, along with the more traditional coursework in the helping professions. The American Association of Marriage and Family Therapists (AAMFT) is one professional association for marriage and family counselors; another is the International Association of Marriage and Family Counselors (IAMFC, n.d.). IAMFC is a division of ACA, although one can join IAMFC without joining ACA.

Although all 50 states and the District of Columbia have some requirement for marriage and family licensure, the requirements can vary dramatically (Association of Marital and Family Therapy Regulatory Boards, n.d.). While some states license marriage and family counselors who have studied from programs that follow the curriculum guidelines set forth by AAMFT'S Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE), other states prefer licensing marital and family counselors who have studied from programs that follow the 60-credit CACREP guidelines for marriage, couple, and family counseling, and still others have set their own curriculum guidelines for credentialing. Most states that offer marriage, couple, and family counselor credentialing allow helping professionals with related degrees (e.g., clinical mental health counseling, social work, psychology) to also practice marriage and family counseling, so long as they follow the curriculum guidelines set forth by the state and abide by any additional requirements for credentialing. Individuals who go through a CACREP-accredited

marriage, couples, and family counseling program can become NCCs, and in most states they can obtain their LPC, although they may need to pick up some additional coursework.

### College and Student Affairs Counselors

*College and student affairs* counselors (postsecondary counseling) work in a variety of settings in higher education, including college counseling centers, career centers, residence life, student advising services, multicultural student services, and other campus settings where counseling-related activities occur. These counselors have usually taken specialty coursework in college student development and student affairs practices and currently are required to take 60 semester credits if going through a CACREP-accredited program (CACREP formerly required 48 semester credits). Two main professional associations of counselors in higher education settings include College Student Educators International (formerly, the American College Personnel Association and has kept the acronym ACPA), which tends to focus on administration of student services; and the American College Counseling Association (ACCA), which is a division of ACA and tends to focus on counseling issues in college settings. Today, one can join ACCA without joining ACA. Individuals who go through a CACREP-accredited student affairs and college counseling program can become NCCs, and in most states they can obtain their LPC but may have to pick up additional coursework.

### Addiction Counselors

*Addiction counselors* study a wide range of addiction disorders, such as substance abuse (drugs and alcohol), eating disorders, and sexual addiction. They are familiar with diagnosis and treatment planning, and they understand the importance of psychopharmacology in working with this population. Today, CACREP offers a 60-credit accreditation in addiction counseling. In addition to AMHCA, addiction counselors often belong to the International Association of Addictions and Offender Counselors (IAAOC), which is also a division of ACA. Many addiction counselors can become certified through their state, and NBCC offers a national certification as a master addiction counselor (MAC). Individuals who go through a CACREP-accredited addiction counseling program can become NCCs, and in most states, with additional coursework, they can obtain their LPC.

### Rehabilitation and Clinical Rehabilitation Counseling

*Rehabilitation counselors* offer a wide range of services to people with physical, emotional, and developmental disabilities. "Rehab" counselors work in state vocational rehabilitation agencies, unemployment offices, or private rehabilitation agencies. As of 2018, CACREP required rehabilitation counseling and clinical rehabilitation counseling programs, as well as all other programs, to be 60 semester credits by 2023 (Koker, 2018). Many rehabilitation counselors join the National Rehabilitation Counseling Association (NRCA), the American Rehabilitation Counseling Association (ARCA), a division of ACA, or both. Today, one can join ARCA without joining ACA. Rehabilitation counselors can become NCCs and may be eligible to become LPCs but may have to pick up additional coursework. Many rehabilitation counselors choose to become certified rehabilitation counselors (CRCs) through a certification process offered by the Commission on Rehabilitation Counselor Certification (CRCC).

### *Pastoral Counselors*

Pastoral counselors sometimes have a degree in counseling but can also have a degree in a related social service field or even just a master's degree in religion or divinity. Pastoral counselors sometimes work in private practice or within a religious organization. The National Board for Certified Pastoral Counselors (NCPC, 2021) certifies individuals as National Certified Pastoral Counselors (NCPC's). Individuals from a wide variety clinical degrees (counseling, social work, psychology) can obtain their NCPC if they have education in pastoral counseling, ministry, or theology, have passed an exam, and have additional experience. Pastoral counselors, religious counselors, or counselors with a spiritual orientation might join the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), a division of ACA, the American Clinical Pastoral Education (ACPE), or both. Depending on their degree, pastoral counselors may be able to become NCCs, and in some states LPCs.

## Social Workers

Although the term *social worker* can apply to those who have an undergraduate or a graduate degree in social work or a related field (e.g., human services), it has recently become more associated with those who have acquired a master's degree in social work (MSW). Whereas social workers traditionally have been found working with the underprivileged and with family and social systems, today's social workers provide counseling and psychotherapy for all types of clients in a wide variety of settings, including child welfare services, government-supported social service agencies, family service agencies, private practices, and hospitals.

Training as an MSW in many ways parallels training as a counselor, although differences in the history of these fields leads social work and counseling programs to emphasize different areas of the helping relationship (see Chapter 2). With additional training and supervision, social workers can become nationally certified by the Academy of Certified Social Workers (ACSW). In addition, most states have specific requirements for becoming a licensed clinical social worker (LCSW). The professional association for social workers is the National Association of Social Workers (NASW).

## Psychologists

*Psychologists* practice in a wide range of settings, including agencies, private practice, health maintenance organizations (HMOs), universities, business and industry, prisons, and schools. Although counselors will generally have the most contact with *counseling psychologists*, *clinical psychologists*, and *school psychologists*, there are many other types of psychologists, including cognitive and perceptual, community, developmental, educational, engineering, environmental, experimental, industrial/organizational, neuro, quantitative, social, and sports (American Psychological Association, 2021a). The professional association for psychologists is the American Psychological Association (APA).

Relative to the practice of psychotherapy, all states offer licensure in counseling, clinical psychology, or both, and many states allow individuals with a PsyD, a practitioner doctorate in psychology, to become licensed as clinical or counseling psychologists. Whereas clinical psychologists have historically focused more on working with individuals with severe emotional disorders, counseling psychologists have worked with relatively healthy populations. However,

the differences between counseling and clinical psychologists today have become increasingly blurred. To obtain a license as a counseling or clinical psychologist, one must graduate from an APA-accredited doctoral program in clinical or counseling psychology and complete additional requirements identified by state licensing boards. The professional association for clinical psychologists is Division 12 of the APA and, for counseling psychologists, Division 17 of the APA. Division 17 is most closely aligned with the goals and mission of counselors.

*School psychologists* have a master's or doctoral degree in school psychology and are licensed by state boards of education. Their work involves helping children succeed academically, and to accomplish this they work with children, families, teachers, school counselors, school administrators, community partners, and others (National Association of School Psychologists [NASP], 2021). A large portion of their work involves testing and assessment and helping students address their social and emotional health. Although most school psychologists work in schools, you can sometimes find them in private practice, in agencies, and in hospital settings. The professional associations for school psychologists include NASP and Division 16 of APA.

## Psychiatrists

A *psychiatrist* is a licensed physician who generally has completed a residency in psychiatry, meaning that in addition to medical school, they have completed extensive field placement training in a mental health setting. In addition, most psychiatrists have passed an exam to become *board certified* in psychiatry. Being a physician, the psychiatrist has expertise in diagnosing organic disorders, identifying and treating psychopathology, and prescribing medications for psychiatric conditions. Although five states, the U.S. territory of Guam, and some branches of the federal government have granted psychologists prescription privileges for psychotropic medications (American Psychological Association, 2021b; Robiner et al., 2019), currently it is psychiatrists (and in some cases psychiatric nurses, nurse practitioners, and physician's assistants) who take the lead in this important treatment approach.

Although psychiatrists will spend extensive periods of times with patients during their schooling, they often have minimal training in counseling and psychotherapy skills as compared to counselors, social workers, and psychologists. However, some will obtain advanced training, on their own, and all serve an important role in integrative health practices with counselors and other mental health professionals. Psychiatrists are employed in mental health agencies, hospitals, private practice settings, and health maintenance organizations. The professional association for psychiatrists is the American Psychiatric Association (APA).

## Psychoanalysts

*Psychoanalysts* are professionals who have received training in psychoanalysis from any of several recognized psychoanalytical institutes. Although in past years the American Psychoanalytic Association (APsaA, 2020), the professional association of psychoanalysts, would only endorse psychiatrists for training at psychoanalytical institutes (Turkington, 1985), they now allow other mental health professionals to undergo training. Because most states do not license psychoanalysts, clients who see a psychoanalyst should make sure that the analyst was trained at an institute sanctioned by APsaA and that they are also a licensed psychiatrist, psychologist, social worker, counselor, or related mental health professional.

## Psychiatric–Mental Health Nurses

Primarily trained as medical professionals, *psychiatric–mental health nurses (PMHNs)* are also skilled in the delivery of mental health services (APNA, 2020). The professional association of PMHNs is the American Psychiatric Nurses Association (APNA). Most PMHNs work in hospital settings, with fewer of them working in community agencies, private practice, or educational settings. Psychiatric–mental health nursing is practiced at two levels. The registered nurse–PMHN does basic mental health work related to nursing diagnosis and nursing care. The advanced practiced registered nurse (APRN) has a master's degree in psychiatric–mental health nursing and assesses, diagnoses, and treats individuals with mental health problems. Currently holding prescriptive privileges in all 50 states (Stokowski, 2018), APRNs hold a unique position in the mental health profession.

## Creative and Expressive Therapists

*Creative and expressive therapists* include art therapists, play therapists, dance/movement therapists, poetry therapists, music therapists, and others who use creative tools to work with individuals who are experiencing significant trauma or emotional problems in their lives (Deaver, 2015). Through the use of expressive therapies, it is hoped that individuals can gain a deeper understanding of themselves, work through some of their issues, and lessen their symptoms. Expressive therapists work with individuals of all ages and do individual, group, and family counseling. They work in many settings and are often hired specifically for their ability to reach individuals through a medium other than language. Many expressive therapists obtain degrees in counseling or social work and later pick up additional coursework in expressive therapy. However, there are specific programs that offer curricula in creative and expressive therapies, such as those approved by the American Art Therapy Association (AATA). Other related associations include the Association for Creativity in Counseling (ACC), a division of ACA; the American Dance Therapy Association (ADTA); the American Music Therapy Association (AMTA); and the Association for Play Therapy (APT). Although certifications exist for some kinds of creative and expressive therapies (e.g., see Art Therapy Credentials Board, 2021), states generally do not license creative and expressive therapists. However, some creative and expressive therapists can become licensed if their degree is in a field credentialed by the state (e.g., counseling or social work) or if the state licensing board allows the individual to take additional courses so their coursework is equivalent to the curriculum requirements of existing state licenses (AATA, 2017; American Association of State Counseling Boards, 2009).

## Human Service Practitioners

Individuals who serve as *human service practitioners* have generally obtained an associate's or bachelor's degree in human services. Some of these programs are accredited by the Council for Standards in Human Service Education (CSHSE), which sets specific curriculum guidelines for the development of human service programs. Individuals who hold these degrees are often found in entry-level support and counseling jobs and serve an important role in assisting counselors and other mental health professionals. The professional organization for human services is the National Organization of Human Services (NOHS, n.d.). The Center for Credentialing and Education (CCE, 2020) offers the human services—board certified practitioner (HS—BCP) credential

for "human services practitioners seeking to advance their careers by acquiring independent verification of their practical knowledge and educational background" (para. 1).

### Psychotherapists

Because the word *psychotherapist* is not associated with any particular field of mental health practice, most states do not offer legislation that would create a license for psychotherapists. Thus, in many states, individuals who have no mental health training can call themselves "psychotherapists." However, legislatures generally limit the scope of psychotherapeutic practice to those individuals who are licensed mental health professionals within the state (e.g., LPCs, LCSWs, or psychologists). The bottom line is that, generally, anyone can claim to be a psychotherapist but only licensed practitioners can practice psychotherapy.

## Professional Associations in the Social Services

In order to protect the rights of their members and support the philosophical beliefs of their membership, professional associations have arisen over the years for each of the social service professionals discussed in this chapter. Some benefits that these associations tend to offer include the following:

- Job banks
- Free webinars
- Access to malpractice insurance
- Codes of ethics and standards for practice
- Opportunities for mentoring and networking
- Information on cutting-edge issues in the field
- Free consultation on ethical and professional issues
- Lobbyists that advocate for the interests of the membership
- Newsletters and journals to discuss topics of interest to the membership
- National and regional conferences to discuss training and clinical issues

Most of you who are reading this text are likely to be interested in joining ACA and its divisions, ASCA, and/or AMHCA, which will be discussed in detail shortly. This will be followed by a short description of related professional associations. Keep in mind that there are dozens of professional organizations in the social services, and this section of the text features only a few of the more popular ones.

### Select Counseling Associations: ACA, AMHCA, and ASCA

Most counselors will join ACA and one or more of its divisions, ASCA, and/or AMHCA to address their professional needs. The following offers descriptions of these three important counseling associations.

#### *American Counseling Association*

The beginnings of ACA can be traced back to the 1913 founding of the National Vocational Guidance Association (NVGA). After undergoing many changes of name and structure over the years, today's ACA is the world's largest counseling association. This 57,000-member not-for-profit

association serves the needs of all types of counselors in an effort to "promote the professional development of counselors, advocate for the profession, and ensure ethical, culturally-inclusive practices that protect those using counseling services." (ACA, 2021b, para. 2).

***Divisions of ACA***

ACA currently sponsors 18 divisions, all of which maintain newsletters and journals and provide a wide variety of professional development activities. ACA's divisions, along with the year they were officially founded and the journal(s) they publish, follow (see http://www.counseling.org and click on "Divisions, Regions, and Branches" at the bottom of the page for more information).

- AADA: Association for Adult Development and Aging (1986)
  Journal: *Adultspan*
- AARC: Association for Assessment and Research in Counseling (1965)
  Journals: *Measurement and Evaluation in Counseling and Development* and *Counseling Outcome Research and Evaluation*
- ACAC: Association for Child and Adolescent Counseling (2013)
  Journal: *Journal of Child and Adolescent Counseling*
- ACC: Association for Creativity in Counseling (2004)
  Journal: *Journal of Creativity in Mental Health*
- ACCA: American College Counseling Association (1991)
  Journal: *Journal of College Counseling*
- ACES: Association for Counselor Education and Supervision (1952)
  Journal: *Counselor Education and Supervision*
- AHC: Association for Humanistic Counseling (1952)
  Journal: *Journal of Humanistic Counseling*
- AMCD: Association for Multicultural Counseling and Development (1972)
  Journal: *Journal of Multicultural Counseling and Development*
- ARCA: American Rehabilitation Counseling Association (1958)
  Journal: *Rehabilitation Counseling Bulletin*
- ASERVIC: Association for Spiritual, Ethical & Religious Values in Counseling (1974)
  Journal: *Counseling and Values*
- ASGW: Association for Specialists in Group Work (1973)
  Journal: *Journal for Specialists in Group Work*
- CSJ: Counselors for Social Justice (2002)
  Journal: *Journal for Social Action in Counseling and Psychology*
- IAAOC: International Association of Addictions and Offender Counselors (1974)
  Journal: *Journal of Addictions and Offender Counseling*
- IAMFC: International Association of Marriage and Family Counselors (1989)
  Journals: *The Family Digest* and *The Family Journal*
- MGCA: Military and Government Counseling Association (1984, formerly ACEG)
  Journal: *Journal of Military and Government Counseling*
- NCDA: National Career Development Association (est. 1952 as NVGA, name changed in 1985)
  Journal: *Career Development Quarterly*

- NECA: National Employment Counseling Association (1966)
  Journal: *Journal of Employment Counseling*
- SAIGE: Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (1997)
  Journal: *Journal of LGBT Issues in Counseling*

***Associations Related to ACA***

ACA supports a number of affiliates and organizations that contribute to the betterment of the counseling profession in unique ways. Brief descriptions follow.

- *The American Counseling Association Foundation (ACAF).* ACAF offers support and recognition for a wide range of projects, including scholarships for graduate students, recognition of outstanding professionals, publishing materials for counselors and to advance the profession, partnering with others, and support for counselors and others in need.
- *The Council for Accreditation of Counseling and Related Educational Programs (CACREP).* CACREP is an independent organization that develops standards and provides accreditation processes for counseling programs.
- *The National Board for Certified Counselors (NBCC).* NBCC provides national certification for counselors (NCC); mental health counselors (certified clinical mental health counselor; CCMHC), school counselors (national certified school counselor; NCSC), substance abuse counselors (MAC), and more recently, telemental health counseling.
- *American Association of State Counseling Boards (AASCB).* AASCB fosters excellence in the counseling profession by facilitating an exchange of ideas and information among various member organizations, including ACA, on credentialing issues related to counselors. One large effort that AASCB has focused upon in recent years is *licensure portability* from state to state (see www.aascb.org)
- *Health Providers Service Organization (HPSO).* The ACA insurance trust has partnered with Healthcare Providers Service Organization (HPSO) to offer professional liability insurance
- *Chi Sigma Iota (CSI).* CSI is an honor society that promotes and recognizes scholarly activities, leadership, professionalism, and excellence in the profession of counseling.

***Branches and Regions of ACA***

In addition to its 18 divisions, ACA has *55 chartered branches* that include the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, the Philippines, and Europe. *Four regional associations* support counselors throughout the United States: the North Atlantic Region, Western Region, Midwest Region, and Southern Region.

***Membership Benefits of ACA***

Membership in ACA provides a number of unique opportunities and benefits, including the following:

- Subscriptions to the *Journal of Counseling and Development*, the monthly magazine *Counseling Today*, and other professional journals based on division membership
- Professional development programs, such as conferences, online courses, free webinars and podcasts, and continuing education workshops

- A variety of discount and specialty programs (e.g., rental cars, auto insurance, hotels, discounts on books, etc.)
- Counseling resources, including books, ethical codes, videos, audio files, electronic news, and journals
- Links to ACA divisions and other relevant professional associations
- Assistance in lobbying efforts at the local, state, and national levels
- Consultation on ethical issues and ethical dilemmas
- Legislative updates and policy setting for counselors
- Links to ACA listservs and 23 interest networks
- Networking and mentoring opportunities
- Computer-assisted job search services
- Professional liability insurance
- Graduate student scholarships
- A counselor directory

### *American Mental Health Counselors Association*

Founded in 1978 as ACA's 13th division, AMHCA was created for the expressed purpose of being a home base for counselors providing services in agencies and community-based settings, in contrast to ACA's primary membership at the time, which largely included school-based and vocational counselors (AMCHA, 2010). With its major mission being to advance "collaboration, advocacy, research, ethical practice and education, training, and professional development" (AMHCA, 2021a, para. 2), AMHCA today is the largest counseling association for clinical mental health counselors in the world. In 2019, AMHCA split from ACA and its current vision is "to position clinical mental health counselors to meet the health care needs of those we serve while advancing the profession" (AMHCA, 2021a, para 1). AMHCA holds an annual conference, has its own ethics code, has two quarterly publications, the *Journal of Mental Health Counseling* and *The Advocate Magazine,* and provides a wide range of other services for clinical mental health counselors and related counselors.

### *American School Counselor Association*

Founded in 1952, ASCA, until recently, was one of the largest divisions of ACA. In 2018, however, ASCA disaffiliated from ACA and currently offers membership to 36,000 professional school counselors. The largest association for school counselors in the world, ASCA describes itself as "the foundation that expands the image and influence of school counselors through advocacy, leadership, collaboration and systemic change" (ASCA, 2021a, para. 4). ASCA also emphasizes its role in promoting student success in school, at home, in the community, and in the world. ASCA currently offers a wide range of membership benefits, including a monthly newsletter, a magazine called the *ASCA School Counselors*, the *Professional School Counseling Journal*, discounted publications, professional developmental activities (e.g., conferences, webinars, workshops, etc.), liability insurance, ethics consultation, advocacy and lobbying efforts, online communities for collegiality and collaboration, training on the *ASCA National Model* for establishing strong school counseling programs, and more.

## Other Select Professional Associations

ACA, AMHCA, and ASCA support and serve counseling professionals, but a number of related professional associations actively promote the helping professions and support related helping professionals. Here are very brief descriptions of some select professional organizations.

### *American Art Therapy Association*

Founded in 1969, the AATA is open to any individual interested in art therapy. AATA (2017) is "dedicated to the belief that making art is healing and life enhancing. Its mission is to advocate for expansion of access to professional art therapists and lead the nation in the advancement of art therapy as a regulated mental health and human services profession" (Mission section). The association establishes criteria for the training of art therapists, supports licensing for art therapists, maintains job banks, sponsors conferences, and publishes a newsletter and the *Art Therapy* journal.

### *American Association for Marriage and Family Therapy*

If you have a counseling degree, you may be interested in joining the IAMFC, a division of ACA. However, in recent years, the AAMFT has become another important association in the field of marriage and family counseling. Founded in 1942 as the American Association of Marriage and Family Counselors, AAMFT was established by family therapy and communication theorists. Today, AAMFT (2002–2021a) "facilitates research, theory development and education … [and develops] standards for graduate education and training, clinical supervision, professional ethics and the clinical practice of marriage and family therapy" (What We Do section). AAMFT publishes the *Journal of Marital and Family Therapy*, sponsors a yearly conference, and offers professional activities related to family counseling and family development.

### *American Psychiatric Association*

Founded in 1844 as the Association of Medical Superintendents of American Institutions for the Insane, today the American Psychiatric Association (which has the same acronym as the American Psychological Association: APA) has over 33,000 members. The association's main purpose is to "promote the highest quality care for individuals with mental illness, including substance use disorders, and their families; promote psychiatric education and research; advance and represent the profession of psychiatry; [and] serve the professional needs of its membership" (American Psychiatric Association, 2021a, Mission section). APA publishes journals in the field of psychiatry and is responsible for the development and publication of the *Diagnostic and Statistical Manual*, currently in its fifth edition (DSM-5).

### *American Psychiatric Nurses Association*

Founded in 1986 with 600 members, today APNA has over 13,500 members. APNA (2020) is "committed to the practice of psychiatric-mental health (PMH) nursing and wellness promotion, prevention of mental health problems, and the care and treatment of persons with psychiatric disorders" (para. 1). The association also provides advocacy for psychiatric nurses to improve the quality of mental health care delivery. APNA offers a number of continuing education and professional development activities and publishes the *Journal of the American Psychiatric Nurses Association*.

### *American Psychological Association*

Founded in 1892 by G. Stanley Hall, APA started with 31 members and now maintains a membership of 121,000. The main purpose of this association is to "promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives" (American Psychological Association, 2021c, Our Work section). The association has 54 divisions in various specialty areas and publishes about 90 psychological journals. The Counseling Psychology Division (Division 17) of APA shares many of the same goals and purposes of some divisions of ACA.

### *National Association of Social Workers*

The NASW was founded in 1955 as a merger of seven membership associations in the field of social work. Servicing both undergraduate- and graduate-level social workers, NASW has nearly 120,000 members. NASW (2021a) seeks "to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies" (para. 1). The association publishes five journals and other professional publications. It has 55 chapters that include all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, and an international chapter.

### *National Organization for Human Services*

Founded in 1975, the mission of NOHS (n.d.) is "to support all Human Service Professionals in our primary purpose to assist individuals and communities to function as effectively as possible in all major domains of living" (para. 1). NOHS is mostly geared toward undergraduate students in human services or related fields, faculty in human services or related programs, and human service practitioners. NOHS publishes the magazine *Human Services Today* and the *Journal of Human Services.*

## Characteristics of the Effective Helper

In 1952, Hans Eysenck examined 24 uncontrolled studies that looked at the effectiveness of counseling and psychotherapy and found that "roughly two-thirds of a group of neurotic patients will recover or improve to a marked extent within about two years of the onset of their illness, *whether they are treated by means of psychotherapy or not*" (p. 322, emphasis added). Although found to have serious methodological flaws, Eysenck's research did lead to debate concerning the effectiveness of counseling and resulted in hundreds of studies that came to some very different conclusions, such as the following:

> *Decades of clinical trials have shown that psychotherapy is remarkably effective. Generally, it is more effective than many accepted medical practices, is as effective as medication for many mental disorders, is more enduring than medication (i.e., the relapse rates are lower after the treatment is discontinued), and is less resistant to additional courses of treatment than is medication. The average person who receives psychotherapy is better off than about 80% of those who do not. Furthermore, psychotherapy delivered in naturalistic settings seems to produce effects comparable with those achieved in clinical trials. All of this is to reiterate: Psychotherapy is remarkably effective.*
>
> (Wampold, 2019, p. 122)

But what makes counseling effective? First and foremost, client factors such as readiness for change, psychological resources, and social supports may affect how well a client does in counseling (Norcross & Wampold, 2019). And, of course, the counselor's ability to work with the client is equally critical. When looking specifically at the counselor, the importance of *evidence-based practice (EBP)* has been emphasized in recent years (Thomason, 2010). EBP suggests that counseling and psychotherapy are best when the counselor (a) is familiar with best research-based treatments, (b) understands the client's unique situation and is able to choose the most effective treatments for it, and (c) takes into account client's preferences, values, and cultural background when choosing a treatment (APA Presidential Task Force on Evidence-Based Practice, 2006; Laska et al., 2014). However, it has also become clear that specific counselor qualities, sometimes called *common factors*, seem to be at least as important as matching a treatment approach to a presenting problem (Norcross & Wampold, 2019).

One common factor, the ability to build a *working alliance* (Norcross & Lambert, 2018), has been alluded to by almost every counselor and therapist from Freud to the modern-day, new-age counselor. Based on the research (and perhaps some of my own biases), this working alliance may be composed of the following six components: empathy, acceptance, genuineness, embracing a wellness perspective, cultural competence, and something that I call the "it factor." Another common factor that may be important to positive client outcomes includes *one's ability to deliver a theoretical approach*. Here, I suggest that there may be three components: belief in one's theory, competence, and cognitive complexity. Let's take a look at all nine of these essential components, which may be related to the working alliance and one's ability at delivering a theoretical approach (see Figure 1.2).




**FIGURE 1.2** The nine characteristics of the effective counselor.

## Empathy

More than any component, *empathy* has been empirically shown to be related to positive client outcomes and is probably the most important ingredient to building a successful working alliance (Elliot et al., 2018; Norcross & Lambert 2018). Understanding our clients, or being empathic,

> *means that the therapist senses accurately the feelings and personal meanings that the client is experiencing and communicates this acceptant understanding to the client. When functioning best, the therapist is so much inside the private world of the other that he or she can clarify not only the meanings of which the client is aware but even those just below the level of awareness. Listening, of this very special, active kind, is one of the most potent forces of change that I know.*
>
> (Rogers, 1989, p. 136)

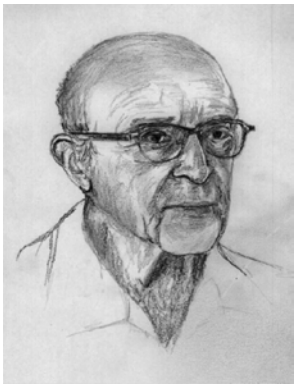


Image 1.1

Carl Rogers

Whether one can truly understand the inner world of another has been discussed for centuries and was spoken of by such philosophers as Plato and Aristotle (Gompertz, 1960). However, Carl Rogers (1957) is given credit for bringing this concept to life in the 20th century. With respect to the counseling relationship, understanding through empathy is seen as a skill that can build rapport, elicit information, and help the client feel accepted (Egan, 2019; Neukrug, 2017a, 2019, 2021a). Because empathy is seen as an important personal attribute, as well as a critical counseling skill to learn, it will be discussed in more detail in Chapter 5.

## Acceptance

*Acceptance*, sometimes called *positive regard*, is another component related to building a strong working alliance (Laska et al., 2014). Acceptance is an attitude that suggests that regardless of what the client says, they will feel accepted. Just about every counseling approach stresses the importance of acceptance (see Neukrug, 2018). For instance, person-centered counseling suggests that one of the core conditions in the helping relationship is *unconditional positive regard*, or the ability to accept clients with "no strings attached." Behavior therapists suggest that issues cannot be discussed, and goals cannot be developed, if clients do not feel accepted by the counselor. Solution-focused brief therapy stresses the importance of acceptance in helping to quickly develop preferred goals. Reality therapy suggests that the suspension of judgment (acceptance) is one of the critical "tonics," or relationship-building skills. Psychoanalysts talk about the importance of analytic neutrality and empathy in building a relationship in which all feelings, thoughts, and behaviors can be discussed. And even the cognitive therapist Albert Ellis, not a person typically known for his relationship-building skills, suggests in his rational emotive behavioral approach that clients be shown unconditional acceptance and not be berated for thinking, feeling, and acting in a certain manner.

## Genuineness

*Genuineness* refers to the counselor's ability to be authentic, open, and in touch with their feelings and thoughts within the parameters of the helping relationship. Thus, one may not have

all aspects of their life "together," but within the counseling relationship, the counselor is real and seen by the client as being in a state of congruence (feelings, thoughts, and behaviors are in sync). Genuineness may also be related to *emotional intelligence*, which is the ability to monitor one's emotions, a quality that counselors and counseling students seem to have more than others (Gutierrez & Mullen, 2016; Martin et al., 2004). Rogers (1957) popularized the term *genuineness* (or *congruence*) and noted that it was a core condition in the counseling relationship, along with empathy and unconditional positive regard.

Research by Gelso et al. (2018) suggests that regardless of one's theoretical orientation, there exists an ongoing "real relationship," in which the client will see the counselor realistically, at least to some degree. This real relationship has at its core the ability of the client to recognize the genuine (or nongenuine) self of the counselor. Genuineness has been shown to be one more quality related to positive outcomes in counseling (Nienhuis et al., 2018).

## Embracing a Wellness Perspective

Counselor stress, burnout, compassion fatigue, vicarious traumatization, and unfinished psychological issues can all hinder the counselor's ability to have a working alliance (Brownlee, 2016; Mayorga et al., 2015; Savaya et al., 2016). Such concerns can prevent a counselor from being empathic, lower the ability to show acceptance, lead to incongruence, and increase *countertransference*, or "the unconscious transferring of thoughts, feelings, and attitudes onto the client by the therapist" (Neukrug, 2018, p. 50).

Counseling students, and counselors in general, all need to attend to their own wellness by *embracing a wellness perspective* if they are to be effective counselors. One method of assessing your level of wellness is by examining what Myers and Sweeney (2008) identify as the "indivisible self." This model views wellness as a primary factor composed of five subfactors and takes into account an individual's context. The factors (creative self, coping self, social self, essential self, and physical self) and contexts are described in Table 1.1 (Myers & Sweeney, 2008).

**TABLE 1.1 Abbreviated Definitions of Components of the Indivisible Self Model**

| WELLNESS FACTOR | DEFINITION |
|---|---|
| ***Total Wellness*** | The sum of all items on the 5F-Wel as a measure of one's general well-being or total wellness |
| **CREATIVE SELF** | The combination of attributes that each of us forms to make a unique place among others in our social interactions and to positively interpret our world |
| ***Thinking*** | Being mentally active, open-minded; having the ability to be creative and experimental; having a sense of curiosity, a need to know and to learn; the ability to solve problems |
| ***Emotions*** | Being aware of or in touch with one's feelings; being able to experience and express appropriately one's feelings, both positive and negative |
| ***Control*** | Belief that one can usually achieve the goals one sets for oneself; having a sense of planning in life; being able to be assertive in expressing one's needs |
| ***Work*** | Being satisfied with one's work; having adequate financial security; feeling that one's skills are used appropriately; the ability to cope with workplace stress |

(*continued*)

**TABLE 1.1** (Continued)

| WELLNESS FACTOR | DEFINITION |
|---|---|
| ***Positive humor*** | Being able to laugh at one's own mistakes and the unexpected things that happen; the ability to use humor to accomplish even serious tasks |
| **COPING SELF** | The combination of elements that regulate one's responses to life events and provide a means to transcend the negative effects of these events |
| ***Leisure*** | Activities done in one's free time; satisfaction with one's leisure activities; having at least one activity in which "I lose myself and time stands still" |
| ***Stress management*** | General perception of one's own self-management or self-regulation; seeing change as an opportunity for growth; ongoing self-monitoring and assessment of one's coping resource |
| ***Self-worth*** | Accepting who and what one is, positive qualities along with imperfections; valuing oneself as a unique individual |
| ***Realistic beliefs*** | Understanding that perfection and being loved by everyone are impossible goals; having the courage to be imperfect |
| **SOCIAL SELF** | Social support through connections with others in friendships and intimate relationships, including family ties |
| ***Friendship*** | Social relationships that involve a connection with others individually or in community but that do not have a marital, sexual, or familial commitment; having friends in whom one can trust and who can provide emotional, material, or informational support when needed |
| ***Love*** | The ability to be intimate, trusting, and self-disclosing with another person; having a family or family-like support system characterized by shared spiritual values, the ability to solve conflict in a mutually respectful way; having healthy communication styles; mutual appreciation |
| **ESSENTIAL SELF** | Essential meaning-making processes in relation to life, self, and others |
| ***Spirituality*** | Personal beliefs and behaviors that are practiced as part of the recognition that a person is more than the material aspects of mind and body |
| ***Gender identity*** | Satisfaction with one's gender; feeling supported in one's gender; transcendence of gender identity (i.e., ability to be androgynous) |
| ***Cultural identity*** | Satisfaction with one's cultural identity; feeling supported in one's cultural identity; transcendence of one's cultural identity |
| ***Self-care*** | Taking responsibility for one's wellness through self-care and safety habits that are preventive in nature; minimizing the harmful effects of pollution in one's environment |
| **PHYSICAL SELF** | The biological and physiological processes that compose the physical aspects of a person's development and functioning |
| ***Exercise*** | Engaging in sufficient physical activity to keep in good physical condition; maintaining flexibility through stretching |
| ***Nutrition*** | Eating a nutritionally balanced diet, maintaining a normal weight (i.e., within 15% of the ideal), and avoiding overeating |

(*continued*)

**TABLE 1.1** (Continued)

| WELLNESS FACTOR | DEFINITION |
|---|---|
| **CONTEXTS** | |
| ***Local context*** | Systems in which one lives most often—families, neighborhoods, and communities—and one's perceptions of safety in these systems |
| ***Institutional context*** | Social and political systems that affect one's daily functioning and serve to empower or limit development in obvious and subtle ways, including education, religion, government, and the media |
| ***Global context*** | Factors such as politics, culture, global events, and the environment that connect one to others around the world |
| ***Chronometrical context*** | Growth, movement, and change in the time dimension that are perpetual, of necessity, positive, and purposeful |

*Source:* Jane E. Myers and Thomas J. Sweeney, "Wellness Counseling: The Evidence Base Practice," *Journal of Counseling and Development,* vol. 86, no. 4, p. 485. Copyright © 2008 by John Wiley & Sons, Inc. Reprinted with permission.

You may want to complete an informal assessment on each of the factors and context to determine what areas you might want to address in your life. For instance, score yourself from 1 to 5 on each of the factors, with 5 indicating you need to work on that area most. Then, find the average for each of the five factors. Next, write down the ways that you can better yourself in any factor where your scores seem problematic (probably scores of 3, 4, or 5). You may also want to consider how the contextual elements affect your ability to embrace a wellness perspective.

Finally, although many avenues to wellness exist, one that must be considered for all counselors is attending counseling themselves. Undergoing counseling can help counselors

- attend to their own personal issues,
- decrease the likelihood of countertransference,
- examine all aspects of themselves to increase overall wellness, and
- understand what it's like to sit in the client's seat.

It appears that counselors understand the importance of being in counseling, as 90.3% of over 200 counselors polled reported they have attended counseling (Kalkbrenner & Neukrug, 2019; Kalkbrenner et al., 2019). However, some counselors resist the idea, perhaps for good reasons (e.g., concerns about confidentiality, feeling as if family and friends offer enough support, or believing they have effective coping strategies). So, have you attended counseling? If not, have you found other ways to work on being healthy and well?

## Cultural Competence

If you were distrustful of counselors, confused about the counseling process, or felt worlds apart from your helper, would you want to go to or continue in counseling? Assuredly not. Unfortunately, this is the state of affairs for many diverse clients. In fact, it is now assumed that when clients from nondominant groups work with helpers from ethnic/cultural groups other than their own, there is a possibility that the client will frequently be talked down to, misunderstood, misdiagnosed, find counseling and therapy less helpful than their majority counterparts, attend counseling and therapy at lower rates than majority clients, and terminate counseling

more quickly than majority clients (Escobar, 2012; Lo et al., 2013; National Alliance on Mental Illness, 2021; U.S. Department of Health and Human Services, 2014). Unfortunately, it has become abundantly clear that many counselors have not learned how to effectively build a bridge—that is, form a working alliance with clients who are different from them.

Clearly, the effective counselor needs to be culturally competent if they are going to connect with clients (McAuliffe, 2020a). Although some rightfully argue that all counseling is cross-cultural, when working with clients who are from a different culture than one's own, the schism is often great. Therefore, cross-cultural competence is a theme that we will visit again and again throughout this text, and I will offer several ways for you to lessen the gap between you and your client. One model that can help bridge that gap is D'Andrea and Daniels's RESPECTFUL counseling model, which highlights 10 factors that counselors should consider addressing with clients:

**R** – religious/spiritual identity
**E** – economic class background
**S** – sexual identity
**P** – level of psychological development
**E** – ethnic/racial identity
**C** – chronological/developmental challenges
**T** – various forms of trauma and other threats to one's sense of well-being
**F** – family background and history
**U** – unique physical characteristics
**L** – location of residence and language differences (Lewis et al., 2011, p. 54)

The RESPECTFUL model offers one mechanism through which you can think about clients as you develop your skills as a counselor. Throughout this book, you will find other ways of ensuring that you have a strong sense of *cultural competence*.

## The "It Factor"

I worked at a suicide crisis center where one of the counselors had an uncanny ability to make jokes on the phone that would result in suicidal clients laughing. If I had made those same jokes, it would have *driven* the caller to attempt suicide! "So, is there a bridge nearby?" I would hear him say. This counselor had "it"—a way with words, a special voice intonation, and a way of being that would get the client laughing—the *suicidal* client. And, he knew he had it and he would use it. I knew I didn't have *it*—well, I didn't have his *it,* so I knew not to try to make my clients laugh. Just listening and being empathic was my way.

I believe all great counselors have their own *it factor*, although more often than not the great theorists want us to use their "it factor." So, Carl Rogers, who was great at showing empathy, unconditional positive regard, and genuineness, suggested we all use these core conditions. Albert Ellis, who was a master at showing how irrational one can be, suggested we all show our clients their irrational thinking. Michael White, who believed that social injustices fueled mental illness, wanted all counselors to look at how individuals are oppressed by language. And of course, Freud, who believed in the unconscious, told us to show analytic neutrality to allow the unconscious to be projected onto the therapist. I believe Salvadore Minuchin described this "it factor" best. A family counselor, Minuchin (1974) used the word *joining* to highlight the importance of each counselor finding their unique way of working with clients:

*The therapist's methods of creating a therapeutic system and positioning himself as its leader are known as joining operations. These are the underpinnings of therapy. Unless the therapist can join the family and establish a therapeutic system, restructuring cannot occur, and any attempt to achieve the therapeutic goals will fail.*

(p. 123)

So, what is your "it factor"? What do you have that's special and will enable you to bond? Is it the way you show empathy, the way you make people laugh, a tone, a look, or a way of being? Do you have *it*? (see Box 1.1)

**BOX 1.1 What Is Your "It"?**

Write down the unique personality characteristics that allow you to build a bond with others. Then the instructor can make a master list on the board. After reviewing the list, discuss whether the characteristics are inherent and which can be learned. Is it possible for a counselor to acquire new ways of bonding with clients as they develop?

## Compatibility With and Belief in a Theory

There are many theories to choose among when I do counseling, but most don't fit me. For one reason or another, I am simply not compatible with them. Maybe it's because they place too much emphasis on genetics, or spirituality, or early childrearing, or maybe they're a little too directive, or too nondirective. But for whatever reason, they just don't sit well with me. I am not compatible with them, and I choose not to use them. Thankfully, however, there are enough theories out there with which I am compatible. I drift toward them, and those are the ones I use. Wampold (2019) says that helpers "are attracted to therapies that they find comfortable, interesting, and attractive. Comfort most likely derives from the similarity of the worldview of the theory and the therapist's attitudes and values" (p. 54). Wampold and others go on to say that if you are drawn to a theory, and if you believe that the theory you are drawn to works, then, and only then, are you likely to see positive counseling outcomes (Wampold, 2018; Wampold & Budge, 2012; Wampold & Imel, 2015). So, what theories are you drawn to? If you aren't sure yet, you'll have an opportunity to explore this more in Chapter 4 of this book, as well as in other courses where you will examine your own theoretical orientation to counseling. Hopefully, over time you will feel an increased sense of *compatibility with and belief in a theory.*

## Competence

Not surprisingly, counselor expertise and mastery (*competence*) has been shown to be a crucial element for client success in counseling (Hill et al., 2017; Shaw, 2020; Wampold, 2010; 2019). Competent counselors have a thirst for knowledge, and they continually want to improve and expand their expertise. Such counselors express this through their study habits, desire to join professional associations, participation in mentoring and supervision, reading of professional journals, belief that education is a lifelong process, and ability to view their own approach to working with clients as something that is always broadening and deepening. Competence also

means that counselors are not only concerned about their relationships with their clients, but also willing to look at the evidence of what works and apply appropriate treatment strategies to client problems (Hill et al., 2017). Finally, because these counselors feel confident about what they're doing, they can build expectations with their clients that what they do will help them get better. And, at least in part, these expectations help clients get better (Wampold & Budge, 2012).

Counselors have both an ethical and legal responsibility to be competent (Corey et al., 2018). For instance, Section C.2 of ACA's (2014) ethics code elaborates on eight areas of competence, including (a) practicing within one's boundary of competence, (b) practicing only in one's specialty areas, (c) accepting employment only for positions for which one is qualified, (d) monitoring one's effectiveness to ensure optimal practice, (e) knowing when to consult with others, (f) keeping current by attending continuing education activities, (g) refraining from offering services when physically or emotionally impaired, and (h) assuring proper transfer of cases when one is incapacitated or leaves a practice. As Kaslow et al. (2007) highlight, the legal system reinforces these ethical guidelines because "competence is thus the touchstone by which the law will judge" (p. 488).

Finally, clients pick up on incompetence. They can see it, smell it, and feel it. Of course, clients are less likely to improve when a counselor is incompetent. And not surprisingly, incompetent counselors are sued more frequently.

## Cognitive Complexity

The best helpers believe in their theory and are willing to question it. This apparent contradiction makes sense. You have a way of working, but you are also willing to constantly examine if your way is working in any given instance. In other words, you are able to reflect on what you are thinking and what you are doing—you are able to consider if your approach is working well for your client (Sommers-Flanagan, 2015). Counselors who have this capacity are often said to be cognitively complex. Not surprisingly, *cognitive complexity* has been shown to be related to being empathic, more open-minded, more self-aware, more effective with individuals from diverse cultures, better able to examine a client's predicament from multiple perspectives, and better able to resolve "ruptures" in the counseling relationship (Castillo, 2018; McAuliffe & Eriksen, 2010). Such a counselor is willing to integrate new approaches into their usual way of practicing counseling and is a helper who doesn't believe that their theory holds the lone "truth" (Wampold, 2019). So, ask yourself: Do you have this quality? Are you able to self-reflect, question truth, take on multiple perspectives, and evaluate situations in complex ways? Counselor training programs are environments that seek to expand this type of thinking. Hopefully, in your program, you'll be exposed to such opportunities.

Now that we've looked at all nine characteristics, ask yourself: Are you empathic, accepting, genuine, wellness oriented, and culturally competent? Do you have the "it factor"? Are you compatible with and do you believe in your theory? Are you competent and cognitively complex? As we start on our journey to help others, let's not forget to help ourselves—clearly, helping ourselves will significantly improve the manner in which we help others.

## Multicultural/Social Justice Focus: Inclusion of Multiculturalism in the Profession

With relatively small numbers of persons from culturally diverse groups entering the counseling profession (U.S. Bureau of Labor Statistics, 2021a), it is imperative that the helping professions develop an environment that attracts more counselors of color. Increased cultural diversity among counselors, along with better training in multicultural counseling, are essential if culturally diverse clients are to feel comfortable seeking out and following through in counseling.

In addition, if counseling is to be an equal opportunity profession, counselors must graduate from training programs with more than a desire to help all people. As a profession, we will have achieved competence in counseling diverse clients when every graduate from each training program has (a) learned counseling strategies that work for a wide range of clients, (b) worked with clients from diverse backgrounds, (c) gained a deep appreciation for diversity, and (d) acquired an identity as a counselor that includes a multicultural perspective (see D'Andrea & Heckman, 2008; McAuliffe, 2020b). As you read through this textbook, you will see considerable emphasis placed on multicultural and social justice issues. As you reflect on these issues, consider what the counseling profession can do to foster a more welcoming professional culture that will attract more individuals of color and what training programs can do to ensure that all individuals feel comfortable with the counseling process.

## Ethical, Professional, and Legal Issues

### Knowing Who We Are and Our Relationship to Other Professional Groups

Our professional identity is based on a specific body of knowledge unique to our profession. By knowing who we are, we also have a clear sense of who we are not. It is by having a strong sense of our identity that we are able to define our limits, know when it is appropriate to consult with colleagues, and recognize when we should refer clients to other professionals (Burns et al., 2017; Lile, 2017). The ACA (2014) Code of Ethics highlights the importance of knowing our professional boundaries in the following passages (see the appendix):

> *Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience.*
>
> (Standard C.2.a.)

> *Counselors take reasonable steps to consult with other counselors, the ACA Ethics and Professional Standard Department, or related professionals when they have questions regarding their ethical obligations or professional practice.*
>
> (Standard C.2.e.)

> *If counselors lack the competence to be of professional assistance to clients, they avoid entering or continuing counseling relationship. Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives.*
>
> (Standard A.11.b.)

## Impaired Mental Health Professionals

> *Counselors who are unwell (stressed, distressed, or impaired) will not be able to offer the highest level of counseling services to their clients.*
>
> (Lawson, 2007, p. 20)

Counselors who avoid working on their own struggles while continuing to counsel clients are more at risk of practicing incompetently. All counselors have a responsibility, and an urgency, to be aware of the pressures and stresses that impinge on their lives and how these might affect their relationship with clients.

> *Counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work.*
>
> (ACA, 2014, Standard C.2.G)

A professional who is not attending to their own needs is likely to be ineffective in the counseling relationship and can show any of a number of signs of impairment that can negatively affect their counseling relationships (see Box 1.2). But perhaps even more important, impaired practice can result in clients ending up with deeper wounds than the ones they had when they initially entered counseling.

**BOX 1.2 Signs of Counselor Impairment**

| COGNITIVE SIGNS | EMOTIONAL SIGNS | BEHAVIORAL SIGNS | IN-SESSION SIGNS |
|---|---|---|---|
| • Reduced sense of self-efficacy and personal accomplishment<br>• Inability to embrace complexity<br>• Inability to concentrate<br>• Hypervigilance<br>• Mental exhaustion<br>• Minimizing<br>• Depersonalization<br>• Impaired decision-making<br>• Exhibiting cognitive distortions (e.g., all-or-nothing thinking)<br>• Loss of finding meaning in their work as counselors | • Anxiety<br>• Irrational anger<br>• Irritability<br>• Cynicism<br>• Fear<br>• Guilt<br>• Shame<br>• Hopelessness<br>• Helplessness<br>• Numbing<br>• Alexithymia<br>• Demotivation<br>• Apathy<br>• Sense of dread<br>• Pessimism<br>• Resentment | • Avoidance of clients and colleagues<br>• Absenteeism<br>• Inability to listen/not receptive to feedback<br>• Defensiveness/inability to self-reflect<br>• Sleeplessness<br>• Changes in appetite<br>• Physical exhaustion<br>• Physical ailments (e.g., headaches)<br>• Not engaging in self-care activities<br>• Absentmindedness<br>• Interpersonal difficulties | • Reduced/confused boundaries with clients<br>• Inappropriate self-disclosure<br>• Countertransference<br>• Not supporting and encouraging the client<br>• Lack of demonstrating empathy<br>• Less aware of meta-communication and missing important cues<br>• Minimizing client's concerns<br>• Counselor overidentification with client(s) |

*Source:* Pope, A. (2020). Our role as gatekeepers: Supervision practices with counselors experiencing impairment. *Advocate Magazine, 3(4), 19–23. https://view.joomag.com/the-advocate-magazine-fall-2020/0023582001608154520?short&*

## The Counselor in Process: Personal Therapy and Related Growth Experiences

As you begin your journey in the counseling profession, I hope you have the opportunity to engage in growth experiences that will help you embody the counselor characteristics highlighted in this chapter. What kind of experiences should you seek? First, I hope that you strongly consider undergoing your own personal counseling, for the many reasons noted in this chapter. In addition to counseling, you might want to consider other related growth experiences, such as prayer, meditation, relaxation exercises and stress reduction, discussion and support groups, exercise, writing in a journal, and reading.

I also hope that you are afforded experiences in your educational program that will challenge you to grow intellectually and personally. I am hopeful that the philosophy of your program is that students need a supportive environment in which they can feel safe enough to share while being challenged to grow. This "constructive development" philosophy has become an important model for many counselor education programs, as it is built on the belief that if afforded a nurturing environment, students can develop increased flexibility and relativist thinking in their ways of understanding the world (Castillo, 2018; Jensen et al., 2015). Such students gain a strong sense of self, can listen to feedback about self from others, and are genuine, more empathic, and more accepting of others.

## Summary

In this chapter, we attempted to define the somewhat elusive word *counseling* and distinguish it from the words *guidance* and *psychotherapy.* Then some of the training, credentialing, and roles and functions of counselors, social workers, psychologists, psychiatrists, psychoanalysts, psychiatric–mental health nurses, expressive therapists, human service practitioners, and psychotherapists were compared. In addition, some of the benefits of professional associations were identified, with a special emphasis on ACA, AMHCA, and ASCA. We also identified some of the more prominent professional associations in related fields.

Next, we discussed the recent move toward evidence-based practice, noting that counselors should be familiar with best research-based treatments, understand the client's unique situation and choose the most effective treatments for it, and take into account client's preferences, values, and cultural background when choosing treatment. We then examined what has become known as the common factors that are critical to counseling outcomes. Six components of building an effective working alliance, followed by three components to the counselor's ability to deliver their theoretical approach, were highlighted. These nine components include empathy, acceptance, genuineness, embracing a wellness perspective, cultural competence, the "it factor," compatibility with and belief in your theory, competence, and cognitive complexity.

Examining some important multicultural and social justice issues, we noted that clients of color are frequently talked down to, and misdiagnosed, as well as attend counseling at lower rates, terminate counseling more quickly, find counseling less helpful, and can be distrustful of counselors who are not from their ethnic/cultural group. We talked about the importance of recruiting a more culturally diverse group of counselors to the field, as the counseling profession continues to have relatively small numbers of individuals from diverse cultures entering

the profession and because clients tend to respond better to counselors of their own cultural background. Another topic of the chapter was the importance of having every counseling student graduate with knowledge of how to work with diverse clients, with experience working with diverse clients, with an appreciation for diversity, and with an identity that includes a multicultural perspective.

As the chapter concluded, the importance of a number of ethical issues were discussed, including understanding professional identity and knowing professional limits, practicing within the counselor's area of competence, consulting with other professionals, and terminating or referring clients when unable to work effectively with them. We then discussed the importance of assuring that counselors are not working while impaired. Related to this topic, the chapter ended by discussing the importance of counselors undergoing personal counseling, finding other related personal growth experiences, or both. We also expressed the hope that readers of this text are in an educational program that affords personal and intellectual growth experiences in a nurturing yet challenging environment.

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