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Counselors' Perceptions of Identity and Attitudinal Differences Between Counselors and Other Mental Health Professionals

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Between Counselors and Other Mental Health Professionals

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DEDICATION

I dedicate this dissertation to my parents, Greg and Jolene Baker, and husband, Jimmy, whose endless and unconditional love and support inspire and motivate me. I will forever be grateful and admire my parents and husband for the incredible sacrifices they have made and their patience and perseverance for me during this journey. Thank you for always believing in me and allowing me to achieve my dream.

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Abstract

A strong, distinctive professional identity is essential for the survival of mental health professions (Fall, Leviov, Jennings, & Eberts, 2000). Although the literature of the various mental health professions offers varying definitions of professional identity, differentiating their services from one another continues to be a problem (Remley & Herlihy, 2005). This uncertainty inhibits uniformity within professions, and causes confusion within the public as to what each mental health field actually does and does not do. Psychologists and social workers have dedicated years of effort to define their professions, providing extensive literature rooted in the history, values, beliefs, and the knowledge base of their respective professions (Gilbert, 1977; Gibelman, 1999; Westefeld, Altmaier, Pickett, & Dikes, 2004). Counseling, as the newest mental health profession, has had far less time for explicating its professional identity. Thus, the purpose of this quantitative survey was to examine counselors' attitudes towards their professional identity and to identify the components of professional identity, which they believe contributed to their own identity as counselors. Counselors' perceptions of differences between themselves and other mental health professions were also examined.

Licensed counselors from select states within ACA's southern region were asked to respond to *the Survey of Counselor Professional Identity* online survey. Respondents identified membership in counseling professional organizations, supervision during training, licensure, and advocacy for the profession as components that contributed to the development of their professional identity. These results support literature from psychology, social work, and counseling (Clark & Harden, 2000; Kaplan, 2006; Nelson & Jackson, 2003; Remley & Herlihy, 2005; Spruill & Benshoff, 1996; Swickert, 1997) that examines components contributing to the development of professional identity.

CHAPTER 1

INTRODUCTION

Counseling, psychology, and social work professions offer a variety of differing services to the public; however, due to the many areas of overlap and commonality within these professional groups, many providers have difficulty distinguishing their profession from other mental health professions. This is especially true for counseling. This lack in ability to differentiate one's profession from similar professions may be the result of weak professional identity. Remley and Herlihy (2005) describe a strong professional identity as the ability to describe the process of the profession, which includes its philosophical foundation, services provided, and components of preparation programs, without reference to other mental health professions. However, professionals also should be able to objectively describe the similarities and differences among the mental health professions, portraying a unique identity within the mental health field (Remley & Herlihy, 2005). To represent separate and distinct professions, there has been an increase in efforts to establish professional identities for the mental health professions of counseling, social work, and psychology.

Professional identity can serve as a frame of reference for defining professional roles and making decisions (Brott & Myers, 1999). Also, professional identity contributes to the professions as a whole, by providing a means to gain recognition and to contend for their justifiable position in the health care field (Pistole, 2002). Professionals with strong identities express a sense of security and pride in the definition and accomplishments of their profession (Myers, Sweeny, & White, 2002; Remley & Herlihy, 2005). According to Myers et al. (2002), professional pride is directly connected to identity. Those who acknowledge the hard work and effort to become a counselor are better able to articulate what they do and who they are. Remley

and Herlihy (2005) have stated that counselors with strong professional identities are proud to be members of their profession, and they convey this pride to those with whom they come into contact.

Professional identity is an ambiguous concept with diverse meanings throughout the literature. However, some definitions of professional identity concentrate on specific aspects of a profession such as its history, values, beliefs, and knowledge base. Weinrach, Thomas, and Chan (2001) state that professional identity differentiates one's selected profession from other professions by embracing the unique characteristics of a core set of values, beliefs, and assumptions. Daniels (2002) further conceptualizes the identity of a profession as a collective identity in which individuals share the goals, resources, and aspirations of the professional social system. Other significant aspects of a profession's identity are the values, beliefs, knowledge base, and distinctiveness from other related professions (Pistole & Roberts, 2002).

The ability to distinguish one's own profession from others is an important aspect of professional identity (Pistole & Roberts, 2002). As previously mentioned, Remley and Herlihy (2005) suggest that professionals should be able to objectively describe the similarities and differences among the mental health professions, portraying a unique identity within the mental health field. A unique identity is critical for establishing a legitimate position in the mental health field; therefore, counselors' ability to articulate distinctions among mental health professions is essential. For these reasons, it is important for counselors to be knowledgeable of both social work and psychology's professional identity.

Within the social work literature, studies pertaining to professional identity have focused on several influential components. Gilbert (1977) examined social work's mission, objectives, and specializations in search of a unique professional identity. He believed social work's

mission encompassed the distinctive aspect of the profession and served as the basis of the profession's identity. Although the mission of social work may be described in a variety of ways, Gilbert recognized that most descriptions are mutually reinforcing and all serve to improve the quality of life experienced by individuals, promote societal values, and encourage self-realization. However, many other "individuals, groups, and professions can legitimately claim they also promote values concerning human dignity and the right of individuals to resources" (p. 402). Gilbert believes the professional identity of social workers would be strengthened if the unique aspect of the profession were emphasized, specifically social work's connection to the institution of social welfare. "The institution of social welfare represents a special helping mechanism devised to aid those who suffer from the variety of ills found in modern industrial society" (p. 402). Social workers comprise the majority of personnel within the institution of social welfare and are involved with a variety of social welfare programs. Gilbert asserts that social work's role within the institution of social welfare is the distinguishing aspect of their mission.

Through focus group interviews comprised of three levels of social workers, coordinators of continuing professional education (CPE) programs, experienced social workers with more than five years experience, and new graduates with less than two years experience, McMichael (2000) found that social work's image improved after the establishment of a national CPE policy, a document that regulates ongoing education for the providers within the profession. CPE is an essential method for all mental health professionals to stay current in an ever-changing learning environment. McMichael (2000) found that until the establishment of national CPE policy, some social workers believed that other professions didn't respect social work's training.

In a similar way, psychology has distinguished itself from other mental health professions by focusing on differences among the professions. In 1988, the victorious candidate for APA president-elect boldly and somewhat unabashedly stated, "Our scientific base is what sets us apart from the social workers, the counselors and the gypsies" (Graham, 1988, p. 3). This statement could readily be construed as demeaning to the professions of social work and counseling. Demagoguery aside, lumping together these two widely recognized professions with gypsies, psychology boasts a self-awarded preeminence over other mental health professions while disrespecting the competence of social workers and counselors.

Affiliated professional organizations such as American Psychological Association (APA) differentiate divisions from one another and from other mental health professions. The Society for Counseling Psychology, a division of APA, states that attention to both normal developmental issues and problems associated with physical, emotional, and mental disorders, sets the profession apart from others (American Psychological Association, 2005c). Similarly, the APA Society for Clinical Psychology states, "What distinguishes clinical psychology as a general practice specialty is the breadth of problems addressed and of populations served, clinical psychology, in research, education, training and practice, focuses on individual differences, abnormal behavior, and mental disorders and their prevention, and lifestyle enhancement" (American Psychological Association, 2005b, p. 1). Conversely, Goodyear (2000), a counseling psychologist by training, has focused on the similarities between counseling and counseling psychology to further define their professional identities. Goodyear pointed out the shared historical roots and present-day intentions between the two professions as a means of unifying their identities and lessening the focus on between-group differences. Further, Goodyear highlighted three main areas of emphasis that both professions reflect through

research and practice. These are a focus on: 1) developmental issues and healthy functioning, 2) training and supervision, and 3) multiculturalism. By focusing on commonalities between the two professions, Goodyear, while presenting a minority viewpoint on the similarities between the two professions, linked the professional identities, equating the two as members of the same family. Regardless of whether the focus is on similarities or differences, many counselors and psychologists continue to struggle with developing a strong professional identity.

One factor contributing to this struggle occurs when counselors and psychologists are affiliated with both professions, either through education (having a degree in both fields) or associations (being members of counseling and psychology related organizations), creating an enmeshed identity. This is reflected in the continuing overlap in membership between Society for Counseling Psychology (Division 17) and ACA (Goodyear, 2000). Due to the pursuit of a unique professional identity within the mental health professions of social work, counseling, and psychology, it is difficult for many who identify with more than one profession to develop a strong professional identity.

Although there are a variety of ways to conceptualize professional identity and components that contribute to its development, many of the definitions contain common elements, which link them together. Less evident, however, are the components that contribute to professional identity that are specific only to counselors. For counselors to develop a unique professional identity, these components need to be identified and defined.

Defining Professional Counseling

With an increasing desire to establish professional identity within the mental health professions, it is not surprising that the affiliated associations and organizations have offered their definitions of each profession. The American Counseling Association's (ACA) Governing

Council (October, 1997) established the following definition of professional counseling: "The application of mental health, psychological, or human development principles, through cognitive, affective, behavioral or systemic intervention strategies that address wellness, personal growth, or career development, as well as pathology." The National Board of Certified Counselors (NBCC) has adopted this definition as well. The NBCC monitors a national certification system, recognizing counselors who have voluntarily sought and obtained certification. Although NBCC and ACA have strong ties, the two organizations are separate bodies with different goals. NBCC centers on promoting quality counseling through certification, whereas ACA focuses on professional development through conferences, publications, and government relations (National Board of Certified Counselors, 2005).

The Louisiana Licensed Professional Counselor Board (LA LPC) highlights a unique aspect of the counseling profession by placing emphasis on the importance of the therapeutic relationship and the use of both mental health and developmental principles and techniques in its definition of professional counselors. In a brochure provided by LA LPC, it is clearly delineated that LPCs are to assist clients through a therapeutic relationship, using a combination of mental health and human development principles and techniques (Louisiana Licensed Professional Counselor Board, 2005). The Council for Accreditation of Counseling and Related Educational Programs (CACREP) does not explicitly define professional counseling, but identifies a vision, mission, and values that contribute to counselor professional identity. CACREP describes its vision as a means to promote professional training, the mission to promote professional competence, and the core values center on enhancing the counseling profession. Through improving training and competence, CACREP contributes to professional identity by shaping counselor training and instilling confidence and pride in new counselors. Together, these

definitions clarify professional counselor training, competence, and values, and are a means to vie for a place in the health care field.

The American Psychological Association (APA) emphasizes the necessary training and credentials in their definition of professional psychologist. The definition reads: "Psychologists have a doctoral degree in psychology from an organized, sequential program in a regionally accredited university or professional school (American Psychological Association, 2005a, p.1)." Similar to psychiatry, psychology bases its identity and preeminence on its doctoral scientific discipline (Cummings, 1990). Cummings recognizes the credentialing of professional psychologists as a means of rivaling other professions' emergence and recognition. Even though psychology has had to struggle to become accepted within the mental health field, while being degraded by psychiatry, psychology regularly and consistently opposes other professions' drive for recognition and autonomy (Cummings). This has led to what has been dubbed "turf wars" among the mental health professions of psychology, psychiatry, social work, and counseling, and has intensified the need for a strong, unique professional identity for all professions.

The Need for Professional Identity in Counseling

The exploration of a professional identity is an essential part of any profession (Fall, Levitov, Jennings, & Eberts, 2000). Similar to psychology and social work, the counseling profession has established specialized training, established a code of ethics, has a national professional association, and has a large number of state associations. These accomplishments have gained recognition for the counseling profession and established a position in the mental health field. However, many believe that a unified identity still eludes the counseling profession. Considerable overlap in the types of clients served and services provided by other mental health

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professions challenge the development of a unique professional identity for the counseling profession (Hanna & Bernak, 1997). If the survival of professional counseling relies on distinguishing itself from other related professions such as psychology (Ritchie, 1994), a unique identity will be critical to establishing a justifiable position in the mental health field as well as to assisting professionals to inform the public of the value of their services.

In response to counseling's unformulated or weakly formulated professional identity, journals have been filled with articles and studies on this topic. In a unique approach, using developmental theory, Auxier, Hughes, and Kline (2003) focused on the development of professional identity of counselors-in-training by utilizing grounded theory procedures. The theory involved the use of conceptual and experiential learning of counselors-in-training to identify, clarify, and re-clarify their identities as counselors in a cyclical developmental process. The recycling identity formation incorporates three component processes that interact with one another. Conceptual learning, experiential learning, and external evaluation are the three processes that describe the recycling identity formation (Auxier, Hughes, and Kline). Their arguments reinforce the idea that identity development is a growth process. They further conclude that the findings of their research add detail to developmental stage models that propose that counselor identity development is a growth process and is an efficient way of assessing counselor identity.

Gale and Austin (2003) helped identify the challenges to a collective identity, a specific identity for professional counselors. They believe that differences in preparation programs, credentialing, professional associations, and specializations hinder the development of a collective identity. Myers (1995) also considers specializations to negatively impact counselors'

professional identity. Specialties unnecessarily fragment the counseling profession,

consequently inhibiting the development of a unified professional identity (Myers).

In response to the growing influence of the medical model in the mental health field, the

counseling profession has incorporated aspects of it into the curriculum. Hansen (2003) believed

the increasing incorporation of the medical model of mental illness in the academic counseling

curriculum has hindered the development of a collective professional identity. According to

Hansen, this incorporation conflicts with the very one element of counseling that

differentiates the profession from other helping professions, humanistic values. Hansen

recognized the importance of understanding the history and philosophy of

the counseling profession to avoid adopting explanatory systems that contradict the basis

of the counseling profession.

Although counseling places great value on the therapeutic relationship and encourages

students to treat clients as whole beings who have a capacity for growth and change, counselors-

in-training are also expected to arrive at a psychiatric diagnosis, drawing from a deterministic,

disease model. Hansen (2003) believed this inconsistency in theory (humanism versus the

medical model) has a negative impact on the development of counselor trainees and the

counseling profession as a whole. Without a strong professional identity, counselors may

internalize the medical model due to its dominant force in the mental health field when, in fact, it

may have little or no utility for counseling practice (Hansen). Because psychiatric

interventions are helpful to individuals with psychological problems, there is a logical rationale

for incorporating diagnostic training into counseling curricula. However, Hansen felt strongly

that counselor educators should thoroughly consider the manner in which diagnostic topics are

integrated into counseling curricula. He asserts that humanism should remain the foundation of the curricula and profession.

Some studies focus on characteristics of established professions as a source of criteria for the development of professional identity. For example, generating knowledge through research is characteristic of an established profession. Using the *Journal of Mental Health Counseling*, Mate and Kelly (1997) examined research publication as an indicator of identity development for mental health counselors. They found that contributing to publications regarding applicable information such as training or work practices strengthens mental health counselor's identity development. Mate and Kelly (1997) believed that publication of original research is a key criterion for judging the identity development of professions. These publications contribute to both the profession and public and provide a sense of accomplishment and pride. Therefore, publication of original research can have a positive impact on the professional identity of counselors who contribute publications. Hanna and Bernak (1997) agreed that research and publication of original material, separate from other helping professions, are essential to the identity of the counseling profession. Through contributions to journals, counselors can convey their dedication to research, which is a fundamental portion of counselor identity (Pistole & Roberts, 2002).

Advocacy for the profession is also believed to be characteristic of an established profession. Myers, Sweeney, and White (2002) drew attention to the necessity of advocacy for counseling and counselors: "In fact, being and becoming active in advocacy has become part of the professional identity of a counselor and remains an imperative if the profession is to survive in a competitive marketplace" (p. 401). Remley and Herlihy (2005) further expanded on criteria for an established profession with the notion that having knowledge and an understanding of the

history and philosophy of the profession is necessary for the development of professional identity. Also, they noted that counselor training, credentialing, and professional counselor organizations also play a part in delineating counselor professional identity. Credentialing, in particular, provided counselors with additional opportunities such as receiving third party payments from insurance companies. This increased professional equity for counselors among mental health service providers (Poidevant & Loesch, 1991). Following this achievement, Poidevant and Loesch (1991) set out to answer the question of whether counselor education and counseling psychology doctoral programs are preparing graduates for "uniquely identifiable professional roles" (p. 289). Poidevant and Loesch conducted a national survey to assess the preferred settings, work activities, and perceived levels of competency of doctoral students in CACREP and APA accredited programs. The results indicated that the vocational preferences and self-efficacy perceptions of counselor education and counseling psychology doctoral students were more alike than different; suggesting that the two professional identities are more alike than different.

Conceptual Framework

According to the literature, professional identity encompasses various aspects of a profession. In order to have a strong professional identity, one must be knowledgeable regarding the history and philosophy of the profession, have awareness of the impact from differences in preparation programs and credentialing, be familiar with the role and functions of professional associations, and understand the importance of publication contributions for the profession. An essential component of any profession's identity is the establishment of a common body of knowledge and theory. Hansen (2000) believes that humanistic philosophy has laid the groundwork for the counseling profession. Humanistic ideals promote the emphasis on the

therapeutic relationship and the development of the individual (Hansen, 2000). Carl Rogers introduced Person-Centered therapy, a philosophical foundation that encompasses humanistic ideals; people are strong, trustworthy, and have the capacity to identify their own problems and find inner resources to solve them. Creating a relationship that has the necessary elements to allow that growth to emerge is the essence of Rogerian therapy. The helping relationship is therapeutic itself and also serves as a pathway for client change. Humanism views the person as a whole and always takes into account relational dimensions. According to Hansen (2003) counseling will lose its unique identity among mental health professions unless it embraces a humanistic orientation, which is greatly needed in mental health today.

Remley and Herlihy (2005) further acknowledged that counseling also has relied heavily on developmental models to conceptualize personal and emotional issues. Throughout life, people will encounter many personal challenges, which they must successfully address (Remley & Herlihy). Using a developmental perspective allows counselors a unique way of approaching these personal challenges as they arise, viewing them as natural and normal. This foundation distinguishes the counseling profession from other mental health professions, according to Remley and Herlihy.

The establishment of accredited preparation programs, credentialing, and licensure are additional features of identity for mental health professions. Councils for accreditation develop the standards of education for a specific profession. Psychology, social work, and counseling all have councils for accreditation.   Standards developed by these councils have enhanced all of the mental health professions by setting standards and compelling programs to make adjustments and changes for the better.   Cecil et al. (1987) conducted a study of CACREP accredited programs to explore reasons for pursuing accreditation. According to Cecil et al., CACREP

accredited programs offer a number of advantages.   A notable benefit of accreditation was an intensification of students' and counselors' professional identity with an increased sense of student pride in the program. Also, CACREP was shown to contribute to a stronger and more mature profession (Cecil et al.). This development may be attributed to the improvement in quality of academic programs, increased opportunities for licensure and certification, improved academic quality of students, or any of the other benefits associated with CACREP accreditation.

Psychology, social work, and counseling share similar rules and regulations such as licensure and certification. To practice a profession in one's state, the professional must be licensed; this is referred to as a licensure law. To claim the title of a profession, one must be certified; this is referred to as a title law (Remley & Herlihy, 2005).   Certification also confirms one's claim of qualification for a profession (Sweeney, 1995). "One of the most significant legislative movements in the history of counseling has been the licensure movement of the last two decades" according to Geisler (1995, p. 188). In fact, many in the field of counseling believe that this was one of the most significant moments in the history of the profession (Davis & Witmer, 1990; Geisler; Remley, 1995). Davis and Witmer (1990) found that the majority of counselors and counselor educators surveyed felt that the counseling licensure law had improved the credibility of the counseling profession in Ohio. They suggest "with increased credibility of the profession comes a clearer picture of who counselors are and what might be expected of the professionals delivering counseling services" (p. 41). Another benefit of licensure is that it clearly distinguishes counseling from other mental health professions. Remley (1995) believed that state licensure increases public recognition of counseling as a separate profession that can be differentiated from related professions. Licensure

and credentialing increase the public's trust and pride in the counseling profession by informing them that the counselor is a legitimate professional (Remley, 1995).

Feit and Lloyd (1990) viewed membership in counseling organizations as an indicator of professional identity. They believed counselors will recognize the organization as representing their profession and identify themselves as counselors. Professional organizations function as avenues for members to discuss important issues and advocate for the profession (Remley & Herlihy, 2005). They also promote professionalism, which Spruill and Benshoff (1996) believed is one of the fundamental responsibilities of counselor educators and supervisors among counselors-in-training. They stated, "Although difficult to quantify, professionalism is generally defined as internalized attitudes, perspectives, and personal commitment to the standards, ideals, and identity of a profession" (p. 468). Active participation and leadership in professional organizations is an indication of professionalism (Borders & Benshoff, 1992). "Active membership in professional organizations should be viewed as a means of promoting quality and ideals" (VanZandt, 1990, p. 245).

A benefit of professional organizations such as the American Counseling Association (ACA) is the establishment of a code of ethics. Providing standards of behavior based on values held by members of the counseling profession allows counselors to identify with their role and responsibilities. In return, counselors' professional identities are strengthened. ACA advocates in support of professional counselors and offers the opportunity for counselors to become involved. Actively advocating by ACA for the counseling profession contributes to the development of professional identity. "In fact, being and becoming active in advocacy has become part of the professional identity of a counselor and remains an imperative if the profession is to survive in a competitive marketplace" (Myers, Sweeney, & White, 2002, p. 398).

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Through advocacy for the counseling profession, counselors may argue for the advancement of the profession and become agents of social change, intervening in the world around us (Myers, Sweeney, & White, 2002).

A strong sense of professional identity provides a sense of stability, security, and pride in one's profession. Mental health professions such as counseling, social work, and psychology, provide assorted definitions of professional identity and the components that shape it. The development of counselor identity involves being aware of the profession's foundation and principles which distinguish it from other helping professions. Understanding the importance of training programs and credentialing, being active in professional organizations, and contributing to counseling journals all play a role in counselors' emerging professional identity. Mental health professions such as counseling, social work, and psychology all provide varying definitions of professional identity and the components that shape it. Regardless of the definition of professional identity, its development is crucial to all helping professions for their survival and continued growth. Perhaps this is even truer for counselors as the newest profession of the three.

Purpose of this Study

The purpose of this study was to identify the importance of components that contribute to the development of counselor professional identity, and to identify counselors' sentiments towards differences among the professional identities of counseling, social work, and psychology. Due to considerable overlap in activities and functions among mental health professionals, there is an uncertainty regarding what is unique to the professions. I believe that having an awareness of what is unique about one's profession is the crux of professional identity.

General Research Questions

The following general research questions served as the overarching questions for this study to determine the importance of components that contribute to the development of professional identity for counselors. Counselors' attitudes towards similarities and differences among mental health professions were examined as well.

What is the importance of professional affiliations, CACREP, professional scholarship, advocacy for the profession, greater field experience, and a doctorate degree to the development of counselor professional identity?

Do counselors with strong professional identities differ from those with less strong identities in terms of perceiving similarities among mental health professions?

Importance of Study

Professional identity has been a frequent topic discussed within counseling literature. However, there are very few research studies regarding what contributes to the development of counselor professional identity. This study is important in its ability to validate much of what has been written, but not researched, about what contributes to the development of counselor professional identity. Specifically, this study is important in its ability to increase knowledge and awareness of components that contribute to the development of professional identity of counselors, as well as counselors' perceptions of differences between themselves and other mental health professions.

Professional identities are invaluable to professions within the mental health field. In an effort to establish a legitimate position in the mental health field, each mental health profession strives for a unique identity (Fall, Levitov, Jennings, & Eberts, 2000). In addition to establishing a position in the mental health field, a strong professional identity instills pride in

one's chosen profession (Myers, Sweeney, & White, 2002; Remley & Herlihy 2005). According

to Remley and Herlihy, "counselors with strong professional identities are satisfied

with their chosen profession and communicate this pride to those with whom they come into

contact" (p.48).

Having a strong professional identity encompasses having knowledge of the profession's

underlying philosophy, preparation program contents, services provided, and similarities to and

differences from other mental health professions (Remley & Herlihy, 2005). Therefore,

professionals with strong identities would be able to articulate to the public and other

professionals who they are and what they do. This communication of the utility of the

professions may increase the demand for services.

Assumptions of the Study

The research hypotheses in this study were based on components identified as

contributors of professional identity within the literature of professional counseling, clinical,

counseling and school psychology, social work, and psychiatry. Due to the fact that far less counseling

literature exists regarding the issue of professional identity than in psychology, psychiatry,

and social work (Fall, Levitov, Jennings, & Eberts, 2000), majority of the supporting literature

used to develop the research hypotheses was from the literature of psychology, psychiatry, and

social work.

CHAPTER TWO

REVIEW OF THE LITRATURE

The purpose of this chapter is to examine the research and literature related to counselor professional identity development and attitudes of counselors regarding similarities and differences among mental health professions. This chapter is organized into five sections that build a conceptual framework for examining the evolution of the counseling profession. In the first section, the origins of the counseling profession are reviewed. The second section outlines the steps for becoming a profession. The third section examines current issues related to counselor professional identity. The fourth section analyzes the attitudes of counselors toward similarities and differences of professional identities among mental health professions. The final section outlines the importance of the development of a strong, unique professional identity for the counseling profession. The benefits of a strong professional identity and the consequences of an unformulated identity are presented.

Origins of the Counseling Profession

There are several versions of the origins of the counseling profession. Bradley (1978) expanded on Stiller's (1967) historical account of the counseling profession, adding a fourth stage counseling has passed through as a profession. Stiller identified three major events or stages of the counseling profession: 1) vocational exploration, 2) meeting individual needs, 3) and transitional professionalism. Bradley added a fourth, 4) situational diagnosis. Vocational exploration describes Frank Parson's contribution to vocational counseling in the early 1900s, with his concepts of the analysis of the individual and career placement. Parsons developed steps to be followed during the vocational progress of the individual. Parsons also advocated for vocational guidance within schools and colleges, offering methods they could use, and began

training counselors. Meeting individual needs encompasses Carl Roger's impact in the 1940s and 50s. His concept of meeting individuals' needs, as the individuals themselves perceive them, was a major influence on the counseling profession (Bradley, 1978).   Transitional professionalism describes the models that influenced the counseling profession during the 1960s. These included medical therapeutic models, which influenced the counseling profession, and school counseling, which "functioned as the major psychologic component in education" (Bradley, p. 42). Last, situational diagnosis describes the movement away from individual therapies toward a systems approach. During the 1970s counseling incorporated new models geared toward environmental analysis and manipulation. Newer psychological models such as transactional analysis, behavior modification, and reality therapy demonstrate the shift.

Goodyear (2000) offered a brief synopsis of the counseling profession in relation to counseling psychology. Goodyear noted that both professions claim Frank Parsons as an early influence, who initiated the professions. Goodyear believed the passage of the Community Mental Health Centers Act of 1963 sparked the beginning of counseling differentiating itself from counseling psychology.   He also credits the passing of the first counselor licensure bill in 1975 and the implementation in 1981 of an accreditation system (CACREP) for counseling programs as further differentiating counseling from counseling psychology. These were the defining events throughout counseling's history that Goodyear believed contributed to the development of counseling as a separate and distinct profession.

Remley and Herlihy (2005) addressed a possible reason for these differing versions. They recognized that various authors call attention to differing events and provide interpretations from their perspective. However, there are a number of undeniable events that seem to

appear frequently throughout the literature.   These events are presented as a means to provide an objective review of the origins of the counseling profession.

The emergence of the counseling profession began around the same time that counseling psychology became a specialty within the psychology profession in the 1940s (Goodyear, 2000). This occurred as psychology was establishing the doctoral level as the requirement for professional status (Remley & Herlihy, 2005). In 1945, the American Psychological Association established a Division of Personnel and Guidance Psychologists (American Psychological Association, 2005c). In the aftermath of World War II, the roles of counseling psychologists began to evolve. Counseling psychologists began to distinguish themselves from other psychologists by asserting their interest in normal, healthy development. Counseling psychology endorsed the preventive/developmental model rather than the pathological/medical model endorsed by clinical psychology, concentrating on developmental stages throughout one's life, as well as career.   The Division of Personnel and Guidance Psychologists changed its name to the Division of Counseling Psychology in 1951 to reflect this emphasis on overall well being throughout the life span (American Psychological Association)

Vocational counseling also focused on career matters, eventually narrowing its goal during the 1950s to the rehabilitation of disabled persons, enabling them to re-enter the work force. However, the origin of counseling psychology and vocational counseling has been traced back to the founding of the first vocational guidance center by Frank Parsons (Gummere, 1988; Hartung & Blustein, 2002; O'Brien, 2001). Frank Parsons, dubbed a "Renaissance man" due to his many ventures throughout his career, a career that transcended multiple fields, including college teaching, politics, and social service work, is also regarded by many as the founder of

vocational guidance (Hartung & Blustein, 2002; Zytowski, 2001).   In 1908, Boston's

Vocational Bureau was opened and declared its statement of purpose: "To aid young people in

choosing an occupation, preparing themselves for it, finding an opening in the chosen field, and

building up a career of efficiency and success" (Zytowski, p. 61). Parsons believed that

people would benefit from assistance in selecting careers that would be rewarding and

correspond to their abilities and interests (Gibson & Mitchell, 2003). Hartung and Blustein

refered to the Parsons vocational bureau as "the first formal career-counseling center in the

United States" (p. 41), which "planted the seeds of the counseling profession" (Hartung &

Blustein, p. 41).

Many believe that Parson's work continues to this day to contribute to the counseling

profession (Bradley, 1978; Gummere, 1988; Hartung & Blustein, 2002; Zytowski, 2001).

Zytowski (2001) suggested that the Bureau's statement of purpose is still representative of career

counseling as it exists today, asserting, "It could stand as a 'franchise' for a career counseling

service today" (p. 61).   Hartung and Blustein believed that the vocational bureau planted

the seeds of the counseling profession, which continue to mature and bear fruit more than 90

years later.

In the mid 1950s, in response to the "race to space," there was an increased need for

counselors to be placed in high schools to steer students into math and science courses (Remley

& Herlihy, 2005). To fill the demand, the National Defense Education Act was passed in 1958,

providing funds to upgrade school counseling programs and to establish training facilities to train

school teachers. As a result, universities throughout the United States created summer training

facilities that offered basic guidance or counseling courses to school teachers allowing them to be

certified as school counselors (Remley & Herlihy, 2005). During this era, the number of school

counselors more than doubled (Schmidt, 1993). Presently, school accreditation groups require that schools have school counselors on staff. However, certification requirements have changed significantly, making a master's degree, specified courses, and internship mandatory for certification (Remley & Herlihy, 2005).

There was increased need for vocational rehabilitation counseling in the early 1920s in response to the growing recognition of the needs of disabled Americans. Many people felt these citizens were not given the services they needed to become productive members of society (Remley & Herlihy, 2005). In 1920, the federal government introduced a demonstration program in vocational rehabilitation (Carney, 1999). This program was implemented to assist with the rehabilitation of industrially injured workers. Soon after, the Social Security Act of 1935 was passed, providing counseling and educational resources to persons with disabilities. By the 1950s, rehabilitation training and research were added to the program (Carney). In response, master's degree programs in rehabilitation counseling were expanded and increased in number to prepare counselors to evaluate people with disabilities and to develop plans to help them join the work force with satisfactory employment (Remley & Herlihy).

During the 1970s, The Rehabilitation Act of 1973 had a positive impact on the rehabilitation counseling profession. Services were expanded and the rehabilitation counseling profession's image improved. Carney (1999) noted, following the Rehabilitation Act, the hopes and expectations of disabled individuals improved, realizing that they were given the opportunities to "pursue dreams of opportunity and employment" (p. 675). Today, rehabilitation counselors' professional preparation includes accredited graduate training programs and continuing education. There are several professional organizations for rehabilitation counselors, such as the National Rehabilitation Counseling Association (NRCA), the American Rehabilitation

Counseling Association (ARCA), or the National Association of Rehabilitation Professions

in the Private Sector (NARPPS). Rehabilitation counseling also has professional

practice credentials including registry, certification, and in some states, licensure

(Irons, 1989). These achievements have increased the status of the rehabilitation counseling

profession.

Together, the formation of vocational rehabilitation counseling as an academic discipline,

and the materialization of school counseling, have propelled counseling as a separate and unique

profession within the mental health field.

Steps to Becoming a Profession

A profession is defined as "a calling requiring specialized knowledge and often long and

intensive academic preparation" (Merriam-Webster, 2006, p. 1). Other definitions of a

profession further delineate characteristics such as having a professional

association, ethics code, and process of certification or licensing. Literature throughout the past

70 years presents comparable defining characteristics of a profession including specialized

knowledge; service oriented practitioners; historical familiarity; rigorous training and schooling;

ability to define its role; standards of competence such as licensing, certification, and

accreditation; code of ethics; establishment of professional association; social

need; and legal recognition of the vocation (Encyclopedia of Education, 1971; Encyclopedia of

Sociology, 1992; Goode, 1960; Nugent, 1981; Vollmer & Mills, 1966; Waniganayake, 2001;

Wrenn & Darley, 1949).   Through the use of the above criteria, the evolution of counseling as

an established profession will be explained.

Although counseling is a relatively new profession compared to other mental health

professions such as psychiatry, psychology, and social work, counseling meets the criteria used

to define a mature profession. The first characteristic is specialized knowledge within the counseling profession. Specialized knowledge is an exclusive body of knowledge upon which each profession bases its assertion of being a distinct profession (Beck, 2000). Kaplan (2006) noted "counseling is the sole mental health profession with expertise in career counseling" (p. 40). This expertise is a unique aspect of the counseling profession that begins to distinguish the profession from others. Counseling's focus on human development and the wellness model also sets the profession apart from others, breaking away from the pathological/medical model endorsed by other mental health providers (Hansen, 2003; Kaplan, 2006).

Accrediting bodies such as the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) and the Council on Rehabilitation Education (CORE) provide evidence of this characteristic by establishing core areas of knowledge for the counseling profession (Brooks & Gerstein, 1990; Richie, 1990). Smith (2004) recognized the importance of identifying the essential knowledge base of a profession for the development of professional identity, especially when similar professions already exist and have histories much longer than the field of counseling. As a result, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) was established. CACREP accredits well over 25% of the counselor education programs today. CACREP has strengthened and standardized graduate training programs. It examines the preparation standards of a profession. Bahen and Miller (1998) assert that accreditation improves available services through the standard education of professionals.

Certification and licensure are two methods of credentialing professionals within an occupation. Beck (2000) believed credentials and credentialing provide a means to distinguish between "adequate and inadequate levels of knowledge and skill" (p. 1). Regulated by state

governments, licensure serves as a practice credential that provides set standards for a profession (Smith, 2004). If consumers should be harmed as a result of an action taken by a member of the profession, licensure also protects the consumer by offering recourse (Smith). The first licensure legislation was passed in 1976 by the state of Virginia. Smith asserted that this event "provided a defensible identity of professional counselors in terms of clinical practice" (p. 8). Over the next 28 years, 46 other states, plus the District of Columbia and Puerto Rico, passed licensure legislation. Sweeney (1995) believed that licensure tends to be the most desirable credential due to its ability to emphasize the uniqueness of an occupation by setting limits for the title and practice of an occupation. Similarly, Remley (1995) agreed that state licensure assists in attaining public recognition that counseling is a separate and distinct profession. It defines a separate identity and occupation in the eyes of the law.

The American Counseling Association established a national certification body, currently known as the National Board for Certified Counselors (NBCC). This board determines what counselors must know to be able to market themselves as professional counselors. Smith (2004) beli that certification is a matter of identity and integrity for the profession. Certification is a means to verify one's qualification as a professional within an occupation. In the counseling profession, certification verifies one's assertion of qualification as a professional counselor (Sweeney, 1995). National certification can promote a profession as distinct, through uniformity in the stated criteria for certification (Sweeney).

Extensive training is another characteristic the counseling profession possesses. In most states, to become a counselor, training includes the completion of a master's degree in counseling or related field from an accredited institution of higher education (Ritchie, 1990). All students in CACREP programs must demonstrate knowledge in each of the eight common core

areas. The eight common core areas for the counseling profession are: professional identity, social and cultural diversity, human growth and development, career development, helping relationships, group work, assessment, research and program evaluation.   CACREP programs also require supervised experiences, including practicum and internship for all students.

A defining characteristic of a mature profession is the establishment of a code of ethics (Nugent, 1994). Codes of ethics address competency and standards of practice for licensed or certified members of a profession. The American Counseling Association formally adopted a code of ethics in 1961 (Allen, 1986). Several revisions have taken place to reflect changes that have occurred and to address the needs of counselors, clients, and society in general (Walden, Herlihy, & Ashton, 2003). Feit and Lloyd (1990) believed that the establishment of a code of ethics for the counseling profession was an important event for the profession due to its intention of counselors to self-regulate. ACA's code of ethics contains conduct judged as good or right for counselors. Counselors are expected to adhere to these standards, which reflect professional behavior (Remley & Herlihy, 2005). Counselors should utilize ACA's code of ethics to address and consider professional ethics as they arise.

Professionalism has been identified as a contributor to professional identity. Remley and Herlihy (2005) defined professionalism as "an internal motivation to perform at the level of best practices that represent the ideals of the profession, enhance its image, and promote its development" (p. 48).   A characteristic of professionalism is membership in a professional organization (Spruill & Benshoff, 1996); therefore, one could infer that professional affiliations contribute to counselor professional identity. Irons (1989) stated "status is determined by established standards and represents an ultimate goal for a profession as a whole" (p. 42). Therefore, professional status can be achieved through membership in a professional

organization. By achieving professional status, identity is strengthened. Counselors are provided the opportunity to grow with the profession through utilizing the benefits offered through professional organizations such as excellent resources, in-service training, individualized enrichment, advocacy, and other special services. Without belonging to professional organizations and taking advantage of their resources and services, counselors may miss the opportunity to grow with the profession (VanZandt, 1990).

The counseling profession has met nearly all the delineated criteria to be considered a distinct profession (Feit & Lloyd, 1990; Ritchie, 1990). Counseling's origins in career development and the wellness model differentiate the profession and proclaim it as a unique, separate profession. Credentialing such as state licensure and national certification has propelled the counseling profession to equal status among other mental health professions. Accreditation and an established code of ethics increase the profession's image and status. Professional organizations such as ACA encourage excellence and promote professional attitudes, ideals, and standards (Scott, 1980). Together these accomplishments represent counseling's steps toward becoming a profession.

Current Issues Related to Counselor Professional Identity

The search for identity is a recurring theme in the literature of the counseling profession (Hanna & Bernak, 1997). Counseling's blurred identity seems to stem from unclear professional boundaries within mental health professions and considerable overlap in curriculum, types of clients served, and services provided. Hanna and Bernak and Henriques and Sternberg (2004) recognized a need for a clear distinction between counseling and counseling psychology's curriculum. "So much overlap in curriculum…raises serious questions about the distinctiveness of the core practice areas" (Henriques & Sternberg, p. 1053). Goodyear (1990)

specifically pointed out this overlap stating, "counseling and counseling psychology share history, literature, and purpose" (p. 595). This identity problem has highlighted the importance of the issue and has drawn attention to possible solutions. One solution to improve counselor professional identity mentioned in the literature is to acknowledge and familiarize counselors with the issues confronting professional identity, especially the nature of their relationship with similar mental health professions (Brown, 1989). This can be accomplished by having an awareness of the similarities and differences among the mental health professions. This is a crucial component of professional identity. Brown (1989) has suggested that the training of professional counselors should include familiarizing students with the nature of their relationships with other groups such as psychology, psychiatry, and social work.

There are several advantages to having the ability to articulate distinctions among professions; it facilitates the representation of the professions to the public by claiming their position in the market place (Pistole, 2002). This understanding of the profession's role also enables professionals to work effectively with other service providers through fostering a sense of value in one's work, as well as establishing respect and professional autonomy (Marriott, 1994; Myers, Sweeney, & White, 2002). Stanton and Gilligan (2003) acknowledged the importance of developing knowledge of and respect for other professionals, stating that "To collaborate effectively, professionals must understand and respect the unique training and expertise of the other professionals with whom they work" (p. 167). Marriot investigated components of job satisfaction in psychiatric social workers. Because psychiatric social workers are part of a multidisciplinary hospital team, member's roles, responsibilities, and autonomy are influenced by a "hierarchical, competitive, social exchange" among team members (p. 203). In response to finding respect from other team members as the major correlate of job satisfaction,

Marriott stated that building a stronger sense of identity for psychiatric social workers will foster a self-derived value in the work itself. Counselors may also find themselves part of a multidisciplinary team, making a professional identity necessary and beneficial to job satisfaction.

Another possible contributor to the lack of a well-formulated counselor identity is the increasing specialization within the counseling profession. In response to an increasing amount of concern regarding the fragmentation of counseling, ACA has implemented policies that limit the formation of new divisions. Currently, divisions are based on a variety of dimensions, including: work settings (American School Counselor Association), techniques (Association for Specialist in Group Work), specific client population (Association for Gay, Lesbian, and Bisexual Issues in Counseling), and competencies (Association for Adult Development and Aging) (Myers, 1995). After examining the histories of specialties within the counseling profession, Myers believed that the emergence of these specialties was a result of energetic leadership rather than "careful consideration and the achievement of consensus within the profession as a whole" (p. 115). This can happen when leaders strive for recognition and eminence rather than collaborating and building an alliance with the parent profession in order to further their interests and needs. Consequently, these specialties have elicited criticism that counseling has unreasonably fragmented the profession, preventing it from attaining a unified professional identity (Myers). Compounding the criticism is the drive for specialty licensing. Specialty licensing is similar to state regulation of the practice of counseling, in that it would serve to protect the public from harm. However, the rationale for state licensure to practice counseling, which is to protect the public from possible harm if treated by an unqualified counselor, isn't reasonable or justifiable when applied to specialties (Remley, 1995). Remley

has stated that, it is difficult to formulate a further argument that the public will be exposed to harm if specialists within the counseling profession are not licensed separately. In his article, A Proposed Alternative to the Licensing of Specialties in Counseling, Remley presented arguments for and against specialty licensing. The need to assist insurance companies with differentiating counselors who are more qualified to render services has been presented as an argument for specialty licensing. An argument against specialty licensing is that counseling is one profession that requires the same core of knowledge as a foundation for all specializations not that dissimilar from medicine. Bower (1993) supported the arguments against specialty licensing, recognizing that specializations are not separate disciplines; therefore, specialties should not be licensed. Remley further proposed that state counseling boards resist specialty licensure, but incorporate a section in their regulations that prohibits licensees from rendering specialized services outside their demonstrated areas of expertise.

There are practical needs for specialties within all professions. It is unlikely that one person will be skillful in all aspects of a profession. Specialties improve areas of knowledge through research, training, and practice (Remley & Herlihy, 2005). However, it is important for specialties within a profession to maintain an alliance with the overall profession while pursuing their special interests (Remley & Herlihy). As long as specialties serve this purpose and resist the urge to vie for the dominant position, specialties can be beneficial to a profession.

Attitudes of Counselors on
Professional Identity of Similar Mental Health Professionals

Counseling and counseling psychology's historical ties (e.g., both groups declare Frank Parsons as an early influence) have created tension between the professions (Goodyear, 2000). Between-group tensions began to escalate during the latter 1970s (Goodyear).

During this time, counseling began to differentiate from psychology through licensure statutes, accreditation of counseling programs, and changes in counseling's professional organization. However, the two professions continue to struggle to differentiate from one another and continue to have a "shared identity" (Goodyear, p. 105). Some of the common interests identified within psychology and counseling literature are multiculturalism, focus on developmental issues, and focus on healthy functioning (Goodyear). Due to overlap and common interests, both groups claim similar attributes as defining areas of the profession. For example, Hanna and Bernak (1997) claimed these specific emphasis areas are unique to counseling, differentiating counseling from other helping professions. As a result, professional counselors frequently define their identity in regards to similarities and differences among mental health professionals.

Many professional counselors have difficulty identifying differences between counseling and other mental health professions. Thomas (1991) stated, "one would be hard put to distinguish substantively between counselor education and counseling psychology" (p. 204). O'Bryant (1994) recognized professional counselors had difficulty explaining exactly how they differ from other helping professions such as psychologists and clinical social workers. Many authors identify nuances in attempts to differentiate counseling from similar professions. Goodyear (1984) distinguished counseling from similar mental health professions by pointing out the origins of counseling and scope of practice. Goodyear illustrated his point by providing the following example: "Our knowledge of testing distinguishes us from social workers; our foundations in vocational counseling and in working with essentially normal people distinguishes us from all other mental health professions" (p. 5). Van Hesteren and Ivey (1990) emphasized counseling's resistance to pathological models as the profession's unique feature.

Both social work and counseling/clinical psychology are well known for directing treatment towards psychopathology, defined as a problem. However, counseling emphasizes a unique positive developmental model. Hansen (2005) recognized counseling's commitment to "help clients actualize their innate potential" (p. 406) as a distinct characteristic of the profession. Counseling pays careful attention to individuality and human potential, unlike other mental health professions that may reduce clients to pathological entities. Pate (1980) discussed the challenge that counselors face when attempting to establish their professional identity in a psychological society. Through a brief synopsis of counseling's heritage and direction, Pate identified several distinguishing features of the profession. He stated that counselors' goal to empower clients and facilitate independence from continued counseling and their view that clients, not test scores, are the focus of their work strongly distinguish the profession from other helping professions. He concluded that our counselees are individuals who need assistance in coping more productively, rather than patients to be treated on the basis of a sickness model. Pate also emphasized the need to continue endorsing the developmental nature of the counseling profession. "Our unique contributions are the assistance we give counselees to realize their potential better and our interventions to remove institutional barriers to that realization" (p. 522). Overall, Pate encouraged counselors to embrace their educational roots and be proud that the programs are housed in schools of education. This is the foundation of the profession and it is unique to counseling.

Other authors believe a separate identity from psychology is almost unachievable. Hanna and Bernak (1997) believed that politics make up the bulk of the difference between counseling and therapy disciplines. They stated that the various professions within the mental health arena share a common body of knowledge, which transcends the boundaries of psychiatry, psychology,

social work, and counseling and makes use of language accessible and applicable to all. Hanna and Bernak believed a knowledge base of both theory and research to differentiate counseling from similar mental health professions is lacking. "To help form an identity, new developments should be original to counselors and not merely follow on the heels of other professions" (Hanna & Bernak, p. 205).   Contrarily, Ivey and Goncalves (1987) asserted that counseling's commitment to human development clearly distinguishes the profession from psychology. However, others believe the pursuit for identity is vital to the stability and longevity of the counseling profession (Richie, 1990).

In an interview with Roger Aubrey, a former professor of psychology and education known for his professional influences and significant historical trends in the field of counseling, Briddick (1997) questioned what Aubrey believes the future of counseling holds. His response centered on the importance of the counseling profession's awareness of competing professions. Aubrey pondered over how the counseling profession should progress, hoping that counseling doesn't steer away from what sets it apart from other mental health professionals. Aubrey would like to see counseling continue to focus on healthy human development, resisting the temptation to endorse the pathology model, which has been the predominant orientation for psychiatry, psychology, and social work.

It is important to the development of professional identity to be aware of the unique aspects of a profession, as well as the similarities and differences among other professions. Currently, there doesn't seem to be a consensus regarding what is unique to the counseling profession or the identification of similarities and differences among other mental health professions. Consequently, many contemplate what the future holds for the counseling profession.

Although psychology and counseling share historical ties, the two began diverging from one another very early on. Counseling has asserted strongly a distinctive humanistic foundation from which it has built a separate and unique profession. Counseling has established itself as a separate profession through several achievements including accredited preparation programs, licensure, professional organizations, and the establishment of an ethics code. Counseling should continue to declare its unique identity through the development of a strong, collective professional identity.

Importance of Professional Identity

Literature from psychology, social work, and counseling contains components that may contribute to the development of professional identity (Auxier, Hughes, & Kline, 2003; Beck, 2000; Brott & Myers, 1999; Daniels, 2002; Fall, Levitov, Jennings, & Eberts, 2000; Gale & Austin, 2003; Gilbert, 1977; Hanna & Bernak, 1997; Hansen, 2003; Heck, 1990; Kelly, 1996; Pistole, 2002). Professional identity serves several important purposes for professions as a whole, as well as individual members of the profession. A discipline's identity distinguishes the profession from other service providers while providing professionals with a secure foundation to make sense of their work (Heck, 1990; Pistole & Roberts, 2002). For example, one feature of the counseling profession that is unique and distinguishable from other mental health professions is its underlying philosophy. According to Remley and Herlihy (2005), the counseling philosophy is comprised of four components: the wellness model, a developmental perspective, a preventative outlook, which includes early intervention, and the goal of empowerment for clients. Having the ability to describe the unique aspects of counseling along with the services provided, without reference to other mental health professions, provides professionals the foundation for their work. Brott and Myers (1999) further expanded on the applicability of

professional identity, referring to one's professional identity as a self-conceptualization, which serves as a frame of reference from which one carries out a professional role, makes significant professional decisions, and develops as a professional.

Persons with strong professional identities have a sense of pride in their chosen profession and are able to articulate that unique and distinct identity to others (Myers, Sweeny, & White, 2002; Remley & Herlihy, 2005). This is a valuable aspect of professional identity for both professionals and the profession as whole. Remley and Herlihy (2005) stated that counselors with strong professional identities, defined by understanding and appreciating the profession's history, philosophical foundations, services offered, core curriculum, and similarities and differences among other mental health professions, are "satisfied with their chosen profession and communicate this pride to those with whom they come into contact" (p. 48). This pride can be expressed by defending the profession against inaccurate statements regarding the profession or members of that profession (Remley & Herlihy). Counselors with strong professional identities model professionalism and represent a positive image of the profession, contributing to the status of the profession.

Professional identity is an essential factor in staking a claim to the mental health market. Articulating distinctions among mental health professions is necessary in order to gain recognition and to vie for their legitimate position in the health care market place (Pistole, 2002). "As each mental health profession struggles to find a significant place to ensure financial survival in an economy of shrinking funds for mental health, the need for a unique identity becomes that much more crucial" (Fall, Levitov, Jennings, & Eberts, 2000, p. 122). Emphasizing a profession's unique services offered will help to ensure a place in the mental health market. Wollersheim and Walsh (1993) stressed the necessity of educating the public

concerning the strengths of psychology in order to avoid being squeezed out of the market, highlighting the importance of informing the public about the uniqueness of mental health profession.

In summary, it appears that a well-formulated professional identity will promote and strengthen the status of the profession. It will enable counselors to articulate differences among similar professions and emphasize the uniqueness of the counseling profession. Professional identity infuses pride in one's profession, which surfaces through advocacy for the profession. It seems a strong professional identity will foster a working relationship with other mental health professionals and reinforce the notion that counseling is a unique and separate profession.

Chapter Three

Methodology

This chapter describes the methodology that was used in this study. Organization of the chapter includes the following subsections: purpose of the study, research question, hypotheses, participant selection criteria, instrumentation and instrument development, data collection plan, and methods of data analysis.

Purpose of the Study

The purpose of this study was to identify the importance of components that contribute to the development of counselor professional identity, and to identify counselors' sentiments towards differences among the professional identities of counseling, social work, and psychology.

General Research Questions

The following general research questions served as the overarching questions for this study in order to determine the importance of components that contribute to the development of professional identity for counselors. Counselors' attitudes towards similarities and differences among mental health professions were examined as well.

What is the importance of professional affiliations, CACREP, professional scholarship, advocacy for the profession, greater field experience, and a doctorate degree to the development of counselor professional identity?

Do counselors with strong professional identities differ from those with less strong identities in terms of perceiving differences among mental health professions?

Research Hypotheses

The research hypotheses included the following:

1. Licensed counselors who believe that being members of counseling-related professional organizations is an important component of the development of counselor professional identity will have stronger perceived professional identities than licensed counselors who do not believe being members of counseling-related professional organizations is an important component to the development of counselor professional identity.

2. Licensed counselors who are graduates of CACREP accredited preparation programs will have stronger perceived professional identities than licensed counselors who are not graduates of CACREP accredited preparation programs.

3. Licensed counselors who believe professional scholarship is an important component to the development of counselor professional identity will have a stronger perceived professional identity than licensed counselors who do not believe professional scholarship is an important component to the development of counselor professional identity.

4. Licensed counselors who believe advocacy for the profession is an important component to the development of counselor professional identity will have a stronger perceived professional identity than licensed counselors who do not believe advocacy for the profession is an important component to the development of counselor professional identity.

5. Licensed counselors who are not affiliated with other mental health professions such as psychology or social work will have stronger perceived professional identities than licensed counselors who are affiliated with other mental health professions such as psychology or social work.

6. Licensed counselors who have greater experience, defined as having five or more years of experience in the field of counseling, will have stronger perceived professional identities than licensed counselors who have had less than five years of experience in the field of counseling.

7. Licensed counselors who have a doctorate degree in counseling will have stronger perceived professional identities than licensed counselors who have only a master's degree in counseling.

8. Licensed counselors who have a strong professional identity will perceive more differences among mental health professions than licensed counselors who have a less strong professional identity.

Characteristics of the Sample

The sample for this study was drawn from members of the Southern Region of the American Counseling Association (ACA). ACA has identified the following states as the southern region of ACA: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, West Virginia, and Latin America. Collectively, the southern region consists of over 10,000 members. In order to achieve a reasonable level of participation, Florida, Louisiana, Tennessee, South Carolina, and Virginia were selected to be representative of the southern region, collectively listing approximately 5,000 member's email addresses within their directories. Criteria for participation included being a licensed professional counselor (LPC), membership in the Southern region of ACA, email address listed in the ACA membership directory, and a working email address. The email addresses were entered into a generic electronic mailing list titled Survey of Counselor Professional Identity. No further identifying information was gathered from the participants.

Participants were contacted directly through email using a mass email message (See Appendix A). After allowing for non-respondents and inaccurate email addresses, the approximate number of participants in the study was 304.

ACA provided 1,998 email addresses within the selected states as requested. Of the 1,998 email addresses provided by ACA's membership directories for the states of Florida, Louisiana, Tennessee, South Carolina, and Virginia, 299 were returned as undeliverable and were purged from the potential pool, generating a sample of 1,699 potential participants. The total number of useable surveys was 304, indicating a return rate of eighteen percent (18%). The majority of respondents were female (77%), which corresponds with the American Counseling Association's female to male ratio of 73% to 27 %. Descriptive data for participants' gender are presented in Table 1.

Table 1
Frequency Distribution of Respondents by Gender

Gender	*F*	%
Female	234	77
Male	70	23
Total	304	100

Instrument Development

No previous study has examined counselors' perceptions of identity and attitudinal differences between counselors and other mental health professionals using a quantitative survey method. Therefore, existing instruments were not appropriate for this study. However, qualitative methods have been utilized within the counseling profession; a discussion of several qualitative studies is presented. Nelson and Jackson (2003) employed a qualitative phenomenological approach to examine professional counselor identity development in

counseling student interns. However, their study looked exclusively at eight Hispanic

practicum/internship students. Swickert (1997) also conducted a qualitative study on perceptions

regarding the professional identity of counselor education doctoral graduates in private practice.

She interviewed 10 doctoral graduates of counselor education programs accredited by CACREP

who were engaged in full-time private practice. Employing grounded theory procedures, Auxier,

Hughes, and Kline (2003) examined identity development in counselors-in-training. They used

two rounds of individual interviews and a focus group meeting to explore the identity

development experiences of master's degree counselor education students. Brott and Myers

(1999) examined the professional identity development of school counselors, also using a

grounded theory. Data were collected by means of qualitative interviews, using a structured,

open-ended approach.

    I created The Survey of Counselor Professional Identity (see Appendix B)

specifically for this study with the purpose of (a) determining what counselors perceive to have

contributed to their development of professional identity as a counselor, (b) determining

counselors' sentiments (importance) toward each component to the development of counselor

professional identity, and (c) determining if there are differences between counselors with strong

professional identities from those with less strong identities in terms of perceiving more

 or differences among mental health professions. The survey consists of 37 items

divided into four sections. Section I pertains to participants' demographic and background

information including age, gender, educational level, years as a licensed counselor, state in

which licensed, preparation program, affiliations, and work setting. This information was used

to construct the independent variables. Section II asks participants to rate the importance of 23

statements describing possible components to the development of their counselor professional

identity by use of a 7-point Likert scale with anchored responses at each end. Possible

responses range from not important (1) to extremely important (7). Item 24 asks participants

to identify the top three most important components from section II to the development of their

professional identity as a counselor. Section III asks participants to respond to 12 opinion

statements regarding how counselors view what they do as professional counselors compared to

psychologists and social workers by using a 7-point Likert scale with anchored responses at each

end ranging from strongly disagree (1) to strongly agree (7). Section IV asks participants to rate

their professional identity as a counselor using a 10-point Likert scale with responses at each end

ranging from I do not see myself as a counselor (1) to I strongly see myself as a counselor (10).

Survey of Counselor Professional Identity Section I: Personal Information. The variables

selected in the demographic information were chosen based upon research exploring components

of the development of professional identity (Cecil et al., 1987; Feit & Lloyd, 1990; Spruill &

Benshoff, 1996).

Survey of Counselor Professional Identity Section II: Development of Professional Identity. The

development of a unique professional identity is a major issue among the mental health

professions.   Literature from psychology, social work, and counseling examines components that

may contribute to the development of professional identity (Auxier, Hughes, & Kline, 2003;

Beck, 2000; Brott & Myers, 1999; Daniels, 2002; Fall, Levitov, Jennings, & Eberts, 2000; Gale

& Austin, 2003; Gilbert, 1977; Hanna & Bernak, 1997; Hansen, 2003; Heck, 1990; Kelly, 1996;

Pistole, 2002).   The items in this section are based on literature found across various mental

health professions (See Table 2). Items 1, 3, & 4 were based on literature regarding membership

of counseling organizations impact on professional identity. Specifically, Feit and Lloyd (1990)

view membership in counseling organizations as an indicator of professional identity. They

believe counselors will recognize the organization as representing their profession and identify themselves a counselors. Spruill and Benshoff (1996) identified professionalism as a contributor to the identity of a profession, also stating membership in professional counseling organizations has been recognized as a characteristic of counselor professionalism. Item 2 was derived from literature speculating the impact of specializations within the counseling profession on the development of professional identity. Myers (1995) considers specializations to negatively impact counselors' professional identity. Myers believes specialties unnecessarily fragment the counseling profession, consequently inhibiting the development of a unified professional identity. Item 5 was based upon a study on the benefits of accredited programs. Cecil et al. (1987) conducted a study of CACREP-accredited programs to explore reasons for pursuing accreditation. According to Cecil et al., CACREP-accredited programs offer a number of advantages. A notable benefit of accreditation was an intensification of students and counselors' professional identity with an increased sense of student pride in the program. Also, CACREP has been shown to contribute to a stronger and more mature profession (Cecil et al.). Items 6-10 were based on two qualitative studies regarding counselor identity.

Nelson and Jackson (2003) employed a qualitative phenomenological approach to examine professional counselor identity development in counseling student interns. The interviews revealed an emphasis on the importance of relationships with professors, peers, site supervisors, and family on the development of a professional identity. The Hispanic participants in their study affirmed that a respectful and accepting teaching and supervisory style was significant in the development of their professional identities. Swickert (1997) also conducted a qualitative study on perceptions regarding the professional identity of counselor education doctoral graduates in private practice. She interviewed 10 doctoral graduates of counselor

education programs accredited by CACREP who were engaged in full-time private practice. Five of the participants mentioned that they collaborated with other counselors for the benefit of peer support. The other five participants worked alone but networked with other professionals seeking to improve the quality of services provided. This informal supervision was identified as an important component to counselor professional identity. In a quantitative study by Clark and Harden (2000), mentor relationships were found to be an integral part in the development of professional identity among psychologists. In their study, mentoring was defined as "a personal relationship in which a more experienced individual acts as a guide, role model, teacher, and sponsor of a less experienced protégé" (Clark & Harden, p. 263).

Items 11-13 were based on a study assessing the impact of counselor licensure which was conducted in the state of Ohio. Davis and Witmer (1990) found that the majority of counselors and counselor educators surveyed felt that the counseling licensure law had improved the credibility of the counseling profession in Ohio. They suggest a clearer picture of who counselors are and what is expected of them is a positive result of increased credibility of the profession. Items 14-16 were derived from literature regarding the history and foundation of the counseling profession. Hansen (2000) believes that humanistic philosophy has laid the groundwork for the counseling profession. Remley and Herlihy (2005) further acknowledge that counseling has also relied heavily on developmental models to conceptualize personal and emotional issues. Using a developmental perspective allows counselors a unique way of approaching these personal challenges as they arise, viewing them as natural and normal. This foundation distinguishes the counseling profession from other mental health professions, according to Remley and Herlihy. Item 17 is based on the intention of ACA's code of ethics. Codes of ethics address competency and standards of practice for licensed or certified

members of a profession. Providing standards of behavior based on values held by members of

the counseling profession allows counselors to identify with their role and responsibilities. In

return, counselors' professional identities are strengthened.

Item 18 and 19 were based on a study exploring research publication as a component of

professional identity. Using the *Journal of Mental Health Counseling*, Mate and Kelly (1997)

examined research publication as an indicator of identity development for mental health

counselors. They found that contributing publications regarding applicable information such as

training or work practices strengthens mental health counselor's identity development. Research

and publication of original material, separate from other helping professions, are essential to the

identity of the counseling profession (Hanna & Bernak, 1997). Through contributions to

journals, counselors can convey their dedication to research, which is a fundamental portion of

counselor identity (Pistole & Roberts, 2002). Zimpfer (1996) also identified the need for

counselors and counselors-in-training to actively publish original insights and research.

Items 20 and 21 were based on a study of the impact of continuing professional education

on a profession's image. Through interviews of focus groups comprised of three levels of social

workers, coordinators of continuing professional education (CPE) programs, experienced social

workers with more than five years experience, and new graduates with less than two years

experience, McMichael (2000) found that social work's image improved after the establishment

of a national CPE policy, a document which regulates ongoing education for the providers within

the profession.

Items 22 and 23 were based on literature regarding the importance of advocacy for the

counseling profession. Specifically, Myers, Sweeney, and White (2002) drew attention to the

necessity of advocacy for counseling and counselors. Proclaiming, being and becoming active in

advocacy has become part of the professional identity of a counselor and is a vital responsibility

for counselors if the profession is to survive in a competitive marketplace. Through advocacy

for the counseling profession, counselors may argue for the advancement of the profession and

become agents of social change, intervening in the world around us (Myers, Sweeney, & White,

2002). Item 24 requests that participants rate the top three most important components to the

development of their professional identity as a counselor from the previous 23 items.

Table 2
Instrument Development-Section II-Development of Professional Identity

Item	Literature Reference
1, 2, 3, 4	Feit and Lloyd (1990); Spruill & Benshoff (1996); VanZandt, (1990)
5	Bahen & Miller (1998); Cecil et al. 1987; Kaplan (2006)
6-10	Nelson and Jackson (2003); Swickert (1997); Clark and Harden (2000); Remley and Herlihy (2005); Davis and Witmer (1990); Kaplan (2006)
11, 12	Remley and Herlihy (2005); Davis and Witmer (1990); Kaplan (2006); Myers, Sweeney, and White (2002)
13	Remley and Herlihy (2005); Van Hesteren & Ivey, (1990); Brooks & Gerstein (1990); Briddick, (1997); Pate (1980); Kaplan (2006)
14	*Hansen* (2000); Remley and Herlihy (2005); Kaplan (2006)
15	Remley & Herlihy, (2005); Brooks & Gerstein (1990); Briddick, (1997); Goodyear (1984), Gale & Austin (2003).
16	Walden, Herlihy, & Ashton (2003)

Table 2 Continued

17	Hanna & Bernak, (1997); Pistole & Roberts, (2002); Mate and Kelly (1997); Kelly (1996); Weinrach, Thomas, and Chan (2001).
18, 19	Mate and Kelly (1997); Hanna & Bernak (1997); Pistole & Roberts (2002); Zimpfer (1996).
20, 21	Myers, Sweeney, and White (2002); McMichael (2000)
22, 23	Myers, Sweeney, and White (2002)

Survey of Counselor Professional Identity Section III-Counselor's perceived differences among mental health profession's identities. Counseling's unformulated identity seems to stem from unclear professional boundaries within mental health professions and considerable overlap in curriculum, types of clients served, and services provided. Hanna and Bernak (1997) and Henriques and Sternberg (2004) recognize a need for a clear distinction between the curriculum of counseling and that of counseling psychology. Some of the common interests identified within psychology and counseling literature are multiculturalism, focus on developmental issues, and focus on healthy functioning (Goodyear, 2000). O'Bryant (1994) recognized professional counselors had difficulty explaining exactly how they differ from other helping professionals such as psychologists and clinical social workers. Hanna and Bernak (1997) believe politics make up the majority of difference between counseling and therapy disciplines. They state that the various professions within the mental health arena share a common body of knowledge, which transcends the boundaries of psychiatry, psychology, social work, and counseling and makes use of language accessible and applicable to all. Contrarily, Ivey and Goncalves (1987) assert that

counseling's commitment to human development clearly distinguishes the profession from psychology. Items 1-12 were derived from literature pertaining to similarities and differences among mental health professions. The most repeated aspects of mental health professions used to differentiate among one another were training, historical base, theoretical orientation, techniques, and type of clients.

Su*rvey of Counselor Professional Identity Section IV-Professional Identity Rating.* Item 1 requests that participants rate their professional identity as a counselor using a 10-point Likert scale with anchored responses at each end ranging from I do not see myself as a counselor (1) to I strongly see myself as a counselor (10).

Data Collection

All procedures and protocols related to data collection were reviewed and approved by the University of New Orleans Committee for the Protection of Human Subjects in Research (IRB) (see Appexdix C). After receiving approval, data were collected from licensed counselors in the American Counseling Association (ACA) membership directory. Data were collected anonymously via SurveyMonkey (http://www.surveymonkey.com), an on-line survey and data collection service. *The Survey of Counselor Professional Identity* was developed for use as on on-line survey through SurveyMonkey.com creation tools. A secure electronic link was created through which participants could access the survey. While the total population of potential participants is identifiable via their electronic mail addresses before data collection, *the Survey of Counselor Professional Identity* does not contain questions that could reveal the identity of individual respondents. SurveyMonkey does not provide any mechanism for identifying participants.

After the licensed members were identified, their email addresses were entered into a generic electronic mailing list titled *Survey of Counselor Professional Identity Study*. This electronic mailing list contained the electronic mail addresses of licensed counselors and no other identifying information was collected.

Potential participants for the *Survey of Counselor Professional Identity Study* were contacted by a generic mass electronic message requesting participation. The electronic message included a brief description of the study, a statement regarding participant anonymity, and a consent form to participate in the study. Directions for accessing the survey via the secure electronic link generated by SurveyMonkey.com were provided as well. Thus, participation in the study was completely voluntary and anonymous.

Once the participants accessed the on-line version of *the Survey of Counselor Professional Identity*, they were requested to complete a demographic information section and a 37-item *Survey of Counselor Professional Identity*. All participants were sent two generic mass electronic messages, thanking those who had already participated, and reminding those who had not. The electronic reminder was sent in weeks 2 and 3 of the study. The end of the study was announced by a final generic mass message indicating the end of data collection. The final message thanked all those who chose to participate and notified participants of the opportunity to request an email copy of the final results of the study.

Data Analysis

Data analysis for this proposed study included descriptive statistics, ANOVA and MANOVA to identify components of counselor professional identity and perceived differences among mental health professions' identities.

Hypothesis 1

Licensed counselors who believe being a member of counseling related professional organizations is an important component to the development of counselor professional identity will have stronger professional identities than licensed counselors who do not believe being a member of counseling related professional organizations is an important component to the development of counselor professional identity.

Data Analysis

Data for this hypothesis were gathered from questions 1-4 of Section II and question 1 of Section IV of *The Survey of Counselor Professional Identity*. A MANOVA was used to compare the results of the items between licensed counselors who believe being a member of counseling related professional organizations is an important component to the development of counselor professional identity and licensed counselors who do not believe being a member of counseling related professional organizations is an important component to the development of counselor professional identity.

Hypothesis 2

Licensed counselors who are graduates of a CACREP preparation program will have stronger professional identities than licensed counselors who are not graduates of a CACREP preparation program.

Data Analysis

Data for this hypothesis were gathered from question 7 of Section I and question 1 of Section IV of *The Survey of Counselor Professional Identity*. Univariate analysis was used to compare the results of the items between licensed counselors who are graduates of a CACREP

preparation program and licensed counselors who are not graduates of a CACREP preparation program.

Hypothesis 3

Licensed counselors who believe professional scholarship is an important component to the development of counselor professional identity will have a stronger professional identity than licensed counselors who do not believe professional scholarship is an important component to the development of counselor professional identity.

Data Analysis

Data for this hypothesis were gathered from question 18, 19, 20, and 21 of Section II, and question 1 of Section IV of *The Survey of Counselor Professional Identity*. MANOVA was used to compare the results of the items between licensed counselors who believe professional scholarship is an important component to the development of counselor professional identity and licensed counselors who do not believe professional scholarship is an important component to the development of counselor professional identity.

Hypothesis 4

Licensed counselors who believe advocacy for the profession is an important component to the development of counselor professional identity will have a stronger professional identity than licensed counselors who so not believe advocacy for the profession is an important component to the development of counselor professional identity.

Data Analysis

Data for this hypothesis were gathered from question 22 of Section II, and question 1 of Section IV of *The Survey of Counselor Professional Identity*. Univariate analysis was used to compare the results of the items between licensed counselors who believe advocacy for the

profession is an important component to the development of counselor professional identity and licensed counselors who do not believe advocacy for the profession is an important component to the development of counselor professional identity.

Hypothesis 5

Licensed counselors who are not affiliated with other mental health professions such as psychology or social work will have a stronger professional identity than licensed counselors who are affiliated with other mental health professions such as psychology or social work.

Data Analysis

Data for this hypothesis were gathered from question 8 of Section I and question 1 of Section IV of *The Survey of Counselor Professional Identity*. Univariate analysis was used to compare the results of the items between licensed counselors who are not affiliated with other mental health professions such as psychology or social work and licensed counselors who are affiliated with other mental health professions such as psychology or social work.

Hypothesis 6

Licensed counselors who have greater experience, defined as having 5 or more years of experience in the field of counseling, will have stronger perceived professional identities than licensed counselors who have had less than 5 years of experience in the field of counseling.

Data Analysis

Data for this hypothesis were gathered from question 2 of Section I and of question 1 of Section IV of *The Survey of Counselor Professional Identity*. Univariate analysis was used to compare the results of the items between licensed counselors who have 5 or more years of experience in the field of counseling and licensed counselors who have less than 5 years of experience in the field of counseling.

Hypothesis 7

Licensed counselors who have a doctorate degree in counseling will have stronger perceived professional identities than licensed counselors who have only a master's degree in counseling.

Data Analysis

Data for this hypothesis were gathered from question 6 of Section I and of question 1 of Section IV of *The Survey of Counselor Professional Identity*. Univariate analysis was used to compare the results of the items between licensed counselors who have a doctorate degree in counseling and licensed counselors who have only a master's degree in counseling.

Hypothesis 8

Licensed counselors who have a strong professional identity will perceive more differences among mental health professions than licensed counselors who have a less strong professional identity.

Data Analysis

Data for this hypothesis were gathered from questions 1-10 of Section III, and of question 1 of Section IV of *The Survey of Counselor Professional Identity*. A MANOVA was used to compare the results of the items between licensed counselors who have a strong professional identity and licensed counselors who have a less strong professional identity. Univaritate ANOVAs were used as post hoc tests to see which items contributed to the significant multivariate F.

The study looked for differences among licensed counselors with strong professional identities from those with less strong identities in terms of perceiving more similarities or

differences among mental health professions. This analysis was conducted through descriptive statistics, MANOVA, and ANOVA.

Delimitations

The first delimitation of this study was that the sample included only counselors, excluding other mental helath professionals such as clinical and counseling psychologists, social workers, psychiatric nurses, psychiatrists, and school psychologists. There us far kess counseling literature regarding the issue of professional identity than psychology, psychiatry, and social work (Fall, Levitov, Jennings, & Eberts, 2000). Another delimitation was that participation in this study was delimited to licensed counselors. This eliminated students and non-licensed professionals. Licensed professionals have completed training through their preparation programs, are familiar with credentialing procedures such as licensing and/or certification, and are more likely to be affiliated with professional organizations (due to continuing education requirements).

CHAPTER 4

RESULTS

The purpose of this study was to identify the importance of components that contribute to the development of counselor professional identity, and to identify counselors' sentiments towards differences among the professional identities of counseling, social work, and psychology. Specifically, the study set out to answer the following research questions: (1) What is the importance of professional affiliations, CACREP, professional scholarship, advocacy for the profession, greater field experience, and a doctorate degree to the development of counselor professional identity?   (2) Do counselors with strong professional identities differ from counselors with less strong identities in terms of perceiving similarities among mental health professions?

Descriptive information was gathered in order to identify the characteristics of the sample and to aid future researchers conducting investigations related to this study. Information regarding professional organizations related to counseling and type of preparation program were expected to contribute to differences in the development of professional identity. Prior research has indicated that membership in professional organizations and attending a CACREP-accredited preparation program contributes to the development of professional identity (Borders & Benshoff, 1992; Cecil et al., 1987; Feit & Lloyd, 1990; Spruill & Benshoff, 1996). Participants were asked to indicate whether they were members of any professional associations. The vast majority of respondents (98.7%) indicated that they were presently affiliated with a professional organization, with the bulk of respondents (88.8%) indicating affiliation with ACA and 42.2% with a state branch of ACA, followed by a small number of respondents indicating affiliation

with APA (7.6%), an APA state branch and NASW (0.3%). The frequency of the

participant responses is listed in Table 3.

Table 3
Frequency Distribution of Respondents by Professional Affiliations

Professional Affiliations	*F*	%
Professional Affiliation	300	98.7
ACA	269	88.8
ACA state branch	128	42.2
APA	23	7.6
APA state branch	9	3.0
NASW	1	0.3
No Professional Affiliations	4	1.3

Note: Respondents could check all that apply, therefore, the percentages don't add to 100.

Type of preparation program attended was a component to which participants were

asked to respond. Well over half of the participants attended a CACREP-accredited program (64.5%).

Respondents attending other programs with other accreditations such as the APA Committee on

Accreditation (CoA) (7.2%), Council on Social Work Education (CSWE) (.7%), Group for the

Advancement of Doctoral Educations (GADE) (.3%), or a non-accredited preparation program

(18.9%) comprised 35.5% of the sample. The frequency of the participant responses is listed in

Table 4.

Table 4

Frequency Distribution of Respondents by Type of Preparation Program

Professional Program	*F*	*%*
CACREP	196	64.5
Non-CACREP	108	35.5
Total	304	100

Note: Reponses to "other" included APA's Committee on Accreditation, Council on Social Work Education, Group for the Advancement of Doctoral Education, Not an Organization approved program.

Frequently, counselors and psychologists are affiliated with both professions, either through education, having a degree in both fields, and associations, being members of counseling and psychology related organizations. This is reflected in the continuing overlap in membership between Society for Counseling Psychology (Division 17) and ACA (Goodyear, 2000). Respondents were asked to select all professions in which they are licensed. The frequency of their responses is listed in Table 5. The overwhelming majority of respondents (94.1%) indicated they were licensed as LPCs only and not licensed as clinical or counseling psychologists or social workers.

Table 5

Frequency Distribution of Respondents by Licensure and Preparation Program Attended

Licensure	*F*	*%*	
LPC only	286	94.1	
Dual Licensure	17	5.5	
Missing	1	1.3	
Total			304

Participants were asked to indicate level of education. Over half of the participants held only master's degrees (64.8%). Fewer respondents held doctoral degrees (24.3%), with fewer participants indicating other (10.9%), which included ABD, current doctoral student, registered nurse, or educational specialist degree. Descriptive data for participants' responses appear in Table 6.

Table 6
Frequency Distribution of Respondents by Levels of Education

Education Level	*F*	*%*
Master's Only	197	64.8
Doctorate	74	24.3
Other	33	10.9
Total	304	100

Note: Reponses to "other" included All but dissertation (ABD), Current doctoral student, Registered nurse, Educational Specialist Degree.

Respondents were asked to indicate the number of years of professional work experience they had acquired. The frequency of participant responses is listed in Table 7. Participants with less than five years experience comprised 26% of the sample. Respondents with five or more year's experience comprised 73% of the sample with a small percentage (1%) comprising the no response category.   Participants also indicated their current work setting, with over half the respondents indicating they were currently in private practice (56.9%), followed by university setting (15.1%), private agency (14.8%), school/secondary (10.9%), medical/hospital (6.9%) and State employment (3.9%).   The other response category accounted for 21.1% of the sample. The responses included non-profits, community mental health center, employee assistance program (EAP), consultation and training, elementary school, or current student.

Table 7

Frequency Distribution of Respondents by Years of Field Experience and Work Setting

Field Experience in Years	*F*	%
Less than 5 years	79	26
5 or more years	222	73
Missing	3	1
Total	304	100
Work Setting		
Private Practice	173	56.9
University	46	15.1
Private Agency	45	14.8
School/Secondary	33	10.9
Medical/Hospital	21	6.9
State Employment	12	3.9
Other	64	21.1

Note: Respondents could check all that apply for work setting, therefore, the percentages don't add up to 100.

Literature throughout the past 70 years presents defining characteristics of a profession including specialized knowledge (Encyclopedia of Sociology, 1992; Waniganayake, 2001); service oriented practitioners (Encyclopedia of Education, 1971; Encyclopedia of Sociology, 1992;); historical familiarity (Waniganayake, 2001); rigorous training and schooling (Encyclopedia of Education, 1971; Waniganayake, 2001); ability to define their role; standards of competence such as licensing, certification, and accreditation; code of ethics; establishment of professional association; performance is socially needed (Encyclopedia of Education, 1971); and legal recognition of the vocation (Encyclopedia of Education, 1971; Encyclopedia of Sociology, 1992; Goode, 1960; Nugent, 1981; Vollmer & Mills, 1966).

In my study, the *Survey of Counselor Professional Identity* was utilized to assess the general sentiment of counselors regarding the importance of specific components to the development of their professional identity. Participants indicated their sentiment using a Likert scale. In section II the Likert scale ranged from 1 not important to 7 very important. In section III the Likert scale ranged from 1 strongly disagree to 7 strongly agree. The means and standard deviations are presented in Table 8.

Table 8
Means and Standard Deviations of Each Survey Item for Total Responses

Item	N	*M*	*SD*
1 (Not important)-7 (Important)			
Being a member of ACA	292	4.32	1.90
Being a member of an ACA division	292	3.12	2.03
Being a member of an other national professional organization	292	3.51	2.13
Being a member of a State organization or association	292	4.02	2.04
Being a graduate of an accredited program	292	4.83	2.26
Having an advisor during training program	291	5.69	1.62
Having a mentor during training program	292	5.49	1.75
Having a supervisor during practica/internships	292	6.28	1.15
Having an on job-site supervisor during early employment	292	5.32	1.99
Regularly obtaining professional supervision	292	5.92	1.45
Being certified by NBCC or State	292	5.53	1.92
Being licensed by your state	292	6.62	.93
Having a formal title after name	292	5.95	1.48
Having a developmental orientation	292	5.22	1.55

Table 8 Continued

Having a humanistic philosophical orientation	292	5.40	1.51
Having a basic foundation in wellness approach	292	5.54	1.42
Having a code of ethics	291	6.23	1.12
Generating new knowledge for the profession	292	3.50	1.98
Regularly reading publications	292	5.32	1.42
Regularly attending professional conferences/workshops	292	5.66	1.48
Participating in continuing education	292	6.03	1.22
Advocating in terms of publicizing/promoting the profession	292	4.77	1.76
Advocating in terms of supporting individuals in public	292	4.80	1.69
1 (strongly disagree)-7 (strongly agree)			
Counselors have the same training as psychologists	286	3.42	1.61
Counselors have the same training as social workers	286	3.68	1.84
Counselors have the same historical base as psychologists	286	3.94	1.77
Counselors have the same historical base as social workers	286	3.35	1.64
Counselors have the same theoretical orientation as psychologists	286	4.64	1.73
Counselors have the same theoretical orientation as social workers	286	3.80	1.69
Counselors perform the same techniques as psychologists	286	4.53	1.76
Counselors perform the same techniques as social workers	285	4.20	1.78
Counselors see the same type of clients as psychologists	285	5.29	1.55
Counselors see the same type of clients as social workers	285	5.04	1.61

Table 8 Continued

Viewed positively by psychologists	285	3.20	1.48
Viewed positively by social workers	285	3.81	1.58
Likert Scale 1-10 (Low to High)			
Rate my professional identity	282	9.07	1.46

Note: There are slight differences in N for each item due to non-response from participants on some items.

The establishment of accredited preparation programs, credentialing, and licensure are additional features of identity for mental health professions. Councils for accreditation develop the standards of education for a specific profession. Psychology, social work, and counseling all have councils for accreditation.   Standards developed by these councils have enhanced all of the mental health professions by setting standards and compelling programs to make adjustments and changes for the better. CACREP, as the counseling profession's council, has been shown to contribute to a stronger and more mature profession as early as 1987 (Cecil et al., 1987). Twenty years later, one can only assume that this impact is even greater. In this study, respondents were asked to indicate level of importance of attending a CACREP-accredited preparation program on the development of their counselor professional identity. Participants indicated their sentiment using a Likert scale. In section II the Likert scale ranges from 1 not important to 7 very important. The scale is grouped using the ratings of 1-4 as little to no importance and 5-7 as some or great importance. An overwhelming majority (63%) indicated some or great importance of attending a CACREP-accredited prep program to the development of their counselor professional identity (rating of 5 or higher). The frequency of participant responses is listed in Table 9.

Table 9

Frequency Distribution of Respondents by Importance of CACREP Preparation Program

Professional Program	*F*	%
Some or Great Importance (5-7 rating)	186	63
Little to No Importance (1-4 rating)	109	37
Total	295	100

Using the same Likert scale previously mentioned (scale ranges from 1 not important to 7 very important), state licensure was found to be an important component (5-7 rating) to counselor professional identity by an overwhelming 97% of respondents. The mean and standard deviation for this item are representative of the participants' strong sentiments regarding s tate licensure's importance on the development of counselor professional identity (*M*=6.62, *SD*=<1.00). However, the means and standard deviations for the item having a formal title after name (*M*=5.96, *SD*=1.49) and being certified by NBCC or state (*M*=5.53, *SD*=1.92) were representative of the participants' slightly less strong sentiment, suggesting perhaps less importance of these dependent variables on the development of counselor professional identity but still quite strong on a scale of 1-7.

The importance of professional counseling affiliations on the development of counselor professional identity has not been clearly identified within the counseling literature. Similarly, findings of this study revealed that counselors were equally split on responses to several items pertaining to the importance of professional affiliations. On a scale of 1(not important)-7 (very important), 50 % of respondents indicated ACA membership had little to no importance on the development of their professional identity with a rating within the 1-4 range. Contrarily, 50% of respondents indicated ACA membership had some to great importance on the development of

63

their professional identity with a rating within the 5-7 range. The means of survey items

pertaining to other affiliations with professional associations (ACA division, other national

professional association, and state organizations) ranged from *M*=4.32-3.12 and standard

deviations differing only by twenty-three one-hundredths or less (*SD*=2.13-1.90), indicating

weak (defined as a rating between 1 and 4) sentiments regarding their importance on the

development of counselor professional identity.

Table 10
Frequency Distribution of Respondents by Importance of ACA Membership

ACA Membership	*F*	%
Some to Great Importance (5-7 rating)	145	50
Little to No Importance (1-4 rating)	147	50
Total	292	100

A benefit of professional organizations such as the American Counseling Association

(ACA) is the establishment of a code of ethics. Providing standards of behavior based on values

held by members of the counseling profession allows counselors to identify with their role and

responsibilities. In return, counselors' professional identities are strengthened. ACA advocates

in support of professional counselors and offers the opportunity for counselors to become

involved. Actively advocating by ACA for the counseling profession contributes to the

development of professional identity. "In fact, being and becoming active in advocacy has

become part of the professional identity of a counselor and remains an imperative if the

profession is to survive in a competitive marketplace" (Myers, Sweeney, & White, 2002, p. 398).

Through advocacy for the counseling profession, counselors may argue for the advancement of

the profession and become agents of social change, intervening in the world around us (Myers,

Sweeney, & White, 2002). Participants' responses support that a code of ethics is an essential component to the development of counselor professional identity. Respondents indicated a high level of importance for having a code of ethics (*M*=6.23, *SD*=1.12) for the development of counselor professional identity. Participants' responses for both advocating for the profession (*M*=4.77 *SD*=1.76) and in terms of supporting individuals in public (*M*=4.80 *SD*=1.69) were indicated less important to the development of counselor professional identity.

Counseling literature supports the idea that research and publication of original material, separate from other helping professions, are essential to the identity of the counseling profession (Hanna & Bernak, 1997). Pistole and Roberts (2002) believe through contributions to journals, counselors can convey their dedication to research, which is a fundamental aspect of counselor identity. Participants' responses also support that professional scholarship is an essential part of the development of counselor professional identity. Respondents indicated a high level of importance for regularly reading publications (*M*=5.32, *SD*=1.42) and regularly attending professional conferences and workshops (*M*=5.66, *SD*=1.48) as well as participating in continuing education (*M*=6.03, *SD*=1.22). However, participants' responses indicated a low level of importance regarding generating new knowledge for the profession (*M*=3.50, *SD*=1.98). This finding indicates counselors may perceive generating research as a low priority with little impact on the development of professional identity. Whether they feel similarly toward being a consumer of research is another matter, which was not specifically addressed in the survey.

Participants' responses support that professional supervision is an essential part of the development of counselor professional identity. Respondents indicated a high level of importance for having a supervisor during practica and internships (*M*=6.28, *SD*=1.15) and regularly obtaining professional supervision (*M*=5.92, *SD*=1.44) as well as having an on job-site

supervisor during early employment (*M*=5.32, *SD*=1.99).   Having an advisor (*M*=5.69,

SD=1.62) and mentor during training program (*M*=5.49, *SD*=1.75) were other variables on which

respondents indicated a high level of importance to the development of their professional

identity. Counselors' sentiments regarding supervision and guidance during training programs

indicate a high level of importance to their development of counselor professional identity.

Hansen (2000) believes that humanistic philosophy has laid the groundwork for the

counseling profession. According to Hansen (2003), counseling will lose its unique identity

among mental health professions unless it embraces a humanistic orientation. Remley and

Herlihy (2005) further acknowledge that counseling also has relied heavily on developmental

models to conceptualize personal and emotional issues. This foundation distinguishes the

counseling profession from other mental health professions, according to Remley and Herlihy.

Participants' responses also support that counseling's historical base and developmental

and wellness approach are essential components of the development of counselor professional

identity. Respondents indicated a high level of importance for having a basic foundation in the

wellness approach (*M*=5.54, *SD*=1.43) and having a humanistic philosophical orientation

(*M*=5.40, *SD*=1.51) as well as having a developmental orientation (*M*=5.23, *SD*=1.55).

Counseling, psychology, and social work professions offer a variety of differing services

to the public; however, due to the many areas of overlap and commonality within these

professional groups, many providers have difficulty clearly defining them and distinguishing

their profession from other mental health professions. Professionals should be able to

objectively describe the similarities and differences among the mental health professions,

portraying a unique identity within the mental health field (Remley & Herlihy, 2005). The

ability to distinguish one's own profession from others is an important aspect of professional

identity (Pistole & Roberts, 2002). A unique identity is critical for establishing a legitimate position in the mental health field; therefore, counselors' ability to articulate distinctions among mental health professions is essential. For these reasons, it is important for counselors to be knowledgeable of both social work's and psychology's professional identity. Participants' responses support the notion that counselors are aware of the similarities and differences among the mental health professions. Respondents indicated a high level of agreement with the statement that counselors see the same type of clients as psychologists ($M=5.29$, $SD=1.55$) and social workers ($M=5.04$, $SD=1.61$). This finding indicates counselors' sentiments regarding similarities among mental health professions. Participants' responses also indicated slight disagreement or neutral responses to the statement that counselors have the same theoretical orientation as psychologists ($M=4.64$, $SD=1.73$) and social workers ($M=3.80$, $SD=1.69$) as well as counselors perform the same techniques as psychologists ($M=4.53$, $SD=1.76$) and social workers ($M=4.20$, $SD=1.78$). This finding indicates counselors' uncertainty regarding the similarities or differences regarding theoretical orientation and techniques used among mental health professions. Responses also indicated disagreement with the statements that counselors have the same training as psychologists ($M=3.42$, $SD=1.61$) and social workers ($M=3.68$, $SD=1.84$) as well as with the statements, that counselors have the same historical base as psychologists ($M=3.94$, $SD=1.77$) and social workers ($M=3.35=1.64$). This finding indicates counselors' sentiments regarding differences among mental health professions.

Professional identities contribute to the professions as a whole, by providing a means to gain recognition and to contend for their justifiable position in the health care field (Pistole, 2002). Professionals with strong identities express a sense of security and pride in the definition and accomplishments of their profession (Myers, Sweeny, & White, 2002; Remley & Herlihy,

2005). According to participants' responses to the item perceived professional identity rating

(using a Likert scale of 1-10/low to high), the overwhelming majority of counselors have a

strong professional identity (*M*=9.07, *SD*=1.46). However, participants' responses indicated

slight disagreement (using a Likert scale 1-7/no importance to great importance) with the statement

that counselors are viewed positively by psychologists (*M*=3.20 *SD*=1.49) and social workers

(*M*=3.81, *SD*=1.58), indicating that they so not believe they are viewed positively by these professions.

Although the counselors in this study have perceived strong professional identities, these

perceived sentiments regarding how the counseling profession is viewed among mental health

professions may be damaging to the profession's identity. According to Myers et al. (2002),

professional pride is directly connected to identity. Believing your chosen profession is viewed

negatively by similar professions can diminish professional pride, inadvertently weakening the

counseling profession's professional identity.

Test of Hypotheses

All tests of hypotheses used a conservative alpha level of *p<.01* to control for inflated

alpha level or Type 1 error.

Research Questions

The following are the general research questions of this study:

What is the importance of professional affiliations, CACREP, professional scholarship, advocacy

for the profession, greater field experience, and a doctorate degree to the development of

counselor professional identity?

Do counselors with strong professional identities differ from those with less strong identities in

terms of perceiving similarities among mental health professions?

Test of Hypothesis 1

Research hypothesis 1 stated that licensed counselors who believe being a member of counseling related professional organizations is an important component for the development of counselor professional identity will have stronger professional identities than licensed counselors who do not believe being a member of counseling related professional organizations is an important component for the development of counselor professional identity component to the development of counselor professional identity.

The null hypothesis anticipated no difference in the strength of professional identity between licensed counselors who believe being a member of counseling related professional organizations is an important component to the development of counselor professional identity (determined by using the respondents' rating on the scale between 5-7) and licensed counselors who do not believe being a member of counseling related professional organizations is an important component to the development of counselor professional identity (determined by using the respondents' rating on the scale between 1-4). This null hypothesis was tested using four univariate analyses by separately comparing participants' responses from questions 1, 2, 3, & 4 of Section II (independent variables) and question 1 of Section IV of *the Survey of Counselor Professional Identity* (dependent variable). The means and standard deviations and statistical results for Hypothesis 1 are presented in Table 11.

Table 11
Means, Standard Deviations and Statistical Results for Strength of Counselors' Professional Identity Hypothesis 1

Importance of ACA Membership	N	*M*	*SD*	*F*	*p*	*ES*
				26.7	.000*	.87
Some to Great Importance	139	9.51	.820			
Little to No	143	8.65	1.79			

Table 11 Continued

Importance

Importance of ACA Division Membership

				7.79	.006*	.027
Some to Great Importance	83	9.45	.990			
Little to No Importance	199	8.92	1.59			

Importance of Other National Organization Membership

				.041	.839	.000
Some to Great Importance	102	9.10	1.58			
Little to No Importance	180	9.06	1.39			

Importance of State Organization Membership

				8.32	.004*	.029
Some to Great Importance	125	9.35	1.28			
Little to No Importance	157	8.85	1.56			

Three of the four univariate analyses were significant, indicating differences between the groups of licensed counselors who believe being a member of ACA, an ACA division, and a s tate organization is a component important to the development of their counselor professional identity and licensed counselors who do not believe being a member of ACA, an ACA division, and a State organization is a component important to their development of counselor professional identity. There were no significant differences between the groups of licensed

counselors who believe being a member of an other national organization (such as Association for Play Therapy or American Educational Research Association) is an important component to the development of their counselor professional identity and licensed counselors who do not believe being a member of an other national organization (such as Association for Play Therapy or American Educational Research Association) is an important component to the development of counselor professional identity. However, mean scores (9.10 vs. 9.06) for both groups were quite high—indicating strong perceived professional identities by both groups of counselors.

Test of Hypothesis 2

Research hypothesis 2 stated that licensed counselors who are graduates of a CACREP-accredited preparation program have stronger professional identities than licensed counselors who are not graduates of a CACREP-accredited preparation program.

The null hypothesis that anticipated no difference in strength of professional identity between licensed counselors who are graduates of a CACREP-accredited preparation program and licensed counselors who are not graduates of a CACREP-accredited preparation program was tested using a univariate analysis by comparing participants' responses from question 7 of Section I (independent variable) and question 1 of Section IV of *the Survey of Counselor Professional Identity* (dependent variable, whole score from 1-10). The means and standard deviations and statistical results for Hypothesis 2 are presented in Table12. Although there were no significant differences between the two groups, mean scores both for counselors who graduated from a CACREP-accredited program and for counselors who graduated from a non-CACREP-accredited program were relatively high (*M*= 9.12 vs. 8.97)—indicating strong perceived professional identities by both groups of counselors.

Table 12

Means, Standard Deviations and Statistical Results for Strength of Counselors' Professional Identity Hypothesis 2

Item	N	M	SD	F	p	ES
				.626	.430	.002
CACREP	185	9.12	1.43			
Non-CACREP	97	8.97	1.51			

Test of Hypothesis 3

Research hypothesis 3 stated licensed counselors who believe professional scholarship is an important component of the development of counselor professional identity will have a stronger professional identity than licensed counselors who do not believe professional scholarship is an important component to the development of counselor professional identity.

The null hypothesis that anticipated no difference in strength of professional identity for licensed counselors who believe professional scholarship is an important component to the development of counselor professional identity and licensed counselors who do not believe professional scholarship is an important component to the development of counselor professional identity was tested using four univariate analyses by separately comparing the participants' responses from question 18, 19, 20, and 21 of Section II (independent variables), and question 1 of Section IV of *the Survey of Counselor Professional Identity* (dependent variable). The comparisons of means and standard deviations for each item and statistical results for Hypothesis 3 are presented in Table 13.

Table 13
Means, Standard Deviations and Statistical Results for Strength of Counselors' Professional Identity Hypothesis 3

Importance of regularly reading publications	N	M	SD	F	p	ES
				.177	.674	.001
Some to Great Importance	92	9.02	1.42			

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Table 13 Continued

	N	Mean	SD	F		
Little to No Importance	190	9.10	1.48			
Importance of regularly attending professional conferences/workshops				1.80	.181	.006
Some to Great Importance	216	9.14	1.42			
Little to No Importance	66	8.86	1.58			
Importance of Participating in continuing education				1.82	.178	.006
Some to Great Importance	227	9.13	1.41			
Little to No Importance	55	8.84	1.64			
Importance of generating research				2.98	.085	.011
Some to Great Importance	250	9.13	1.40			
Little to No Importance	32	8.66	1.84			

There were no significant differences between the groups of licensed counselors who believe professional scholarship is an important component to the development of their counselor professional identity and licensed counselors who do not believe professional scholarship is an important component to the development of counselor professional identity. However, mean scores for both groups were relatively high on all four survey items—indicating strong perceived professional identities by both groups of counselors.

Test of Hypothesis 4

Research hypothesis 4 stated licensed counselors who believe advocacy for the profession is an important component to the development of counselor professional identity will have a stronger professional identity than licensed counselors who do not believe advocacy for the profession is an important component to the development of counselor professional identity.

The null hypothesis anticipated no difference in strength of professional identity between licensed counselors who believe advocacy for the profession is an important component to the development of counselor professional identity and licensed counselors who do not believe advocacy for the profession is an important component to the development of counselor professional identity. This was tested using a univariate analysis of participants' responses to question 22 of Section II (independent variable), and question 1 of Section IV of *the Survey of Counselor Professional Identity* (dependent variable). On a scale of 1(not important)-7 (very important), respondents indicated little to no importance to the development of their professional identity with a rating within the 1-4 range (N=111) and indicated great importance to the development of their professional identity with a rating within the 5-7 range (N=171). The means and standard deviations for each item and statistical results for Hypothesis 4 are presented in Table 14. The results of the univariate analysis revealed significant differences between licensed counselors who believe advocacy for the profession is an important component to the development of counselor professional identity and licensed counselors who do not believe advocacy for the profession is an important component to the development of counselor professional identity. However, it is important to note that the effect size is .04, indicating a weak effect size. The means of the two groups differed only by fifty-eight hundredths (9.30 vs. 8.72) with a standard deviation difference of thirty-seven hundredths (1.28 vs. 1.65).

Nonetheless, advocacy for the profession is believed to contribute to the development of counselor professional identity.

Table 14
Means, Standard Deviations and Statistical Results for Strength of Counselors' professional identity
Hypothesis 4

Item	N	M	SD	F	p	ES
				11.13	.001*	.038
Advocating in terms of publicizing/promoting the profession is important to professional identity	171	9.30	1.28			
Advocating in terms of publicizing/promoting the profession isn't important to professional identity	111	8.72	1.65			

Test of Hypothesis 5

Research hypothesis 5 stated licensed counselors who are not affiliated with other mental health professions such as psychology or social work will have a stronger professional identity than licensed counselors who are affiliated with other mental health professions such as psychology or social work.

The null hypothesis anticipated no difference in strength of professional identity between licensed counselors who are not affiliated with other mental health professions such as psychology or social work and licensed counselors who are affiliated with other mental health professions such as psychology or social work. This was tested using a univariate analysis of participants' responses to question 8 of Section I (independent variable) and question 1 of Section IV of *the Survey of Counselor Professional Identity* (dependent variable). The means and standard deviations and statistical results for Hypothesis 5 are presented in Table 15. The results of the univariate analysis revealed no significant differences between licensed counselors

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who are not affiliated with other mental health professions such as psychology or social work and licensed counselors who are affiliated with other mental health professions such as psychology or social work on their professional identity score.

Table 15
Means, Standard Deviations and Statistical Results for Strength of Counselors' professional identity
Hypothesis 5

Item	N	*M*	*SD*	*F*	*p*	*ES*
				.038	.845	.000
ACA Only	126	9.06	1.45			
Dual Affiliations	156	9.09	1.47			

Test of Hypothesis 6

Research hypothesis 6 stated licensed counselors who have greater experience, defined as having 5 or more years of experience in the field of counseling, will have stronger perceived professional identities than licensed counselors who have had less than 5 years of experience in the field of counseling.

The null hypothesis anticipated no difference in strength of professional identity between licensed counselors who have greater experience, defined as having 5 or more years of experience in the field of counseling, and licensed counselors who have had less than 5 years of experience in the field of counseling. This was tested using a univariate analysis of participants' responses to item 2 of Section I (independent variable) and item 1 of Section IV of *the Survey of Counselor Professional Identity* (dependent variable). The means and standard deviations for each item and statistical results for Hypothesis 6 are presented in Table 16. Although there were no significant differences between the two groups, mean scores for both counselors with four or less years of field experience and counselors with five or more years of experience were very

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high, (9.10 vs. 9.02)—indicating very strong perceived professional identities by both groups of counselors.

Table 16
Means, Standard Deviations and Statistical Results for Strength of Counselors' professional identity
Hypothesis 6

Item	N	M	SD	F	p	ES
				.274	.761	.002
Four years or less of field experience	75	9.02	1.58			
Five or more years of field experience	204	9.10	1.39			

Test of Hypothesis 7

Research hypothesis 7 stated licensed counselors who have a doctoral degree in counseling will have stronger perceived professional identities than licensed counselors who have only a master's degree in counseling.

The null hypothesis anticipated no difference in strength of professional identity between licensed counselors who have a doctoral degree and licensed counselors with only a master's degree. This was tested using a univariate analysis of participants' responses to item 6 of Section I (independent variable) and item 1 of Section IV of *the Survey of Counselor Professional Identity* (dependent variable). The means and standard deviations and statistical results for Hypothesis 7 are presented in Table 17. Although there were no significant differences between the two groups, mean scores for both counselors with a doctoral degree and counselors with only a master's degree were very high—indicating very strong perceived professional identities by both groups of counselors. Also noteworthy was the extremely small difference between the means of the two groups. Interestingly, the means only differed by two

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ten-thousandths (9.0746 vs. 9.0744). This finding failed to support the hypothesis that

anticipated differences in strength of professional identity between the two groups.

Table 17
Means, Standard Deviations and Statistical Results for Strength of Counselors' professional identity
Hypothesis 7

Item	N	M	SD	F	p	ES
				.000	ns	.000
Having a Doctoral Degree	67	9.07	1.53			
Master's and No Doctoral Degree	215	9.07	1.44			

Test of Hypothesis 8

Research hypothesis 8 stated licensed counselors who have a strong professional identity

will perceive more differences among mental health professions than licensed counselors who

have a less strong professional identity.

The null hypothesis anticipated no difference in the sentiments regarding differences

among mental health professions between licensed counselors who have a strong professional

identity and licensed counselors who have a less strong professional identity. This was tested

using MANOVA using Wilks' lambda by comparing participants' responses on 1-10 of Section

III (dependent variables) and item 1 of Section IV of *the Survey of Counselor Professional*

Identity (independent variable, weak professional identity defined as rating between 1-4; strong

professional identity defined as rating between 6-10). The comparisons of means and standard

deviations for each item and statistical results for Hypothesis 8 are presented in Table 18. The

results of the MANOVA analysis revealed no significant differences in the sentiments regarding

differences among mental health professions between licensed counselors who have a strong

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professional identity and licensed counselors who have a less strong professional identity, Wilks'

$\Lambda = .960$, $F(1,10)=1.11$, $p>.0l$, $\eta2=.040$.

Table 18
Means, Standard Deviations and Statistical Results
Hypothesis 8

Item	N	Weak Professional Identity		N	Strong Professional Identity		Multivariate			
		M	SD		M	SD	Wilks'Λ	F	p	ES
1 (strongly disagree)-7 (strongly agree)							.960	1.11	.354	.040
Counselors have the same training as psychologists	11	3.36	1.86	268	3.43	1.60				
Counselors have the same training as social workers	11	4.00	1.73	268	3.65	1.84				
Counselors have the same historical base as psychologists	11	2.91	1.45	268	4.00	1.78				
Counselors have the same historical base as social workers	11	2.36	1.21	268	3.38	1.63				
Counselors have the same theoretical orientation as psychologists	11	4.27	1.80	268	4.64	1.72				
Counselors have the same theoretical orientation as social workers	11	3.55	1.70	268	3.80	1.70				
Counselors perform the same techniques as psychologists	11	4.10	2.12	268	4.53	1.74				
Counselors perform the same techniques as social workers	11	4.27	1.62	268	4.19	1.79				
Counselors see the same type of clients as psychologists	11	4.82	1.83	268	5.31	1.53				

Table 18 Continued

Counselors see the same type of clients as social workers	11	4.91	1.76	268	5.04	1.62

Summary

The characteristics of the participants and the results of the study were presented in this chapter. The first research hypothesis that anticipated differences in strength of professional identity between licensed counselors who believe being a member of counseling related professional organizations is an important component to the development of counselor professional identity and licensed counselors who do not believe being a member of counseling related professional organizations is an important component to the development of counselor professional identity was partially supported in this study. Four univariate analyses were conducted and resulted in significant differences for three of the four items. The independent variables importance of ACA, an ACA division, and State counseling organization memberships to professional identity were significant. On the independent variables importance of ACA, an ACA division, and State counseling organization memberships, counselors who believed being a member of ACA, an ACA division, and State counseling organization is important to the development of their professional identity had a stronger professional identity rating than those who did not believe being a member of ACA, an ACA division, and State counseling organization was important to the development of their professional identity. No significant differences were found between licensed counselors who believe being a member of an other national organization is an important component to the development of their professional identity and licensed counselors who do not believe being a member of an other national organization is an important element to the development of their professional identity.

The second research hypothesis that anticipated differences in strength of professional identity between licensed counselors who are graduates of a CACREP-accredited preparation program and licensed counselors who are not graduates of a CACREP-accredited preparation program was not supported in this study. No significant differences were found between these two groups.

The third research hypothesis that anticipated differences in strength of professional identity for licensed counselors who believe professional scholarship is an important component to the development of counselor professional identity and licensed counselors who do not believe professional scholarship is an important component to the development of counselor professional identity was not supported in this study. No significant differences were found between these two groups.

The fourth research hypothesis that anticipated difference in strength of professional identity between licensed counselors who believe advocacy for the profession is an important component to the development of counselor professional and licensed counselors who do not believe advocacy for the profession is an important component to the development of counselor professional identity was supported in this study. The results of the univariate analysis revealed significant differences between licensed counselors who believe advocacy for the profession is an important component to the development of counselor professional identity and licensed counselors who do not believe advocacy for the profession is an important component to the development of counselor professional identity. Licensed counselors who believe advocacy for the profession is an important component to the development of counselor professional identity had stronger professional identity ratings.

The fifth research hypothesis that anticipated difference in strength of professional identity between licensed counselors who are not affiliated with other mental health professions

such as psychology or social work and licensed counselors who are affiliated with other mental health professions such as psychology or social work was supported in this study. No significant differences were found between these two groups.

The sixth research hypothesis that anticipated differences in strength of professional identity between licensed counselors who have greater experience, defined as having 5 or more years of experience in the field of counseling, and licensed counselors who have had less than 5 years of experience in the field of counseling was not supported in this study. No significant differences were found between these two groups.

The seventh research hypothesis that anticipated differences in strength of professional identity between licensed counselors who have a doctoral degree and licensed counselors with a master's degree was not supported in this study. Although there were no significant differences between the two groups, mean scores for both counselors with a doctoral degree and counselors with a master's degree were relatively high—indicating strong perceived professional identities by both groups of counselors.

The eighth research hypothesis that anticipated differences in the sentiments regarding differences among mental health professions between licensed counselors who have a strong professional identity and licensed counselors who have a less strong professional identity was not supported in this study. The results of the MANOVA analysis revealed no significant differences in the sentiments regarding differences among mental health professions between licensed counselors who have a strong professional identity and licensed counselors who have a less strong professional identity.

The results detailed in this chapter are discussed in Chapter 5. The relationship between the findings of this study and existing research is presented. Information pertaining to limitations of this current study and implications for future research are presented.

CHAPTER 5

DISCUSSION

A summary and discussion of the findings from this study are presented in Chapter Five. Prior research and limitations are incorporated within the discussion of the results. Implications for the study of the development of counselor professional identity are provided as well. The chapter concludes with recommendations for future research.

Discussion of Findings

The purpose of this study was to identify the importance of components that contribute to the development of counselor professional identity, and to identify counselors' sentiments towards differences among the professional identities of counseling, social work, and psychology. In particular, this study examined several components that the literature has suggested contribute to the development of counselor professional identity such as being knowledgeable regarding the history and philosophy of the profession (Hansen, 2003; Remley & Herlihy, 2005), understanding the importance of advocating for the profession (Myers, Sweeney, & White, 2002), having an awareness of the impact of differences in preparation programs and credentialing (Cecil et al, 1987), being familiar with the role and functions of professional associations (Feit & Lloyd, 1990; Remley & Herlihy), and understanding the importance of professional scholarship for the profession (Hanna & Bernak, 1997; Mate & Kelly, 1997; Pistole & Roberts, 2002).

Discussions of Findings for Hypothesis 1

Research hypothesis 1 stated that licensed counselors who believe being a member of counseling related professional organizations is an important component to the development of counselor professional identity will have stronger professional identities than licensed counselors

who do not believe being a member of counseling related professional organizations is an important component to the development of counselor professional identity. The findings of this study did reveal significant differences between the two groups. The independent variables-importance of ACA, an ACA division, and a State organization membership were found significant. Participants' responses to the items pertaining to the importance of ACA membership, an ACA division membership, and a State organization membership on the development of counselor professional identity revealed that counselors who had strong professional identities rated these items significantly higher than counselors who had weak professional identities. The results of this analysis support the importance of professional affiliations on the development of counselor professional identity; support can also be found within counseling literature. Feit and Lloyd (1990) view membership of counseling organizations as an indicator of professional identity. They believe counselors will recognize the organization as representing their profession and identify themselves as counselors. Remley and Herlihy (2005) believe professional organizations also function as avenues for members to discuss important issues and advocate for the profession. In return, counselors' professional identities are strengthened. "In fact, being and becoming active in advocacy has become part of the professional identity of a counselor and remains an imperative if the profession is to survive in a competitive marketplace" (Myers, Sweeney, & White, 2002, p. 398). Through advocacy for the counseling profession, counselors may argue for the advancement of the profession and become agents of social change, intervening in the world around us (Myers, Sweeney, & White, 2002). Actively advocating for the counseling profession contributes to the development of professional identity.

Discussions of Findings for Hypothesis 2

Research hypothesis 2 stated that licensed counselors who are graduates of a CACREP-accredited preparation program have stronger professional identities than licensed counselors who are not graduates of a CACREP-accredited preparation program. Although there were no significant differences between the two groups, mean scores for both counselors who graduated from a CACREP-accredited program and counselors who graduated from a non-CACREP-accredited program were relatively high (9.12 vs. 8.98 on a 1- 10 point Likert scale)—indicating strong perceived professional identities by both groups of counselors. Respondents were also asked to indicate level of importance of attending a CACREP-accredited preparation program on the development of their counselor professional identity. The majority (62%) indicated great importance for attending a CACREP-accredited preparation program to the development of their counselor professional identity (rating of 5 or higher on a scale of 1-7). The results of this analysis do not support the importance of attending a CACREP-accredited preparation program on the development of counselor professional identity; however, support for CACREP-accredited preparation programs' positive effect on professional identity is found within counseling literature. Cecil et al. (1987) conducted a study of CACREP accredited programs to explore reasons for pursuing accreditation. They found that CACREP accredited programs offer a number of advantages. A notable benefit of accreditation was an intensification of students and counselors' professional identity with an increased sense of student pride in the program. Also, CACREP-accreditation has been shown to contribute to a stronger and more mature profession. The results of their study suggest that this improvement may be attributed to the improvement in quality of academic programs, increased opportunities for licensure and certification, improved academic quality of students, or any of the other benefits associated with CACREP accreditation. The findings of my study do not support the findings of Cecil et al.

Discussions of Findings for Hypothesis 3

Research hypothesis 3 stated licensed counselors who believe professional scholarship is an important component to the development of counselor professional identity will have a stronger professional identity than licensed counselors who do not believe professional scholarship is an important component to the development of counselor professional identity.

Counseling literature supports the idea that research and publication of original material, separate from other helping professions, are essential to the identity of the counseling profession (Hanna & Bernak, 1997). Pistole and Roberts (2002) believe through contributions to journals counselors can convey their dedication to research, which is a fundamental aspect of counselor identity. The findings of this study did not support the hypothesis. In regards to the specific independent variable, the importance of generating new knowledge for the profession through conducting your own research on the development of professional identity, respondents rated the variable with low importance (scores of 1-4) to the development of counselor professional identity (M=3.50, SD=1.99). This finding indicates counselors may perceive research as a low priority with little impact on the development of professional identity.

Although the results of this analysis do not support the importance of professional scholarship to the development of counselor professional identity, support for professional scholarship's positive effect on professional identity is found within counseling literature. Using the *Journal of Mental Health Counseling*, Mate and Kelly (1997) examined research publication as an indicator of identity development for mental health counselors. They found that contributing publications regarding applicable information such as training or work practices strengthens mental health counselor's identity development. They stated: "Publication of original research is a key criterion for judging the identity development of professions" (p. 286).

Publications contribute to both the profession and public and provide a sense of accomplishment and pride. They concluded that publication of original research can have a positive impact on professional identity. Future research on counselors' sentiments regarding professional scholarship, specifically generating new research, may provide pertinent information that could sustain and strengthen counselors' professional identity. However, this study did not support those contentions. It is possible that the people who did this activity believe it.

Discussions of Findings for Hypothesis 4

Research hypothesis 4 stated licensed counselors who believe advocacy for the profession is an important component to the development of counselor professional identity will have a stronger professional identity than licensed counselors who do not believe advocacy for the profession is an important component to the development of counselor professional identity. The results of the study revealed significant differences between the two groups. However, it is important to note the effect size is .04, indicating a weak effect size. The means of the two groups differed only by 58 one-hundredths with a standard deviation difference of 37 one-hundredths (weak professional identity rating: M=8.72, SD=1.65; strong professional identity rating: M=9.30, SD=1.28). Nonetheless, advocacy for the profession is believed to contribute to the development of counselor professional identity. Participants' responses (using a scale of 1-7) to the question pertaining to the importance of advocacy for the profession to the development of counselor professional identity indicated slight importance (M=4.77 SD=1.76). The American Counseling Association (ACA) advocates in support of professional counselors and offers the opportunity for counselors to become involved. Actively advocating by ACA for the counseling profession contributes to the development of professional identity (Myers, Sweeney, & White, 2002). Through advocacy for the counseling profession, counselors may argue for the

advancement of the profession and they may become agents of social change, intervening in the world around us (Myers, Sweeney, & White, 2002). A possible explanation for these findings relates to a sample characteristic. All participants were past or current members of ACA, possibly indicating more opportunity to participate in advocacy for the profession than non-members of ACA.

Discussions of Findings for Hypothesis 5

Research hypothesis 5 stated licensed counselors who are not affiliated with other mental health professions such as psychology or social work will have a stronger professional identity than licensed counselors who are affiliated with other mental health professions such as psychology or social work. The results of the study revealed no significant differences between the two groups. Overall, licensed counselors who are affiliated with other mental health professions such as psychology or social work have a strong professional identity. Some believe that due to the pursuit of a unique professional identity within the mental health professions of social work, counseling, and psychology, it is difficult for many who identify with more than one profession to develop a strong professional identity. For example, when counselors and psychologists are affiliated with both professions, either through education (having a degree in both fields) or associations (being members of counseling and psychology related organizations), Goodyear (2000) believes an enmeshed identity is formed. He believes this shared identity and common interests strain the relationship between counselors and counseling psychologists. This enmeshed identity is reflected in the continuing overlap in membership between Society for Counseling Psychology (Division 17) and ACA (Goodyear, 2000). However, the finding of this study do ot support the contention that it is difficult for many who identify with more than one profession to develop a strong professional identity.

Discussions of Findings for Hypothesis 6

Hypothesis 6 stated that licensed counselors who have greater experience, defined as having 5 or more years of experience in the field of counseling, will have stronger perceived professional identities than licensed counselors who have had less than 5 years of experience in the field of counseling. The results of this study did not support this hypothesis. Although there were no significant differences between the two groups, mean scores for both group experience levels were relatively high (.960 vs. .966)—indicating strong perceived professional identities for both groups of counselors.

According to Myers (1999), professional identity is a cyclical process, beginning during counselor training and continuing throughout one's career. Counselors must continually reexamine their identities while upholding and strengthening them. Beginning to develop a professional identity while in training allows counselors-in-training opportunities to reexamine and incorporate new challenges into their professional identity, setting in motion the process Myers (1999) refers to as the development of professional identity. This developmental process suggests that the development of professional identity is a continuous, cyclical process that is maintained and strengthened throughout a counselor's career. However, the findings of this study indicated that years of experience is not related to the strength of counselor professional identity. It could be that a finer analysis of experience- rather than 5 or more-is the key to the impact of experience and the operational definition of experience was flawed in this study.

Discussions of Findings for Hypothesis 7

Hypothesis 7 stated licensed counselors who have a doctorate degree in counseling will have stronger perceived professional identities than licensed counselors who have only a

master's degree in counseling. The results of this study did not support this hypothesis. Although there were no significant differences between the two groups, mean scores for both counselors with a doctoral degree and counselors with only a master's degree were relatively high (9.0746 vs. 9.0744)—indicating strong perceived professional identities for both groups of counselors.

Similar to years of experience, amount of education (having a doctoral degree vs. a master's only) wasn't determined a component of professional identity through this analysis. Findings such as these suggest that training years may have much more influence on the development of professional identity than experience or post-graduate studies.

Discussions of Findings for Hypothesis 8

Hypothesis 8 stated licensed counselors who have a strong professional identity will perceive more differences among mental health professions than licensed counselors who have a less strong professional identity. The findings of this study did not support this hypothesis. The results revealed no significant differences in the sentiments regarding differences among mental health professions between licensed counselors who have a strong professional identity and licensed counselors who have a less strong professional identity. Mean scores for both counselors with a strong professional identity and counselors with a weak professional identity were within five tenths of one another with the exception of the dependent variables counselors have the same historical base as psychologists and counselors have the same historical base as social workers, where there was at least a whole number difference, indicating a greater difference between the two groups in regards to these variables. This finding is supported throughout counseling literature. It is believed that counseling's focus on human development and the wellness model sets the profession apart from others, breaking away from

the pathological/medical model endorsed by other mental health providers (Hansen, 2003; Kaplan, 2006). Other significant contributors to counseling's unique historical base were the formation of vocational rehabilitation counseling as an academic discipline, and the development of school counseling. Many believe these contributors have propelled counseling as a separate and unique profession within the mental health field (Bradley, 1978; Gummere, 1988; Hartung & Blustein, 2002; Zytowski, 2001).   A possible explanation for these findings relates to the percentage of participants within each group of counselors. There were 271 counselors in this study who had a strong counselor professional identity rating (defined as a rating of 6-10), while only 11 counselors had a weak counselor professional identity rating (defined as a rating of 1-5). It is possible that the small number of participants with a weak counselor professional identity rating biased the findings. A limitation of the study was the measurement of professional identity. Better and more precise measures that generate appropriate levels of variability in professional identity are needed.

Limitations

Limitations of this study involve sampling bias, collection of the data, and the design of the survey instrument. The first limitation that may have had an impact on this study involved sampling bias. Members of the American Counseling Association (ACA) Southern Region who chose to respond to the survey may not have been representative of members who did not respond. Additionally, the members of ACA Southern Region who chose to respond to the survey may not have been representative of the national population of ACA members, or the national population of licensed counselors.

The next limitation is also related to sample representativeness. Important population characteristics are distributed similarly to the way they are distributed in the population at large in a representative sample (Fink, 2003). Sampling bias may have resulted from the necessity for respondents to have some technological skills to complete the survey.

A third potential limitation is that participants, all ACA members, may be more likely to have a developed professional identity than non-members. ACA, is a professional organization that encourages advancements in the counseling field.   Thus, there may be a bias toward more identity in the sample. There was a disproportion of counselors with weak perceived professional identities (4%) to counselors with strong perceived professional identities (96%). A potential limitation concerning the use of an Internet based survey involves refusal to respond due to privacy concerns. Participants were solicited via email and directed to a secure website, narrowing the participants to those who have both email and Internet access. However, given the professional stature of ACA, this is likely to have been minimal.

Limitations in the design of *the Survey of Counselor Professional Identity* included question construction. The survey instrument may not have accurately measured licensed counselors' sentiments or perceived professional identity ratings. The survey was also limited in its ability to account for changes in opinion that may have occurred over time. The survey measured only counselor's sentiments at the time that they answered the survey.

Implications for Licensed Counselors and Counselors in Training

The results of this study were intended to bring greater awareness to both the counseling profession and to counselor education programs of the components that contribute to the development of counselor professional identity. By building on previous studies and literature from psychology, social work, and counseling, which examined components that may contribute

to the development of professional identity (Auxier, Hughes, & Kline, 2003; Beck, 2000; Brott & Myers, 1999; Daniels, 2002; Fall, Levitov, Jennings, & Eberts, 2000; Gale & Austin, 2003; Gilbert, 1977; Hanna & Bernak, 1997; Hansen, 2003; Heck, 1990; Kelly, 1996; Pistole, 2002; Remley & Herlihy, 2005), the results of this study contribute to the knowledge base of counselors and counselor educators regarding the components that contribute to the development of a strong counselor professional identity. The findings of this study indicated that virtually all of the licensed counselors who responded to *the Survey of Counselor Professional Identity* perceived themselves as having a strong professional identity, with the majority of respondents indicating that they strongly agreed on the level of importance of specific components to the development f their professional identity.

Components that the majority of respondents indicated as having a high level of importance to the development of counselors' professional identity support the notions proposed in previous studies that have isolated them as contributors to the development of a strong professional identity. These components are being a graduate of a CACREP-accredited program (Cecil et al. 1987), having an advisor during one's counselor training program, having a mentor during one's counselor training program, having a supervisor during practica/internships, having an on job-site supervisor during early mployment, certifications (Cecil et al. 1987), licensure (Beck, 2000; Davis & Witmer, 1990; Pistole, 2002; Remley, 1995), having a formal title after your name, having a developmental orientation (Hanna & Bernak, 1997; Remley & Herlihy, 2005;), having a humanistic philosophical orientation (Hansen, 2003), having a basic foundation in the wellnessapproach (Remley & Herlihy, 2005) , having a code of ethics (Nugent, 1994), regularly reading scholarly/professional publications and journals (Kelly, 1996), regularly attending professional conferences/workshops, participating in continuing education

(McMichael, 2000), advocating in terms of publicizing, supporting, promoting the counseling profession (Myers, Sweeney, & White, 2002), and advocating in terms of supporting individuals in the public. Having an awareness of the components that have been identified as important to the development of professional identity can assist counselor educators in facilitating the development of strong professional identities in counselors-in-training. Brott and Myers (1999) asserts that professional identity is a process. This process can begin during counselor training and continue throughout one's career. Counselors must continually reexamine their identities while upholding and strengthening them. Beginning to develop a professional identity while in training allows counselors-in-training opportunities to reexamine and incorporate new challenges into their professional identity, setting in motion the process Brott and Myers (1999) refers to as the development of professional identity. Coursework within counselor training programs could emphasize applicable identified components of professional identity such as counseling's unique humanistic foundation, developmental orientation, and wellness approach, as well as the importance of continuous supervision throughout the preparation program and into early employment. Workshops could be geared towards highlighting the role of advocacy in professional identity development, increasing counselors-in-training and licensed counselors' awareness of advocacy opportunities and the benefits of participating.

Components that respondents indicated varying levels of importance to the development of their professional identity included being a member of ACA and being a member of a State organization or association. The importance of ACA membership to the development of professional identity was indicated as having a high level of importance by 50% of respondents, and a low level of importance by the other 50% of respondents. The importance of membership in a State organization to the development of professional identity was indicated as having a

high level of importance by 55% of respondents, and a low level of importance by the other 45% of respondents. The majority of respondents indicated two components as having low levels of importance to the development of professional identity. The importance of ACA division membership on the development of professional identity was indicated as having a low level of importance by 71% of respondents. The importance of being a member of an other national professional organization on the development of professional identity was indicated as having a low level of importance by 64% of respondents. These findings only partially support the belief that membership in counseling professional organizations strengthens counselor professional identity (Feit & Lloyd, 1990; Remley & Herlihy, 2005; Spruill & Benshoff, 1996). Although professional affiliations have not been clearly identified as a component in the development of professional identity in this study, the overwhelming majority of respondents (99%) were members of some professional organization for reasons not explored in this study.

Implications for Future Research

Future research should continue to focus on the components that contribute to the development of counselor professional identity. In particular, future studies should focus on the components that promote and strengthen counselor professional identity as well as the components that hinder the development of a strong professional identity. This study primarily focused on identifying the importance of components that promote and strengthen counselor professional identity; however, equally important to identify are possible components that hinder the development of a strong professional identity. This proactive initiative could assist counselor educators and preparation programs in better facilitating the development of strong professional identities for counselors-in-training. In addition, there is a need for more research on specific

strategies counselors and counselor educators can employ to facilitate the development of a strong professional identity. These strategies can be implemented at the start of preparation programs and continue throughout training and into early employment in order to foster and maintain a strong counselor professional identity.

A strong sense of professional identity provides a sense of stability, security, and pride in one's profession. The development of professional identity is crucial to all helping professions for their survival and continued growth. The components that contribute to professional identity that are specific only to counselors are still unidentified.   In order to develop a unique professional identity, these components need to be identified and defined.   The results of this study help to identify and define some of the components of professional identity; however, future research should continue to focus on these components as well as others that weren't addressed in this study, as well as formulating explanations as to why these components strengthen professional identity.

A replication of this study using a more representative sample of the nation's licensed counselors would be beneficial. Use of alternative survey methods such as paper and pencil survey in addition to an electronic survey would help to ensure that counselors without email and I nternet access and counselors who are not members of ACA would also be included in the sample. In addition, qualitative studies of licensed counselors' and counselors'-in-training sentiments regarding the development of counselor professional identity could greatly enhance counselors' awareness of components of the development of a strong professional identity. A qualitative study could go beyond identifying components that contribute to the development of counselor professional identity, providing insight regarding how and why specific components contributed to the development of counselor professional identity.

Conclusions

This study examined licensed professional counselors' sentiments regarding the components that contributed to the development of their professional identity and perceived differences that exist among similar mental health professions. The goals of this study were to identify the components that contribute to the development of counselor professional identity and their importance, and to identify counselors' sentiments towards differences among the professional identities of counseling, social work, and clinical and counseling psychology.

The findings of this study indicated that virtually all respondents perceived having a strong professional identity, with the majority of respondents sharing similar sentiments regarding levels of importance of specific components to the development of their professional identity. However, respondents indicated varying levels of importance of some components to the development of their professional identity. These components were not clearly identified as contributors to the development of professional identity in this study.

State licensure was found to be an important component of counselor professional identity by an overwhelming 97% of respondents (*M*=6.63, *SD*=.935). However, the components having a formal title after name (*M*=5.96, *SD*=1.49) and being certified by NBCC or state (*M*=5.53, *SD*=1.92) were indicated as having less importance to the development of counselor professional identity.

Counseling literature supports the idea that research and publication of original material, separate from other helping professions, are essential to the identity of the counseling profession (Hanna & Bernak, 1997). Pistole and Roberts (2002) believe through contributions to journals, counselors can convey their dedication to research, which is a fundamental portion of counselor

identity. However, respondents indicated generating new knowledge for the profession through research has little importance to the development of their professional identity (M=3.50, SD=1.99).

The findings of this study emphasize the importance of professional supervision to the development of counselor professional identity. Counselors' sentiments regarding supervision and guidance during training programs indicated a high level of importance to their development of counselor professional identity (M=6.28, SD=1.15).   This suggests that supervision and guidance during training programs contribute to the development of counselor professional identity. This awareness of supervision's impact on professional identity can be utilized to focus on the supervisor's role in the development of professional identity for counselors-in-training.

The importance of professional counseling affiliations on the development of counselor professional identity is emphasized throughout the counseling literature. Analysis of data in this study revealed support for the importance of professional affiliations to the development of professional identity. The findings of this study indicate that significant differences between the two groups of counselors (those who believe professional affiliations are important to the development of counselor professional identity and those who do not believe professional affiliations are important to the development of counselor professional identity) exist with regards to counselors' sentiments about the importance of ACA, ACA division, and State organization membership on the development of counselor professional identity. However, on a scale of 1(not important)-7 (very important), 50 % responded within the 1-4 range, indicating little to no importance of ACA membership on the development of professional identity; contrarily, 50% responded within the 5-7 range, indicating great importance of ACA membership on the development of professional identity, representing conflicting sentiments

regarding the importance of ACA membership on the development of counselor professional identity. Similarly, 55% responded within the 1-4 range, indicating little to no importance of membership of a State organization on the development of professional identity, and 45% responded within the 5-7 range, indicating great importance of membership of a State organization on the development of professional identity. These opposing responses on the importance of professional affiliations to the development of counselor professional identity only partially support the belief that professional affiliations are a component of the development of professional identity.

Although there are a variety of ways to conceptualize professional identity and components that contribute to its development, many of the definitions contain common elements, which link them together. The results of this study bring greater awareness to both the counseling profession and to counselor education programs of the components that contribute to the development of counselor professional identity.

<div align="center">**References**</div>

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Appendix A

Electronic Messages to Participants

First Electronic Message to Participants

Dear Licensed Counselors,

I am writing today to request your assistance with my dissertation study titled *Counselors'
Perceptions of Identity and Attitudinal Differences Between Counselors and Other Mental
Health Professionals*. I have developed a survey (Survey of Counselor Professional Identity)
that asks licensed counselors to identify and determine the importance of the components that
contribute to the development of their professional identity as a counselor. The survey also asks
about counselor's attitudes towards similarities and differences among mental health professions.
I plan to use the data from the survey to identify components that contribute to the development
of counselor professional identity and compare counselors with strong perceived professional
identities with counselors with less strong perceived professional identities in regards to
perceiving more differences between counseling and other mental health professionals.

Participation is anonymous; there is no way to identify you after you submit your responses. The
approximate completion time for the total instrument ranges from 15-20 minutes.
If you have any questions about your rights as a subject/participant in this research, or if you feel
you have been placed at risk, you can contact Dr. Richard Speaker at the University of New
Orleans at (504) 280-6534.

If you are willing to participate and contribute to this important study please click on the
following link to connect to *the Survey of Counselor Professional Identity*:

http://www.surveymonkey.com/s.asp?u=105282339510

If you are not connected automatically, then you can cut-and-paste the link into the address box
on you web browser and then press enter.

Your answers on this survey will provide important information that may prove useful as a
consideration in the planning or future research of counselor professional identity. Likewise, if
variables that have an impact on counselor professional identity development can be identified,
counselor education programs, CACREP, and professional organizations could consider those
findings in determining ways to foster the development of a strong identity as a counselor. Your
participation is entirely voluntary and you may withdraw consent and terminate participation at
any time without consequence. The risks associated with this study are minimal. Some people
may tire while answering these questions. If you would like more information about this study
or if you wish to discuss any discomforts you may experience, please send your request to the
principal investigator for this study, Latifey Baker Lafleur, at llbaker@uno.edu. You may also
contact my faculty advisor, Dr. Louis V. Paradise, by email lparadise@uno.edu or by telephone,
504-280-6026, for more information about this study.

Thanks in advance for your participation.

Latifey Baker LaFleur, M.S., LPC

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Second Electronic Message to Participants

Dear Licensed Counselors,

If you have already participated in this study by completing *the Survey of Counselor Professional Identity*, thank you again for your participation.

If you have not had the opportunity to participate, please take approximately 15 minutes to read the following information and follow the hyperlink to complete the Survey.

I have developed a survey (Survey of Counselor Professional Identity) that asks licensed counselors to identify and determine the importance of the components that contribute to the development of their professional identity as a counselor. The survey also asks about counselor's attitudes towards similarities and differences among mental health professions. I plan to use the data from the survey to identify components that contribute to the development of counselor professional identity and compare counselors with strong perceived professional identities with counselors with less strong perceived professional identities in regards to perceiving more differences between counseling and other mental health professionals.

Participation is anonymous; there is no way to identify you after you submit your responses. The approximate completion time for the total instrument ranges from 15-20 minutes.
If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact Dr. Richard Speaker at the University of New Orleans at (504) 280-6534.

If you are willing to participate and contribute to this important study please click on the following link to connect to *the Survey of Counselor Professional Identity*:

http://www.surveymonkey.com/s.asp?u=105282339510

If you are not connected automatically, then you can cut-and-paste the link into the address box on you web browser and then press enter.

Your answers on this survey will provide important information that may prove useful as a consideration in the planning or future research of counselor professional identity. Likewise, if variables that have an impact on counselor professional identity development can be identified, counselor education programs, CACREP, and professional organizations could consider those findings in determining ways to foster the development of a strong identity as a counselor. Your participation is entirely voluntary and you may withdraw consent and terminate participation at any time without consequence. The risks associated with this study are minimal. Some people may tire while answering these questions. If you would like more information about this study or if you wish to discuss any discomforts you may experience, please send your request to the principal investigator for this study, Latifey Baker Lafleur, at llbaker@uno.edu. You may also contact my faculty advisor, Dr. Louis V. Paradise, by email lparadise@uno.edu or by telephone, 504-280-6026, for more information about this study.

Thanks in advance for your participation.

Latifey Baker LaFleur, M.S., LPC
Doctoral Candidate
University of New Orleans
348 Bicentennial Education Building
University of New Orleans, Lakefront Campus
2000 Lakeshore Dr.
New Orleans, LA 70148
llbaker@uno.edu

Final Electronic Message to Participants

Dear Licensed Counselors,

This is one last reminder for those of you who have not had the opportunity to participate in my dissertation study titled *Counselors' Perceptions of Identity and Attitudinal Differences Between Counselors and Other Mental Health Professionals.* Please take approximately 15 minutes to read the following information and follow the hyperlink to complete the Survey. **If you have already participated in this study by completing the Survey of Professional Counselor Identity, thank you again for your participation.**

I have developed a survey (Survey of Counselor Professional Identity) that asks licensed counselors to identify and determine the importance of the components that contribute to the development of their professional identity as a counselor. The survey also asks about counselor's attitudes towards similarities and differences among mental health professions. I plan to use the data from the survey to identify components that contribute to the development of counselor professional identity and compare counselors with strong perceived professional identities with counselors with less strong perceived professional identities in regards to perceiving more differences between counseling and other mental health professionals.

Participation is anonymous; there is no way to identify you after you submit your responses. The approximate completion time for the total instrument ranges from 15-20 minutes.
If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact Dr. Richard Speaker at the University of New Orleans at (504) 280-6534.

If you are willing to participate and contribute to this important study please click on the following link to connect to *the Survey of Counselor Professional Identity*:

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Your answers on this survey will provide important information that may prove useful as a consideration in the planning or future research of counselor professional identity. Likewise, if variables that have an impact on counselor professional identity development can be identified, counselor education programs, CACREP, and professional organizations could consider those findings in determining ways to foster the development of a strong identity as a counselor. Your participation is entirely voluntary and you may withdraw consent and terminate participation at any time without consequence. The risks associated with this study are minimal. Some people may tire while answering these questions. If you would like to receive an email copy of the results of the study which will include a discussion of the results or if you wish to discuss any discomforts you may experience, please send your request to the principal investigator for this study, Latifey Baker Lafleur, at llbaker@uno.edu. You may also contact my faculty advisor, Dr.

Louis V. Paradise, by email lparadise@uno.edu or by telephone, 504-280-6026, for more information about this study.

Thanks in advance for your participation.
Latifey Baker LaFleur, M.S., LPC
Doctoral Candidate
University of New Orleans
348 Bicentennial Education Building
University of New Orleans, Lakefront Campus
2000 Lakeshore Dr.
New Orleans, LA 70148
llbaker@uno.edu

Appendix B

Survey of Counselor Professional Identity

Survey of Counselor Professional Identity

Section I: Personal Information

Please take a moment to answer the following questions about yourself. This information is pertinent to the study.

1. Please indicate the state in which you are licensed

_____

2. Please indicate number of years as a licensed counselor in whole numbers. _____

3. Please check if in addition to being a professional counselor, you are a:
_____Professional Social worker
_____Professional psychologist
_____Neither

4. Age in whole numbers   ____years

5. Gender   ____Female   ____Male

6. Highest Degree Held

____M.A./M.S./M.Ed./MSW   ____Psy.D/Ed.D./PhD.

____ Other (please specify)_____

7. Preparation Program (Check all that apply)

____ APA's Committee on Accreditation (CoA)

____ Council on Social Work Education (CSWE)

____ Group for the Advancement of Doctoral Education (GADE)

____ Council for Accreditation of Counseling and Related Educational Programs
       (CACREP)

____ Not an Organization Approved Program

____Other (please specify) _____

8. Affiliations (Check all that apply)

____ APA National Association

____APA State Association

____ACA National Association

____ACA State Association

____NASW

____Other (please specify)_____

_____

9. Setting (check all that apply)

____ Private Practice   ____ Medical (Hospital)

____ University   ____ Private Agency

____ School (Secondary)   ____ Other (please specify)_____

____ State Employment

Section II-Development of Professional Identity

Please rate each item on **how important** it is or was to developing your professional identity as a counselor. Do not rate the items as just important activities; they must be important to developing your identity as a counselor. You will be rating each item on a scale of 1 to 7 with 1 being not important and 7 being extremely important.

How important to your professional identity as a counselor is/was:

    1.   Being a member of the American Counseling Association

         Not Important   Extremely Important
           1   2   3   4   5   6   7

  2. Being a member of an ACA Division such as Association for Specialists in Group
      Work (ASGW) or the Association for Counselor Education and Supervision
      (ACES)

         Not Important   Extremely Important
            1   2   3   4   5   6   7

  3. Being a member of other national professional organization such as Association for
     Play Therapy (APT) or American Educational Research Association (AERA)

         Not Important   Extremely Important
           1   2   3   4   5   6   7

   4.   Being a member of a State organization or association

         Not Important   Extremely Important
           1   2   3   4   5   6   7

5.   Being a graduate of an accredited (CACREP) counselor training program

        Not Important   Extremely Important
            1   2   3   4   5   6   7

6.   Having an advisor during your counselor training program

        Not Important   Extremely Important
            1   2   3   4   5   6   7

7.   Having a mentor during your counselor training program

        Not Important   Extremely Important
            1   2   3   4   5   6   7

8.   Having a supervisor, either group or individual, during your practica/internships

        Not Important   Extremely Important
            1   2   3   4   5   6   7

9.   Having an on job-site supervisor during my early employment as a working counselor

        Not Important   Extremely Important
            1   2   3   4   5   6   7

    a. Regularly obtaining professional supervision of your counseling from competent
        mentors/supervisors

        Not Important   Extremely Important
            1   2   3   4   5   6   7

10.   Being certified by either NBCC or by State certification as a counselor

        Not Important   Extremely Important
            1   2   3   4   5   6   7

11.   Being licensed by your State as a licensed professional counselor or the equivalent

        Not Important   Extremely Important
            1   2   3   4   5   6   7

12.   Having a formal title after your name such as LPC, NCC etc.

        Not Important   Extremely Important
            1   2   3   4   5   6   7

13.   Having a developmental orientation in terms of how you characterize individuals
        and their problems

        Not Important   Extremely Important
            1   2   3   4   5   6   7

14.   Having a humanistic philosophical orientation in terms of how you view people and their
        Problems

        Not Important   Extremely Important

1   2   3   4   5   6   7

15.   Having a basic foundation in the wellness approach to viewing the problems which clients bring to counseling

        Not Important   Extremely Important
                1   2   3   4   5   6   7

16.   Having a code of ethics to guide you, either from the State licensing board or from professional associations

        Not Important   Extremely Important
                1   2   3   4   5   6   7

17.   Generating new knowledge for the profession through conducting your own research or writing about counseling for publication in journals

        Not Important   Extremely Important
                1   2   3   4   5   6   7

18.   Regularly reading scholarly/professional publications, journals, newsletters etc, related to counseling

        Not Important   Extremely Important
                1   2   3   4   5   6   7

19.   Regularly attending professional conferences, workshops, meetings at the State or national level

        Not Important   Extremely Important
                1   2   3   4   5   6   7

20.   Participating in continuing education activities each year to maintain your expertise as a counselor

        Not Important   Extremely Important
                1   2   3   4   5   6   7

21.   Advocating in terms of publicizing, supporting, promoting etc. the value and importance of the counseling profession

        Not Important   Extremely Important
                1   2   3   4   5   6   7

22.   Advocating in terms of supporting individuals in the public who need extra consideration because of their less privileged circumstances

        Not Important   Extremely Important
                1   2   3   4   5   6   7

24. Identify the **top three (3) most important** components to the development of your professional identity as a counselor. Please mark 1, 2, 3 in rank order. Only mark the top three please.

____ACA membership
____ACA division membership

____Other national professional organization membership
____Membership of State organization or association
____Accredited program
____Advisor
____Mentor
____Supervisor during practica/internships
____On Job-site supervisor
____Regular professional supervision
____National or State certification
____State Licensure
____Formal Title
____Developmental orientation
____Humanistic philosophical orientation
____Foundation in the wellness approach
____Code of Ethics
____Generating new knowledge through research
____Reading scholarly/professional publications, journals etc. related to counseling
____Attending professional conferences, workshops, meetings
____Continuing education activities
____Advocating for the counseling profession
____Advocating for individuals in need

Section III-Counselor's perceived differences among mental health profession's identities

In terms of how **you view** what you do as a professional counselor compared to psychologists and social workers, please rate your agreement on a scale of 1-7 with 1 being strongly disagree and 7 being strongly agree with each of the following statements:

1.   Counselors have the same training as psychologists

Strongly Disagree   Strongly Agree
           1   2   3   4   5   6   7

2.   Counselors have the same training as social workers

Strongly Disagree   Strongly Agree
           1   2   3   4   5   6   7

3.   Counselors have the same historical base as psychologists

 Strongly Disagree   Strongly Agree
           1   2   3   4   5   6   7

4.   Counselors have the same historical base as social workers

 Strongly Disagree   Strongly Agree
           1   2   3   4   5   6   7

5.   Counselors have the same theoretical orientations as psychologists

 Strongly Disagree   Strongly Agree
           1   2   3   4   5   6   7

6.   Counselors have the same theoretical orientations as social workers

Strongly Disagree   Strongly Agree
       1   2   3   4   5   6   7

7.   Counselors perform the same techniques as psychologists

Strongly Disagree   Strongly Agree
       1   2   3   4   5   6   7

8.   Counselors perform the same techniques as social workers

Strongly Disagree   Strongly Agree
       1   2   3   4   5   6   7

9.   Counselors see the same types of clients as psychologists

Strongly Disagree   Strongly Agree
       1   2   3   4   5   6   7

10.   Counselors see the same types of clients as social workers

Strongly Disagree   Strongly Agree
       1   2   3   4   5   6   7

11.   Counselors are viewed positively by psychologists

Strongly Disagree   Strongly Agree
       1   2   3   4   5   6   7

12.   Counselors are viewed positively by social workers

Strongly Disagree   Strongly Agree
       1   2   3   4   5   6   7

Section IV-Professional Identity Rating

1. I would rate my professional identity as a counselor as:

I do not see myself as a counselor   **I strongly see myself as a counselor**

       1   2   3   4   5   6   7   8   9   10

Appendix C
IRB Approval Letter

**University Committee for the Protection
of Human Subjects in Research
University of New Orleans**

_____

_____

Campus Correspondence

Louis Paradise, PI
Latifey LaFleur
ED 348

October 12, 2006

RE: Counselors' perceptions of identity and attitudinal differences between
        counselors and other mental health professionals

IRB#   05oct06

The IRB has deemed that the research and procedures are compliant with the
University of New Orleans and federal guidelines.

Please remember that approval is only valid for one year from the approval date.
Any changes to the procedures or protocols must be reviewed and approved by
the IRB prior to implementation.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional
harm), you are required to inform the IRB as soon as possible after the event.

Best of luck with your project!
Sincerely,

Laura Scaramella, Ph.D.
Chair, University Committee for the Protection of Human Subjects in Research

Vita

Latifey B. LaFleur earned a Bachelor of Science in Psychology in 2000 from the University of Louisiana at Lafayette. She earned a Master of Science degree in Applied Psychology in 2002 from the University of Louisiana at Lafayette and completed the Doctor of Philosophy degree in Counselor Education at the University of New Orleans in May 2007.

She is a Licensed Professional Counselor (LPC) in the state of Louisiana, a Registered Play Therapist (RPT), and a trained forensic interviewer. Latifey is a member of the American Counseling Association (ACA), Association for Counselor Education and Supervision (ACES), Louisiana Counseling Association (LCA), and Louisiana Mental Health Counseling Association (LMHCA).

Latifey has experience as a licensed mental health professional working with the severely mentally ill and as the clinical director for a non-profit child advocacy center. She has presented at a state conference on intense services for a misguided population. Latifey is also an Adjunct Professor in the Department of Counseling and Human Development at Southeastern Louisiana University.