

PART I

Historical and Professional Foundations of Counseling

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1 History of and Trends in Counseling

Chapter Overview

From reading this chapter you will learn about

- The consensus definition of counseling adopted by 29 diverse counseling associations
- The history of counseling and important events and people that have shaped the profession during different decades
- Current trends in counseling and where the profession of counseling is headed

As you read consider

- What you believe most people think counseling is and how that differs from what it is
- How world events, governments, and strong personalities shape a profession such as counseling
- What trends you see on the horizon that you think may influence the future of counseling including developing needs in humanity



*There is a quietness that comes
in the awareness of presenting names
and recalling places
in the history of persons
who come seeking help.
Confusion and direction are a part of the process
where in trying to sort out tracks
that parallel into life
a person's past is traveled.
Counseling is a complex riddle
where the mind's lines are joined
with scrambling and precision
to make sense out of nonsense,
a tedious process
like piecing fragments of a puzzle together
until a picture is formed.*

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A *profession* is distinguished by having

- a specific body of knowledge,
- accredited training programs,
- a professional organization of peers,
- credentialing of practitioners such as licensure,
- a code of ethics,
- legal recognition, and
- other standards of excellence (Myers & Sweeney, 2001).

Counseling meets all the standards for a profession and has done so for a significant period of time. It is unique from, as well as connected with, other mental health disciplines by both its emphases and at times its history. Counseling emphasizes growth as well as remediation over the course of a life span in various areas of life: childhood, adolescence, adulthood, and older adulthood. Counselors within the counseling profession specialize in helping individuals, couples, groups, families, and social systems that are experiencing situational, developmental, and long- or short-term problems. Counseling's focus on development, prevention, wellness, and treatment makes it attractive to those seeking healthy life-stage transitions and productive lives.

Counseling has not always been an encompassing and comprehensive profession. It has evolved over the years from diverse disciplines “including but not limited to anthropology, education, ethics, history, law, medical sciences, philosophy, psychology, and sociology” (Smith, 2001, p. 570). Some people associate counseling with educational institutions or equate the word “guidance” with counseling because they are unaware of counseling's evolution. As a consequence, outdated ideas linger in their minds in contrast to reality. They misunderstand the essence of the profession and those who work in it. Even among counselors themselves, those who fail to keep up in their professional development may become confused as to exactly what counseling is, where it has been, and how it is moving forward. As C. H. Patterson, a pioneer in counseling, once observed, some writers in counseling journals seem “ignorant of the history of the counseling profession . . . [and thus] go over the same ground covered in publications of the 1950s and 1960s” (Goodyear & Watkins, 1983, p. 594).

Therefore, it is important to examine the history of counseling because a counselor who is informed about the development and transformation of the profession is likely to have a strong professional identity and subsequently make significant contributions to the field. By understanding counseling's past, you may better appreciate present and future trends of the profession.

PERSONAL REFLECTION

What do you know about your family and personal history that has helped you in your life? Why do you find this type of information valuable? What parallels do you see between knowing your family history and the history of counseling?

DEFINITION OF COUNSELING

There have always been “counselors”—people who listen to others and help them resolve difficulties—but the word “counselor” has been misused over the years by connecting it with descriptive adjectives to promote products. Thus, one hears of carpet counselors, color coordination counselors, pest control counselors, financial counselors, camp counselors, and so on. These counselors are mostly glorified salespersons, advice givers, and supervisors of children or services. They are to professional counseling what furniture doctors are to medicine.

Counseling as a profession grew out of the **progressive guidance movement** of the early 1900s. Its **emphasis** was on **prevention** and **purposefulness**—on helping individuals of all ages and stages avoid making bad choices in life while finding meaning, direction, and fulfillment in what they did. Today professional counseling encompasses within its practice clinicians who still focus on the avoidance of problems and the promotion of growth, but the profession is much more than that. The focus on wellness, development, mindfulness, meaningfulness, and remediation of mental disorders is the hallmark of counseling for individuals, groups, couples, and families across the life span. To understand what counseling is now, it is important first to understand the history of the profession and how counseling is similar to and different from concepts such as guidance and psychotherapy.

Guidance

Guidance focuses on helping people make important choices that affect their lives, such as choosing a preferred lifestyle. Although the decision-making aspect of guidance has long played an important role in the counseling process, the concept itself, as a word in counseling, “has gone the way of ‘consumption’ in medicine” (Tyler, 1986, p. 153). It has more historical significance than present-day usage. Nevertheless, it sometimes distinguishes a way of helping that differs from the more encompassing word “counseling.”

One distinction between guidance and counseling is that guidance centers on helping individuals choose what they value most, whereas counseling helps them make changes. Much of the early work in guidance occurred in schools and career centers where an adult would help a student make decisions, such as deciding on a course of study or a vocation. That relationship was between unequals and was beneficial in helping the less experienced person find direction in life. Similarly, children have long received “guidance” from parents, religious leaders, and coaches. In the process they have gained an understanding of themselves and their world. This type of guidance will never become passé. No matter what the age or stage of life, a person often needs help in making choices. But guidance is only one part of the overall services provided by professional counseling.

Psychotherapy

Traditionally, *psychotherapy* (or *therapy*) has focused on serious problems associated with intrapsychic, internal, and personal issues and conflicts. It has dealt with the “recovery of

adequacy” (Casey, 1996, p. 175). As such, psychotherapy, especially analytically based therapy, has emphasized (a) the past more than the present, (b) insight more than change, (c) the detachment of the therapist, and (d) the therapist’s role as an expert. In addition, psychotherapy has historically involved a *long-term relationship* (20 to 40 sessions over a period of 6 months to 2 years) that concentrated on reconstructive change as opposed to a more *short-term relationship* (8 to 12 sessions spread over a period of less than 6 months). Psychotherapy has also been more of a process associated with *inpatient settings*—some of which are residential, such as mental hospitals—as opposed to *outpatient settings*—some of which are nonresidential, such as community agencies.

However, in more modern times, the distinction between psychotherapy and counseling has blurred, and professionals who provide clinical services often determine whether clients receive counseling or psychotherapy. Some counseling theories are commonly referred to as therapies as well and can be used in multiple settings. Therefore, the similarities in the counseling and psychotherapy processes often overlap.

Counseling

The term *counseling* has eluded definition for years. However, in 2010, 29 counseling associations including the American Counseling Association (ACA) and all but two of its 19 divisions, along with the American Association of State Counseling Boards (AASCB), the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), the National Board for Certified Counselors (NBCC), the Council of Rehabilitation Education (CORE), the Commission of Rehabilitation Counselor Certification (CRCC), and the Chi Sigma Iota (counseling honor society international) accepted a consensus definition of counseling. According to the **20/20: A Vision for the Future of Counseling** group, *counseling* is defined as follows:

“Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (www.counseling.org/20-20/index.aspx).

This definition contains a number of implicit and explicit points that are important for counselors as well as consumers to realize.

- ***Counseling deals with wellness, personal growth, career, education, and empowerment concerns.*** In other words, counselors work in areas that involve a plethora of issues including those that are personal and those that are interpersonal. These areas include concerns related to finding meaning, adjustment, and fulfillment in mental and physical health, and the achievement of goals in such settings as work and school. Counselors are concerned with social justice and advocate for the oppressed and powerless as a part of the process.
- ***Counseling is conducted with persons individually, in groups, and in families.*** Clients seen by counselors live and work in a wide variety of settings. Their problems may require short-term or long-term interventions that focus on just one person or with multiple individuals who are related or not related to each other.
- ***Counseling is diverse and multicultural.*** Counselors see clients with varied cultural backgrounds. Those from minority and majority cultures are helped in a variety of ways depending on their needs, which may include addressing larger societal issues, such as discrimination or prejudice.
- ***Counseling is a dynamic process.*** Counselors not only focus on their clients’ goals, they help clients accomplish them. This dynamic process comes through using a variety of theories and methods. Thus, counseling involves making choices as well as changes. Counseling

is lively and engaging. In most cases, “counseling is a rehearsal for action” (Casey, 1996, p. 176) either internally with thoughts and feelings or externally with behavior.

In addition to defining counseling in general, the ACA has defined a professional *counseling specialty*, which is an area (within counseling) that is “narrowly focused, requiring advanced knowledge in the field” of counseling (www.counseling.org). Among the specialties within counseling are those dealing with educational settings such as schools or colleges and those pertaining to situations in life such as marriage, mental health, rehabilitation, aging, addiction, and careers. According to the ACA, becoming a specialist is founded on the premise that “all professional counselors must first meet the requirements for the general practice of professional counseling” (www.counseling.org).

PERSONAL REFLECTION

What special talents do you have? How did they develop from your overall definition of yourself as a person? How do you see your personal circumstances paralleling the general definition of counseling and counseling specialties?

HISTORY OF COUNSELING

Before 1900

Counseling is a relatively new profession (Aubrey, 1977, 1982). It developed in the late 1890s and early 1900s, and was interdisciplinary from its inception. “Some of the functions of counselors were and are shared by persons in other professions” (Herr & Fabian, 1993, p. 3). Before the 1900s, most counseling was in the form of advice or information. In the United States, counseling developed out of a humanitarian concern to improve the lives of those adversely affected by the Industrial Revolution of the mid- to late 1800s (Aubrey, 1983). The **social welfare reform movement** (now known as **social justice**), the spread of public education, and various changes in population makeup (e.g., the enormous influx of immigrants) also influenced the growth of the fledgling profession (Aubrey, 1977; Goodyear, 1984). Overall, “counseling emerged during a socially turbulent period that straddled the ending of one century and the beginning of another, a period marked by great change that caused a major shift in the way individuals viewed themselves and others” (Ginter, 2002, p. 220).

Most of the pioneers in counseling identified themselves as teachers and social reformers/advocates. They focused on teaching children and young adults about themselves, others, and the world of work. Initially, these helpers were involved primarily in child welfare, educational/vocational guidance, and legal reform. Their work was built on specific information and lessons, such as moral instruction on being good and doing right, as well as a concentrated effort to deal with intra- and interpersonal relations (Nugent & Jones, 2009). They saw needs in American society and took steps to fulfill them. Nevertheless, “no mention of counseling was made in the professional literature until 1931” (Aubrey, 1983, p. 78). Classroom teachers and administrators were the main practitioners.

One way to chart the evolution of counseling is to trace important events and personal influences through the 20th century. Keep in mind that the development of professional counseling, like the activity itself, was and is a process. Therefore, some names and events do not fit neatly into a rigid chronology. They overlap.

1900–1909

Counseling was an infant profession in the early 1900s. During this decade, however, three persons emerged as leaders in counseling's development: Frank Parsons, Jesse B. Davis, and Clifford Beers.

Frank Parsons, often called the **founder of guidance**, focused his work on growth and prevention. His influence was great in his time and it is "Parson's body of work and his efforts to help others [that] lie at the center of the wheel that represents present day counseling" (Ginter, 2002, p. 221). Parsons had a colorful life career in multiple disciplines, being a lawyer, an engineer, a college teacher, and a social worker before ultimately becoming a social reformer and working with youth (Hartung & Blustein, 2002; Pope & Sweinsdottir, 2005; Sweeney, 2001). He has been characterized as a broad scholar, a persuasive writer, a tireless activist, and a great intellect (Davis, 1988; Zytowski, 1985). However, he is best known for founding **Boston's Vocational Bureau** in 1908, a major step in the institutionalization of vocational guidance.

At the Bureau, Parsons worked with young people who were in the process of making career decisions. He "envisioned a practice of vocational guidance based on rationality and reason with service, concern for others, cooperation, and social justice among its core values" (Hartung & Blustein, 2002, p. 41). He theorized that **choosing a vocation** was a matter of relating **three factors: a knowledge of work, a knowledge of self, and a matching of the two through "true reasoning."** Thus, Parsons devised a number of procedures to help his clients learn more about themselves and the world of work. One of his devices was an extensive questionnaire that asked about

experiences ("How did you spend each evening last week?"), preferences ("At a World's Fair, what would you want to see first? second? third?"), and morals ("When have you sacrificed advantage for the right?") (Gummere, 1988, p. 404).

Parsons's book *Choosing a Vocation* (1909), published one year after his death, was quite influential, especially in Boston. For example, the superintendent of Boston schools, Stratton Brooks, designated 117 elementary and secondary teachers as vocational counselors. The "Boston example" soon spread to other major cities as school personnel recognized the need for vocational planning. By 1910, 35 cities were emulating Boston (Lee, 1966).

Jesse B. Davis was the first person to set up a systematized guidance program in the public schools (Aubrey, 1977; Brewer, 1942). As superintendent of the Grand Rapids, Michigan, school system, he suggested in 1907 that classroom teachers of English composition teach their students a lesson in guidance once a week, to accomplish the goal of building character and preventing problems. Influenced by progressive American educators such as Horace Mann and John Dewey, Davis believed that proper guidance would help cure the ills of American society (Davis, 1914). What he and other progressive educators advocated was not counseling in the modern sense but a forerunner of counseling: **school guidance** (a preventive educational means of teaching students how to deal effectively with life events).

Clifford Beers, a former Yale student, was hospitalized for depression several times during his life (Kiselica & Robinson, 2001). He found conditions in mental institutions deplorable and exposed them in his book, *A Mind That Found Itself* (1908), which became a popular best seller. Beers used the book as a platform to advocate for better mental health facilities and reform in the treatment of people with mental illness by making friends with and soliciting funds from influential people of his day, such as the Fords and Rockefellers. His work had an especially

powerful influence on the fields of psychiatry and psychology. “Many people in these fields referred to what they were doing as counseling,” which was seen “as a means of helping people adjust to themselves and society” (Hansen, Rossberg, & Cramer, 1994, p. 5). Beers’s work was the impetus for the mental health movement in the United States, as well as advocacy groups that exist today including the National Mental Health Association and the National Alliance for the Mentally Ill. His work was also a **forerunner of mental health counseling**.

CASE EXAMPLE

Doug Deliberates

After reading about the three major pioneers in the profession of counseling, Doug deliberated about who among them was most important. At first he was sure it must be Frank Parsons because Parsons seemed the most scientific and influential of the group. Yet as he thought, he was not sure. Where would counseling be without Clifford Beers’s influence on mental health and Jesse Davis’s work in the school?

Who do you think was the most important of these three? Why?

1910s

Three events had a profound impact on the development of counseling during the 1910s. The first was the 1913 founding of the *National Vocational Guidance Association (NVGA)*, which was the forerunner of the American Counseling Association. It began publishing a bulletin in 1915 (Goodyear, 1984). In 1921, the *National Vocational Guidance Bulletin* started regular publication. It evolved in later years to become the *National Vocational Guidance Magazine* (1924–1933), *Occupations: The Vocational Guidance Magazine* (1933–1944), *Occupations: The Vocational Guidance Journal* (1944–1952), *Personnel and Guidance Journal* (1952–1984), and, finally, the *Journal of Counseling and Development* (1984 to the present). NVGA was important because it established an association offering guidance literature and united those with an interest in vocational counseling for the first time.

Complementing the founding of NVGA was congressional passage of the *Smith-Hughes Act* of 1917. This legislation provided funding for public schools to support vocational education.

World War I was the third important event of the decade. During the war “counseling became more widely recognized as the military began to employ testing and placement practices for great numbers of military personnel” (Hollis, 2000, p. 45). In this process, the Army commissioned the development of numerous psychological instruments, among them the **Army Alpha and Army Beta intelligence tests**. Several of the Army’s screening devices were employed in civilian populations after the war, and *psychometrics* (psychological testing) became a popular movement and an early foundation on which counseling was based.

Aubrey (1977) observes that, because the vocational guidance movement developed without an explicit philosophy, it quickly embraced psychometrics to gain a legitimate foundation in psychology. Reliance on psychometrics had both positive and negative effects. On the positive side, it gave vocational guidance specialists a stronger and more “scientific” identity. On the negative side, it distracted many specialists from examining developments in other behavioral sciences, such as sociology, biology, and anthropology.

1920s

The 1920s were relatively quiet for the developing counseling profession. This was a period of consolidation. **Education courses for counselors**, which had begun at Harvard University in 1911, almost exclusively emphasized vocational guidance during the 1920s. The dominant influences on the emerging profession were the progressive theories of education and the federal government's use of guidance services with war veterans.

A notable event was the **certification of counselors** in Boston and New York in the mid-1920s. Another turning point was the development of the first standards for the preparation and evaluation of occupational materials (Lee, 1966). Along with these standards came the publication of **new psychological instruments** such as Edward Strong's *Strong Vocational Interest Inventory (SVII)* in 1927. The publication of this instrument set the stage for future directions for assessment in counseling (Strong, 1943).

A final noteworthy event was Abraham and Hannah Stone's 1929 establishment of the **first marriage and family counseling center** in New York City. This center was followed by others across the nation, marking the beginning of the specialty of marriage and family counseling.

Throughout the decade, the guidance movement gained acceptance within American society. At the same time, the movement's narrow emphasis on vocational interests began to be challenged. Counselors were broadening their focus to include issues of personality and development, such as those that concerned the family.

1930s

The 1930s were not as quiet as the 1920s, in part because the **Great Depression influenced researchers and practitioners**, especially in university and vocational settings, to emphasize helping strategies and counseling methods that related to **employment**. A highlight of the decade was the development of the **first theory of counseling**, which was formulated by **E. G. Williamson** and his colleagues (including John Darley and Donald Paterson) at the University of Minnesota. Williamson modified Parsons's theory and used it to work with students and the unemployed. His emphasis on a **direct, counselor-centered approach** came to be known by several names—for example, as the *Minnesota point of view* and *trait-factor counseling*. His pragmatic approach emphasized the counselor's teaching, mentoring, and influencing skills (Williamson, 1939).

One premise of Williamson's theory was that persons had **traits** (e.g., aptitudes, interests, personalities, achievements) that could be integrated in a variety of ways to form **factors** (constellations of individual characteristics). Counseling was based on a scientific, problem-solving, empirical method that was individually tailored to each client to help him or her stop nonproductive thinking/behavior and become an effective decision maker (Lynch & Maki, 1981). Williamson thought the task of the counselor was to ascertain a deficiency in the client, such as a lack of knowledge or a skill, and then to prescribe a procedure to rectify the problem. Williamson's influence dominated counseling for the next two decades, and he continued to write about his theory into the 1970s (Williamson & Biggs, 1979).

Another major occurrence was the **broadening of counseling beyond occupational concerns**. The seeds of this development were sown in the 1920s, when Edward Thorndike began to challenge the vocational orientation of the guidance movement (Lee, 1966). The work of **John Brewer** completed this change in emphasis. Brewer published a book titled *Education as Guidance* in 1932. He proposed that every teacher be a counselor and that guidance be incorporated into the school curriculum as a subject. Brewer believed that all education should focus

on preparing students to live outside the school environment. His emphasis made counselors see vocational decisions as just one part of their responsibilities.

During the 1930s the U.S. government became more involved in guidance and counseling. For example, in 1938 Congress passed the **George-Dean Act** that created the **Vocational Education Division** of the U.S. Office of Education and an **Occupational Information and Guidance Service** (Sweeney, 2001). Evolving from this measure was the creation of state supervisors of guidance positions in state departments of education throughout the nation. Thus, school counseling, still known as guidance in the 1930s, became more of a national phenomenon. Furthermore, the government established the **U.S. Employment Service** in the 1930s. This agency published the first edition of the *Dictionary of Occupational Titles (DOT)* in 1939. The *DOT*, which became a major source of career information for guidance specialists working with students and the unemployed, described known occupations in the United States and coded them according to job titles.

1940s

Three major events in the 1940s radically shaped the practice of counseling: the theory of Carl Rogers, World War II, and government's involvement in counseling after the war.

Carl Rogers rose to prominence in 1942 with the publication of his book *Counseling and Psychotherapy*, which challenged the counselor-centered approach of Williamson as well as major tenets of Freudian psychoanalysis. Rogers emphasized the importance of the client, espousing a **nondirective approach to counseling**. His ideas were both widely accepted and harshly criticized. Rogers advocated giving clients responsibility for their own growth. He thought that if clients had an opportunity to be accepted and listened to, then they would begin to know themselves better and become more congruent (genuine). He described the role of the professional helper as being nonjudgmental and accepting. Thus, the helper served as a mirror, reflecting the verbal and emotional manifestations of the client.

Aubrey (1977, p. 292) has noted that, before Rogers, the literature in guidance and counseling was quite practical, dealing with testing, cumulative records, orientation procedures, vocations, and placement functions. In addition, this early literature dealt extensively with the goals and purpose of guidance. With Rogers, there was a new emphasis on the importance of the relationship in counseling, research, refinement of counseling technique, selection and training of future counselors, and the goals and objectives of counseling. Guidance, for all intents and purposes, suddenly disappeared as a major consideration in the bulk of the literature and was replaced by a decade or more of concentration on counseling. The Rogers revolution had a major impact on both counseling and psychology. Not only did Rogers's ideas come to the forefront, but a considerable number of alternative systems of psychotherapy emerged as well (Corsini, 2008).

With the advent of **World War II**, the U.S. government needed counselors and psychologists to help select and train specialists for the military and industry. The war also brought about a **new way of looking at vocations for men and women**. Many women worked outside the home during the war, exemplified by such personalities as Rosie the Riveter. Women's contributions to work and the well-being of the United States during the crisis of war made a lasting impact. Traditional occupational sex roles began to be questioned, and greater emphasis was placed on personal freedom.

After the war, the U.S. government further promoted counseling through the **George-Barden Act** of 1946, which provided vocational education funds through the U.S. Office of Education for **counselor training institutes** (Sweeney, 2001). In addition, the **Veterans**

Administration (VA) funded the training of counselors and psychologists by granting stipends and paid internships for students engaged in graduate study. The VA also “rewrote specifications for vocational counselors and coined the term ‘**counseling psychologist**’” (Nugent, 1981, p. 25). Money made available through the VA and the GI bill (benefits for veterans) influenced teaching professionals in graduate education to define their curriculum offerings more precisely. Counseling psychology, as a profession, began to move further away from its historical alliance with vocational guidance.

1950s

“If one decade in history had to be singled out for the most profound impact on counselors, it would be the 1950s” (Aubrey, 1977, p. 292). Indeed, the decade produced at least **five major events** that dramatically changed the history of counseling:

1. The establishment of the **American Personnel and Guidance Association (APGA)**;
2. The charting of the **American School Counselor Association (ASCA)**;
3. The establishment of **Division 17** (Society of Counseling Psychology) within the American Psychological Association (APA);
4. The passage of the **National Defense Education Act (NDEA)**; and
5. The introduction of **new guidance and counseling theories**.

AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION. APGA grew out of the **Council of Guidance and Personnel Associations (CGPA)**, a loose confederation of organizations “concerned with educational and vocational guidance and other personnel activities” (Harold, 1985, p. 4). CGPA operated from 1934 to 1951, but its major drawback was a lack of power to commit its members to any course of action (Sheeley & Stickle, 2008). APGA was formed in 1952 with the purpose of formally organizing groups interested in guidance, counseling, and personnel matters. Its original four divisions were the American College Personnel Association (Division 1), the National Association of Guidance Supervisors and Counselor Trainers (Division 2), the NVGA (Division 3), and the Student Personnel Association for Teacher Education (Division 4) (Sheeley, 2002). During its early history, APGA was an interest group rather than a professional organization because it did not originate or enforce standards for membership (Super, 1955).

THE CHARTERING OF THE AMERICAN SCHOOL COUNSELOR ASSOCIATION (ASCA). In 1953, the American School Counselor Association was chartered. It joined APGA as its fifth member shortly thereafter. By joining APGA, ASCA strengthened the association numerically, pragmatically, and philosophically.

DIVISION 17. In 1952, the Society of Counseling Psychology (Division 17) of APA was formally established. It was initially known as the **Division of Counseling Psychology**. Its formation required dropping the term “guidance” from what had formerly been the association’s Counseling and Guidance Division. Part of the impetus for the division’s creation came from the VA, but the main impetus came from APA members interested in **working with a more “normal” population** than the one seen by clinical psychologists (Whiteley, 1984).

Once created, Division 17 became more fully defined. Super (1955), for instance, distinguished between counseling psychology and clinical psychology, holding that counseling psychology was more concerned with normal human growth and development and was influenced

in its approach by both vocational counseling and humanistic psychotherapy. Despite Super's work, counseling psychology had a difficult time establishing a clear identity within the APA (Whiteley, 1984). Yet the division's existence has had a major impact on the growth and development of counseling as a profession. In fact, luminaries in the counseling profession such as Gilbert Wrenn and Donald Super held offices in both Division 17 and in APGA divisions for years and published in the periodicals of both.

NATIONAL DEFENSE EDUCATION ACT. A fourth major event was the passage in 1958 of the National Defense Education Act (NDEA), which was enacted following the Soviet Union's launching of its first space satellite, *Sputnik I*. The act's primary purpose was to identify scientifically and academically talented students and promote their development. It provided funds through **Title V-A for upgrading school counseling programs**, established counseling and guidance institutes, and offered funds and stipends through **Title V-B** to train counselors. In 1964, the NDEA was extended to include elementary counseling. The results were impressive. From 1908 to 1958, the number of school counselors grew to 12,000. "In less than a decade, the number of school counselors quadrupled and counselor to student ratio decreased from 1 to 960 in 1958 to 1 to 450 by 1966–1967" (Bradley & Cox, 2001, p. 34). Indeed, the end of the 1950s began a boom in school counseling that lasted through the 1960s thanks to the cold war and the coming of school age of the baby boom generation (Baker, 1996).

PERSONAL REFLECTION

Much of the growth of counseling in the 1950s came as a reaction to external events or pressures. What other positive outcomes have you seen emerge from crises, such as natural or person-initiated disasters? For example, the state of New York passed legislation licensing counselors as mental health professionals after September 11, 2001.

NEW THEORIES. The last major event during this decade was the emergence of new guidance and counseling theories. Before **1950, four main theories** influenced the work of counselors: (a) psychoanalysis and insight theory (e.g., Sigmund Freud); (b) trait-factor or directive theories (e.g., E. G. Williamson); (c) humanistic and client-centered theories (e.g., Carl Rogers); and, to a lesser extent, (d) behavioral theories (e.g., B. F. Skinner). Debates among counselors usually centered on whether directive or nondirective counseling was most effective, and almost all counselors assumed that certain tenets of psychoanalysis (e.g., defense mechanisms) were true.

During the 1950s, debate gradually shifted away from this focus as new theories of helping began to emerge. Applied behavioral theories, such as Joseph Wolpe's systematic desensitization, began to gain influence. Cognitive theories also made an appearance, as witnessed by the growth of Albert Ellis's rational-emotive therapy, Eric Berne's transactional analysis, and Aaron Beck's cognitive therapy. Learning theory, self-concept theory, Donald Super's work in career development, and advances in developmental psychology made an impact as well (Aubrey, 1977). By the end of the decade, the number and complexity of theories associated with counseling had grown considerably.

1960s

The initial focus of the 1960s was on **counseling as a developmental profession**. **Gilbert Wrenn** set the tone for the decade in his widely influential book, *The Counselor in a Changing World* (1962a). His emphasis, reinforced by other prominent professionals such as Leona Tyler

and Donald Blocher, was on working with others to resolve developmental needs. Wrenn's book had influence throughout the 1960s, and he, along with Tyler, became one of the strongest counseling advocates in the United States.

The impact of the developmental model lessened, however, as the decade continued, primarily because of **three events: the Vietnam War, the civil rights movement, and the women's movement**. Each event stirred up passions and pointed out needs within society. Many counselors attempted to address these issues by concentrating their attention on special needs created by the events.

Other powerful influences that emerged during the decade were the **humanistic counseling theories** of Dugald Arbuckle, Abraham Maslow, and Sidney Jourard. Also important was the phenomenal growth of the **group movement** (Gladding, 2012). The emphasis of counseling shifted from a one-on-one encounter to small-group interaction. **Behavioral counseling** grew in importance with the appearance of **John Krumboltz's *Revolution in Counseling*** (1966), in which learning (beyond insight) was promoted as the root of change. Thus, the decade's initial focus on development became sidetracked. As Aubrey notes, "the cornucopia of competing counseling methodologies presented to counselors reached an all-time high in the late 1960s" (1977, p. 293).

Another noteworthy occurrence was the passage of the 1963 **Community Mental Health Centers Act**, which authorized the establishment of community mental health centers. These centers opened up opportunities for counselor employment outside educational settings. For instance, alcohol abuse counseling and addiction counseling, initially called **drug abuse counseling**, began in the 1960s and were offered in mental health centers among other places. Marriage and family counseling also emerged in such centers during this time because of the increase in the divorce rate (Hollis, 2000).

Professionalism within the APGA and the continued professional movement within Division 17 of the APA also increased during the 1960s. In 1961, APGA published a "sound **code of ethics** for counselors" (Nugent, 1981, p. 28). Also during the 1960s, Loughary, Stripling, and Fitzgerald (1965) edited an APGA report that summarized role definitions and **training standards** for school counselors. Division 17, which had further clarified the definition of a counseling psychologist at the 1964 Greyston Conference, began in 1969 to publish a professional journal, *The Counseling Psychologist*, with **Gilbert Wrenn** as its **first editor**.

A final noteworthy milestone was the establishment of the **ERIC Clearinghouse on Counseling and Personnel Services (CAPS)** at the University of Michigan. Founded in 1966 by Garry Walz and funded by the Office of Educational Research and Improvement at the U.S. Department of Education, ERIC/CAPS was another example of the impact of government on the development of counseling. Through the years ERIC/CAPS would become one of the largest and most used resources on counseling activities and trends in the United States and throughout the world. It also sponsored conferences on leading topics in counseling that brought national leaders together.

1970s

The 1970s saw the emergence of several trends that were influenced by actions apart from and within counseling circles. New initiatives related to diversity such as working with women, minorities, and people with disabilities were initiated. They were partly the result of the passage of Title IX, affirmative action, and legislation for disabled persons. Within counseling, occurrences that propelled the profession forward were the formation of **helping skills programs**, the beginning of **licensure**, and the further development of the APGA.

DIVERSIFICATION IN COUNSELING SETTINGS. The rapid growth of counseling outside educational institutions began in the 1970s when mental health centers and community agencies began to employ counselors. This hiring occurred for several reasons including the passage of new federal legislation, which opened up human services activities more to girls and women, minorities, and persons with disabilities. Specifically, **Title IX** of the Education Amendments came online, along with **affirmative action** laws, and **antidiscrimination legislation** against people with disabilities.

The diversification of counseling meant that specialized training began to be offered in counselor education programs. It also meant the development of new concepts of counseling. For example, Lewis and Lewis (1977) coined the term *community counselor* for a new type of counselor who could function in multidimensional roles regardless of employment setting. Many community counseling programs were established, and counselors became more common in agencies such as mental health clinics, hospices, employee assistance programs, psychiatric hospitals, rehabilitation centers, and substance abuse centers. Equally as striking, and as dramatic in growth, was the formation of the **American Mental Health Counseling Association (AMHCA)** within APGA. Founded in 1976, AMHCA quickly became one of the largest divisions within APGA and united mental health counselors into a professional organization where they defined their roles and goals.

HELPING SKILLS PROGRAMS. The 1970s saw the development of *helping skills programs* that concentrated on relationship and communication skills. Begun by Truax and Carkhuff (1967) and Ivey (1971), these programs taught basic counseling skills to professionals and non-professionals alike. The emphasis was humanistic and eclectic. It was assumed that certain fundamental skills should be mastered to establish satisfactory personal interaction. A bonus for counselors who received this type of training was that they could teach it to others rather easily. Counselors could now consult by teaching some of their skills to those with whom they worked, mainly teachers and paraprofessionals. In many ways, this trend was a new version of Brewer's concept of education as guidance.

STATE LICENSURE. By the mid-1970s, state boards of examiners for psychologists had become restrictive. Some of their restrictions, such as barring graduates of education department counseling programs from taking the psychology licensure exam, caused considerable tension, not only between APA and APGA but also within the APA membership itself. The result was APGA's move toward state and national licensure for counselors. Thomas J. Sweeney (1991) chaired the first APGA Licensure Committee and he and his successors did so with much success. **Virginia was the first state to adopt a professional counselor licensure law**, doing so in 1976. It was followed quickly by Arkansas and Alabama before the decade ended (Figure 1.1). In regard to licensure, it should be noted that California passed a marriage, family, and child counselor law in 1962. The problem with the California law was it defined the term "counselor" broadly and later replaced the term with the word "therapist," which was strictly defined, and which ultimately disenfranchised counselors. It was not until 2010 that the California legislature passed a professional counselor licensure law.

A STRONG APGA. During the 1970s, APGA emerged as an even stronger professional organization. Several changes altered its image and function, one of which was the building of its own headquarters in Alexandria, Virginia. APGA also began to question its professional

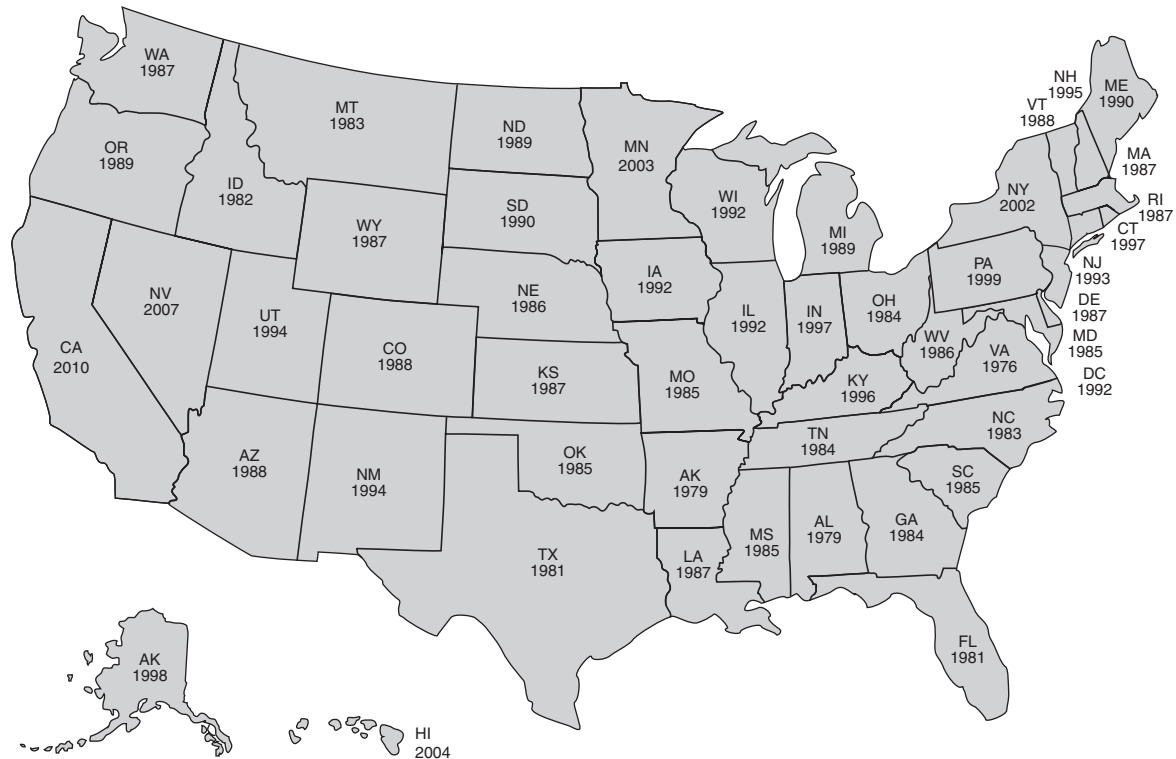


FIGURE 1.1 All states legally regulate counselors

identification because guidance and personnel seemed to be outmoded ways of defining the organization's emphases.

In 1973, the **Association of Counselor Educators and Supervisors (ACES)**, a division of APGA, **outlined the standards for a master's degree in counseling**. Robert Stripling of the University of Florida spearheaded that effort. In 1977, ACES approved guidelines for doctoral preparation in counseling (Stripling, 1978). During the decade, APGA membership increased to almost 40,000. Four new divisions (in addition to AMHCA) were chartered: the Association for Religious and Value Issues in Counseling, the Association for Specialists in Group Work, the Association for Non-White Concerns in Personnel and Guidance, and the Public Offender Counselor Association.

CASE EXAMPLE

Justin Feels Justified

Justin received his counseling degree in the mid-1970s. Although counseling was not as developed as it is now, Justin feels considerable pride in how the profession grew during "his decade." He feels justified telling others that the 1970s was the best decade for becoming a counselor. How is his claim supported? What might he be overlooking?

1980s

The 1980s saw the continued growth of counseling as a profession, exemplified by proactive initiatives from counselors associated with APGA and Division 17. Among the most noteworthy events of the decade were those that standardized the training and certification of counselors, recognized counseling as a distinct profession, increased the diversification of counselor specialties, and emphasized human growth and development.

STANDARDIZATION OF TRAINING AND CERTIFICATION. The move toward standardized training and certification was one that began early in the decade and grew stronger yearly. In 1981, the **Council for Accreditation of Counseling and Related Educational Programs (CACREP)** was formed as an affiliate organization of APGA. It refined the standards first proposed by ACES in the late 1970s and initially accredited four programs and recognized others that had been accredited by the California state counselor association and ACES (Steinhauser & Bradley, 1983). In 1987, **CACREP achieved membership in the Council on Postsecondary Accreditation (COPA)**, bringing it “into a position of accreditation power parallel to” such specialty accreditation bodies as the APA (Herr, 1985, p. 399). CACREP standardized counselor education programs for master’s and doctoral programs in the areas of school, community, mental health, and marriage and family counseling, as well as for personnel services for college students.

Complementary to the work of CACREP, the **National Board for Certified Counselors (NBCC)**, which was formed in 1982, began to certify counselors on a national level. It developed a standardized test and defined eight major subject areas in which counselors should be knowledgeable: (a) human growth and development, (b) social and cultural foundations, (c) helping relationships, (d) groups, (e) lifestyle and career development, (f) appraisal, (g) research and evaluation, and (h) professional orientation. To become a National Certified Counselor (NCC), examinees have to pass a standardized test and meet experiential and character reference qualifications. By the end of the decade, there were approximately 17,000 NCC professionals.

Finally, in collaboration with CACREP, the **National Academy of Certified Clinical Mental Health Counselors (NACCMHC)**, an affiliate of the AMHCA, continued to define training standards and certify counselors in mental health counseling, a process it had begun in the late 1970s (Seiler, Brooks, & Beck, 1987; Wilmarth, 1985). It also began training supervisors of mental health counselors in 1988. Both programs attracted thousands of new professionals into counseling and upgraded the credentials of those already in the field.

COUNSELING AS A DISTINCT PROFESSION. The evolution of counseling in the 1980s as a distinct helping profession came as a result of events, issues, and forces, both inside and outside APGA (Heppner, 1990b). Inside APGA was a growing awareness among its leaders that the words “personnel” and “guidance” no longer described the work of its members (Sheeley, 2002). In 1984, after considerable debate, the **APGA changed its name to the American Association for Counseling and Development (AACD)** to “reflect the changing demographics of its membership and the settings in which they worked” (Herr, 1985, p. 395). The name change was symbolic of the rapid transformation in identity that APGA members had been experiencing through the implementation of policies regarding training, certification, and standards. External events that influenced APGA to change its name and ultimately its focus included legislation, especially on the federal level, that recognized mental health providers and actions by other mental health services associations.

Moreover, there was a newness in professional commitment among AACD members. **Chi Sigma Iota, an international academic and professional honor society**, was formed in 1985 by Thomas J. Sweeney to promote excellence in the counseling profession. It grew to more than 100 chapters and 5,000 members by the end of the decade (Sweeney, 1989). Furthermore, liability insurance policies, new counseling specialty publications, legal defense funds, legislative initiatives, and a variety of other membership services were made available to AACD members by its national headquarters (Myers, 1990). By 1989, over 58,000 individuals had become members of AACD, an increase of more than 18,000 members in 10 years.

The founding of CSI was followed the next year, 1986, by the establishment of the **American Association of State Counseling Boards (AASCB)** by Ted Remley. AASCB from the beginning was an association of bodies that were legally responsible for the registration, certification, or licensing of counselors within their jurisdictions in the United States. The first meeting of the group was in Charleston, South Carolina.

Division 17 also continued to grow at a steady rate (Woody, Hansen, & Rossberg, 1989). In 1987, a professional standards conference was assembled by its president, George Gazda, to define further the uniqueness of counseling psychology and counseling in general.

PERSONAL REFLECTION

What's in a name? Think of your own name and how it has influenced your relationships. If you have changed your name, write down some of the impacts of that change. What might be some of the ramifications of a counseling organization changing its name?

MORE DIVERSIFICATION OF COUNSELING. During the 1980s, counselors became more diversified. Large numbers of counselors continued to be employed in primary and secondary schools and in higher education in a variety of student personnel services. Mental health counselors and community/agency counselors were the two largest blocks of professionals outside formal educational environments. In addition, the number of counselors swelled in mental health settings for business employees, the aging, and married persons and families. Symbolic of that growth, the Association for Adult Development and Aging (AADA) and the International Association for Marriage and Family Counselors (IAMFC) were organized and chartered as divisions of AACD in 1987 and 1990, respectively.

Strong membership in AACD divisions dedicated to group work, counselor education, humanistic education, measurement and development, religious and value issues, employment and career development, rehabilitation, multicultural concerns, addiction and offender work, and military personnel further exemplified the diversity of counseling during the 1980s. Special issues of AACD journals focused on topics such as violence (*Journal of Counseling and Development*, March 1987), the gifted and talented (*Journal of Counseling and Development*, May 1986), the arts (*Journal of Mental Health Counseling*, January 1985), and prevention (*Elementary School Guidance and Counseling*, October 1989). These publications helped broaden the scope of counseling services and counselor awareness.

INCREASED EMPHASIS ON HUMAN GROWTH AND DEVELOPMENT. Counseling's emphasis on human growth and development during the 1980s took several forms. For example, a new spotlight was placed on developmental counseling across the **life span** (Gladstein & Apfel, 1987). New behavioral expressions associated with Erik Erikson's first five stages of life

development were formulated as well (Hamachek, 1988), and an increased emphasis on the development of adults and the elderly resulted in the formation of the Association for Adult Aging and Development (AAAD).

A second way that human growth and development was stressed was through increased attention to **gender issues** and **sexual preferences** (O’Neil & Carroll, 1988; Pearson, 1988; Weinrach, 1987). Carol Gilligan’s (1982) landmark study on the development of moral values in females, which helped introduce **feminist theory** into the counseling arena, forced human growth specialists to examine the differences between genders.

An emphasis on **moral development** was the third way in which human growth issues were highlighted (Colangelo, 1985; Lapsley & Quintana, 1985). There was a renewed emphasis on models of moral development, such as Lawrence Kohlberg’s theory (1969), and increased research in the area of enhancing moral development. In counselor education, it was found that moral development was closely related to both cognitive ability and empathy (Bowman & Reeves, 1987).

Finally, the challenges of working with different ethnic and **cultural groups** received more discussion (Ponterotto & Casas, 1987). In focusing on multicultural issues, the Association for Multicultural Counseling and Development (AMCD) took the lead, but multicultural themes, such as the importance of diversity, became a central issue among all groups, especially in light of the renewed racism that developed in the 1980s (Carter, 1990).

1990s

The 1990s continued to see changes in the evolution of the counseling profession, some of them symbolic and others structural. One change that was significant was the **1992** decision by the AACD to modify its name and become the **American Counseling Association (ACA)**. The new name better reflected the membership and mission of the organization.

A second noteworthy event in the 1990s also occurred in 1992, when **counseling**, as a **primary mental health profession**, was included for the **first time** in the health care human resource statistics compiled by the Center for Mental Health Services and the National Institute of Mental Health (Manderscheid & Sonnenschein, 1992). This type of recognition put counseling on par with other mental health specialties such as psychology, social work, and psychiatry. By the beginning of the 21st century, it was estimated that there were approximately 100,000 counselors in the United States (Wedding, 2008).

A third event in counseling that also originated in 1992 was the writing of the **multicultural counseling competencies and standards** by Sue, Arredondo, and McDavis (1992). Although these competencies mainly applied to counseling with people of color, they set the stage for a larger debate about the nature of multicultural counseling—for instance, the inclusion within the definition of other groups, such as people with disabilities. Thus, a lively discussion occurred during the decade about what diversity and counseling within a pluralistic society entailed (Weinrach & Thomas, 1998).

A fourth issue in the 1990s was a focus on health care and an **increase in managed health care organizations**. Conglomerates emerged, and many counselors became providers under these new organized ways of providing services. As a result, the number of independent counselor practitioners decreased as did the number of sessions a counselor could offer under managed health care plans. A new emphasis on legislation connected with these organizations forced counselors to become increasingly informed and active as legislative proponents (Barstow, 1998).

In addition, there was a renewed focus within the decade on counseling issues related to the whole person. Counselors became more aware of social factors important to the development and maintenance of mental disorders and health including the importance of organism-context interaction (i.e., *contextualism*) (Thomas, 1996). These factors include spirituality, family environment, socioeconomic considerations, the impact of groups and group work, and prevention (Bemak, 1998).

Other developments in the 1990s included the following:

- The merger of the National Academy of Clinical Mental Health Counselors with NBCC to credential counselors.
- The growth of CACREP-accredited programs in counselor education on both the doctoral and master's levels.
- An increase in the number of publications on counseling by ACA, commercial publishers, and ERIC/CASS (Counseling and Student Services Clearinghouse).
- The growth of Chi Sigma Iota to over 200 chapters and 20,000 members.
- Growth of state counselor licensure laws.

CURRENT TRENDS IN THE TWENTY-FIRST CENTURY

In 2002, counseling formally celebrated its 50th anniversary as a profession under the umbrella of the ACA. However, within the celebration was a realization that counseling is ever changing and that emphases of certain topics, issues, and concerns at the beginning of the 21st century would most likely change with the needs of clients and society. The changing roles of men and women, innovations in media and technology, poverty, homelessness, trauma, loneliness, and aging, among other topics, captured counseling's attention as the new century began (Lee & Walz, 1998; Webber & Mascari, 2010). Among the most pressing topics were dealing with violence, trauma, and crises; managed care; wellness; social justice; technology; leadership; and identity.

Dealing with Violence, Trauma, and Crises

Conflict is a part of most societies, even those that are predominantly peaceful. It occurs “when a person perceives another to be interfering or obstructing progress toward meeting important needs” (Corcoran & Mallinckrodt, 2000, p. 474). *Violence* results when one or more parties address conflict in terms of win-lose tactics. In the United States concerns about conflict and safety from both a prevention and treatment standpoint have emerged in the past couple of decades from a rash of school shootings, such as **Columbine**, and the **Oklahoma City** bombing where in each a number of innocent people were killed (Daniels, 2002). A defining moment in conflict and violence occurred on **9/11/2001** when terrorists crashed commercial airliners into the World Trade Center towers in New York City and the Pentagon in Washington, DC. These acts signaled the beginning of an active and new emphasis in counseling on preparing and responding to **trauma and tragedies** such as those associated with **Hurricane Katrina**, **the Iraq and Afghanistan Wars**, and the **Virginia Tech shootings** (Walz & Kirkman, 2002; Webber & Mascari, 2010). Within this new emphasis is a practical focus, such as developing crisis plans and strategies for working with different age groups from young children to the elderly in order to provide psychological first aid and facilitate the grieving and healing process.

Trauma is a normal response to a very abnormal situation. “Natural disasters, ongoing wars, terrorist attacks, plane crashes, school violence and abuse are among the most widely

recognized causes of trauma . . . trauma can also stem from events that don't necessarily make the national news" (Shallcross, 2010, p. 26). Indeed, there are the tragedies of daily life—auto accidents, or the sudden loss of family members, friends, classmates, or coworkers that have a traumatic effect on individuals as profound as any major occurrence in the world. These events and the people who experience them are those with whom counselors interact with most. Some of the signs and symptoms associated with **trauma-induced stress** include sleep disturbance, emotional instability, impaired concentration, and an inability to perform routine and regular daily tasks. However, not all signs of trauma are visible. Nevertheless, early intervention for trauma survivors should emphasize helping them to connect with natural social support systems and resources that are available to them in their communities.

In the area of dealing with trauma, a renewed emphasis has been focused in recent years on the treatment of stress and both *acute stress disorder (ASD)* and *post-traumatic stress disorder (PTSD)* (Jordan, 2002; Marotta, 2000; Taylor & Baker, 2007). Both ASD and PTSD develop as a result of being exposed to a traumatic event involving actual or threatened injury (American Psychiatric Association, 1994). Threats are associated with intense fear, helplessness, or horror. ASD is more transient; people develop symptoms within about 4 weeks of a situation and resolve them within about another 4 weeks (Jordan, 2002). However, PTSD differs in that, whereas, except in cases of delayed onset, symptoms occur within about a month of an incident, they may last for months or years if not treated. People who develop PTSD may display a number of symptoms including reexperiencing the traumatic event again through flashbacks, avoidance of trauma-related activities, and emotional numbing plus other disorders such as substance abuse, obsessive-compulsive disorders, and panic disorders (Jones, Young, & Leppma, 2010).

Many survivors of the 9/11 World Trade attacks suffered from PTSD years later. A survey of over 3,200 evacuees of the Twin Towers found that nearly all suffered at least one PTSD symptom and 15% had PTSD 2 or 3 years after the attacks. The likelihood of PTSD was greater for those who evacuated later, were on a high floor, or worked for a company that lost employees in the disaster (Columbia University's Mailman School of Public Health, 2011s).

Counselors who are employed in the area of working with ASD or PTSD clients need specialized training to help these individuals. Crises often last in people's minds long after the events that produced them. **Crisis counseling** as well as long-term counseling services are often needed, especially with individuals who have PTSD. For example, psychosocial and moral development may be arrested in PTSD war veterans making it more difficult for them to have successful relationships and to cope by themselves "with the trauma, confusion, emotion, brutality, and fear associated with combat" (Taylor & Baker, 2007, p. 368). "It is only by recognizing and treatment of PTSD that trauma victims can hope to move past the impact of trauma and lead healthy lives" (Grosse, 2002, p. 25).

The Challenge of Managed Care

"*Managed care* involves a contractual arrangement between a mental health professional and a third party, the managed care company, regarding the care and treatment of the first party, the client" (Murphy, 1998, p. 3). Managed care is and will be a major concern to counselors during the 21st century and indeed has already become the new gatekeeper for mental health practice

(Lawless, Ginter, & Kelly, 1999). There are only a few dominant companies in the managed care business, but their influence is tremendous. They determine how health care providers, including counselors, deliver services and what rights and recourses consumers have.

“Although managed care models have promoted accountability in treatment through an emphasis on quality over quantity of services, such models often fail to acknowledge critical differences in treatment needs related to specific issues or specific populations” (Calley, 2007, p. 132). Managed care arrangements often require clients first to see a gatekeeper physician before they can be referred to a specialist such as a counselor. This restriction, along with limited financial reimbursement, and limitations on sessions allowed under managed care has had mixed results.

Managed care has advanced the counseling profession by including counselors on both managed care boards and as providers of services (Goetz, 1998). However, managed care has also had a negative impact on the profession (Daniels, 2001). As a group, counselors have not been well compensated under most managed care arrangements. Client consumers have often been limited in getting the services they need. Likewise, counselors have been frustrated in being able to offer adequate treatment or be seated on managed care boards. In addition, managed care companies have shifted the focus of treatment from treatment that was relationship based, such as counseling, to treatment that is more medication only based even though the research does not support such an emphasis (Nordal, 2010). Finally, there are ethical concerns in managed care services offered by counselors to clients. These concerns are around issues like informed consent, confidentiality, maintaining records, competence, integrity, human welfare, conflict of interest, and conditions of employment (Daniels, 2001).

The challenge for counselors in the future is to find ways to either work more effectively with managed care companies or work outside such companies and still be major players in the mental health arena. If counselors stay with managed care services, it will become increasingly important for them to be on managed care provider boards, for it is these boards that will ultimately determine who is credentialed and for what with managed care organizations. Regardless, it will be essential for counselors to attain a national provider number if they are to maintain flexibility in the services they provide.

CASE EXAMPLE

The Limitations on Lauren

Lauren was well established as a counselor. She was known for her effectiveness. She was into long-term counseling relationships, though, and thought that anything less than a 3-month commitment to the counseling process was a waste for both the client and the counselor.

Lauren’s philosophy and her commitment to the process of counseling bothered her when a new client, Lucy, who appeared quite depressed showed up in her office with a managed care contract that allowed for only six sessions. Lauren knew she could not help Lucy very effectively in six sessions. Yet, she knew that to turn her away might make her more disturbed.

What would you do if you were in Lauren’s shoes?

Promoting Wellness

In recent years, the idea of promoting wellness within the counseling profession has grown (Lawson, Venart, Hazler, & Kottler, 2007; Myers & Sweeney, 2005, 2008). Wellness involves many aspects of life including the physical, intellectual, social, psychological, emotional, and environmental. Myers, Sweeney, and Witmer (2000) define *wellness* as a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. “Ideally, it is the optimum state of health and well-being that each individual is capable of achieving” (p. 252).

A model for promoting wellness has been developed by Myers et al. (2000). It revolves around **five life tasks: spirituality, self-direction, work and leisure, friendship, and love**. Some of these tasks, such as self-direction, are further subdivided into a number of subtasks, such as sense of worth, sense of control, problem solving and creativity, sense of humor, and self-care. The premise of this model is that healthy functioning occurs on a developmental continuum that is interactive, and healthy behaviors at one point in life affect subsequent development and functioning as well.

More and more, “professional counselors seek to encourage wellness, a positive state of well-being, through developmental, preventive, and wellness-enhancing interventions” (Myers & Sweeney, 2008, p. 482). There is still debate over the exact definition of wellness and how it is measured (Roscoe, 2009). However, it appears that wellness will be one of the major emphases within counseling in the 21st century because of the counseling profession’s focus on health and well-being as a developmental aspect of life.

Concern for Social Justice and Advocacy

Early pioneers in what evolved to be counseling were interested in the welfare of people in society. Therefore, it is not surprising that counselors of today are drawn to social justice causes and to advocacy. *Social justice* “reflects a fundamental valuing of fairness and equity in resources, rights, and treatment for marginalized individuals and groups of people who do not share the power in society because of their immigration, racial, ethnic, age, socioeconomic, religious heritage, physical abilities, or sexual orientation status groups” (Constantine, Hage, Kindaichi, & Bryant, 2007, p. 24). Major elements of a social justice approach include “helping clients identify and challenge environmental limits to their success,” “challenging systematic forms of oppression through counselor social action,” and “liberating clients from oppressive social practices” (Astramovich & Harris, 2007, p. 271). Social justice also helps counselors become more attuned to social injustices and thereby work with clients in a more sensitive and just manner (Hays, Prosek, & McLeod, 2010).

Among the active involvement counselors are taking in social justice causes now are advocacy, along with community outreach, and public policy making (Constantine et al., 2007). **Advocacy** involves “helping clients challenge institutional and social barriers that impede academic, career, or personal-social development” (Lee, 1998, pp. 8–9). The purpose is to “increase a client’s sense of personal power and to foster sociopolitical changes that reflect greater responsiveness to the client’s personal needs” (Kiselica & Robinson, 2001, p. 387).

In order to be effective as an advocate, counselors need to have “the capacity for commitment and an appreciation of human suffering; nonverbal and verbal communications skills; the

CASE EXAMPLE

The Tragic Death of Deamonte – A True Story

Lee and Rodgers (2009) tell the story of the death of a 12-year old boy in the metropolitan DC area whose name was Deamonte. His mother was a wage-reliant worker with no health insurance and whose family Medicaid coverage had temporarily lapsed. When Deamonte got a toothache, his mother could not afford the \$80 dental bill so he initially went untreated. By the time he was seen the bacteria from the abscess in his rotting tooth had spread to his brain. “After two operations and 6 weeks of hospital care, Deamonte ultimately died. It was later revealed that Deamonte and his younger brother, DaShawn, never received dental attention at any time during their young lives” (p. 284).

How does this story personalize the need for social justice and advocacy? What do you think counselors can or should do when they encounter situations where a tragedy of this magnitude may happen?

ability to maintain a multisystems perspective”; individual, group, and organizational intervention skills; “knowledge and use of the media, technology, and the Internet; and assessment and research skills” (Kiselica & Robinson, 2001, p. 391). Advocates must also be socially smart, knowing themselves, others, and the systems around them. Likewise, they must know when to be diplomatic as well as confrontational. In addition, they must have a knowledge and passion for the cause or causes they advocate for and be willing to be flexible and compromise to obtain realistic goals.

In the American Counseling Association, Counselors for Social Justice (CSJ) and ACES are the leading groups for advocacy and social justice. Chi Sigma Iota (Counseling Academic and Professional Honor Society International) and NBCC are the leading advocacy groups outside the ACA for these causes. “Counselors have an ethical and moral mandate to work toward social justice” (Bryan, 2009, p. 510).

Greater Emphasis on Technology

Technology use has grown rapidly in counseling (Kennedy, 2008b; Shaw & Shaw, 2006). What once was considered promising has now become reality, and technology “is having a profound impact on almost every aspect of life including education, business, science, religion, government, medicine, and agriculture” (Hohenshil, 2000, p. 365). For example, technology, particularly the Internet, is now a major tool for career planning (Harris-Bowlsbey, Dikel, & Sampson, 2002).

Initially, technology was used in counseling to facilitate record keeping, manipulate data, and do word processing. More attention is now being placed on factors affecting technology and client interaction, especially on the Internet and on telephones (Reese, Conoley, & Brossart, 2006). “The number of network-based computer applications in counseling has been increasing rapidly” (Sampson, Kolodinsky, & Greeno, 1997, p. 203). Listservs and bulletin board systems (BBSs) have become especially popular for posting messages and encouraging dialogue between counselors. One of the most popular listservs in counseling, at least among counselor educators,

is CESNet. E-mail is also used in counselor-to-counselor interactions as well as counselor-to-client conversations. Websites are maintained by counseling organizations, counselor education programs, and individual counselors (Pachis, Rettman, & Gotthoffer, 2001). For instance the American Counseling Association's website is www.counseling.org. There are even “**online**” **professional counseling journals**, the first being the *Journal of Technology in Counseling* (Layne & Hohenshil, 2005; (www.jtc.colstate.edu/)) and the most recent being *The Professional Counselor: Research and Practice* (www.tpcjournal.nbcc.org/).

The similarities between working with certain aspects of technology (e.g., computers or telephones) and working with clients are notable (e.g., establishing a relationship, learning a client's language, learning a client's thought process, setting goals, and taking steps to achieve them). However, the practice is fraught with ethical and legal risks, such as (a) the issue of confidentiality, (b) how to handle emergency situations, (c) the lack of nonverbal information, (d) the danger of offering online services over state judicial lines, (e) the lack of outcome research on the effectiveness of online counseling services, (f) technology failures, and (g) the difficulties of establishing rapport with a client who is not visually seen (Pollock, 2006; Shaw & Shaw, 2006).

Despite drawbacks, a number of counselors and counseling-related organizations offer services across the Internet (e.g., suicide prevention; Befrienders International, 2007) and through the telephone (adolescent smokers cessation help; Tedeschi, Zhu, Anderson, Cummins, & Ribner, 2005). This trend is understandable given the fact that people are pressed for time, phone services are readily available, and Internet use is ubiquitous.

Telephone counselors can use web technology to enhance the services they offer if they follow guidelines adopted by the NBCC on Internet counseling (www.nbcc.org/ServiceCenter/Ethics). Clients who may be especially well served through the use of **online counseling** are those who (a) are geographically isolated, (b) are physically disabled, (c) would ordinarily not seek counseling, and (d) are more prone to writing than speaking (Shaw & Shaw, 2006).

Competencies for counselors continue to be developed in regard to the use of technology in therapy. These competencies include skills they should master such as being able to use word processing programs, audiovisual equipment, e-mail, the Internet, Listservs, and CD-ROM databases. Although the Internet, the telephone, and other technologies will never fully replace face-to-face counseling, clearly they are here to stay. They offer a unique experience with both benefits and limitations (Haberstroh, Duffey, Evans, Gee, & Trepal, 2007). They require a unique set of skills as well as personality traits, such as patience and persistence (Haberstroh, Parr, Bradley, Morgan-Fleming, & Gee, 2008).

Cybercounseling, the practice of professional counseling and information delivery through electronic means, usually the Internet, when clients and counselors are in separate or remote locations, is growing as a modality by which counseling services are delivered. It is a phenomenon occurring worldwide, for example, in South Korea as well as the United States (Maples & Han, 2008). The Center for Credentialing and Education, an affiliate of NBCC, now even offers a **Distance Certified Counselor credential**, providing national visibility and certification for counselors delivering online services (Center for Credentialing and Education, 2011).

Streaming video and wireless connectivity are two of the more cutting-edge technologies that will affect how counselors function in the future (Layne & Hohenshil, 2005). Counselors “would be wise to educate themselves on the ethical and technical issues emerging in this new arena” (Pollock, 2006, p. 69).

Leadership

With the rapid changes in society and counseling, there is an increased need for counselors to develop their leadership and planning skills. By so doing, they become a more positive and potent force in society. Although many counseling skills can be readily applied to effective leadership such as empathy, group processing, and goal setting, other “specific leadership practices, such as completing performance reviews, communicating compensation philosophies and practices, addressing colleagues’ performance problems, and being accountable for team camaraderie and productivity, are not taught in traditional counseling programs” (Curtis & Sherlock, 2006, p. 121). Therefore, counselors are particularly challenged in agencies and schools to move beyond clinical supervision and into *managerial leadership* roles. In such roles they influence “a group of individuals to achieve a goal” (p. 120). Managerial leadership is an important topic in counseling because there is considerable evidence that “it makes a difference in an organization’s performance” (p. 121).

The ACA is engaged in leadership activities through working nationally and regionally to provide training for new leaders and legislative training for counselors. Divisions within the ACA also focus on leadership development and legislative training. Chi Sigma Iota (Counseling Academic and Professional Honor Society International) is especially strong in providing leadership training and services to counselors through workshops and seminars.

One area of leadership, *strategic planning*, involves envisioning the future and making preparations to meet anticipated needs. Similar to the counseling skill of leading, it is usually accomplished in a group and involves hard data as well as anticipations and expectations (C. Kormanski, personal interview, June 20, 1994). In 2005 the ACA and 30 other counseling groups initiated the *20/20 Future of Counseling* initiative in order to map out the future of the profession for the year 2020. By the fall of 2007, the group had agreed on seven principles that unite the counseling profession (Kaplan & Gladding, 2011). By 2010 it has come to a consensus definition of counseling.

Identity

Since 1952 most counselors in the United States and a number in other countries have held membership in ACA. The composition of ACA has been mixed, “like a ball of multicolored yarn,” and sometimes within ACA there has been an emphasis within the specialties of counseling as opposed to the overall profession (Bradley & Cox, 2001, p. 39). Other professions, such as medicine, have overcome the divisiveness that comes within a profession where there is more than one professional track that practitioners can follow. ACA has not been as fortunate. Part of the reason is that counseling has not adapted as much of a postmodern stance regarding its identity as some other professions such as medicine (Hansen, 2010).

However, as counseling has grown stronger as a profession with more counselor education programs that promote identity, with a stronger national professional association (ACA), with more research literature being generated, and with more professionals who see themselves as counselors first and foremost, its identity has become more widely accepted by the public. Thus, the emphasis on modifying adjectives to the noun “counselor” has begun to diminish in many cases (Myers & Sweeney, 2001). Clearly, as ACA and related organizations, such as CACREP, NBCC, and AASCB become stronger, all counselors stand to benefit as does the public.

The following divisions and affiliates now operate under ACA's structure:

1. ***National Career Development Association (NCDA)***—founded in 1913; formerly the National Vocational Guidance Association
2. ***Association for Humanistic Counseling (AHC)***—founded in 1931; formerly the *Student Personnel Association for Teacher Education (SPATE)*, *Association for Humanistic Education and Development*, and *Counseling Association for Humanistic Education and Development (CAHEAD)*
3. ***Association for Counselor Education and Supervision (ACES)***—founded in 1938; formerly the National Association of Guidance Supervisors and Counselor Trainers
4. ***American School Counselor Association (ASCA)***—founded in 1953
5. ***American Rehabilitation Counseling Association (ARCA)***—founded in 1958; formerly the Division of Rehabilitation Counseling
6. ***Association for Assessment in Counseling and Education (AAACE)***—founded in 1965; formerly the Association for Measurement and Evaluation in Guidance
7. ***National Employment Counselors Association (NECA)***—founded in 1966
8. ***Association for Multicultural Counseling and Development (AMCD)***—founded in 1972; formerly the Association for Non-white Concerns in Personnel and Guidance
9. ***International Association of Addictions and Offender Counselors (IAAOC)***—founded in 1972; formerly the Public Offender Counselor Association
10. ***Association for Specialists in Group Work (ASGW)***—founded in 1973
11. ***Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC)***—founded in 1974; formerly the National Catholic Guidance Conference
12. ***American Mental Health Counselors Association (AMHCA)***—founded in 1976
13. ***Association for Counselors and Educators in Government (ACEG)***—founded in 1984
14. ***Association for Adult Development and Aging (AADA)***—founded in 1986
15. ***International Association of Marriage and Family Counselors (IAMFC)***—founded in 1989
16. ***American College Counseling Association (ACCA)***—founded in 1991
17. ***Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC)***—founded in 1996
18. ***Counselors for Social Justice***—founded in 1999
19. ***Association for Creativity in Counseling***—founded in 2004

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- Complete Assignments and Activities that can help you more deeply understand the chapter content.
- Apply and practice your understanding of the core skills identified in the chapter with the Building Counseling Skills unit.
- Prepare yourself for professional certification with a Practice for Certification quiz.
- Connect to videos through the Video and Resource Library.

Summary and Conclusion

Counseling is a distinct profession. It is concerned with wellness, prevention, development, and situational difficulties as well as with helping persons with particular psychological disorders. It is based on principles and a definition that has evolved over the years. It contains within it a number of specialties.

An examination of the history of counseling shows that the profession has an interdisciplinary base. It began with the almost simultaneous concerns and activities of Frank Parsons, Jesse B. Davis, and Clifford Beers to provide, reform, and improve services in vocational guidance, character development of school children, and mental health treatment. Counseling became interlinked early in its history with psychometrics, psychology, anthropology,

ethics, law, philosophy, and sociology. In addition to the development of theory and the generation of practical ways of working with people, important events in the development of counseling include the involvement of the government in counseling during and after World War I, the Great Depression, World War II, and the launching of *Sputnik*.

Ideas from innovators such as E. G. Williamson, Carl Rogers, Gilbert Wrenn, Donald Super, Leona Tyler, and Thomas J. Sweeney have shaped the development of the profession and broadened its horizon. The emergence and growth of the American Counseling Association (rooted in the establishment of the National Vocational Guidance Association in 1913) has been a major factor in the growth of the counseling profession.

Challenges for the profession in the 21st century include dealing with violence, trauma, and crises; interacting positively with managed care organizations; promoting wellness; using technology wisely and effectively; promoting social justice and

advocating for client needs; providing leadership; and working on establishing a stronger identity for the profession. The timeline that follows (Figure 1.2) provides highlights in the history of counseling and spotlights current and future issues.

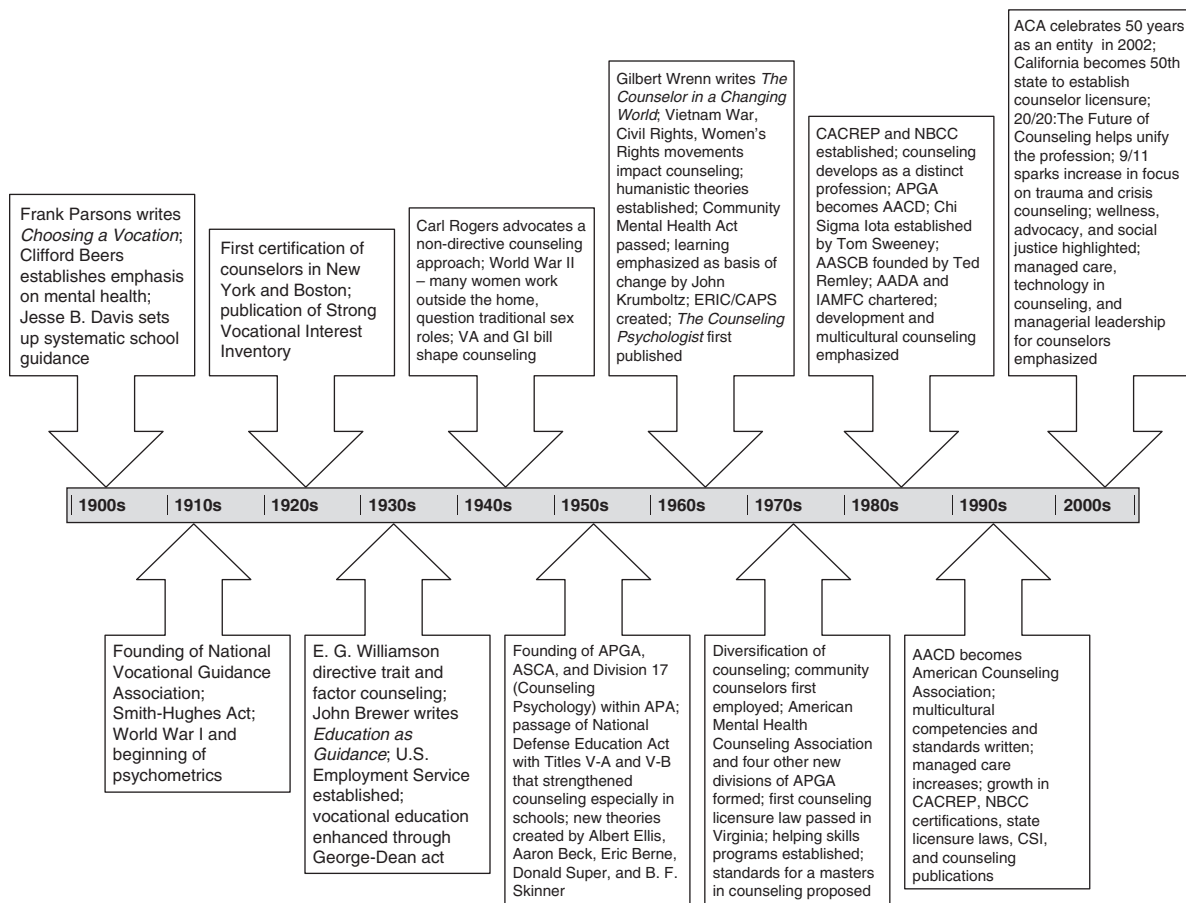


FIGURE 1.2 Development of the profession of counseling from 1900 to 2012