

Interstate Licensure Portability: Logistics and Barriers for Professional Counselors



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Counseling licensure portability is in a state of crisis. The collaborative 20/20 initiative made headway in establishing the profession's objectives toward consistent licensure standards across states; however, inconsistencies and significant barriers persist. The authors conducted a qualitative content analysis to understand the logistics associated with interstate portability of counseling licenses in the Rocky Mountain Region of the Association for Counselor Education and Supervision (Colorado, Idaho, Montana, New Mexico, Utah, and Wyoming). Results describe participants' experiences in fulfilling licensure requirements and the barriers encountered because of discrepancies in practice standards. Recommendations for counselors, supervisors, and state licensing boards are described.

Keywords: license portability, interstate portability, licensing boards, licensure requirements, qualitative analysis

The American Counseling Association (ACA) was originally formed in 1952 in part to develop consistency among practice and ethical standards for the counseling profession (Simmons, 2002). Since then, counselors have gone through various phases of seeking professional unity, complicated by and arising from the joining of four different specialty areas (Kaplan, 2002; McKinney, West, Fye, Bradley, & Storlie, 2018). Historically, there have been different opinions on counselor professional title, scope of practice, and educational requirements (Burns & Cruikshanks, 2018; Gale & Austin, 2003). This disparity has been presented as evidence of a young, fragmented profession searching for a solid professional identity (Calley & Hawley, 2008; Cashwell, Kleist, & Scofield, 2009; McKinney et al., 2018). Counselor professional identity consists of understanding the profession's historical context, the scope of a counselor's practice, associated laws and ethics, and pride and engagement in counseling professional organizations (Remley & Herlihy, 2007).

Even with attempts within the counseling profession to develop consistent expectations and requirements related to educational standards, national examinations, and state licensing criteria, barriers remain (Kaplan & Kraus, 2018). Licensed professional counselors moving from state to state experience difficulties maintaining their licensed status, resulting in a "licensure portability crisis" (Kaplan & Kraus, 2018, p. 223). There is movement in the counseling profession toward established licensure portability practices as clinicians report significant barriers moving from one state to another (Kaplan & Kraus, 2018). However, as it stands, each state develops its own laws and statutes and is not bound to align with other states or recognize licenses issued in another state. These inconsistent regulations create barriers for licensed professional counselors looking to relocate and raise issues for counselors working near state borders who must be licensed in both states.

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Recent Portability Efforts in the Counseling Profession

In order to unify the counseling profession under a single professional identity, *20/20: A Vision for the Future of Counseling* was developed through collaboration between ACA and the American Association of State Counseling Boards (AASCB; Kaplan & Gladding, 2011; Kaplan, Tarvydas, & Gladding, 2014). This initiative focused on the importance of defining a professional identity and promoting licensure portability (Kaplan & Gladding, 2011; Kaplan & Kraus, 2018). By 2010, a consensus was reached on the definition of counseling and the importance of strengthening professional identity (Kaplan & Kraus, 2018). Establishing these two areas of agreement was a step forward; however, the counseling profession remained divided on criteria for educational programs and accreditation, which contribute significantly to licensure portability (Kaplan & Kraus, 2018). The 20/20 initiative's final achievement before disbanding was the formation of the Building Blocks to Portability Project, designed to address issues of portability such as education requirements and number of supervised hours (Kaplan & Kraus, 2018). A consensus was obtained for the title of Licensed Professional Counselor (LPC) and scope of practice, and recommendations were made to state licensing boards (Kaplan & Kraus, 2018).

In addition to portability, *license through endorsement* is a term that has been used in some states to better facilitate obtaining a license in a new state. Endorsement means a license may be granted reciprocally to a professional counselor who has been licensed by another state. More recently, in 2013, the CACREP Board adopted a position statement on licensure portability for professional counselors, and then in 2015 endorsed portability standards proposed by the Association for Counselor Education and Supervision (ACES), the American Mental Health Counselors Association (AMHCA), and the National Board for Certified Counselors (NBCC; CACREP, 2018). In 2016, ACA developed and proposed a different aspirational licensure portability model (ACA, 2017). AASCB, ACES, AMHCA, and NBCC together released a joint statement, the *Joint Statement on a National Counselor Licensure Endorsement Process* (AMHCA, 2017; NBCC, 2017). The CACREP Board voted to publicly endorse the joint position statements later that same year (CACREP, 2018).

The consistent standards needed in order to establish licensure through an endorsement process were summarized by Olson, Brown-Rice, and Gerodias (2018). These criteria were: (a) no disciplinary sanctions for at least 5 years; (b) possess the highest tiered license; (c) completion of a jurisprudence exam if necessary; and (d) complies with one of the following: meets all academic, exam, and postgraduate supervised experience standards as adopted by the state counseling licensure board; holds the National Certified Counselor (NCC) credential; or holds a CACREP-accredited graduate degree (NBCC, 2019; Olson et al., 2018). However, most states still require a detailed application to demonstrate that the specific educational, experiential, supervision, and exam requirements of licensure have been met for that state (ACA, 2019).

In addition to licensure portability and licensure endorsement, licensure reciprocity is one mechanism of portability that states employ to grant full recognition for a license from another state. Reciprocity includes an expedited type of application process for LPCs. One example is a signed reciprocity agreement between Tennessee and Kentucky (Tennessee Department of Health, 2015). In general, to apply for licensure in another state, the license earned in another jurisdiction must be in good standing with no unresolved legal or ethical issues and have equivalent or higher requirements. Exam scores must meet the current state's passing score and there may be additional specific state examinations. Other states do not have specific provisions for reciprocity or endorsement and require the full application process. The lack of uniformity between states can significantly increase the time and effort to provide documentation and evidence of competence to be issued a full license in another

state. The exact definitions of these terms differ from state to state, further highlighting the lack of clarity and consistency counselors encounter when navigating this process.

The counseling profession continues to be divided on the topics of educational requirements for number of credit hours, accreditation, number of supervised experience hours, number of supervision hours, and examinations. Even though there has been work toward solidifying a professional identity and addressing licensing issues, jurisdiction of issuing a counseling license resides within each state. Consistency between state licensure requirements would facilitate counselor mobility to support career and family options and increase client access to care.

Specific Issues in Licensure Portability

Each state is responsible for determining its own licensure laws, and as a result of this differentiation significant differences exist (ACA, 2016). A licensed counselor's move from one state to another is often met with difficulties. Kaplan (2012) stated, "We have a real crisis in counseling licensure. Counselors are trapped in their own states" (p. 1). There remains a wide range of educational requirements, accreditation, number of hours of supervised experience, number of hours of supervision, and examinations. For example, a majority of states in the United States ($n = 37$) require 60 educational credit hours (ACA, 2016). However, some states require specific coursework, such as family counseling, human sexuality, and addictions. Therefore, counselors who graduate from an accredited program still may not meet the educational requirements for licensure in a second state. Regarding accreditation, 29 states explicitly identify CACREP, CACREP/Council on Rehabilitation Education (CORE), or NCC certification for licensure. Other states do not specify accreditation or simply use the word "accredited."

Across the United States, there are vastly different requirements for supervision, specifically who can supervise, types of supervisor, frequency of supervision, number of supervisees per supervisor, and supervisor requirements (Henriksen, Henderson, Liang, Watts, & Marks, 2019). Henriksen et al. (2019) conducted an analysis of supervision rules and laws. The number of clinical hours of experience required for master's-level prelicensure counselors varied from 500 to 7,000 if the program of study did not meet CACREP (2015) standards.

There are differences in the frequency of prelicensure supervision and variations in how requirements are described (e.g., not defined, based on client hours, a specific number of hours or sessions, weekly and special rules). Sometimes additional postgraduate supervision hours are required. These range from not specified to 200, with many states ($n = 28$) requiring 100 hours of supervision. The minimum exam requirements for the majority of states ($n = 42$) is a passing score on the National Counselor Examination (NCE). Other states require the National Clinical Mental Health Counseling Examination (NCMHCE) or Certified Rehabilitation Counselor Exam (CRCE). Alternatively, a state may require more than one exam, a higher minimum score, or a different or additional exam (ACA, 2016).

In addition to the burden of already possessing a license and having to complete another application in a different state with varied requirements, there are logistical and economic barriers as well. Finding a clinical supervisor, syllabi to support coursework verification, and a clinical agency that will hire a professional counselor without a valid state license are just a few of the issues that need to be navigated. Many of the state licensing differences can result in financial stress, with practitioners having to wait extended periods of time without income, as well as possibly incurring extra costs related to taking another exam, obtaining licensure documentation, additional coursework, supervision, and unpaid client contact hours. The counseling profession will clearly

benefit from a consensus on licensure requirements, resulting in fewer barriers to licensure portability (Burns & Cruikshanks, 2018). In an attempt to explore these issues in one area of the United States, the authors established a regional licensing committee.

The Interstate Licensing Agreement Committee

In 2015, the Rocky Mountain Association for Counselor Education and Supervision (RMACES) board authorized the formation of the Interstate Licensing Agreement Committee. The committee members were comprised of counselor educators and clinicians who represented the six states in the RMACES region: Colorado (CO), Idaho (ID), Montana (MT), New Mexico (NM), Utah (UT), and Wyoming (WY). The goal of the committee was to have representatives from each state in the RMACES region work together and with their respective state licensing boards to develop an interstate agreement for counseling licensure reciprocity.

Table 1 shows the similarities and differences between the state licensing requirements in the Rocky Mountain region (ACA, 2016). The first column identifies the state, and the second column contains the acronym for the top tier title for a counseling license. The next two columns contain the educational requirements, including type of programmatic accreditation and the minimum number of credit hours. The next four columns are experiential requirements, which include the required number of hours of clinical supervision, the number of direct client hours, the minimum number of years of post-graduation experience, and the total number of overall counseling-related hours.

Many attempts to find common licensing ground and facilitate discussions between even two of the state boards was met with resistance from licensure board members. The committee hoped to open dialogue regarding the possibility of establishing greater alignment between a minimum of two states. The attempts of collaboration between state boards became futile so the committee then turned their efforts toward engaging in research on topics related to counselor licensure and portability. The Interstate Licensing Agreement Committee representatives are the researchers in this study and the authors of this manuscript.

Table 1

Summary of State Licensing Requirements in the RMACES Region

State	Top Tier Title	Educational Requirements		Experiential Requirements				Exams
		Accreditation	Credit Hours	Supervision Hours	Direct Hours	Years	Total Hours	
CO	LPC	CACREP	60	100	NS	2	2,000	NCE + CO Exam
ID	LCPC	Accredited	60	80	2,400	2	3,400	NCE + NCMHCE
MT	LCPC	Accredited	60	1:20 ^a	1,000	NS	3,000	NCE
NM	LPCC	Accredited	48	100	3,000	2	NS	NCE + NCMHCE
UT	LCMHC	CACREP	60	100	NS	NS	4,000	NCE + NCMHCE + UT Exam
WY	LPC	CACREP/CORE	60	100	1,200	NS	3,000	NCE or NCMHCE or CRCE

Note. NS = Not specified. Table adapted from data in *Licensure Requirements for Professional Counselors: A State-By-State Report (2016 Edition)*. Copyright 2016 by the American Counseling Association.

^aRequires 1 hour of supervision for every 20 clinical hours.

Although research exists examining aspects of counselor licensure portability, there appears to be a gap in the literature of studies conducted that address the experiences and challenges counselors face when relocating. We were aware of some logistical and economic barriers counselors experienced when attempting to obtain an additional counseling license (Kaplan, 2012). Therefore, the purpose of this study was to increase understanding of counselors' experiences of obtaining licensure in another state. We interviewed 12 licensed counselors who sought licensure in one of the RMACES region states of CO, ID, MT, NM, UT, and WY, after obtaining licensure in any other state throughout the country. We sought to answer the following research question: What are the experiences of obtaining clinical licensure in counseling after moving from one state to another within the RMACES region of the United States?

Researcher Positionality

Because the researchers each held a state-issued license to provide mental health services, we brought our individual experiences into the development of this research. Some of the authors had personal experiences of obtaining a license in more than one state, ranging from a fairly simple process to one that took over a year to complete. The researchers were all trained counselor educators ranging from a doctoral candidate to assistant, associate, and full professors. The researchers were intentional to rely on the participants' views of their experiences obtaining a counseling license and not their own anecdotal stances on the issue.

Method

We sought to understand licensed counselors' experiences of obtaining a counseling license after moving to one of the RMACES states. We wished to focus on participants' perspectives to understand the logistics and challenges associated with the interstate portability of counseling licenses. The constructivist approach of qualitative research provides opportunities for participants to report meaningful experiences and allows for multiple perspectives and participant realities (Hays & Wood, 2011). Qualitative content analysis is a method based on naturalistic inquiry with rigorous coding to systematically categorize data to describe "the meaning of qualitative material" (Schreier, 2012, p. 1). Data were collected from recollections of personal experiences obtaining a state counseling license. We used both a deductive and an inductive content analysis approach to draw themes directly from the data and analyzed experiences using qualitative content analysis to classify data into categories of experiences with similar meanings (Cho & Lee, 2014; Schreier, 2012).

Participants

We obtained the required human participants research approval from the institutional review boards of our respective institutions. We used purposeful and snowball sampling to recruit subjects who were licensed counselors in one state and then obtained an additional license in the states of CO, ID, MT, NM, UT, and WY. We looked for people who met the criteria of involvement and had a willingness to describe their experiences. Each state has different procedures and qualifications for licensure; therefore, we wanted to include at least two participants' experiences from each RMACES state. The involvement inclusion criteria were people who (1) have been licensed as a professional counselor or equivalent in another state in the United States, (2) have subsequently moved into an RMACES state and applied for a counseling license, and (3) were granted the counseling license. The resulting sample consisted of 12 participants (seven women and five men). Participants ranged in age from 33 to 68 years and all identified as Caucasian.

Data Collection

Participants were asked to take part in an interview lasting between 15 and 40 minutes based on the length of participant responses. Participants were asked questions specifically related to their experience obtaining a license in the RMACES region, beginning with the overarching question: "What is your experience of obtaining clinical licensure, transitioning from one state to another?" The authors recruited participants from their own state and conducted at least one of the interviews, which were audio- or video-recorded. In addition to the initial research question, participants were asked, "What factors/elements have influenced your experience of licensure portability?" "What has been positive and what has been challenging or created a barrier?" "What have your interactions with the state's licensure board been and how has this impacted your experience?" and "Can you briefly describe the step-by-step process that you had to go through to obtain licensure and how long the overall process took to complete?" The researchers attempted to meet the criteria of thematic saturation, or the continual sampling of the data collected from the participants until repetition was achieved and no new information was obtained (Bowen, 2008; Strauss & Corbin, 1990).

Data Analysis

Analysis consisted of engaging in the systematic nature of qualitative content analysis (Schreier, 2012). This helped set the stage for approaching the data with a beginner's mind. First, we collected and transcribed interview data ($n = 12$). Next, two members of the research team read through the collection to get a sense of the whole experience. The next step consisted of these two researchers individually reading the interview transcriptions and engaging in open coding to identify the most common and analytically rich essential themes from which to base a more selective coding scheme or category (Schreier, 2012). The researchers then engaged in selective coding to determine the units of analysis, categories, and themes (Cho & Lee, 2014; Schreier, 2012). In this case, the unit of analysis was related to the licensing process. The researchers engaged in the use of deductive and inductive analysis. The two approaches differ on how initial codes or categories are developed. The deductive approach starts with preconceived codes or categories derived from prior relevant theory, research, or literature, while in the inductive approach, codes and categories are directly drawn from the data (Cho & Lee, 2014). The initial codes were developed from a deductive approach using the categories of title, education, experience, and exam, identified previously in Table 1. Every unit of analysis was placed into a mutually exclusive category, meaning that no data fell between two categories or was placed into more than one category (Crowley & Delfico, 1996).

Next the researchers engaged in inductive coding based on the aspects of the participants' experiences that were not captured by the a priori deductive codes (Schreier, 2012). Inductive categories were developed as a means to compress the large amount of individual text into fewer content-related groups with similar meanings and connotations (Schreier, 2012; Weber, 1990). This also is known as a data reduction process in qualitative content analysis and is achieved through limiting "analysis to those aspects that are relevant with a view to your research question" (Schreier, 2012, p. 7). Next, two researchers compared codes and where discrepancies existed, we described our coding process (Cho & Lee, 2014; Saldaña, 2016). A third researcher triangulated the coding by the first two researchers. Discrepant data and negative cases were discussed among the three coding researchers, and we decided collectively on categories that best represented and explained the data (Cho & Lee, 2014; Saldaña, 2016). We formed a final codebook of the categories and descriptions. Each category contained the name, a description of meaning, examples, and inclusion and exclusion decision rules. The identification of categories and themes continued until no new themes were identified within the data and redundancy occurred (Guest, Bunce, & Johnson, 2006;

Strauss & Corbin, 1990). Theoretical saturation was obtained meeting this “critical methodological concept in qualitative research” (Walker, 2012, p. 37). The last step consisted of a review of the codes conjointly to discuss refinement of categories, impressions of the themes, and interpretation of the meanings (Schreier, 2012). Based on this analysis, the content of the interviews fit into six categories: professional title; graduate education; clinical hours; licensure exams; barriers to licensure; and recommendations for counselors, counselor educators, supervisors, and state boards.

Trustworthiness

In qualitative research, trustworthiness is used to acknowledge the subjectivity of experience while also engaging in rigorous methods to establish meaning. We embraced Corbin and Strauss’s (2008) assertion that in qualitative research, “findings are trustworthy and believable in that they reflect participants’, researchers’, and readers’ experiences with a phenomenon” (p. 302). To establish trustworthiness of the data, we used Creswell’s (2014) methods. Two researchers coded the comments separately and met to preserve congruence in coding definitions and check the trustworthiness of the process (Creswell, 2014). Coding was triangulated with a third researcher to add to the trustworthiness. Because all data in qualitative research pass and are filtered through the researchers’ lens, how we were positioned in this study is stated in the conceptual framework and authors’ positions. All of the authors identify as counselor educators or doctoral students in counselor education, and each author holds a professional counseling or marriage and family therapist license. Trustworthiness was deepened through participants as they were asked to take part in a member check at the conclusion of data analysis. The authors shared the categories and themes with participants to assess whether the conclusions were congruent with the participants’ experiences.

Results

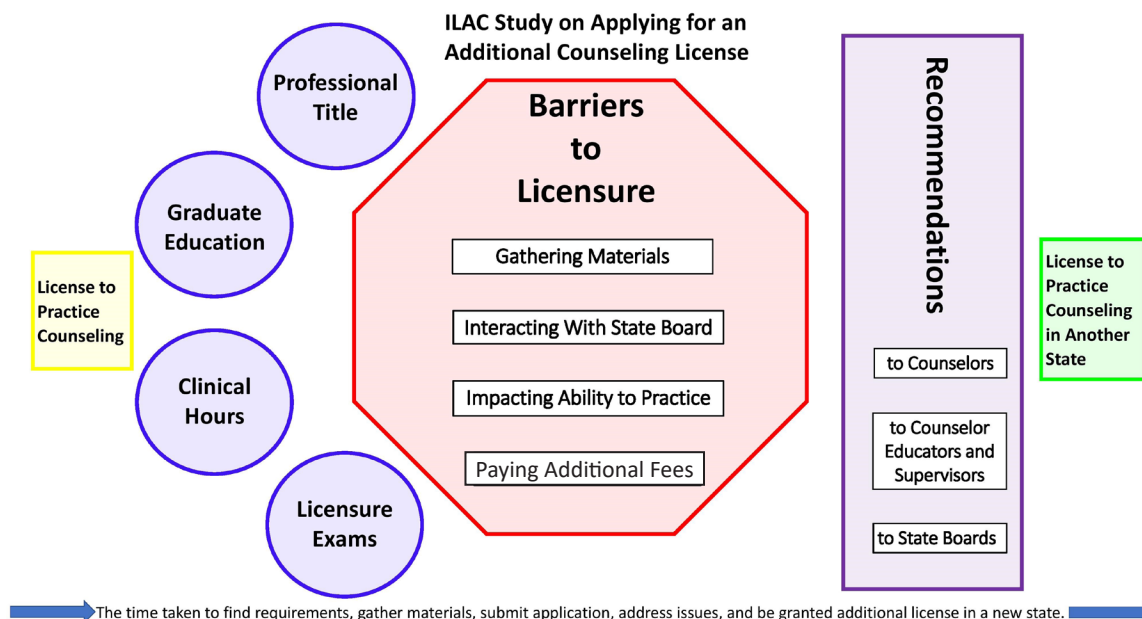


Figure 1. *Inductive and Deductive Categories*

The categories were derived from deductive (professional title, graduate education, licensure exams, and clinical hours) and inductive (barriers to licensure and recommendations for counselors, counselor educators, supervisors, and state boards) approaches to data analysis. Overall, the

researchers concluded that the categories reflected the participants' experiences upon receiving a license in another state (see Figure 1). Each category is individually described with "sentences that elaborate on the researcher's interpretations of the participants' meanings in more nuanced and/or complex ways," supported with quotations from the data (Saldaña, 2016, p. 204).

Professional Title

Professional counseling licenses are available today in all 50 states and three jurisdictions (Washington, D.C., Guam, and Puerto Rico). The title of this license is not consistent across all states, or even between the RMACES states. Some states have two tiers, meaning counselors are first awarded a provisional license before obtaining full licensure, while other states have one tier, and a clinician cannot describe himself or herself as a licensed counselor until the license is obtained. This can cause confusion when the top-tier or full license title in one state is the same as the bottom-tier title or conditional license in another state.

This deductive category was established with the description *applying for an additional license involves understanding the differences in tiers, titles, and equivalencies*. Participants described the necessary investigation and discovery of the differences in titles across states, and in some cases how the same title meant different things in each state. Table 1 illustrates the differences between top-tier licensure titles for counselors in each state within the RMACES region, and even more variations and inconsistencies exist outside of the RMACES region. Most participants' confusion related to the inconsistencies among these licensure titles. For example, Ann described how in Indiana the full license is called a Licensed Mental Health Counselor (LMHC) and in New Mexico, the conditional license is called an LMHC and the full license title is an LPC. This caused confusion when she was trying to obtain full licensure in New Mexico and board members assumed she only held the conditional license. Other participants described similar experiences of frustration and confusion related to navigating differences in licensure titles, including one participant who did not "understand why there isn't just one name for what we do?" Having one title for a full counseling license would clarify scope of practice for practitioners, state licensing boards, and clients, regardless of jurisdiction.

Graduate Education

A second significant discrepancy between state licensure requirements was related to whether participants graduated from an accredited master's program. Even though it was clear that a master's degree in some form of counseling is required to obtain a counseling license in any state, participants described different ways in which their master's education affected their ability to obtain licensure when switching states. It is important to note that CACREP-accredited programs require 60 credit hours, as do many programs, while some school counseling specializations within CACREP-accredited programs are only 48 credit hours, as licensure is not required (Table 1 documents the differences in requirements in the RMACES states). Some non-accredited programs only require 48 credits, which can create a barrier for obtaining licensure in some states. Many states are implementing educational requirements based on CACREP standards; therefore, it is useful for graduate students to attend a CACREP-accredited program, potentially facilitating ease of the licensure process.

Education was established as a category with the description *applying for an additional license is continuing to prove a master's degree was conferred, unless the program was CACREP-accredited*. Consistently, participants who graduated from CACREP-accredited programs described how their process was made easier because their program was CACREP-accredited. Graduating from a CACREP-accredited program meant that the state board required less documentation of their academic curriculum. Participants who did not graduate from CACREP-accredited programs described how needing to provide extra

documentation as proof of the legitimacy of their graduate program compounded their experiences. Echoing other participants, Kathy, for example, reflected on how when a counselor graduates from a CACREP-accredited program “you check a box here instead of having to go through and fill out all this [extra paperwork] . . . so that was a positive that saved me a lot of steps.” Conversely, Amy described having to jump through a lot of hoops when first licensed in Colorado because she did not attend a CACREP-accredited program and had to send all her syllabi to an organization in North Carolina to evaluate her education. Although graduating from a CACREP-accredited program did not entirely prevent participants from facing challenges during the licensing process, it appears that graduating from a CACREP-accredited program positively impacted their portability experiences. Participants reported graduating from a CACREP-accredited program reduced the volume and time required to complete the process. Participants from non-CACREP-accredited programs needed to submit course syllabi and, in some cases, take extra classes required by the state.

Clinical Hours

All counseling licenses require the completion of a certain number of clinical hours, both during the master’s program and following graduation. The requirements can vary widely from state to state, as depicted in Table 1. Direct hour requirements for states in this study ranged from 1,000 to 3,000, and overall hours varied between 2,000 and 4,000. Participants described the issues encountered based on differences in state requirements.

The deductive category of clinical hours was further defined as *applying for an additional license is tracking hours of client contact and supervision with varying requirements*. Participants described a variety of logistical issues related to required clinical hours, such as needing to complete additional supervised hours in their new state because the state they moved from required fewer hours. Some participants highlighted that the additional hours were required despite having been endorsed and “fully” licensed in the previous state. Multiple participants indicated that differences in clinical hours and years needed to practice led to challenges when relocating. Aside from the challenge of having to complete additional clinical hours, multiple participants described difficulty with obtaining verification of hours from previous supervisors. Challenges getting documentation completed included difficulty accessing supervisors, time that had passed since they had been supervised by these individuals, and overall inconvenience of tracking down previous supervisors and asking for verification.

Licensure Exams

All states require a licensure exam as part of the requirements for obtaining a counseling license. Participants described the ease or difficulty this caused in the process of obtaining a counseling license in a second state. Table 1 illustrates the different exam requirements among the RMACES states, where some accept either the NCE or the NCMHCE, some require both exams, and others additionally require their own state-specific counselor exam. For example, the exam requirements differ between states without expectation that the exam be reliable and valid according to state law, but rather applicants need to have passed “an equivalent exam” that is subjectively determined by current members of a state board (ACA, 2016, p. 108).

The deductive category of licensure exams included the description *applying for an additional license is sending the scores to each state board and potentially taking another exam*. Participants described the logistical difficulties of moving to another state and in addition to having to fill out the application for licensure, having to take another exam in order to be eligible. Participants reported a lack of uniformity between states regarding the required licensure exam, which further complicated their ability to obtain a counseling license in another state. Both Colorado participants described the

burden created by the state's jurisprudence examination that is required in addition to the NCE. Veda elaborated that taking the state exam was a "huge hindrance" and the test information was not applicable to her practice as a counselor.

Barriers to Licensure

This inductive category was established by researchers based on the overwhelming amount of data that related to descriptions of barriers that participants experienced while trying to obtain counseling licensure in a Rocky Mountain state. The category of barriers to licensure is described as *encountering unexpected barriers and challenges when applying for an additional license*. This data went beyond the specific deductive categories that defined required aspects of the licensure application to describe significant flaws in the overall logistics of the licensure process. This category encompassed the largest amount of data from interviews and was further divided into four themes: interacting with a state licensing board, gathering materials, impacting ability to practice, and paying additional fees.

Interacting with a state licensing board. The most salient theme across interviews captured the difficulties and barriers created by interactions with the state licensing boards. All participants described some degree of confusion experienced when seeking licensure requirement information on the state board website. They reported that then when calling the board directly, they would encounter additional points of confusion. They dealt with state board staff who provided vague or confusing information, who were unable to answer detail-specific questions, and who were unwilling to refer the counselor to someone who was capable of answering their questions. Participants also lamented the additional barrier of often being unable to get the same staff member on the phone, and therefore having to repeat their questions and explanations of specific circumstances each time they called. State board staff answering the phones also often had no counseling background and therefore had no context for the questions being asked by applicants. A final significant barrier identified by participants was that submitted paperwork would be lost by the state board, therefore delaying the application process further and even preventing counselors from getting licensed before arriving in the new state.

Some participants described not obtaining a full license in a new state even though they maintained one in the first state. They indicated sometimes this was because they did not meet the requirement in the second state, but also because the verification process was too convoluted when they attempted to verify their qualifications for full licensure with the new board. George described how he had been licensed for over five years in Washington and attempted to acquire a full license in Idaho. He opted to pursue the conditional license, even though he should have qualified for the full license, because of the lack of clarity from the state board about what was required of him. Other participants described conflicting answers regarding what was needed in their application, but that their experience was positively influenced by pleasant interactions with board or administrative members they called. Dorothy expressed gratitude for the ability to get someone on the phone who was able to answer specific questions, even though the information on the website was difficult to decipher.

Gathering materials. Participants from all six states described multiple barriers that slowed down their ability to become licensed related to gathering applications materials. This included the time required to gather documents and find required documents that were not readily available or clearly described as required on state board websites, having to provide notarized documents, tracking down former supervisors, having to document continuing education for multiple states, and requesting letters from other state boards. Idaho, for instance, requires licensure documents to be notarized, and both Idaho participants described the additional barrier this created. George shared how it felt like a burden to ask former supervisors to "go out of their way to find a notary or even pay for it."

Impacting ability to practice. Participants described the hardship associated with not being able to practice in the new state. Barriers included waiting for the application to be received, processed, and approved, which sometimes took months; needing to have an address in the new state in order to apply; not being able to supervise in the new state when that is a required part of their new job; and not being able to provide client care. Participants described the process as taking between six weeks and six months to obtain their new license, preventing them from seeing clients and earning an income. One participant described having a spouse with a career requiring him to move states periodically and how much additional stress this created, as she had to endure the licensure portability process each time her husband was transferred.

Paying additional fees. In addition to potential income barriers, participants described the burden of paying multiple fees that occurred simultaneously with relocating to a new state and not yet being able to practice counseling. Brian described the tedium of his application process and how it took about six months to complete, and in addition, “it was very costly . . . all-in-all it came out to close to \$800 to get licensed here.” Rosie echoed this experience: “By the time everything was done, I spent \$600 to get my license transferred . . . that’s a substantial amount of money before I can even start working.” Because of having to pay additional fees, participants lost money and were unable to work for prolonged periods while waiting until they were licensed in their new state.

Recommendations for Counselors, Counselor Educators, Supervisors, and State Boards

The category of recommendations emerged from participants offering their perspective on what could have potentially made their experiences easier and less burdensome. Recommendations were designated as a category with the description *making recommendations to facilitate or improve the process of obtaining an additional license*. Recommendations were divided into three themes of recommendations for counselors, programs, and state licensing boards. The recommendations will be briefly described here and expanded upon in the implications section.

Recommendations for counselors. All participants emphasized the importance of strict documentation of all hours, supervision, and training, and keeping copies of all paperwork submitted to the state boards. This recommendation was based on supervisors later being unavailable to verify hours (e.g., lack of available contact information or death); state boards not accepting documentation or verification from other states; or in some cases the board losing the applicant’s paperwork, compelling the applicant to complete the paperwork a second time. Multiple participants described how the licensure process was generally easier after having been fully licensed for five years because certain states allow for licensure reciprocity if that time frame has been met (e.g., ID and NM). Participants therefore recommended trying to maintain licensure in one state for at least five years, even if one left the state, so that they would have access to licensure reciprocity if they decided to relocate to another state. Participants also recommended saving copies of course syllabi, particularly if they graduated from a non-CACREP-accredited program, as it was difficult to find syllabi retroactively.

Recommendations for counselor educators and supervisors. Participants recommended counselor educators and supervisors be clear on the expectations of licensure to assist their students and supervisees. Participants believed that facilitating students’ preparation for the licensure process may help them avoid the barriers that many described.

Recommendations for state boards. All participants described the lack of clarity they experienced in accessing information about licensure either from the state board websites or calling and talking to a board member or administrator. Therefore, the most poignant recommendation for state boards

was to work to provide clearer information on their website and to ensure that staff who answered questions over the phone were well-versed in licensure requirements and application procedures. One participant's recommendation was for state boards to create a flow chart detailing the paperwork required for licensure applications based on the variety of contexts from where counselors might be operating.

Discussion

Our exploration began with the understanding that despite initiatives and calls for consistency among licensure standards, the counseling profession continues to struggle to establish a unified identity. Participants' narratives supported previous researchers who emphasized the need for a unified counselor identity, accomplished in part through consistent licensing criteria (Eissenstat & Bohecker, 2018; Mascari & Webber, 2013; Mellin, Hunt, & Nichols, 2011; Myers, Sweeney, & White, 2002). Participants described confusion related to licensure titles and licensing categories across states. Within the RMACES region, the highest level of licensure for professional counselors has four different titles. In addition to making the application process more confusing and tedious, this inconsistency contributes to the deeper problem of counselors not having a clear professional identity.

The results of this study support both the objectives and the proposed outline for the national counselor licensure endorsement process. This initiative was prompted by calls from within the profession to establish greater consistency between state licensure requirements (AASCB, 2019; Kaplan & Gladding, 2011; Kaplan & Kraus, 2018; Kaplan, Tarvydas, & Gladding, 2014). In response, AASCB, ACES, AMHCA, CACREP, and NBCC have all agreed upon a national process for counselor licensure by endorsement. The joint statement's proposal for licensure reciprocity demonstrates key governing organizations within the counseling profession are aligned on this issue and if enacted would eliminate the majority of issues participants described. Counselors can work to effect systemic change through advocacy at the state level. The more states that adopt this joint process for licensure endorsement, the easier the licensure reciprocity process will be for professional counselors who move to a new state. Professional counselors who directly serve on their state licensing boards also may be able to influence their state in moving toward this standard.

Although we expected to hear narratives of frustration related to the licensure portability process, we were surprised by how pervasive this frustration was across everyone's experience, to varying degrees. Our call for participants simply sought out licensed counselors who obtained a second license in a Rocky Mountain state, so it seems indicative of a larger issue of inefficiency across states that all participants described a system that does not function well. Specifically, we were surprised by how many different types of barriers applicants could encounter. Interactions with the state boards overwhelmingly contributed to the struggle to obtain clear instructions on how to manage typical and also unique circumstances. We were surprised that no participants spoke about the benefits of the NCC endorsement through NBCC. In addition to access to clinical resources, designation as an NCC voluntarily demonstrates to the public that a counselor has met high national standards (NBCC, 2019). Participants either did not address this certification or described it as irrelevant toward helping them with their licensure process.

Until greater consistency between state licensure requirements can be enacted, the authors recommend counselors keep documentation of everything related to their clinical training, remain in a state for five years prior to relocating, and communicate with the board of the state that one

is moving to ahead of time in order to promote understanding of requirements needed in order to obtain licensure. All of these suggestions reduced the barriers experienced in the licensure process. State boards are encouraged to develop a flow chart outlining the licensing process. The authors suggest counselors organize their application materials behind a detailed cover letter to the board which delineates each enclosed item, and ensure the following are included: (1) previous license verification, (2) contact information for previous state board, (3) unofficial transcript with official one ordered to be sent directly to board, (4) CV or résumé, (5) the appropriate state application, and (6) application fees. Highlighting discrepancies that exist between state requirements or titles that might confuse board members also can help applicants successfully achieve licensure.

Limitations and Future Research

Participants were selected for the study based on acquiring an additional counseling license within an RMACES state. Although our participants ranged in gender, age, and number of years licensed, we offer a generally small, homogenous sample, who all identified as Caucasian. It would be advantageous to understand if there are different experiences with this process across other regions of the United States and for counselors from other cultural demographics. Explicit interview questions were established for this study; however, six different interviewers conducted the interviews. Variances in follow-up questions were noted during the analysis. This might have impacted the depth of the participant experiences captured by the interview process, representing our second limitation.

Future research should include qualitative examinations of other regions' challenges to licensure portability, as well as larger-scale quantitative surveys of licensure issues across the country. What remains to be addressed is the vast difficulty of states interacting with one another – getting state legislatures and governing organizations to coordinate activities. For example, ACA has not yet endorsed the joint portability statement. Greater than the need for describing the problem, as a profession we need to continue moving toward a unified solution. This requires collaboration and proactivity on the part of leaders within counseling. A more resounding message needs to reach the state boards regarding their role in the effectiveness of the current system. The joint portability statement is a step in the right direction; however, the profession needs to determine what specific actions come next.

Conclusion

Unification of the licensure process is imperative, and we see this research as illustrating the importance of prioritizing licensure portability. We have outlined the spectrum of challenges counselors face when obtaining an additional counseling license and offered recommendations for how to mitigate the inconsistent standards. Counselors should continue to advocate locally and nationally for unification of licensure standards across state lines in order to promote uniformity and consistency, and enhance counselor practice and well-being.

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References

- American Association of State Counseling Boards. (2019). *Licensure & portability*. Retrieved from <http://www.aascb.org/aws/AASCB/pt/sp/licensure>
- American Counseling Association. (2016). *Licensure requirements for professional counselors: A state-by-state report* (2016 Edition). Alexandria, VA: Author.
- American Counseling Association. (2017, June 6). ACA continues to push forward for licensure portability. *Counseling Today*. Retrieved from <https://ct.counseling.org/2017/06/aca-continues-push-forward-licensure-portability>
- American Counseling Association. (2019). Licensure requirements for professional counselors, A state by state report. Retrieved from <https://www.counseling.org/knowledge-center/licensure-requirements>
- American Mental Health Counselors Association. (2017, April). *Joint statement on a national counselor licensure endorsement process*. Retrieved from www.amhca.org/advocacy/portability/portability2017
- Bowen, G. A. (2008). Naturalistic inquiry and the saturation concept: A research note. *Qualitative Research, 8*, 137–152. doi:10.1177/1468794107085301
- Burns, S. T., & Cruikshanks, D. R. (2018). Independently licensed counselors' connection to CACREP and state professional identity requirements. *The Professional Counselor, 8*, 29–45. doi:10.15241/stb.8.1.29
- Calley, N. G., & Hawley, L. D. (2008). The professional identity of counselor educators. *The Clinical Supervisor, 27*, 3–16. doi:10.1080/07325220802221454
- Cashwell, C. S., Kleist, D., & Scofield, T. (2009). A call for professional unity. *Counseling Today, 52*, 60–61.
- Cho, J. Y., & Lee, E.-H. (2014). Reducing confusion about grounded theory and qualitative content analysis: Similarities and differences. *The Qualitative Report, 19*(32), 1–20.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research* (3rd ed.). Thousand Oaks, CA: SAGE.
- Council for Accreditation of Counseling and Related Educational Programs. (2015). *2016 CACREP standards*. Alexandria, VA: Author.
- Council for Accreditation of Counseling and Related Educational Programs. (2018). *CACREP endorses AMHCA-NBCC-AASCB-ACES portability statement*. Retrieved from <http://www.cacrep.org/wp-content/uploads/2018/11/Portability-Statement.pdf>
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Thousand Oaks, CA: SAGE.
- Crowley, B. P., & Delfico, J. F. (1996). *Content analysis: A methodology for structuring and analyzing written material*. United States General Accounting Office (GAO), Program Evaluation and Methodology Division. Retrieved from <http://www.gao.gov/assets/80/76281.pdf>
- Eissenstat, S. J., & Bohecker, L. (2018). United we stand: Narrative study to aid the counseling profession in developing a coherent identity. *The Qualitative Report, 23*, 1314–1333.
- Gale, A. U., & Austin, B. D. (2003). Professionalism's challenges to professional counselors' collective identity. *Journal of Counseling & Development, 81*, 3–10. doi:10.1002/j.1556-6678.2003.tb00219.x
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18*, 59–82. doi:10.1177/1525822X05279903
- Hays, D. G., & Wood, C. (2011). Infusing qualitative traditions in counseling research designs. *Journal of Counseling & Development, 89*, 288–295. doi:10.1002/j.1556-6678.2011.tb00091.x
- Henriksen, R. C., Jr., Henderson, S. E., Liang, Y.-W., Watts, R. E., & Marks, D. F. (2019). Counselor supervision: A comparison across states and jurisdictions. *Journal of Counseling & Development, 97*, 160–170. doi:10.1002/jcad.12247
- Kaplan, D. M. (2002). Celebrating 50 years of excellence! *Journal of Counseling & Development, 80*, 261–263. doi:10.1002/j.1556-6678.2002.tb00189.x
- Kaplan, D. M. (2012, January 25). Licensure reciprocity: A critical public protection issue that needs action. *Counseling Today online exclusives*. Retrieved from <http://ct.counseling.org/2012/01/licensure-reciprocity-a-critical-public-protection-issue-that-needs-action>
- Kaplan, D. M., & Gladding, S. T. (2011). A vision for the future of counseling: The 20/20 principles for unifying and strengthening the profession. *Journal of Counseling & Development, 89*, 367–372. doi:10.1002/j.1556-6678.2011.tb00101.x

- Kaplan, D. M., & Kraus, K. L. (2018). Building blocks to portability: Culmination of the 20/20 initiative. *Journal of Counseling & Development, 96*, 223–228. doi:10.1002/jcad.12195
- Kaplan, D. M., Tarvydas, V. M., & Gladding, S. T. (2014). 20/20: A vision for the future of counseling: The new consensus definition of counseling. *Journal of Counseling & Development, 92*, 366–372. doi:10.1002/j.1556-6676.2014.00164.x
- Mascari, J. B., & Webber, J. (2013). CACREP accreditation: A solution to license portability and counselor identity problems. *Journal of Counseling & Development, 91*, 15–25. doi:10.1002/j.1556-6676.2013.00066.x
- McKinney, R., West, E., Fye, M., Bradley, R., & Storlie, C. A. (2018). Chi Sigma Iota chapter faculty advisors' experiences of professional counselor identity. *Journal of Counselor Leadership and Advocacy, 5*, 56–70. doi:10.1080/2326716X.2017.1422995
- Mellin, E. A., Hunt, B., & Nichols, L. M. (2011). Counselor professional identity: Findings and implications for counseling and interprofessional collaboration. *Journal of Counseling & Development, 89*, 140–147. doi:10.1002/j.1556-6678.2011.tb00071.x
- Myers, J. E., Sweeney, T. J., & White, V. E. (2002). Advocacy for counseling and counselors: A professional imperative. *Journal of Counseling & Development, 80*, 394–402. doi:10.1002/j.1556-6678.2002.tb00205.x
- National Board for Certified Counselors. (2017, April). *Joint statement on a national counselor licensure endorsement process*. Retrieved from www.nbcc.org/Assets/Portability/Portability-Statement-Endorsement-Process.pdf
- National Board for Certified Counselors (2019). *Benefits of being an NCC*. Retrieved from <https://www.nbcc.org/resources/nccs/benefits>
- Olson, S., Brown-Rice, K., & Gerodias, A. (2018). Professional counselor licensure portability: An examination of state license applications. *The Professional Counselor, 8*, 88–103. doi:10.15241/so.8.1.88
- Remley, T. P., Jr., & Herlihy, B. (2007). *Ethical, legal, and professional issues in counseling* (2nd ed.). Upper Saddle River, NJ: Pearson Merrill/Prentice Hall.
- Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Thousand Oaks, CA: SAGE.
- Schreier, M. (2012). *Qualitative content analysis in practice*. Thousand Oaks, CA: SAGE.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques* (2nd ed.). Newbury Park, CA: SAGE.
- Tennessee Department of Health. (2015). *Reciprocity agreement between Tennessee and Kentucky*. Retrieved from [www.tn.gov/content/dam/tn/health/documents/TN-KY_Reciprocal_Agreement_\(SIGNED_COPY\).pdf](http://www.tn.gov/content/dam/tn/health/documents/TN-KY_Reciprocal_Agreement_(SIGNED_COPY).pdf)
- Walker, J. L. (2012). Research column. The use of saturation in qualitative research. *Canadian Journal of Cardiovascular Nursing, 22*(2), 37–42.
- Weber, R. P. (1990). *Basic content analysis* (2nd ed.). Newbury Park, CA: SAGE.