

Independently Licensed Counselors' Connection to CACREP and State Professional Identity Requirements



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Many professional counseling organizations act to strengthen counselor professional identity to achieve parity for counselors. However, independently licensed counselors often identify themselves as “therapists” or “psychotherapists” as a means of helping others understand their occupational role and establishing their professional community as encompassing all mental health professions. A random sample of 494 independently licensed counselors from state counseling licensure board lists answered five questions about Council for Accreditation of Counseling & Related Educational Programs (CACREP) and state professional identity requirements required for clinical mental health counseling students. These professionals rated supervision pre- and post-graduation by an independently licensed counselor, counselor educators licensed and trained as counselors, the unique philosophy of the profession of counseling taught in counselor education programs, and the importance of CACREP accreditation for clinical mental health programs between Slightly and Moderately Important. Results suggest that independently licensed counselors see some value in a consistent and clear professional identity as a means to help current concerns experienced by independently licensed counselors.

Keywords: counselor professional identity, CACREP, parity, clinical mental health counseling, state counseling licensure board

In order to work successfully with other professionals, each individual must thoroughly understand the role and scope of practice of their profession and be able to communicate that professional identity to others (Ewashen, McInnis-Perry, & Murphy, 2013; Johnson, Stewart, Brabeck, Huber, & Rubin, 2004; Palermo, 2013). Every mental health profession educates its students on its values, perspectives, and socialization processes, which results in each profession having different visions of the scope of practice of other professions (Leipzig et al., 2002). Distinguishing the separate as well as the similar roles and scopes of practice among the mental health professions highlights role ambiguity, power and status conflicts, and stereotypes that often constrain counselors when working with other professionals (Mellin, Hunt, & Nichols, 2011).

After first being identified in 1949 at the Council of Guidance and Personnel Associations conference (Simmons, 2003), counselor professional identity remains a large concern in the profession (Gale & Austin, 2003; Gibson, Dollarhide, & Moss, 2010; Kaplan & Gladding, 2011; Mellin et al., 2011; Myers, Sweeney, & White, 2002). In 2010, delegates from 31 American Counseling Association-affiliated organizations voted to create a definition of counseling specific to professional counselors, as opposed to psychologists, social workers, and the generic dictionary definition of counseling. This definition states: “counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan, Tarvydas, & Gladding, 2014, p. 366).

Despite the concerns and the attempt at defining counseling for counselors, people can use the terms *counselor* and *counseling* in a variety of ways that are unrelated to the profession of counseling. For example, the terms *counselor* and *counseling* are used to describe the job title and services

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performed by camp counselors, debt counselors, attorneys, and other occupations. Additionally, physical, respiratory, speech, occupational, and massage therapists use the term *therapist*. Many licensed mental health providers utilize the terms *therapist* and *psychotherapist*, which ultimately leads to confusion when distinguishing the license of a mental health provider (Lincicome, 2015).

Consequently, many independently licensed counselors avoid the terms *counselor* and *counseling* altogether and strive instead to align with the entire mental health field. For this article, the term *independently licensed counselors* is defined as counselors who have graduated with a master's or doctoral degree, obtained postgraduate clinical supervision, and currently hold a license to practice as a counselor without supervision in their state. Burns and Cruikshanks (2017) found that 54% of independently licensed counselors never used the words *counselor* or *counseling* when talking to others about their occupational role. In addition, the results of a qualitative study identified that independently licensed counselors view their professional community as comprised equally of counselors, psychologists, social workers, and educators (Moss, Gibson, & Dollarhide, 2014). Counselors look to all mental health-related professions for professional mentoring, guidance, and information. Therefore, it is likely that independently licensed counselors identify themselves as therapists or psychotherapists as a means of resolving confusion while also affirming their connection to the global mental health community.

However, individuals are as tied to the identity of their profession as the profession is tied to the professional identity statements expressed by its members (Simpson, 2016). Because of a lack of a well-established professional identity in society (Myers et al., 2002), counselors must simultaneously communicate their specific professional identity within the centralized identity of the profession of counseling (Simpson, 2016). Ultimately, the way each counselor communicates their professional role recurrently defines the profession of counseling (Burns, 2017). For counselors to successfully communicate with potential employers, clients, other professions, and the public, they must convey counselor professional identity as well as how they specifically function as a counselor within the profession (Burns, 2017). Therefore, a counselor using generic terms to describe themselves, such as *therapist* or *psychotherapist*, negatively impacts their job as well as the profession of counseling.

Professional Identity Ramifications

Lincicome (2015) suggested that confusion in counselor professional identity has led to non-parity for counselors because of legislators not being able to understand or clearly define the profession of counseling. For example, in many states psychology students with a master's degree can become licensed counselors (Lincicome, 2015). The Institute of Medicine, while reporting on behalf of TRICARE, has condemned counselor licensing boards that allow non-counseling master's graduates (such as individuals with a master's in psychology) to qualify for counseling licensure (Mascari & Webber, 2013). Adding to the mix, the American Psychological Association (2016) hosted a Summit on Master's Training in Psychological Practice to consider re-implementing the licensure of master's-level psychologists. Because of these variables, a consistent and clear professional counselor identity could potentially help to solve many contemporary problems, such as transferring licensure to another state, achieving equality with other mental health professions in hiring practices, addressing the lack of recognition of the counseling profession in U.S. society, and being reimbursed for services by private and government health insurance providers (Calley & Hawley, 2008; Myers et al., 2002; Reiner, Dobmeier, & Hernández, 2013).

Many professional counseling organizations have looked to the Council for Accreditation of Counseling & Related Educational Programs (CACREP) Standards to strengthen counselor professional identity (Mascari & Webber, 2013). Three CACREP standards focus exclusively on

counselor professional identity. Standard 1.x articulates that core counselor education faculty be educated, licensed, and professionally associating as counselors. Standard 2.1 stipulates that students learn the history and philosophy of the profession of counseling. Standard 3.p proposes, but does not require, that licensed professional counselors supervise the practicum and internship experiences of master's- and doctoral-level students. Additionally, doctoral-level students are not required to seek doctoral-level licensed professional counselors to supervise their internship experiences. Ultimately, student training in counselor professional identity provides the foundation for the uniform skill sets required in CACREP-accredited programs to assure quality care for clients (Engels & Bradley, 2001).

Counselor Professional Identity

Ibarra (1999) stated:

Professional identity is defined as the relatively stable and enduring constellation of attributes, beliefs, values, motives, and experiences in terms of which people define themselves in a professional role. . . . Professional identity forms over time with varied experiences and meaningful feedback that allow people to gain insight about their central and enduring preferences, talents, and values. (pp. 764–765)

More specifically, Calley and Hawley (2008), Puglia (2008), Remley and Herlihy (2014), and Weinrach, Thomas, and Chan (2001) identified counselor professional identity as a fundamental set of values, beliefs, and assumptions about the counseling profession that distinguishes it from other mental health professions. Counselors with a strong professional identity understand their scope of practice, roles, and functions and how those roles and functions differ from other mental health professionals; therefore, they passionately defend against inaccurate definitions of a counselor's scope of practice (Brott & Myers, 1999; Ponton & Duba, 2009; Remley & Herlihy, 2014).

Professional counseling organizations promote counselor identity and the profession of counseling in several ways. Organizations, such as the American Association of State Counseling Boards (AASCB), the American Counseling Association (ACA), CACREP, and the National Board for Certified Counselors (NBCC), are working together to achieve parity in terms of ability to be reimbursed by third-party payers for providing counseling services (Mascari & Webber, 2013). For nine years, ACA and AASCB facilitated 31 counseling organizations to perform focused strategic planning to elevate the counseling profession through the 20/20: A Vision for the Future of Counseling initiative. The first two principles of 20/20 state that "sharing a common professional identity is critical for counselors" and "presenting ourselves as a unified profession has multiple benefits" (Kaplan & Gladding, 2011, p. 372). ACA (2015) has acted on these two principles by endorsing CACREP as the accrediting body for counseling programs. NBCC responded to the call of 20/20 by restricting applications for the National Certified Counselor (NCC) credential to only CACREP-accredited program graduates beginning January 2022 (NBCC, 2014).

State licensure boards ensure licensees have appropriate educational degrees consisting of appropriate training, practicum, and internship experiences under supervision to protect the public from harm (Simon, 2011). Across the United States, state counseling licensure laws and rules define the particular roles and responsibilities of independently licensed counselors and directly impact professional identity requirements. These laws and rules define the scope of practice aligned with the profession of counseling and require clearly expressing a counselor professional identity to others and not asserting to be a psychologist, social worker, or therapist when not licensed as such. The AASCB's

Standards Commission (2010) suggested accepting common standards of training and curricula for the counseling profession, such as those held by CACREP. The course structures of CACREP-accredited programs are more uniform and equivalent than non-CACREP-accredited programs (Mascari & Webber, 2013). Requiring uniform accreditation standards for a profession helps licensing boards by allowing for the accelerated review of licensure applications and a centralized way to measure minimum training criteria (Mascari & Webber, 2013). Graduates from CACREP-accredited programs more often follow board regulations and adhere to the state scope of practice for counselors (Mascari, 2004; Mascari & Webber, 2006). Studies have proposed positive relationships between accreditation and student performance on exams, certifications, and licensure, as these require understanding the history, values, and scope of practice of professional counselors (Milsom & Akos, 2007; Scott, 2001). Despite all of this, counselors are not clearly identifying as counselors in the profession of counseling.

Further, government agencies look to accreditation standards to ensure consistency in training and skill sets. In 2010, both the U.S. Veteran's Administration (VA) and the Institute of Medicine for the TRICARE system of the Department of Defense recognized clinical mental health counseling graduates from CACREP-accredited programs as qualified professionals to work in their organizations because of the combined unified identity and standardized educational preparation required by CACREP accreditation (Bobby, 2013). ACA, AASCB, and NBCC have identified CACREP as the accrediting body for the profession of counseling in an attempt to solidify counselor professional identity and equality with the other mental health professions. Three CACREP standards focus exclusively on counselor professional identity and are training requirements of clinical mental health counseling students. The following three sections explore CACREP 2016 Standard 1.x, Standard 2.1, and Standard 3.p to demonstrate how these standards attempt to address concerns with counselor professional identity.

1.x Counselors as Counselor Educators

Counselor educators supervise students, model professional counseling behavior, monitor conduct, infuse ethics, and help students understand their scope of practice as counselors (Mascari & Webber, 2013). A 2008 study indicated that over 25% of counselor educators held other mental health licenses in addition to counseling, such as social work and psychology (Calley & Hawley, 2008). Counselor educators with multiple mental health licenses or without a mental health license can inhibit professional counselor identity development in counselor education students (Emerson, 2010; Mascari & Webber, 2006; Mellin et al., 2011). In these studies, master's students reported feeling inadequate when individuals with other mental health licenses taught their classes, and gave students negative impressions of the profession of counseling. These negative impressions included a lowered perception of the value of counseling licenses and counselors' counseling, research, and assessment abilities as compared to other mental health professions (Lincicome, 2015; Reisetter et al., 2004).

Bobby and Urofsky (2011) stated: "We are not familiar with any other profession that chooses to defer the training of its future professionals primarily to a different profession" (p. 53). The suggestion is that counselor educators with a secure counselor professional identity better ensure an enduring counselor identity in master's and doctoral students (Emerson, 2010). To strengthen counselor professional identity, CACREP accreditation requires core faculty members to have degrees specifically from counselor education programs, as well as hold professional memberships, certifications, and licenses within the profession of counseling (Bobby, 2013). Currently, CACREP standards do not require a specific length of time an individual must clinically counsel clients before becoming a counselor educator. Counselor educators abstaining from clinical counseling practice are not fully immersed in the profession of counseling. Therefore, they are not confronted with the need to thoroughly understand their role and scope of practice to communicate their professional counselor identity to others. Counselor educators would then find it difficult to help students

understand how to correct other mental health professionals holding inaccurate visions of the scope of practice of counselors to address role ambiguity, power and status conflicts, and stereotypes.

2.1 Professional Counselor Identity Training

Counselor professional identity rests upon specifically imparting the values, attitudes, and behaviors of the counseling profession to master's and doctoral students (Choate, Smith, & Spruill, 2005). A strong professional counselor identity requires pride in the profession of counseling and learning from faculty with a solid professional counselor identity (Woo, 2013). Several counseling professional organizations have established the foundation of counselor professional identity. The Chi Sigma Iota (CSI) Counselor Advocacy Leadership Conferences in 1998 stressed that counselor education students should graduate with a clear counselor professional identity and pride in the profession of counseling (Chi Sigma Iota, 1998). Sweeney (2001) stated that the counseling profession's values and how those values guide professional behaviors determine counselor professional identity as opposed to specific techniques, such as cognitive behavioral therapy, used in a counseling session. More specifically, Burns and Cruikshanks (2017) discussed at length how the five hallmarks of the counseling profession (normal development, prevention, wellness, advocacy, and empowerment) are not exclusively valued by counselors but differ in focus from other mental health professions. For example, in the profession of counseling, counselors use empowerment by encouraging client autonomy, self-advocacy, self-validation, and self-determination. In comparison, social workers encourage clients' socially responsible self-determination to balance the needs of clients and society. In psychology, empowerment occurs when the psychologist respects cultural differences, safeguards client welfare, and allows the client to make their own decisions.

Several professional counseling organizations work to impart the values of the profession of counseling. The ACA Code of Ethics (2014), Section C, states that counselors should join counseling organizations at local, state, and national levels and properly articulate their roles and scope of practice to others. Additionally, ACA endorses the principles of counselor professional identity generated by the 20/20 workgroup (Kaplan & Gladding, 2011). Two of those principles state that "sharing a common professional identity is critical for counselors" and "presenting ourselves as a unified profession has multiple benefits" (Kaplan & Gladding, 2011, p. 372). These two principles validate that a consistent and clear professional counselor identity could potentially help counselors become licensed in another state, have an equal chance at being hired as the other mental health professions, improve recognition of the counseling profession as distinct from other professions, and obtain reimbursement for services by all private and government health insurance providers (Calley & Hawley, 2008; Myers et al., 2002; Reiner et al., 2013).

The CACREP 2016 Standards (2015) require a professional orientation course that covers the history, ethical standards, professional roles and responsibilities, professional associations, credentialing and licensure processes, professional advocacy, wellness, and public policy issues relevant to the counseling profession. Additionally, the National Counselor Examination (NCE; NBCC, 2012), used in most states as the examination to obtain a counseling license, tests counselors on eight CACREP domains: human growth and development, social and cultural diversity, counseling and helping relationships, group counseling and group work, career counseling, assessment and testing, research and program evaluation, and professional counseling orientation and ethical practice. Therefore, to obtain a counseling license, most counselors will be tested on the history and values of the profession of counseling (Emerson, 2010).

Unfortunately, before 2017, no research measured the communications of independently licensed counselors for professional identity. Therefore, no rubric existed to determine if independently licensed counselors expressed to others a clear counselor professional identity, and if not, how

communications could be improved. Burns and Cruikshanks (2017) examined independently licensed counselors' professional identity when communicating their occupational role to others. They found 54% of participants completely avoided the terms *counselor* or *counseling*, and only 29% referred to themselves as a professional counselor. Although various professional counseling organizations and CACREP-accredited programs discuss counselor professional identity, results of this study indicate most independently licensed counselors do not communicate a counselor professional identity. Because the professional identity statements generated by the members of a profession directly result in the professional identity of that profession (Simpson, 2016), counselor professional identity remains a concern.

3.p Counselors as Supervisors

To achieve an independent counseling license, foster a counselor professional identity, and ensure ethical practice, counselors must obtain post-degree clinical supervision toward building experience in the field (Barnes, 2004; Britton, Goodman, & Rak, 2002). Counselors' professional identity development occurs through associations and connections with other professional counselors (such as supervisors, colleagues, and counselor educators) who have a strong counselor identity (Luke & Goodrich, 2010; Puglia, 2008). Mascari (2004) interviewed 22 counseling leaders and found they were concerned with the lack of counselor professional identity, especially when diluted by other mental health professionals supervising counselors establishing their independent license.

Counselors lacking a strong professional counselor identity drift toward generic mental health professional identities and struggle to identify what distinguishes the unique roles and responsibilities of professional counselors (Hansen, 2003). Master's students in an internship with licensed professional counselor supervisors self-reported stronger professional identities than students supervised by other mental health professions (Gray & Remley, 2003). Many state counseling licensure boards promote professional identity requirements by mandating that independently licensed counselors exclusively provide postgraduate supervision. Those state counseling licensure boards want counselors to understand the role and scope of practice of their profession and be able to communicate that professional identity to others.

Many studies have focused on counselor professional development with master's students (Gibson et al., 2010; Luke & Goodrich, 2010; Moss et al., 2014; Prosek & Hurt, 2014). However, only one study focused on a professional counselor identity among independently licensed counselors. Mellin et al. (2011) qualitatively researched the professional identity of 238 counselors who had passed the NCE within the past 10 years. They examined perceptions of counseling as distinct from psychology and social work. Participants' views converged to discern that the profession of counseling focused on a developmental, prevention, and wellness orientation. They delineated that psychology targeted assessment concerns and social work targeted systemic concerns. Although terms such as *prevention*, *wellness* and *development* are commonly used in the profession of counseling, these terms alone do not help counselors thoroughly understand their role and scope of practice to be able to communicate that professional identity to others.

We investigated independently licensed counselors' views on counselor professional identity training and state supervision standards to achieve independent counseling licensure. Ultimately, we wanted independently licensed counselors' views on the importance of identifying as a counselor to others as well as five professional identity standards. First, we wanted independently licensed counselors' views on CACREP Standard 1.x, which articulates that core counselor education faculty be educated, licensed, and professionally associating as counselors. Second, we wanted

independently licensed counselors' views on CACREP Standard 2.1, which stipulates that students learn the history and philosophy of the profession of counseling. Third, we wanted independently licensed counselors' views on CACREP Standard 3.p, which proposes but does not require that licensed professional counselors supervise master's- and doctoral-level students. Fourth, we wanted independently licensed counselors' views on the states that require only independently licensed counselors to supervise graduate students and postgraduates earning their independent license. Fifth, we wanted independently licensed counselors' views on states that require all graduate counseling programs to be CACREP-accredited.

We also wanted to examine the relationship between independently licensed counselors' clarity in identifying as a counselor to others and their scores on the combined 5-item scale of professional identity standards. Lastly, we wanted to examine the relationship between independently licensed counselors' clarity in identifying as a counselor to others and their views on each of the five separate professional identity standards. Independently licensed counselors from across the United States helped us answer these questions.

Method

For this study, approved by the HSIRBs of our universities, we analyzed a subset of data collected about professional issues from independently licensed counselors. We analyzed five questions asking independently licensed counselors about professional identity development in the context of CACREP training and state supervision standards to achieve independent counseling licensure. We have not published results from this subset of data previously, nor will the data in this study be used in future data analyses.

Participants

We defined independently licensed counselors as counselors who have graduated with at least a master's degree, have obtained postgraduate clinical supervision, and currently hold a license to practice as a counselor independently without supervision in their state. Every state in the United States independently determines the graduate degree requirements for licensure—if that degree must come from a CACREP-accredited program, the length of time spent in postgraduate supervision, and the license required to provide supervision. Because states drive licensure requirements, we purposely refrained from asking if the independently licensed counselor graduated from a CACREP-accredited program, the length of time they spent in postgraduate supervision, the license of the individual who provided them postgraduate supervision, or if their master's degree was from a counselor education program. We included any currently active independently licensed counselors in the United States because every independently licensed counselor creates the professional identity of the counseling profession. Therefore, we sought the views of independently licensed counselors in the United States, not any given subset of that total population. To achieve independent licensure, the counselor must complete state-approved training and have at least two years of practice under supervision. Consequently, participants had spent several years in clinical practice prior to participating in the study.

Participants included 494 independently licensed counselors with a mean age of 41 (range = 25–73, SD = 10.5) who completed the specific sections of the measure analyzed in this study. A majority identified as female (n = 410, 83%) and European American (n = 418, 84%). Other racial demographic responses from participants included: African American (n = 23, 5%), Hispanic (n = 19, 4%), Biracial (n = 17, 3%), No Response (n = 9, 2%), Asian American (n = 5, 1%), and Native American (n = 3, <1%).

Participants worked in various settings: counseling agency ($n = 177, 36\%$), private practice ($n = 124, 25\%$), state and federal government ($n = 47, 10\%$), hospital and clinic ($n = 43, 9\%$), college setting ($n = 35, 7\%$), not currently working as a counselor ($n = 29, 6\%$), K–12 setting ($n = 28, 6\%$), managed care ($n = 7, 1\%$), unemployment ($n = 3, <1\%$), and retired ($n = 1, <1\%$). The average year of master's graduation for participants was 2005 ($SD = 6.16$). Because it takes individuals seeking independent license as a counselor at least two years to complete their postgraduate supervision, we believe the average participant in this study had been an independently licensed counselor for eight years. Every participant held an independent license as a counselor by a state counseling licensure board. Dually licensed counselors comprised only 6% of the total participants.

Data Collection Procedures

Our universities' HSIRBs approved the use of human research subjects and the specific questions asked of participants. Survey Monkey's (2016) power analysis calculator for survey designs identified a need for at least 384 survey respondents given a 95% confidence level, 135,000 population size (U.S. Bureau of Labor Statistics, 2016), and confidence interval of $\pm 5\%$. We selected a simple random sample of 2,496 participants from a total list of 66,143 independently licensed counselors from eight state counseling licensure boards in the United States (two states from each of the four ACA regions). When creating our simple random sample of 2,496 participants, we randomly selected 312 participants from each state counseling licensure board list to ensure capturing the same number of participants from each of the four ACA regions.

Four hundred ninety-four participants completed the study, which resulted in a 20% response rate. Each participant received a postcard of explanation that included a link to a Survey Monkey questionnaire where they responded to four sections. Participants (a) reviewed and consented to the informed consent form on Survey Monkey, (b) answered questions about their demographics on Survey Monkey, (c) rated six Likert scale questions on Survey Monkey, and (d) had the option of providing their name and email address on the first author's personal website to receive a \$5 e-gift card to Amazon.com, Starbucks, or Target. By using Survey Monkey to collect study data and then directing participants to the first author's website to store gift card requests, we maintained participant anonymity.

Measure

A search of the literature failed to yield examples of existing measures about independently licensed counselors' views on CACREP training and state supervision standards to achieve independent counseling licensure. We, therefore, created a survey instrument to measure these constructs. The six Likert scale items stemmed from the standards of professional identity from ACA, AASCB, NBCC, and CACREP, as these professional counseling organizations form the foundation for counselor professional identity. Table 1 provides the verbatim text used. First, participants responded to one question focusing on clarity in articulating a professional counselor identity. Those responding with Never Clear scored a 0 and those responding with Always Clear scored a 5.

For the following five scale questions, participants who responded Extremely Unimportant scored a 0 and those who responded Extremely Important scored a 5. These five scale questions covered the topics of graduate and postgraduate supervision being limited to independently licensed counselors as required by many states in the AASCB; counselor educators having a professional counselor identity as stipulated by the ACA Code of Ethics and the 2016 CACREP Standards; training counseling students in the history, philosophy, and values of the profession of counseling as outlined

by the ACA Code of Ethics, NBCC, and the 2016 CACREP Standards; and CACREP accreditation for counselor education programs as supported by ACA, NBCC, and some states in the AASCB. Table 1 provides the verbatim text used for the five scale questions.

Table 1

Likert Item Responses for all 494 Participants

	M	SD
I am consistently clear in my language with clients, other professionals, and the public that I am a counselor (as opposed to saying I am a psychotherapist, therapist, etc.)	3.39	1.59
Scale Questions		
1. In your opinion, how important is it that clinical mental health counselors-in-training in graduate school are supervised only by independently licensed counselors?	3.65	1.44
2. In your opinion, how important is it that clinical mental health counselors under supervision post-graduation seeking independent licensure are supervised only by independently licensed counselors?	3.62	1.45
3. Is it important for the profession of counseling for counselor educators to be licensed and/or educated as counselors (as opposed to psychologists, social workers, etc.)?	3.75	1.43
4. Is it important for the profession of counseling for graduate students to be taught the distinct occupational role, philosophy, and professional approach of the field of professional counseling (as opposed to psychologist, counseling psychology, social work, etc.)?	3.68	1.33
5. Is it important for the profession of counseling for graduate programs to be Council for Accreditation of Counseling & Related Educational Programs (CACREP) accredited?	3.73	1.52

Because this was a new and untested instrument, we sought content validity before its use. Ten experts from the counseling profession rated each item presented in the study for clarity, representativeness, and appropriateness to establish content face validity. These 10 experts from four states had PhDs from counselor education and supervision programs, published on CACREP standards in counselor education, taught at CACREP-accredited programs, and served on state or national counseling association professional identity committees. These experts wanted items addressing the CACREP 2016 standards focused on counselor professional identity, the importance independently licensed counselors place on CACREP accreditation, and views on state board mandates for independently licensed counselors to provide postgraduate supervision. These individuals also suggested revisions to survey items to increase focus and clarity.

Three sections comprised the survey: (a) questions about participants' demography, (b) one Likert scale question asking about the participants' clarity in consistently identifying professionally as a

counselor, and (c) five Likert scale questions about the participants' views on counselor professional identity standards for clinical mental health counseling students. The demographic variables included: gender identity, age, all licenses held by a state licensure board, year of graduation from their master's counseling program, current employment setting, and race.

We calculated Cronbach's alpha for the 5-item scale using the following interpretation: $> .9$ defined as Excellent, $> .8$ defined as Good, and $> .7$ defined as Acceptable (George & Mallery, 2003). Cronbach's alpha was excellent at .9 for the 5-item scale. We retained all five items in the scale because each item in the scale contributed to increasing Cronbach's alpha for the scale and the items correlated well. We calculated a principal component factor analysis using all participants for the 5-item scale. We used three criteria to determine the number of factors in the scale: the *a priori* hypothesis that the measure was unidimensional, the scree test, and the factor solution. The scree plot confirmed the initial hypothesis that there was one factor in the 5-item scale. Based on the plot, we rotated one factor using the Varimax rotation procedure, and this factor accounted for 67.5% of the variance. The Kaiser-Meyer-Olkin measure of sampling adequacy for the survey was 0.8 (Great) based on the responses given by participants. Values between 0.8 and 0.9 classify as Great, and values above 0.9 classify as Superb (Hutcheson & Sofroniou, 1999).

Data Analysis Procedures

We ran five data analyses for the study. Cronbach's alpha calculations calculated the internal consistency among survey items. Principal components factor analysis determined the number of factors in the scale. The Kaiser-Meyer-Olkin measure of sampling adequacy explained the degree of common variance among the variables. To answer the first research question, we used descriptive statistics from a mail survey designed to explore survey responses from independently licensed counselors (Fink & Kosecoff, 1998). To answer the second research question, we used Kendall's tau-b correlation coefficient to determine the relationship between independently licensed counselors clearly identifying as a counselor to others and their views on the 5-item scale measuring counselor professional identity standards for clinical mental health students. To answer the third research question, we used Kendall's tau-b correlation coefficients as a post hoc analysis to determine the relationship between independently licensed counselors clearly identifying as a counselor to others and their views on each of the five counselor professional identity standards separately.

Results

We used descriptive statistics to quantify independently licensed counselors' responses to the six Likert scale items measured in the study. First, for the question asking about the importance of clearly identifying as a counselor to others, participants' scores fell at 3.39 between Sometimes Clear and Often Clear (see Table 1). When asked about being supervised in graduate school and post-graduation by a licensed counselor, counselor educators being licensed and trained as counselors, the unique philosophy of the profession of counseling being taught to graduate students, and the importance of CACREP accreditation for clinical mental health programs, participants' scores ranged from 3.62 to 3.75, which fell between Slightly Important and Moderately Important (Table 1).

Second, we examined the relationship between independently licensed counselors' clarity in identifying as a counselor to others and their scores on the combined scale of professional identity standards. We found significance at a moderate effect size with a positive association between consistently identifying as a counselor to others and finding counselor professional identity standards important when training clinical mental health counselors, $\tau_b = .32$, $p < .01$. Consistently identifying

as a counselor to others statistically explained 10% of the variability in finding it important to require counselor professional identity standards during and after training.

Lastly, we examined the relationship between independently licensed counselors' clarity in identifying as a counselor to others and their views on each of the five separate professional identity standards. We ran Kendall's tau-b correlation coefficients as a post hoc to determine if differences existed among the five individual scale questions. Using the Bonferroni approach to control for Type I error across the five correlations, we used a p-value of $< .01$ for significance. The results in Table 2 show that four out of five correlations were significant at a moderate effect size with a positive correlation. Identifying as a counselor consistently to others explained 9% of the variability in finding it important for a licensed counselor to supervise students in graduate school, 8% of the variability in finding it important for a licensed counselor to supervise postgraduates, 9% of the variability in the importance of counselor educators being licensed and trained as counselors, and 15% of the variability in the importance of teaching the unique philosophy of the profession of counseling to students. Only the item discussing the importance of CACREP accreditation was not significant.

Table 2

Kendall's Tau-b Correlations for Clarity in Identification as a Counselor

	τ_b	p
1. Graduate Supervisor Counselor	.298	<.001
2. Postgraduate Supervisor Counselor	.286	<.001
3. Counselor Educator Counselor	.304	<.001
4. Unique Philosophy Taught in Master's Program	.389	<.001
5. CACREP-Accredited Program	.080	.030

Discussion

We investigated independently licensed counselors' views on counselor professional identity training and state supervision standards to achieve independent counseling licensure. Using descriptive statistics, we first examined independently licensed counselors' views on the importance of identifying as a counselor to others. Scores for participants fell between Sometimes Clear and Often Clear when asked about consistency in identifying to others as a counselor. It could be that independently licensed counselors are at times identifying themselves as therapists, psychotherapists, or other generic terms as a means of helping others understand their occupational role (Lincicome, 2015). Therefore, current counselor professional identity concerns appear warranted (Gale & Austin, 2003; Gibson et al., 2010; Kaplan & Gladding, 2011; Mellin et al., 2011; Myers et al., 2002). These results might indicate a need for more emphasis on training counselors to understand their roles and functions, counseling ethical codes, professional counseling association memberships, and expressions of pride in the profession of counseling as identified by Remley and Herlihy (2014), the first two principles of the 20/20 workgroup (Kaplan & Gladding, 2011), and the ACA Code of Ethics (2014).

Second, using descriptive statistics, we examined the results of the five items measuring the importance of professional identity standards. Participants rated: supervision pre- and post-graduation by an independently licensed counselor (items one and two); counselor educators licensed and trained

as counselors (item three); the unique philosophy of the profession of counseling taught in counselor education programs (item four); and the importance of CACREP accreditation for clinical mental health programs (item five) between Slightly Important and Moderately Important. These five results suggest that independently licensed counselors are aware that a consistent and clear professional identity could help with several concerns, such as transferring licensure to another state, being as valued as the other mental health professions in hiring practices, improving recognition of the counseling profession, and achieving equality in reimbursement for services by private and government health insurance providers (Calley & Hawley, 2008; Myers et al., 2002; Reiner et al., 2013).

While there were no significant differences between the five items measuring the importance of professional identity standards, the ranking of the five items can offer some insight. Independently licensed counselors ranked counselor educators licensed and trained as counselors first, the importance of CACREP accreditation second, teaching the unique philosophy and history of the profession of counseling third, supervision in graduate school by a licensed counselor fourth, and supervision post-graduation by a licensed counselor last. They saw the most value in having students trained by counselor educators with degrees specifically from counselor education programs who also hold professional memberships, certifications, and licenses in the profession of counseling, as proposed by Bobby (2013), Emerson (2010), and Woo (2013). This result suggests participants supported clinical mental health students associating and connecting with other professional counselors (such as supervisors, colleagues, and counselor educators) with a strong counselor identity, as suggested by Gray and Remley (2003), Luke and Goodrich (2010), and Puglia (2008). Next, they acknowledged that CACREP accreditation had some value for clinical mental health programs, as recommended by ACA (2015), NBCC (2014), the AASCB Standards Commission (2010), the VA, and the Institute of Medicine for the TRICARE system of the Department of Defense (Bobby, 2013). Third, independently licensed counselors found it somewhat helpful to impart the values, attitudes, and behaviors of the counseling profession to master's counseling students, as recommended by CSI (1998) and Choate et al. (2005). Participants ranked lowest supervision pre- and post-graduation by a licensed counselor. It appears that state requirements for licensed counselor supervision are least valued among current professional identity standards.

Using inferential statistics, we first investigated the relationship between independently licensed counselors' clarity in identifying as a counselor to others and their scores on the combined scale of the five items measuring the importance of professional identity standards. We found significance with a moderate, positive association between independently licensed counselors consistently identifying as a counselor and finding some value in CACREP and state standards for clinical mental health counseling students. This outcome suggests that developing a counselor professional identity rests upon isolating the counseling profession's unique and distinguishing features from psychology and social work (Woo, 2013). It also suggests that independently licensed counselors had some connection to the fundamental set of values, beliefs, and assumptions specific to the counseling profession.

Lastly, we used inferential statistics to examine the relationship between independently licensed counselors' clarity in identifying as a counselor to others and their views on each of the five separate professional identity standards. When breaking apart these five standards, it is of note that we found significance with a moderate, positive relationship for four items: consistently identifying as a counselor to others, finding it important for independently licensed counselors to supervise students pre- and post-graduation, having students educated by counselor educators licensed and trained as counselors, and having students educated in the unique philosophy of the profession of counseling. However, the relationship between consistently identifying as a counselor and finding importance in CACREP accreditation for clinical mental health programs was not significant. Nonsignificance is

an important finding, as the mean for finding importance in CACREP accreditation was the second highest (3.73) of the six Likert scale items measured in this study. The CACREP accreditation mean rests closer to being viewed as Moderately Important by independently licensed counselors. This outcome implied that consistently identifying as a counselor to others is not likely to correlate with finding value in CACREP accreditation. The outcomes from the five separate professional identity standards suggest that independently licensed counselors weakly support the work of organizations such as AASCB, ACA, CACREP, and NBCC in promoting counselor identity and the profession of counseling to achieve parity (Mascari & Webber, 2013).

Limitations

Social desirability bias can occur with self-report Likert scale-based surveys. We recruited participants from only eight state counseling boards across the United States. The \$5 gift card could have altered participant answers or appealed to certain types of participants, and the topic may have drawn a certain type of participant. We included all independently licensed counselors regardless of dual licensure, the length of time with an independent license, the amount of time spent in postgraduate supervision, and the license of the individual who provided them postgraduate supervision. We developed and used a new survey instrument. Only one self-report item determined whether a participant was “consistently identifying as a counselor.” Lastly, we generated survey items by the recommendations of 10 experts accepting CACREP standards in counselor education who served on state or national counseling professional identity committees, which could possibly result in biased study questions.

Implications and Future Research

The results have several implications for the profession of counseling, as current inconsistencies in counselor professional identity have led to negative consequences for independently licensed counselors. There has been concern that independently licensed counselors do not support and therefore disconnect from counselor professional identity standards. Our results suggest that independently licensed counselors have some connection to counselor professional identity and see some value in the continued work to improve counselor professional identity (Gibson et al., 2010; Kaplan & Gladding, 2011; Mellin et al., 2011; Myers et al., 2002). The distinct values of the profession of counseling, the focus of scholarship, the understanding of the history of the profession, the philosophical foundations of counseling, and the credentials of those training and supervising clinical mental health counseling students held some importance to independently licensed counselors. However, opportunities still exist to tie independently licensed counselors to the profession of counseling. These implications impact teaching, supervision, practice, and research in the profession of counseling.

Brott and Myers (1999), Weinrach et al., (2001), and Woo (2013) suggested that the counseling profession has a unique and distinguishing set of values, beliefs, and assumptions. Independently licensed counselors acknowledged this view by rating the training of clinical mental health students in counselor professional identity between Slightly Important and Moderately Important. Therefore, independently licensed counselors make some connections with the first two principles of 20/20: “sharing a common professional identity is critical for counselors” and “presenting ourselves as a unified profession has multiple benefits” (Kaplan & Gladding, 2011, p. 372). However, this weak connection does nothing to improve the current state of counselor professional identity.

ACA, AASCB, and NBCC look to CACREP accreditation to address current issues such as licensure portability, equality in employment practices, appreciation of the counseling profession as separate

from other mental health professions in U.S. society, and private and government health insurance providers compensating for services. To strengthen counselor professional identity, CACREP standards encourage clinical mental health programs to have pre-graduates supervised by licensed professional counselors; have counselor educators educated, licensed, and professionally functioning as counselors; and have students educated in the history and philosophy of the profession of counseling. We found that independently licensed counselors weakly supported those mandated standards for clinical mental health students between Slightly Important and Moderately Important. Independently licensed counselors might see some positive connection to NBCC restricting applications for the NCC credential to only CACREP-accredited program graduates beginning January 2022 (NBCC, 2014).

Ultimately, independently licensed counselors did not rate the profession's counselor professional identity standards as Extremely Important. Therefore, professional counseling organizations need to help independently licensed counselors connect with counselor professional identity and the profession of counseling. Moss et al., (2014) suggested that independently licensed counselors naturally see their professional community to include psychologists, social workers, and educators, which might hinder strengthening counselor professional identity. If independently licensed counselors seek other mental health professions to educate, validate, and shape their occupational role, they cannot define their scope of practice and function to address role ambiguity, power and status conflicts, and stereotypes that often constrain counselors when working with other professionals (Mellin et al., 2011).

Future research could investigate how an expanded view of their professional community to include psychologists, social workers, and educators impacts independently licensed counselors' professional identity development and ability to achieve parity with other mental health professions. Additional research could examine what independently licensed counselors would recommend to strengthen counselor professional identity. Research could discern how independently licensed counselors view the various competencies put forth in the literature as constructs of counselor professional identity and their thoughts on NBCC allowing only graduates of CACREP-accredited programs to apply for the NCC. Other research could eliminate independently licensed counselors with a dual license, participants recently receiving their independent license, counselors with limited time spent in postgraduate supervision, and counselors who received postgraduate supervision from a supervisor without a counseling license. Furthermore, research could use an already established survey instrument to measure the same constructs. Finally, future research also could use more than one self-report item to determine whether a participant consistently identifies as a counselor.

Conclusion

For several decades, the academy, state licensure boards, and professional counseling organizations have expressed concerns about counselor professional identity. During this time, various professional counseling organizations have made attempts to address the critical issue of counselor professional identity, as it leads to inequities for independently licensed counselors. ACA, AASCB, and NBCC support CACREP accreditation of counseling programs to improve counselor professional identity and alleviate current counseling profession concerns. Over the last 20 years, CACREP standards have evolved to encourage clinical mental health programs to: have graduate students supervised by licensed professional counselors; have counselor educators be educated, licensed, and professionally functioning as counselors; and educate students in the history and philosophy of the profession of counseling. Our results demonstrated only Slight to Moderate support by independently licensed counselors for the various CACREP and state standards required of clinical mental health counseling students. A clear and consistent counselor professional identity could help independently licensed counselors when seeking

licensure in another state, employment in the mental health field, understanding of the counseling profession in U.S. society, and payment from private and government health insurance providers (Calley & Hawley, 2008; Myers et al., 2002; Reiner et al., 2013). Moreover, the counseling profession needs to take additional steps to ensure a strong professional counseling identity so that independently licensed counselors can achieve parity with other mental health professionals.

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