

# Evaluating Independently Licensed Counselors' Articulation of Professional Identity Using Structural Coding



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Inconsistent counselor professional identity contributes to issues with licensure portability, parity in hiring practices, marketplace recognition in U.S. society and third-party payments for independently licensed counselors. Counselors could benefit from enhancing the counseling profession's identity as well as individual professional identities within the counseling profession. A random sample of 472 independently licensed counselors self-rated and then documented their individual professional identity via their occupational role discussions with others. Results demonstrate that independently licensed counselors rarely accurately self-evaluate their occupational role communications. Further, counselors rarely establish the counseling profession's identity when discussing their occupational role. Participants' responses guided the creation of a model that can guide counselors in evaluating and improving the communication of their professional identity to clients, other professionals and the general public.

**Keywords:** counselor professional identity, licensed counselors, occupational role, parity, structural coding

Authors have expressed concerns about counselor professional identity for over 10 years (Gale & Austin, 2003; Gibson, Dollarhide, & Moss, 2010; Kaplan & Gladding, 2011; Mellin, Hunt, & Nichols, 2011; Myers, Sweeney, & White, 2002). An inconsistent counselor professional identity contributes to issues with licensure portability, parity in hiring practices, marketplace recognition in U.S. society and third-party payments for independently licensed counselors (Calley & Hawley, 2008; Myers et al., 2002; Reiner, Dobmeier, & Hernández, 2013). Additionally, the lack of counselor professional identity has been a factor related to students with master's degrees in psychology becoming licensed as counselors in many states (Lincicome, 2015). If the profession of counseling appears the same as all the other mental health professions, legislators struggle to understand how specific licenses tie to specific professions that have specific graduate education programs. Licensure boards protect the public from harm by ensuring that counselors have appropriate graduate degrees based on relevant curricula and direct application experiences under supervision (Simon, 2011). Licensing boards require uniform standards to measure minimum training criteria for a profession to assist in expeditious reviews of licensure applications (Mascari & Webber, 2013). A strong counselor professional identity increases counselors' ability to work with their client populations of interest, receive third-party reimbursement, offer all of the appropriately trained services afforded in their scope of practice and make a greater impact when advocating for clients (Calley & Hawley, 2008; Myers et al., 2002; Reiner et al., 2013).

Apprehensions exist about counselors articulating their profession in generic, non-counseling terms such as *therapists* or *psychotherapists* as a method for establishing their ability to diagnose and treat mental and emotional disorders. Confusion increases because other health providers, such as physical therapists, respiratory therapists, speech therapists, occupational therapists, massage therapists, psychologists, social workers and psychiatrists, also utilize the same generic descriptors (Lincicome, 2015). The profession of counseling lacks a consistent identity in U.S. society (Myers et al., 2002); thus, counselors must establish the counseling profession's identity as well as counselors'

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unique role within the counseling profession. This requires clearly articulating the counselor's client population of interest and specific counseling techniques utilized and articulating the unique identity of the profession of counseling when discussing their occupational role with others (Simpson, 2016). Counselors who are strong in their professional identity understand how counselors differ from other mental health professions (Remley & Herlihy, 2014) and are able to clearly articulate how the profession of counseling is distinguished from other professions when communicating their occupational role.

## **The Profession's Mandate for Counselor Professional Identity**

In order to achieve parity with other mental health professions, the American Association of State Counseling Boards (AASCB), the American Counseling Association (ACA), the Council for Accreditation of Counseling and Related Education Programs (CACREP), and the National Board for Certified Counselors (NBCC) have taken up the call to promote counselor identity and the profession of counseling (Mascari & Webber, 2013). Additionally, Chi Sigma Iota (CSI; 1998), the counseling profession's honor society, has taken steps to promote the profession of counseling and counselor identity. The following sections outline how these various organizations document counselor professional identity.

Section C of the ACA Code of Ethics (2014) articulates that counselors are to join local, state and national counseling associations and appropriately communicate their roles and scope of practice. In addition, ACA has endorsed principles directly tied to counselor professional identity through the 20/20: A Vision for the Future of Counseling workgroup. Part of that vision declares 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).

The 2016 CACREP Standards (2015) stipulate student training in 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. The CACREP Standards also require core faculty members be graduates of counselor education programs and hold counseling profession-specific memberships, certifications and licenses to strengthen counselor professional identity and the profession of counseling. These standards exist because counselor educators with dual or non-counseling identities can confuse master's students' professional identity in counselor education programs (Emerson, 2010; Mascari & Webber, 2006; Mellin et al., 2011).

Lastly, ACA, AASCB, CSI, and NBCC have identified CACREP accreditation as a foundation for solidifying counselor professional identity and achieving parity for counselors. CSI (2016) requires CACREP accreditation to establish a new CSI chapter. Further, starting January 2022, NBCC will allow only graduates of CACREP-accredited programs to apply for the National Certified Counselor credential (NBCC, 2014a). Additionally, securing a state counseling license often requires understanding and articulating the history and values of the profession of counseling (Emerson, 2010). The National Counselor Examination for Licensure and Examination (NCE; Loesch & Whittinghill, 2010), used in most states as the examination to obtain a counseling license, includes knowledge of the counseling profession in the professional orientation section.

## **The Counselor's Development of a Professional Identity**

Sweeney (2001) stated that counselor professional identity concerns how the counseling

profession's values and philosophy impact the counselor's behaviors with clients. He noted that counselor professional identity is not based on the profession of counseling owning specific techniques. For example, cognitive behavioral therapy (CBT) is used in the professions of counseling, psychology and social work. CBT is not owned by any one profession but is used differently by the professions because of differences in each profession's values and philosophy. Similarly, human development is not owned by any of the three professions. However, the emphasis and application of human development in each profession is different. This is like MRIs being used by oncologists, physical therapists and neurosurgeons. Although all three professions use MRIs, each profession is using that assessment differently to gather information pertinent to their specific occupational role. As such, counselor professional identity is based on the counselor embracing the distinct philosophy and values of the counseling profession.

### **Components of Counselor Professional Identity**

Counselor professional identity first centers on distinguishing the counseling profession's unique philosophy and values from those of other mental health professions (Calley & Hawley, 2008; Choate, Smith, & Spruill, 2005; Puglia, 2008; Remley & Herlihy, 2014; Weinrach, Thomas, & Chan, 2001; Woo, 2013). Normal development, prevention, advocacy, wellness and empowerment are hallmarks of the unique philosophy and values of the counseling profession (Healey & Hays, 2012). A summary of the five distinct hallmarks and the differentiation from other mental health professions follows.

First, counselors consider that the client's human growth and development is ultimately positive and often expected when conceptualizing changes and challenges in clients' lives (Remley & Herlihy, 2014). This hallmark can be found in the Preamble, Purpose, and Section A of the ACA Code of Ethics (2014). The Preamble of the ACA Code of Ethics lists "enhancing human development throughout the life span" as the first core professional value for the counseling profession (p. 3). Additionally, this hallmark is found in several 2016 CACREP Standards: five standards under *Human Growth and Development*, six standards under *Career Development*, two standards under *Counseling and Helping Relationships* and two standards under *Assessment and Testing*. Lastly, this hallmark is tested in the NCE under Counseling Process (assessing the course of development), Diagnostic and Assessment Services (assessing client's educational preparation, conducting functional behavioral analysis, observing non-verbal behaviors, and performing a mental status exam), and Professional Practice (applying multicultural counseling models; NBCC, 2014b). In comparison, the National Association of Social Workers (NASW) Code of Ethics (2008) indicates that "Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments" (Section 6.01, Social Welfare). Although both professions talk about development, counselors are applying development in the context of the client (individual, couple or family) while social workers focus on development in the context of local to global societies. Lastly, the American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (2010, p. 3) states: "Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society." In psychology, development is researched to provide information to ultimately improve conditions for individuals, organizations, and society.

Prevention services occur when counselors provide psychoeducation, help clients increase resilience and encourage healthy client development throughout the lifespan to prevent, delay or reduce the severity of client symptoms (Granello & Young, 2011). This hallmark can be found in the Preamble and Section A of the ACA Code of Ethics (2014). Section A states: "Counselors facilitate client growth and development in ways that foster the interest and welfare of clients and promote

formation of healthy relationships” (p. 3). Additionally, this hallmark is found in two 2016 CACREP *Counseling and Human Relationship* standards. Lastly, this hallmark is tested in the NCE under Counseling Process (conducting school/community outreach, consulting with client’s support system, directing community initiatives/programs, facilitating client access to community resources, helping clients develop support systems, identifying client support systems and providing psychoeducation) and Professional Practice (conducting school/community outreach and directing community initiatives/programs; NBCC, 2014b). In comparison, the NASW Code of Ethics (2008) states that “Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people” (Ethical Principles Section). Differences exist in how the two professions talk about prevention. Counselors apply prevention in the context of the client (individual, couple or family) while social workers focus on prevention in the context of local to global societies. Lastly, APA’s Ethical Principles of Psychologists and Code of Conduct (2010) states: “They strive to help the public in developing informed judgments and choices concerning human behavior” (p. 3). In psychology, prevention occurs when psychologists offer the public accurate information, which leads to better choices and judgments about aspects of human behavior in specific contexts.

Advocacy occurs when counselors defend both clients and the profession of counseling in the face of oppressive systems (Erford, 2013). This hallmark can be found in A.7.a and the Section C Introduction of the ACA Code of Ethics (2014): “When appropriate, counselors advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients” (p. 5). Additionally, this hallmark is found in several 2016 CACREP Standards (2015): one standard in the *Faculty and Staff* section, two standards in the *Professional Counseling Orientation and Ethical Practice* section, one standard in the *Social and Cultural Diversity* section, one standard in the *Career Development* section and one standard in the *Clinical Mental Health Counseling Practice* section. Lastly, this hallmark is tested in the NCE under Counseling Process (facilitating client access to community resources, identifying barriers affecting client goal attainment, identifying dynamics, obtaining pre-authorization from third-party payors, and providing adequate accommodations for clients with disabilities) and Professional Practice (advocating for client needs, advocating for the professional of counseling, participating in media interviews, providing expert testimony, consult with justice system, consult with providers about medication, consult with school staff, and participate in multidisciplinary team meetings; NBCC, 2014b). In comparison, the NASW Code of Ethics (2008) states: “Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers’ social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice” (Ethical Principles Section). Counselors advocate for the client (individual, couple or family) and the profession of counseling. Social workers advocate for local to global societies. Lastly, APA’s Ethical Principles of Psychologists and Code of Conduct (2010) indicates: “Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists” (p. 3). In psychology, advocacy occurs when the research created by and the services provided by psychologists are available to all members of society.

Fourth, counselors promote wellness when helping clients establish affirmative attitudes, create self-care plans and design life balance strategies (Granello & Young, 2011). This hallmark can be found in the Preamble, Section A Introduction, A.1.a, A.1.c, A.2.c, Section C Introduction, C.2.g, Section E Introduction, F.1.a., F.5.b, F.6.b, F.8 and Section I Introduction of the ACA Code of Ethics (2014). In the Preamble, it states: “Counseling is a professional relationship that empowers diverse

individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (p. 3). Additionally, this hallmark is found in one standard each in the *Professional Counseling Orientation and Ethical Practice*, *Social and Cultural Diversity*, *Human Growth and Development*, and *Career Development* sections of the 2016 CACREP Standards. Lastly, this hallmark is tested in the NCE under Counseling Process (assessing one’s appropriateness for working with a specific client, consulting with client’s support system, consult with school staff, determining need for referral for other services, facilitating client access to community resources, helping client develop support systems, identifying client concerns, identifying client’s support system, providing adequate accommodations for clients with disabilities, providing client follow-up, and triage clients for service), Diagnostic and Assessment Services (assessing potential for harm to self and others, conducting functional behavioral analysis, and using test results to facilitate client decision making), Professional Practice (applying multicultural counseling models, reporting abuse to the proper authorities, and supervising contact/visitation between family members), and Professional Development, Supervision, and Consultation (consult with justice system, consult with prescribers about medication, maintain appropriate boundaries, monitor and address personal compassion fatigue, monitor personal strengths and limitations, and monitor self-reflective versus self-absorbed states of mind; NBCC, 2014b).

In comparison, the NASW Code of Ethics (2008) states that “Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities” (Ethical Principles Section). Counselors promote wellness in both the client (individual, couple or family) and the counselor while social workers focus on wellness with the client and local to global societies. Lastly, APA’s Ethical Principles of Psychologists and Code of Conduct (2010) indicates: “In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research” (p. 3). In psychology, the wellness of the client is safeguarded by the psychologist.

Lastly, empowerment occurs when counselors encourage client autonomy, self-advocacy, self-validation and self-determination (Erford, 2013). This hallmark can be found in the Preamble and A.1.d of the ACA Code of Ethics (2014). The Preamble states the following as a core professional value: “honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts; promoting social justice” (p. 3). Additionally, this hallmark is found in several 2016 CACREP Standards: five standards in the *Social and Cultural Diversity* section, three standards in the *Human Growth and Development* section, seven standards in the *Career Development* section, four standards in the *Counseling and Helping Relationships* section, and one standard in the *Assessment and Testing* section. Lastly, this hallmark is tested in the NCE under Counseling Process (exploring cultural values and mores, facilitating client access to community resource, facilitating conflict resolution, facilitating interpersonal feedback, helping the client develop support systems, identifying barriers affecting client goal attainment, identifying client concerns, identifying the client’s support system, obtaining informed consent, providing adequate accommodations for clients with disabilities, and providing counseling services in the client’s preferred language), Diagnostic and Assessment Services (implementing tests for client decision making and using test results to facilitate client decision making), Professional Practice (advocating for client needs, applying multicultural counseling models, developing referral sources, empowering clients, collaborative goal setting, and decision-making skills), and Professional Development, Supervision, and Consultation (consult with justice system, consult with prescribers about medication, consult with school staff, and maintain appropriate boundaries; NBCC, 2014b).

In comparison, the NASW Code of Ethics (2008) states that:

Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession (Ethical Principles Section).

Although both professions empower clients, counselors focus on empowering the client (individual, couple or family) while social workers additionally consider how an individual's empowerment impacts society. Lastly, the APA's Ethical Principles of Psychologists and Code of Conduct (2010) states: "Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination" (p. 3). In psychology, empowerment of clients includes the right to make their own decisions, respecting cultural differences and safeguarding their welfare.

This section has demonstrated that no mental health profession exclusively owns the rights to the words *human development, prevention, advocacy, wellness* and *empowerment*. At the same time, this section has clearly outlined how the profession of counseling views these five values differently from psychologists and social workers. It becomes imperative that counselors understand how the profession of counseling views these five values in order to create a counselor professional identity.

### **Creating a Counselor Professional Identity**

A strong counselor professional identity reportedly increases ethical behavior, counselor wellness and an accurate understanding of the counselor's scope of practice (Brott & Myers, 1999; Grimmit & Paisley, 2008; Ponton & Duba, 2009). Many authors have discussed ways counselors can establish their professional identity. Puglia (2008) suggested behaving in harmony with the philosophy of counseling, becoming licensed and or certified as a counselor, and engaging in professional counseling associations. Calley and Hawley (2008) recommended counselors identify with the distinct values of the counseling profession, engage in professional counseling associations, disseminate scholarship for and about the profession of counseling, utilize theoretical orientations that align with the values of the counseling profession, understand the history of the counseling profession and obtain training, licensure and certifications in the profession of counseling. Remley and Herlihy (2014) identified familiarity with current and historical contexts of the profession of counseling, knowledge of the unique philosophy of counseling, understanding counselors' roles and functions, utilizing counselor ethical codes, and obtaining memberships in professional counseling associations as six ways counselors could establish their professional identity.

Even with these recommendations, membership in ACA and being licensed as a counselor do not guarantee the ability to articulate a strong counselor professional identity (Cashwell, Kleist, & Scofield, 2009; Mascari & Webber, 2006). Several other factors also could impact counselor professional identity development. Contact with other professional counselors who have a strong counselor professional identity (such as supervisors, contemporaries and counselor educators) increases the development of an appropriate counselor professional identity (Luke & Goodrich, 2010; Puglia, 2008). Additionally, a mixture of self-reflection and connection to the unique philosophies and values of the profession of counseling drives counselor professional identity (Brott & Myers, 1999). Further, holding the counseling profession in high regard combined with a connection between

the self and the profession of counseling contributes to a strong counselor professional identity (Brott & Myers, 1999; Gale & Austin, 2003; Sweeney, 2001). CSI supports this premise and states that counselor education students should graduate with pride in the profession of counseling and a strong counselor professional identity as outlined in one of the six key themes from the Counselor Advocacy Leadership Conferences in 1998 (CSI, 1998). This theme stands today as a call to action for CSI members and chapters. This combination purportedly leads to counselors who passionately defend the counseling profession against inaccuracies (Remley & Herlihy, 2014).

### **Purpose of the Research**

Master's counselor education students have been the focus of prior studies on counselor professional identity (Coll, Dumas, Trotter, & Freeman, 2013; Gibson et al., 2010; Healey & Hays, 2012; Luke & Goodrich, 2010; Moss, Gibson, & Dollarhide, 2014; Nelson & Jackson, 2003; Prosek & Hurt, 2014). Over half (55%) of 203 master's-level counseling students found it of considerable importance and 28% found it of great importance to better understand the counseling profession and how to identify as a professional counselor (Busacca & Wester, 2006).

Fewer studies have focused on the articulation of professional counselor identity with independently licensed counselors. Rønnestad and Skovholt (2003) found that expressing a strong counselor professional identity required postgraduate counselors to assimilate the personal self and the professional self. Moss and colleagues (2014) stated that client contact was essential to counselor identity development along with an integration of the personal and professional self over the course of a counselor's career. Mellin and colleagues (2011) found that independently licensed counselors developed a strong counselor professional identity when they aligned with the counseling profession's unique philosophy and values.

Although each of these studies touches on some aspect of counselor professional identity with independently licensed counselors, none of these studies offers a concrete understanding of how independently licensed counselors articulate their professional identity to others. Further, ACA, AASCB, CACREP, CSI, NBCC have taken steps to attempt to secure a strong counselor professional identity. However, there is no understanding as to whether these efforts impact how independently licensed counselors articulate their professional identity with others. Although there is much discussion about clearly establishing a strong counselor professional identity, there is no systematic way for independently licensed counselors to determine if they articulate a counselor professional identity to others and, if not, what adjustments might be made to improve their communications.

The purpose of this study was to answer the following research questions: (a) what are the different ways (formulas) independently licensed counselors use to articulate their professional role to others, (b) would we assign more advanced professional identity formulas to independently licensed counselors who have recently graduated, (c) would we assign more advanced professional identity formulas to independently licensed counselors licensed in a specific state or region, and (d) would an independently licensed counselor's self-ranking as consistently identifying professionally as a counselor to others agree with our classification of that counselor with an advanced counselor professional identity formula? To answer these questions, we surveyed independently licensed counselors from across the United States.

## **Method**

### **Participants**

We defined independently licensed counselors as counselors who have graduated with at least

a master's degree, obtained postgraduate clinical supervision and have a license to practice as a counselor without supervision in their state. Participants were 472 *independently licensed counselors* with a mean age of 41 ( $range = 25-69$ ,  $SD = 10.5$ ) who completed all sections of the survey. A majority identified as female ( $n = 392$ , 83%) and European American ( $n = 396$ , 84%). Other races represented included: African American ( $n = 24$ , 5%); Hispanic ( $n = 19$ , 4%); Biracial ( $n = 14$ , 3%); No Response ( $n = 9$ , 2%); Asian American ( $n = 5$ , 1%); and Native American ( $n = 5$ , 1%). All participants were currently independently licensed as a counselor by a state counseling licensure board; however, 14 (3%) also were licensed marriage and family therapists, nine (2%) also were licensed psychologists, and five (1%) also were licensed social workers. Thankfully these individuals comprised only 6% of the total sample. We included these 28 dually licensed participants as they are independently licensed counselors in their state and represent independently licensed counselors in the United States. These individuals are tied to counselor professional identity in the United States as well as represent independently licensed counselors to other mental health professionals, legislators, clients and society. Participants worked in various settings: counseling agency ( $n = 170$ , 36%), private practice ( $n = 118$ , 25%), state and federal governments ( $n = 47$ , 10%), hospitals and clinics ( $n = 42$ , 9%), college settings ( $n = 33$ , 7%), not currently working as a counselor ( $n = 28$ , 6%), K-12 settings ( $n = 24$ , 5%), managed care ( $n = 5$ , 1%) and unemployed ( $n = 5$ , 1%). The mean year of master's graduation for participants was 2005 ( $SD = 6.08$ ).

### Data Collection Procedures

SurveyMonkey'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 (United States Bureau of Labor Statistics, 2016) and confidence interval of +/- 5%. Two state counseling licensure board lists in each of the four ACA regions (eight states total) were randomly selected. The combined lists from the eight state counseling licensure boards generated a total list of 72,436 independently licensed counselors. A total stratified random sample of 2,144 participants was randomly selected with 268 participants selected from each state to ensure that the same number of participants were randomly selected from each of the four ACA regions. Because many counselors had moved from one of the eight states and were now practicing in another state, independently licensed counselors from 49 states and the District of Columbia were part of the final sample; North Dakota was not represented. Four hundred seventy-two participants completed the study, resulting in a 22% response rate.

Each participant received a postcard of explanation that included a link to a webpage. Participants received one of eight URLs to participate in the study corresponding to the state issuing the independent counseling license to participants. On the webpage, participants responded to five sections when participating in the study. They (a) consented to the informed consent form, (b) answered questions about their demography, (c) rated one Likert scale question, (d) completed the open text box prompt and (e) had the option of providing their name and e-mail address to receive a \$5 e-gift card to Amazon.com, Starbucks, or Target on a separate website.

### Measure

A search of the literature failed to yield examples of existing measures relevant to the topic. We established content validity before the use of this new and untested instrument. Ten experts from the counseling field completed the instrument and rated items for clarity, representativeness and appropriateness. They rated the one Likert scale question asking about the participant's clarity in consistently identifying professionally as a counselor as well as the open text box asking participants to write how they describe their occupational role as a professional counselor to others. These 10 experts had published on counselor professional identity or served on state or national counseling professional identity committees.



Three sections comprised the survey: (a) questions about participants' demography, (b) one Likert scale question asking about the participant's clarity in consistently identifying professionally as a counselor, and (c) an open text box asking participants to respond to the prompt: "Please write below how you describe your occupational role as a professional counselor to others (clients, other professionals, and the public)." The demographic variables included the following: gender identity, age, all licenses held with a state licensure board, year of graduation from master's counseling program, current employment setting, and ethnicity and race.

One Likert scale question asked about the participant's professional identity: "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.)." Participants responding "Never Clear" scored a 0 and those responding "Always Clear" scored a 5.

### Data Analysis Procedures

We performed several data analysis procedures. First, structural coding allowed for the creation of categories that summarize the different formulas used by independently licensed counselors to talk about their profession with others (Saldaña, 2013). Additionally, it allowed for the detection of the number of individual participants who endorsed each formula. We first analyzed the data using structural coding separately, and then we reevaluated the data simultaneously to check for agreement. In the separate analyses, we each found that all 472 responses naturally categorized into six different formulas. We then re-reviewed our separate analyses jointly and found complete agreement.

After utilizing structural coding, we re-analyzed the data using magnitude coding (Miles & Huberman, 1994). Magnitude coding adds a symbol (such as a number or character) to existing code to indicate the code's intensity, direction or valuation (Saldaña, 2013). We used magnitude coding to add a numeric value to the six formulas with 0 denoting the formula with the least amount of counselor professional identity to 5 denoting the formula with the greatest amount of counselor professional identity.

Further, we performed structural coding again within each of the six main formulas to create sub-formulas that would further explain nuances found within each of the six main formulas. We separately analyzed sub-formulas for each of the six formulas. Later, we reevaluated the results simultaneously to check for agreement. We found that there were four sub-formulas within each of the six main formulas. Magnitude coding was performed by adding a numeric value to the four sub-formulas generated in this study, with a value of "a" denoting the formula with the least amount of counselor professional identity to a value of "d" denoting the formula with the greatest amount of counselor professional identity. Hence, a participant rated as a 5d demonstrated the greatest amount of counselor professional identity, and a participant rated as a 0a demonstrated the least amount of counselor professional identity (Table 1). Further, a participant rated as a 1d demonstrated more counselor professional identity than a participant rated as a 1c.

Next, we used descriptive statistics to explore survey responses from independently licensed counselors using a mail survey design (Fink & Kosecoff, 1998; Heppner, Kivlighan, & Wampold, 1992) to understand our study subjects better. Additionally, we used descriptive statistics to see how closely participants' ratings of their expressions of professional identity matched our ratings of their professional identity statements. To determine if ratings improved with more recent graduates, we ran a Mann-Whitney *U* test to see if our ratings varied by participant date of graduation from their master's

counseling program. To determine if different ACA regions obtained better ratings, we performed a Kruskal-Wallis test to see if our ratings varied based upon the state that issued the independently licensed counselor's license. Finally, we calculated Cohen's kappa to determine the interrater agreement between participants' self-rating about identifying consistently as a counselor to others and our ratings of their description of their occupational role as a professional counselor to others.

## Results

We identified six different ways (formulas) that independently licensed counselors communicate their professional role to others; a narrative description of each of the six formulas and their four corresponding sub-formulas follows. Table 1 outlines direct quote examples, including the number and percentage of participants using the six formulas and four corresponding sub-formulas. Additionally, Figure 1 displays graphically the total number of participants in each of the six formulas as well as the number of participants in each sub-formula a–d. As noted in the literature review, the counseling profession does not own specific techniques and tools, such as CBT, the Minnesota Multiphasic Personality Inventory or the *Diagnostic and Statistical Manual of Mental Disorders (DSM–5)*. However, counselors articulating their counselor professional identity will likely refer to their connection to specific counseling tools and techniques to help others understand their services.

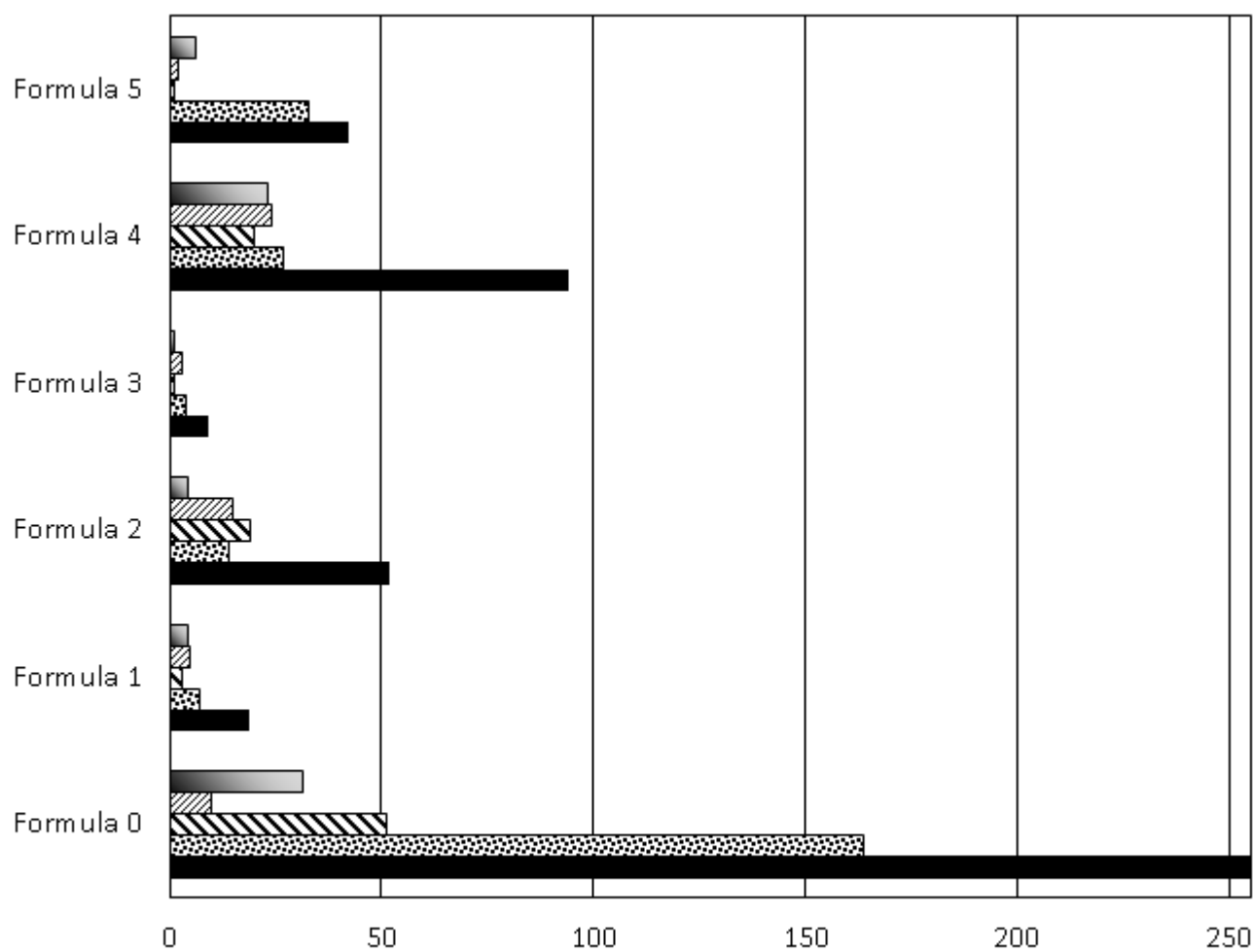
**Table 1**

*Direct Quote Participant Examples for Each of the Six Formulas With Corresponding Sub-Formulas*

<i>n, %</i>	<i>Formula</i>	<i>Quotes</i>
<b>256, 54%</b> 164, 64%	<b>Formula 0</b> Formula 0a	<b>No mention of the word counselor or counseling</b> No title, ambiguous clients and/or techniques <i>"A person who walks with a client to help achieve the specified goals of a client."</i> <i>"I assess, diagnose and treat clients presenting mental health issues."</i>
51, 20%	Formula 0b	No title, specific clients and/or techniques <i>"I am a psychotherapist for children 5–12 living in a psychiatric community residence."</i> <i>"I assist people with disabilities with obtaining and maintaining employment."</i>
10, 4%	Formula 0c	Title, ambiguous clients and/or techniques <i>"I am a mental health therapist working with children, adults, couples, and families."</i> <i>"I am a program director and clinical supervisor at a mental health agency."</i>
31, 12%	Formula 0d	Title, specific clients and/or techniques <i>"I am an In-Home Intensive Multisystemic Therapist working with willfully defiant adolescents and their families."</i> <i>"I am a Unit Manager in a treatment center for adult male inmates."</i>
<b>19, 4%</b>	<b>Formula 1</b>	<b>Generic mention of the word counselor or counseling along with other terms such as therapist, psychotherapist, etc.</b>
7, 37%	Formula 1a	Ambiguous title, ambiguous clients and/or techniques <i>"I am a private practice clinician, counselor and therapist. I work in my community serving adults."</i> <i>"I provide individual, group, couples, and family therapy to those seeking counseling."</i>
3, 16%	Formula 1b	Ambiguous title, specific clients and/or techniques <i>"I am an independent clinician who works with people 15 and up doing individual and group counseling. I specialize in substance abuse, eating disorders, BPD, co-occurring diagnosis, and trauma."</i> <i>"I work in a school setting as a mental health therapist. The school invites our agency in the building and we provide outpatient counseling to children."</i>

5, 26%	Formula 1c	Title, ambiguous clients and/or techniques <i>"You can call me a Licensed Professional Counselor, Behavioral Therapist, Mental Health Therapist, or Psychotherapist. I am a helping professional in the health care field."</i> <i>"I am a therapist and counselor at a community hospital and cancer center."</i>
4, 21%	Formula 1d	Title, specific clients and/or techniques <i>"I am a Trauma Specialist. I provide counseling in grief and loss, couples counseling and assistance with gay and lesbian issues."</i> <i>"I am a dual-role counselor. I work as an Infant Mental Health Therapist with children ages 0–6 and their families. I also work as a Maternal and Infant Health Therapist working with mothers of all ages and providing them with therapeutic services and case management."</i>
<b>52, 11%</b>	<b>Formula 2</b>	<b>Identifies generically as a counselor or someone doing counseling</b>
14, 27%	Formula 2a	No title, ambiguous clients and/or techniques <i>"I provide professional counseling skills for individuals, couples, and groups."</i> <i>"My role is to skillfully help clients meet their goals regarding the issues that brought them to counseling."</i>
19, 36%	Formula 2b	No title, specific clients and/or techniques <i>"I provide crisis intervention counseling to children and families."</i> <i>"I offer strength-based, solution-focused cognitive behavioral therapy but draw from a variety of theories and foundations to provide individualized counseling and assessment services."</i>
15, 29%	Formula 2c	"Counselor" title, ambiguous clients and/or techniques <i>"As a counselor I diagnose and treat mental and emotional disorders as well as give people empathy, feedback, advice, and guidance in dealing with life issues. In addition, I provide a safe place for people to process thoughts and emotions in an effort to come to a deeper understanding of themselves, others, and the world."</i> <i>"I am a counselor providing counseling in a safe environment to people struggling with mental health issues."</i>
4, 8%	Formula 2d	"Counselor" title, specific clients and/or techniques <i>"I am a counselor for a hospice agency, providing emotional support to patients and their families as the patient faces end of life."</i> <i>"I am a full-time counselor on a small, private college campus working only with students."</i>
<b>9, 2%</b>	<b>Formula 3</b>	<b>Identifies generically as a counselor or someone doing counseling along with discussing at least one or more distinct hallmarks of the profession of counseling</b>
4, 45%	Formula 3a	No title, ambiguous clients and/or techniques, identifies one or more hallmarks of the profession of counseling <i>"I provide counseling services (diagnostic and biopsychosocial assessments, treatment planning, individual, group, couples counseling) and practice from a wellness model and advocate for clients as needed."</i> <i>"I provide counseling as well as advocacy for those individuals who are seeking help for a variety of issues in their lives."</i>
1, 11%	Formula 3b	No title, specific clients and/or techniques, identifies one or more hallmarks of the profession of counseling <i>"I provide counseling to children, adolescents and families contracted through the juvenile justice system. I also advocate for clients with community resources."</i>
3, 33%	Formula 3c	"Counselor" title, generic clients and/or techniques, identifies one or more hallmarks of the profession of counseling <i>"As a counselor, I help people learn more about themselves and the things which promote their well-being. I educate people about mental illness and mental well-being."</i> <i>"As a counselor, I provide various services in the field of mental or emotional health. At times this means being a source of support, other times it's a source of information and empowerment. Ultimately I believe I'm there to serve the client, not to force them into my plan."</i>
1, 11%	Formula 3d	"Counselor" title, specific clients and/or techniques, identifies one or more hallmarks

		of the profession of counseling <i>"I am a counselor for individuals who have committed domestic violence offenses and sex offenses. I provide mental health therapy to these individuals as well as psychoeducational groups about tools to help make healthier choices."</i>
94, 20%	<b>Formula 4</b>	<b>Identifies specifically as a counselor</b>
27, 29%	Formula 4a	"Professional counselor" or "mental health counselor" title, ambiguous clients and/or techniques <i>"As a professional counselor I assist people in navigating their complex worlds in order to live a healthier, happier life."</i> <i>"As a professional counselor, I diagnose and treat mental and emotional disorders and addictive disorders."</i>
20, 21%	Formula 4b	"Professional counselor" or "mental health counselor" title, specific clients and/or techniques <i>"I am a professional counselor at an incarceration facility and I work primarily with federal inmates and U.S. probation clients."</i> <i>"As a professional counselor, I primarily offer career counseling with employees in transition."</i>
24, 26%	Formula 4c	Identifies as their state counseling license title, ambiguous clients and/or techniques <i>"I am a Licensed Mental Health Counselor in private practice."</i> <i>"I am a Licensed Professional Counselor. I see my role as coming alongside people and helping them cope with difficulties in life, or helping them manage emotions."</i>
23, 24%	Formula 4d	Identifies as their state counseling license title, specific clients and/or techniques <i>"I am a Licensed Mental Health Counselor (LMHC) who works in the correctional setting by working to rehabilitate inmates."</i> <i>"I am a Licensed Mental Health Counselor working with adolescents on a U.S. military base conducting individual, group, and family therapy."</i>
42, 9%	<b>Formula 5</b>	<b>Identifies specifically as a counselor as well as identifies one or more hallmarks of the profession of counseling</b>
33, 79%	Formula 5a	"Professional counselor" or "mental health counselor" title, ambiguous clients and/or techniques, identifies one or more hallmarks of the profession of counseling <i>"As a professional counselor, I help clients reach their personal goals with a focus on wellness, client empowerment, developmental awareness, and prevention."</i> <i>"As a professional counselor, I offer counseling, psychoeducation, and empowerment in addition to advocating for my clients in areas where they may need assistance."</i>
1, 2%	Formula 5b	"Professional counselor" or "mental health counselor" title, specific clients and/or techniques, identifies one or more hallmarks of the profession of counseling <i>"I am a professional counselor working with children and their parents to help them improve their relationships and reduce habits that get in the way of positive healthy lives as a means of increasing client wellness."</i>
2, 5%	Formula 5c	Identifies as their state counseling license title, ambiguous clients and/or techniques, identifies one or more hallmarks of the profession of counseling <i>"My role as a Licensed Mental Health Counselor is to provide guidance, increase empowerment, and promote wellness for clients."</i> <i>"My goal as a Licensed Professional Counselor is to help people maximize their full potential and wellness through advocacy, empowerment, and self-determination."</i>
6, 14%	Formula 5d	Identifies as their state counseling license title, specific clients and/or techniques, identifies one or more hallmarks of the profession of counseling <i>"I am a Licensed Professional Counselor specializing in working with women healing from abuse and trauma. I focus on empowerment and wellness with my clients."</i> <i>"I'm a bilingual Licensed Mental Health Counselor who works with Latino families in an outpatient setting. My role is to provide counseling services as well as to advocate on behalf of my clients so that they can maximize their well-being."</i>



■ Sub-Formula d ▨ Sub-Formula c ▩ Sub-Formula b ▤ Sub-Formula a ■ Combined Sub-Formulas a-d

Figure 1. Total number of participants in each of the six formulas as well as the number of participants in each sub-formula a–d.

Formula 0 participants, the lowest rated on the scale, never used the term “counselor” or “counseling” when talking about their role in the counseling profession with others. The majority of participants categorized into this formula. There were four main ways participants expressed themselves in Formula 0 when talking about their role in the counseling profession with others. Formula 0a did not offer a title and was ambiguous about clients and techniques. Formula 0b did not offer a title and was specific about clients and techniques. Formula 0c offered a title, but ambiguously discussed clients and techniques. Formula 0d offered a title and was specific about clients and techniques.

Formula 1 participants generically used the term “counselor” or “counseling” somewhere in their formulations, along with the titles clinician, specialist, social worker, educator, coordinator, administrator, coach, therapist or psychotherapist, when talking about their role in the counseling profession with others. Few participants categorized into this formula. There were four main ways participants expressed themselves in Formula 1 when talking about their role in the counseling profession with others. Formula 1a offered an ambiguous title and was ambiguous about clients and techniques. Formula 1b offered an ambiguous title but discussed specific clients and techniques. Formula 1c offered a title but ambiguously discussed clients and techniques. Formula 1d offered a title and was specific about clients and techniques.

Formula 2 participants generically used the term “counselor” or “counseling” in their formulations. This was the third largest category. There were four main ways participants expressed themselves in Formula 2 when talking about their role in the counseling profession with others. Formula 2a offered an ambiguous title and was ambiguous about clients and techniques. Formula 2b offered an ambiguous title but discussed specific clients and techniques. Formula 2c offered the generic title “counselor” but ambiguously discussed clients and techniques. Formula 2d offered the generic title “counselor” and discussed specific clients and techniques.

Formula 3 participants generically used the term “counselor” or “counseling” in their formulations along with discussing at least one distinct hallmark of the profession of counseling (normal development, prevention, wellness, advocacy or empowerment). This was the smallest category. Among the nine participants, there were at least five mentions of the concepts of wellness and empowerment along with four mentions of the concept of advocacy. There were four main ways participants expressed themselves in Formula 3 when talking about their role in the counseling profession with others. Formula 3a offered an ambiguous title and was ambiguous about clients and techniques but did mention at least one or more hallmarks of the profession of counseling. Formula 3b offered an ambiguous title, discussed specific clients and techniques and stated at least one or more hallmarks of the profession of counseling. Formula 3c offered the generic title “counselor,” ambiguously discussed clients and techniques and stated at least one or more hallmarks of the profession of counseling. Formula 3d offered the generic title “counselor,” discussed specific clients and techniques and stated at least one hallmark of the counseling profession.

Formula 4 participants identified specifically as counselors. This was the second largest category. There were four main ways participants expressed themselves in Formula 4 when talking about their role in the counseling profession with others. Formula 4a offered “professional counselor” or “mental health counselor” as a title but was ambiguous about clients and techniques. Formula 4b offered “professional counselor” or “mental health counselor” as a title and discussed specific clients and techniques. This formula offered a state counseling license title but used ambiguous descriptions of clients and techniques. Formula 4d offered a state counseling license title and used specific descriptions of clients and techniques.

Formula 5 participants identified specifically as counselors along with discussing at least one distinct hallmark of the profession of counseling (normal development, prevention, wellness, advocacy or empowerment). This was the fourth largest category. Among the 42 participants, there were at least 18 mentions of empowerment, 13 mentions of advocacy, 10 mentions of wellness, nine mentions of prevention and seven mentions of normal development. There were four main ways participants expressed themselves in Formula 5 when talking about their role in the counseling profession with others. Formula 5a offered “professional counselor” or “mental health counselor” as a title, was ambiguous about clients and techniques and discussed at least one distinct hallmark of the profession of counseling. Formula 5b offered “professional counselor” or “mental health counselor” as a title, discussed specific clients and techniques and stated at least one distinct hallmark of the profession of counseling. Formula 5c offered a state counseling license as a title, used ambiguous descriptions of clients and techniques and discussed at least one distinct hallmark of the profession of counseling. Formula 5d offered a state counseling license as a title, used specific descriptions of clients and techniques and discussed at least one distinct hallmark of the profession of counseling.

We further wanted to investigate differences between participant self-ratings about identifying consistently as a counselor to others and our ratings of their professional identity statements to determine the level of counselor professional identity actually expressed by the participant.

Overall, participant scores fell in the range between “Mostly to Frequently Clear” when asked about identifying consistently as a counselor to others ( $N = 472, M = 3.40, SD = 1.51$ ). We next grouped all self-ratings together from “Never Clear” (0) to “Always Clear” (5). We separated these five groups and then calculated the means and standard deviations of our ratings of the statements for each of the six self-rated groups. We rated the statements of the 38 participants who self-rated a 0 as having formulations with a mean of 1.20 (at the level of Formula 1) and a standard deviation of 1.79. We rated the statements of the 33 participants who self-rated a 1 as having formulations with a mean of 1.02 (at the level of Formula 1) and a standard deviation of 1.64. We rated the statements of the 47 participants who self-rated a 2 as having formulations with a mean of 1.57 (between Formula 1 and Formula 2) and a standard deviation of 1.93. We rated the statements of the 90 participants who self-rated a 3 as having formulations with a mean of 1.54 (between Formula 1 and Formula 2) and a standard deviation of 1.89. We rated the statements of the 108 participants who self-rated a 4 as having formulations with a mean of 1.58 (between Formula 1 and Formula 2) and a standard deviation of 1.95. We rated the statements of the 156 participants who self-rated a 5 as having formulations with a mean of 1.74 (between Formula 1 and Formula 2) and a standard deviation of 1.95. Figure 2 is a bar chart showing in black the total number of participants for the six levels of clarity in consistently communicating a professional identity to others by formula rating each participant’s statement.

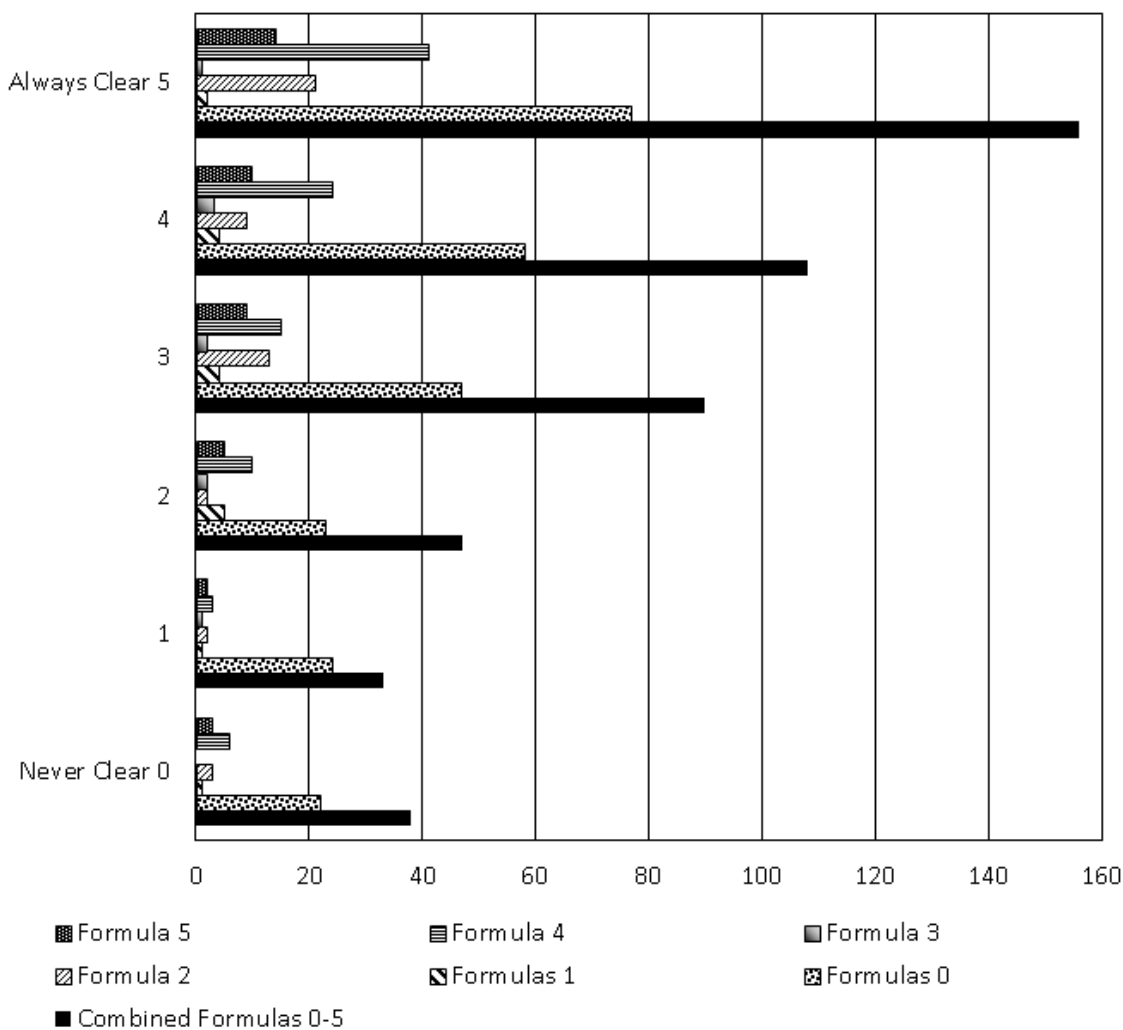


Figure 2. Total number of participants’ clarity in consistently communicating a professional counselor identity to others by formula rating of each participant’s statement.

We conducted a Mann-Whitney  $U$  test to see if our rating of participants' statements changed based upon the participant's date of graduation: 1969–1999 ( $n = 57$ ,  $M = 1.97$ ,  $SD = 2.03$ ) and 2000–2012 ( $n = 415$ ,  $M = 1.50$ ,  $SD = 1.90$ ). The year 2000 saw the release of the 2001 CACREP Standards (CACREP, 2001), which emphasized student and faculty professional identity and professional orientation. Individuals graduating up to 1999 rated at Formula 2 and individuals graduating 2000 and after rated between Formula 1 and Formula 2. Median researcher ratings for participants graduating with their master's degree from 1969–1999 (272.91) and participants graduating with their master's degree from 2000–2012 (244.12) were not statistically different:  $U = 11170.5$ ,  $z = -1.585$ ,  $p = .11$ . We did not assign more advanced professional identity formulas to independently licensed counselors who had graduated more recently.

We conducted a Kruskal-Wallis test to see if our rating of participants' statements changed based upon the state issuing the independent counseling license to participants: North Atlantic state 1 ( $n = 54$ ,  $M = 1.96$ ,  $SD = 2.07$ ), North Atlantic state 2 ( $n = 68$ ,  $M = 1.10$ ,  $SD = 1.71$ ), Southern state 1 ( $n = 47$ ,  $M = 2.00$ ,  $SD = 2.02$ ), Southern state 2 ( $n = 64$ ,  $M = 1.58$ ,  $SD = 1.93$ ), Midwestern state 1 ( $n = 65$ ,  $M = 1.66$ ,  $SD = 1.91$ ), Midwestern state 2 ( $n = 71$ ,  $M = 1.63$ ,  $SD = 1.89$ ), Western state 1 ( $n = 53$ ,  $M = 1.52$ ,  $SD = 1.94$ ) and Western state 2 ( $n = 50$ ,  $M = 1.10$ ,  $SD = 1.83$ ). Participants from one North Atlantic state rated highest with Formula 2 while participants from one Western state and one North Atlantic state rated lowest with Formula 1. When the mean was computed by region, the two Southern states rated highest with a 1.79, and the two Western states rated lowest with a 1.31. However, both ratings fell between a Formula 1 and Formula 2. Median researcher ratings for participants by state were not statistically different:  $\chi^2(7) = 11.88$ ,  $p = .11$ . We did not assign more advanced professional identity formulas to independently licensed counselors licensed in a specific state or region.

We calculated Cohen's kappa to determine the interrater agreement between the participants' Likert scale self-rating about identifying consistently as a counselor to others and our rating of that participant's discussion of their occupational role as a professional counselor to others. A kappa value of less than .20 represents poor agreement; between .21 and .40 represents fair agreement; between .41 and .60 represents moderate agreement; between .61 and .80 represents good agreement; and between .81 and 1.0 represents very good agreement beyond chance (Landis & Koch, 1977). The interrater reliability indicated  $k = 0.003$  (95% CI, .000 to .034,  $p = .84$ ). Participants' self-rating of "Always Clear" identifying to others as a professional counselor did not agree with our ratings of these participants' formulas. Participants' self-rating of "Never Clear" identifying to others as a professional counselor did not agree with our ratings of these participants' formulas. An independently licensed counselor's self-ranking as consistently identifying professionally as a counselor to others did not agree with classification as an advanced counselor professional identity formula.

## Discussion

Participants' scores fell in the "Mostly to Frequently Clear" range when self-rating as clearly articulating to others as a professional counselor. As 56% of the participants rated themselves with the two highest ratings on the scale, it would seem that counselor professional identity is not a serious issue. However, when we evaluated participants' narratives about their occupational role, we placed only 29% of counselors in the two highest formulas, 4 and 5. As 54% of participants never used the term "counselor" or "counseling" when discussing their occupational role with others, the continued concerns about counselor professional identity are warranted (Gale & Austin, 2003; Gibson et al., 2010; Kaplan & Gladding, 2011; Mellin et al., 2011; Myers et al., 2002). As counselors rated themselves high and the articulations shared rated low, it is not surprising that there was little agreement between a high or low self-rating of articulation and our assigning a high or low formula



level to descriptions of their occupational role to others. Results also demonstrated that counselor professional identity articulations have not improved over time. We rated counselors who graduated before 2000 at a Formula 2 and those graduating 2000 and after between Formula 1 and Formula 2. There was no statistical difference between the two groups. Additionally, this study identified that all ACA regions performed on average between a Formula 1 and Formula 2.

Researchers and the major professional counseling organizations agree that counselor professional identity centers on distinguishing the counseling profession's unique philosophy and values from other mental health professions (Calley & Hawley, 2008; Choate et al., 2005; Puglia, 2008; Remley & Herlihy, 2014; Weinrach et al., 2001; Woo, 2013). Mellin and colleagues (2011) reported that counselors naturally distinguish the counseling profession from other mental health professions by being grounded in a developmental, preventive and wellness orientation despite practicing in different counseling subspecialties. It would appear that the profession and its members have agreement on the counseling profession's distinct hallmarks of prevention, advocacy, wellness, empowerment and normal human development. However, results from our study indicated that only 11% of participants alluded to one or more of the counseling profession's distinct hallmarks when articulating their occupational role to others. It does not appear that independently licensed counselors are communicating how the counseling profession's unique values and philosophy shape their professional practice (Sweeney, 2001). Clearly the ACA Code of Ethics, the NCE and the 2016 CACREP Standards are all guided by these five hallmarks of the profession of counseling. However, independently licensed counselors are not connecting consciously to the philosophy and values of the counseling profession. Once they evolve into clinical practice, independently licensed counselors severely struggle to articulate not only a counselor professional identity, but also to clearly articulate their services. Although this is a problem for the profession of counseling, this is a greater potential problem for the counselor who cannot clearly articulate why they should be hired, why a client should choose their services, why a legislator should listen to their point of view or why an individual from another health profession should make a referral.

The majority of participants (65%) used ambiguous terms to describe clients or techniques used in their counseling practice. Further, over half of the participants (54%) did not offer any title when discussing their occupational role to others. A few participants (5%) used a title that did not mention the word "counselor." Roughly 8% of participants used their job title, which did not include the word "counselor." Approximately 5% titled themselves only as a "counselor" while 17% titled themselves a "professional counselor" or a "mental health counselor." About 11% identified themselves by their state counseling license. This study supports the premise that being licensed as a counselor does not guarantee a strong counselor professional identity (Cashwell et al., 2009; Mascari & Webber, 2006).

Within each of the six distinct formulations independently licensed counselors used to discuss their occupational role with others, there was a pattern of progression from the ambiguous to the specific. This progression happened in two ways; titling as well as describing clients and techniques. First, the profession of counseling in many respects "owns" the words *counselor* and *counseling*. In the ACA Code of Ethics, the word *counselor* or *counseling* occurs over 600 times. It should, as counselors are licensed at the state level as counselors and receive specialized training in providing counseling. This is a major reason that there is a license at the state level for counselors as opposed to being licensed at the state level as a psychologist or social worker. The word *counseling* appears in the NASW Code of Ethics four times and the APA Code of Conduct five times. It is extraordinarily problematic that 54% of participants never even used the generic terms *counselor* or *counseling*. Further, it is troubling that only 29% of participants gave themselves at least the generic "title" of *professional counselor*. Additionally, it is troubling how often counselors did not describe the

typical types of clients they see or their expertise in working with specific counseling techniques. The inability to articulate their expertise negatively impacts their occupational role. Namely, the progression moved from (a) a weak or nonexistent title with an ambiguous discussion of clients and techniques to (b) a weak or nonexistent title with a specific discussion of clients and techniques to (c) a stronger title with an ambiguous discussion of clients and techniques to, finally, (d) a stronger title with a specific discussion of clients and techniques. Over half (52%) of participants offered some form of a weak or nonexistent title with an ambiguous discussion of clients and techniques. One fifth of the participants communicated some form of a weak or nonexistent title with a specific discussion of clients and techniques. Around 13% of participants used a stronger title with an ambiguous discussion of clients and techniques, and 15% of participants used a stronger title with a specific discussion of clients and techniques.

## Implications

A poor counselor professional identity in the United States has been blamed for issues with licensure portability, parity in hiring practices, marketplace recognition in U.S. society, psychologists being licensed as counselors, and third-party payments (Calley & Hawley, 2008; Myers et al., 2002; Reiner et al., 2013). A strong counselor professional identity reportedly remedies these issues and allows counselors to take full advantage of securing their ability to work with a wide range of client populations, receive third-party reimbursement, offer all of the services afforded in their scope of practice and make a greater impact when advocating for clients (Calley & Hawley, 2008; Myers et al., 2002; Reiner et al., 2013). There is clearly much room for improvement in counselor professional identity when independently licensed counselors discuss their occupational role with others.

ACA, AASCB, CACREP, CSI and NBCC have all taken steps to attempt to secure a stronger counselor professional identity. With only 11% of participants mentioning even one of the hallmarks of the profession of counseling, it is imperative that counselors learn one unified message about the hallmarks of the profession of counseling. Healey and Hays (2012) have identified these hallmarks as normal development, prevention, wellness, advocacy and empowerment. These hallmarks are commonly found in the ACA Code of Ethics, CACREP Standards, the NCE, counselor professional identity research, and counselor professional issues and ethics textbooks. The question arises whether counselor educators are teaching counselor professional identity in ways that impact how counselors articulate their occupational role with others. Although the CACREP Standards require documentation that counselor professional identity is taught to students as well as requiring that those same standards be measured, the quality of the measurement of those standards is not under CACREP's purview. The results of this study suggest that all of the counselor professional identity efforts of ACA, CACREP, NBCC and counselor educators have made little impact on independently licensed counselors when 54% of them do not use the generic terms *counselor* or *counseling* and only 29% assign themselves the title *professional counselor*. There has been much talk about counselor professional identity, but the outcomes suggest that most independently licensed counselors have no connection to counselor professional identity.

A systemic problem exists in the counseling profession's training of counselors to adopt and articulate a counselor professional identity. It seems as if the organizations of the profession of counseling (ACA, CACREP, NBCC and CSI) know counselor professional identity is the foundation of the profession and have integrated these concepts into the ACA Code of Ethics, 2016 CACREP Standards, the NCE, and CSI's Six Advocacy Themes. What is not known is what they mean when counselor educators state that they adopt a counselor professional identity. Do counselor educators who say they adopt a counselor professional identity actually understand how the five hallmarks of

the profession of counseling are foundationally tied to the ACA Code of Ethics, the 2016 CACREP Standards, and the NCE? If counselor educators fail to tie counselor professional identity to the foundational blocks, and teaching students counselor professional identity amounts to encouraging membership in ACA and state counseling associations, it is little wonder that students graduate not tied to the foundations of the profession of counseling. As discussed in the literature review, many authors have discussed methods to support counselors in establishing their professional identity: behaving in harmony with the philosophy of counseling, becoming licensed and/or certified as a counselor, engaging in professional counseling associations, disseminating scholarship for and about the profession of counseling, understanding the history of the counseling profession, understanding counselors' roles and functions and utilizing counselor ethical codes. The profession of counseling clearly lacks a concrete understanding of what is truly required to create a counselor professional identity with independently licensed counselors. What is apparent is that the status quo in developing counselor professional identity is not working.

The biggest threat to counselor professional identity is that over 54% of participants did not use the words *counselor* or *counseling* when discussing their occupational role. The word *counselor* can be used by attorneys, camp counselors, debt counselors and others. It is possible that independently licensed counselors are avoiding using the term because they do not know how to distinguish those words from other, unrelated professional roles. This is certainly an issue for independently licensed counselors which does not occur for psychologists or social workers. The reality is that independently licensed counselors are licensed at the state level as counselors and have specialized training to provide counseling. The words *counselor* and *counseling* cannot effectively be abandoned by independently licensed counselors.

More resources need to be made widely available to make an impact on how independently licensed counselors articulate their occupational role with others. They need tools to help them effectively discuss their occupational role as a counselor doing counseling. In the past, there has been no systematic way for independently licensed counselors to evaluate their counselor professional identity when communicating their role to others. Further, if the counselor is off track, there has been no resource to help them understand what adjustments could be made to improve their communication. Independently licensed counselors could use guidance to evaluate their ability to articulate a strong counselor professional identity to others.

The coding strategies identified through this research may help independently licensed counselors to evaluate their current narratives and make improvements when communicating their occupational role with others. Counselor educators may use the six formulations with their corresponding four sub-formulas in classes to help students develop their counselor professional identity statements. Lastly, professional counseling associations may use the six formulations and corresponding four sub-formulas to help professional members develop their counselor professional identity statements.

Further, Burns (2017) created a 7-step format to craft a One-Minute Counselor Professional Identity Statement. The tool helps counselors articulate a succinct and powerful counselor professional identity statement that showcases the unique contributions of the counselor as well as the field of counseling. Here is an example of a One-Minute Counselor Professional Identity Statement for an independently licensed counselor introducing themselves to a psychiatrist for referrals:

I'm Susan Jones, a Licensed Professional Counselor. I'd appreciate your consideration of my counseling services for your patients experiencing eating disorders in Detroit. My counseling practice helps clients achieve their optimal level of development and wellness through a focus

on client empowerment, prevention and advocacy. I have used evidence-based treatment approaches over the last 7 years such as the Maudsley approach, a family-based therapy, and cognitive behavioral approaches. I also assist clients negotiating the use of antidepressant medications with their prescriber. I am trained to use a variety of assessment, diagnostic and counseling techniques specific to individuals experiencing eating disorders in individual, family and group settings. I promote a healthy relationship with food and others as well as help to overcome barriers to goal attainment. I am a member of the American Counseling Association, as well as the American Mental Health Counselors Association, and am bound by their codes of ethics.

This 7-step format can be used by counselors at all developmental levels and adjusted for various audiences. The 7-step format can help define counselor professional identity to ensure global audiences hear a unified voice of the hallmarks of the counseling profession.

## Future Research and Limitations

Future research could examine how independently licensed counselors use the six formulations presented in this study to evaluate their professional identity statements, if they use them at all. Additionally, research could discern how independently licensed counselors view the importance of moving from lower to higher formula levels. Finally, research could determine how independently licensed counselors connect with the distinct hallmarks of counseling.

Limitations of this research include: Likert scale-based surveys suffer from self-report and social desirability bias, recruiting participants from the state counseling boards lists of only eight states across the United States, the \$5 incentive could have influenced participant responses or attracted a certain type of participant, and a certain type of participant may have been drawn to respond to the survey topic. Additional limitations include the use of non-parametric data, which may lack power as compared with more traditional approaches. There is a potential bias of interpretation and research embeddedness in the topic with qualitative coding. Lastly, we do not know if any study participants hold doctorates in counselor education.

## Conclusion

As inequities exist for independently licensed counselors, there has been much discussion for five decades about counselor professional identity, along with many attempts by various counseling constituencies to address this critical issue. We investigated how independently licensed counselors expressed their role as a professional counselor to others and evaluated their consistency in expressing a counselor professional identity. This study provides a concrete description of how independently licensed counselors are expressing their professional identity when describing their role as a counselor to others. Counselors may wish to review the various formulations outlined to evaluate their own communications to see if and how counselor professional identity can be strengthened.

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