

Counseling Regulation, Education, and Representation in the United States of America

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In the United States, counseling is defined as “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan et al., 2014, p. 368). The populations and settings in which this relationship occurs vary, yet, in this country, counseling at its core is a profession built on ethical and culturally relevant practices designed to promote wellness and optimal human development. As such, all licensed professional counselors in the United States must meet certain qualifications and are subjected to various levels of oversight. The sections in this chapter provide an overview of counseling regulation, education, and representation in the United States. Included in this overview is a discussion of pathways to becoming a counselor in the United States, as well as supervision requirements during and post graduate-level training. The chapter concludes with final remarks concerning the outlook of the profession, focusing on current advocacy efforts to strengthen, unify, and build consensus within counseling.

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Counseling Regulation in the United States

Counseling in the United States is regulated through independent state licensure laws. The first counselor licensure laws were passed in the state of Virginia in 1976, while the last counselor licensure laws were adopted 33 years later by the state of California in 2009 (Lawson, 2016). These laws establish the profession's minimum education and training standards, and define the activities counselors are permitted to engage once licensed (American Counseling Association, 2014). The typical scope of practice for a licensed counselor includes: (a) assessment, testing, and evaluation; (b) individual, family, and group counseling; (c) diagnosis and treatment planning for mental disorders; and (d) prevention, behavior modification, and guidance to individuals, families, and organizations (Michigan Counseling Association Licensure Committee, 2010). Within

this scope of practice, counselors are expected to adhere to a specified code of ethics, and are subject to oversight by a state board responsible for issuing licenses, enforcing regulations, and handling ethics complaints.

Because each state regulates counselor licensure independently, credential titles vary. The most common titles include licensed professional counselor (LPC), licensed mental health counselor (LMHC), licensed clinical professional counselor (LCPC), licensed professional clinical counselor of mental health (LPCC), licensed clinical mental health counselor (LCMHC), and licensed mental health practitioner (LMHP) (American Counseling Association [ACA], n.d.). The majority of states, 30 as of December 2020, have a two-tiered licensure system that require applicants to meet certain education, examination, and supervised experience qualifications before full licensure is granted. Sixteen states have one tier, two states have three tiers, and two states have four tiers of licensure (ACA, n.d.). Once licensed, these counselors are permitted to practice independently, but may be required to complete periodic continuing education as part of the license renewal process subsequent to obtaining full licensure (ACA, n.d.).

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Counseling Education in the United States

For those individuals who wish to pursue a career in counseling, a minimum of a master's degree is required. After receiving a 4-year bachelor's degree (most often in the behavioral health field), individuals may continue their education for typically 2 to 3 more years in order to obtain a master's degree in one of the following specialty areas: (a) addiction; (b) career; (c) clinical mental health; (d) clinical rehabilitation; (e) college counseling and student affairs; (f) marriage, couple, and family; or (g) school. The main accreditation is the Council for Accreditation of Counseling and Related Educational Programs (CACREP), which was formed in 1981. The organization is independent of the American Counseling Association (ACA) but influenced by the ACA through collaborations which maintain and update the standards used to obtain accreditation. Other accrediting bodies do exist (e.g., Masters in Psychology and Counseling Accreditation Council and National Addiction Studies Accreditation Commission). However, CACREP is the primary entity that students seek due to the alignment with their professional identity and the expectation that graduating from a CACREP program will assist with state licensure requirements, as well as some national certifications. Currently, licensure in six states requires the applicant to have graduated from a CACREP accredited program. A change for the counseling field worth noting here is that some accredited training programs provide coursework online through distance learning (e.g., Capella University and Walden University). Institutions have the opportunity to obtain accreditation for fully online programs, as well as a hybrid of face-to-face meetings and online content. If students choose to enroll in a hybrid distance learning program, they may be required to travel and attend classes which can meet all day for several days in a row.

Most master's-level counseling programs are 48 to 60 credit hours (3 or 4 credits per course). Education and training can vary slightly between specializations (e.g., school counseling and clinical mental health counseling); however, content for core courses tends to be guided by the CACREP core standards, and therefore, most institutions have a similar curriculum. For instance, all students will be expected to complete coursework in group dynamics, counseling techniques, multicultural counseling, professional ethics, research methods, etc. Counselors-in-training will also complete a practicum and field internship at the end of their education experience. Some programs have the option of a thesis or capstone project as well and can be more research-focused in nature. Usually, the completion of such work would designate the difference in a master's of arts (MA) or a master's of science (MS) degree.

A doctor of philosophy (PhD) degree does not assist with advancing licensure, as full licensure is most often obtained within a few years post-master's degree. Individuals who desire advanced-level preparation in counseling and supervision complete the PhD in counselor education with the intention of teaching classes, engaging in research, and becoming a leader in the profession as a faculty member in higher education. On average, these programs require between 60 to 70 credit hours (3 or 4 credits per course) after the master's degree is completed. Students usually finish and defend their dissertation research between 3 to 5 years from initiating doctoral-level coursework.

Counseling Representation in the United States

Founded in 1952, the ACA is a not-for-profit, professional and educational organization, and is the largest association exclusively representing professional counselors in various practice settings. There are 56 chartered branches in Europe, Latin America, and the United States. The ACA has four regions, which serve members in those sections of the United States. ACA members also have the opportunity to belong to one or more of the 19 divisions that exist (e.g., Association for Multicultural Counseling and Development, International Association of Addictions and Offender Counselors, Association for Child and Adolescent Counseling). These divisions provide leadership, resources, and information unique to specialized areas and/or principles of counseling. In addition to the ACA, there are other national organizations, albeit smaller in membership numbers but are more specialized by profession, such as the American School Counselor Association and the American Association for Marriage and Family Therapists.

Pathways to Becoming a Counselor in the United States

Pathways to becoming a counselor in the United States are varied due to the profession's historical development. Counseling in America emerged early in the 20th century, primarily as part of the educational and vocational guidance movements of the era. During this time, counseling in educational settings, first instituted by Jesse B. Davis in 1907, typically consisted of weekly guidance lessons for character building and prevention, while vocational guidance, established through the work of Frank Parsons in 1908 at Boston's Vocational Bureau, focused on preparing young adults to enter the workforce (Atkinson, 2002). These forms of counseling, vocational guidance in particular, continued to grow in the country as World War I and the Great Depression created a need to match returning servicepersons and unemployed workers with jobs. The focus on vocation in counseling continued until the 1940s, when increased psychological services for returning World War II veterans became available through the government's Veterans Administration, and counseling within the general population was extended beyond career into other areas of human development through the work of Carl Rogers (Atkinson, 2002). This extension of counseling to include a focus on general psychological and developmental concerns culminated in 1963 with the passage of the Community Mental Health Act (CMHA), which sought to relocate mental health treatment out of the hospital by establishing community-based mental health centers throughout the United States (Lawson, 2016).

Until passage of the CMHA in 1963, counselors and psychologists regularly practiced in the same settings. Individuals with counseling or education degrees were even licensed as psychologists, as psychology was the only mental health profession licensed for independent practice at the time (Lawson, 2016). After passage of the CMHA, however, counselors began to be excluded from the profession through civil and criminal litigation, as well as changes that required individuals to hold psychology degrees in order to sit for the psychology exam. As a result, many counselors lost not only their jobs, but their careers as well. In response, counseling's primary professional organization, the American Personnel and Guidance Association

(now known as the American Counseling Association), sought to have counseling recognized as a profession within its own right by lobbying for counselor licensure laws in every state. This effort was successful, but spanned three decades from 1975 until 2009 when California became the last of the 50 states to adopt counselor licensure laws (Lawson, 2016).

While counseling is now legally recognized as separate and distinct from other mental health professions, its shared history with related fields continues to be reflected in the various pathways to becoming a counselor in the United States. Many states, for example, allow graduates of programs in fields related to counseling to obtain counselor licensure, provided the graduates have completed coursework in specific content areas (ACA, n.d.). Moreover, individuals licensed as counselors, psychologists, or even clinical social workers are often hired for the same positions in schools and community agencies, and are reimbursed for the same services by insurance companies when in private practice. This overlap among the professions is likely to continue given projections of future employment trends. According to the United States Department of Labor, the projected employment rate of mental health counselors (for years 2019 to 2029) is higher than many other occupations, including similar disciplines. More specifically, the rate is expected to grow 25% during that time, compared to social workers (13%) and psychologists (3%) (Bureau of Labor Statistics, 2020).

Supervision of Counseling in the United States

Supervision of counseling in the United States is required for individuals at both student and professional stages of their careers. Students enrolled in CACREP-accredited counselor education programs must complete two levels of field experience. The first level is a supervised 100-hour counseling practicum that takes place over a minimum of 10 weeks. The second level is a supervised 600-hour internship in the student's area of specialization, which is generally completed over one or two academic terms. According to the 2016 CACREP Standards, students at both levels of field experience must receive at least 1 hour per week of individual or triadic supervision by either a counselor education program faculty member, a doctoral-student supervisor who is under the supervision of a counselor education program faculty member, or a site supervisor who collaborates with a counselor education program faculty member in accordance with a supervision agreement. Site supervisors must have: (1) a minimum of a master's degree, preferably in counseling, or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of 2 years of professional experience in the specialty area in which the student is enrolled; (4) knowledge of the program's expectations, requirements, and evaluation procedures for students; and (5) relevant training in counselor supervision (CACREP, 2016, p. 16). In addition to individual supervision, practicum and internship students must also participate in an average of 1.5 hours per week of group supervision throughout the practicum or internship experience. A counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member must provide this form of supervision.

In order to obtain full licensure in the United States, counselors must complete a certain number of supervised post-master's degree clinical hours, as well as pass a comprehensive

examination on counseling practice (American Counseling Association, 2014). Thirty-six states and the District of Columbia require between 3,000 and 3,600 hours of supervised post-master's degree experience for the highest level of licensure. These hours typically must be completed in no less than 2 years. States with more than two tiers of licensure generally require successively higher numbers of hours to obtain each level of licensure. Most states require supervision to take place face-to-face. Additionally, many states require supervisors to have specialized training in clinical supervision. This training may be obtained as part of doctoral-level counselor education, or through independent training providers. The content of clinical supervision training is focused in areas such as (a) roles and functions of clinical supervisors, (b) models of clinical supervision, (c) mental health-related professional development, (d) methods and techniques in clinical supervision, (e) supervisory relationship issues, (f) cultural issues in clinical supervision, (g) group supervision, (h) legal and ethical issues in clinical supervision, and (i) evaluation of supervisee competence and the supervision process (Center for Credentialing & Education, n.d.). Individuals who complete training in clinical supervision through an independent credentialing agency may earn certifications such as the approved clinical supervisor (ACS) credential, which is granted by an independent not-for-profit credentialing agency known as the Center for Credentialing and Education. To receive the ACS credential, counselors must: (a) have an earned master's degree or higher in a mental health field, (b) be licensed or certified as a mental health provider, (c) complete specialized training in supervision, (d) provide proof documenting at least 100 hours of supervision, (e) have at least 5 years and 4,000 hours of mental health counseling experience, and (f) develop a professional disclosure detailing supervision training and experience to be provided to all supervisees.

Concluding Remarks About Counseling in the United States

This chapter provided an overview of counseling regulation, education, and representation in the United States. As discussed, since its beginnings in the early 20th century, counseling in this country has undergone a transition from a field focused primarily on educational and vocational guidance, to a profession of independently licensed mental health practitioners with specialized knowledge of psychological and human development principles (Atkinson, 2002). While counseling licensure laws have recently been obtained in all 50 states, the field's primary professional organizations continue to engage advocacy efforts aimed at strengthening, unifying, and building consensus within the profession. One of the most visible efforts has been the 20/20: A Vision for the Future of Counseling initiative, which is led by the American Counseling Association and 30 other participating organizations. This initiative focuses on advancing the profession by addressing several key issues in counseling, including outlining specific principles for strengthening and unifying the profession (Kaplan & Gladding, 2011); building a consensus definition of counseling (Kaplan et al., 2014); and developing a consensus licensure title and scope of practice as part of a larger scale counselor license portability project (Kaplan & Kraus, 2018). While several gains have been made, leaders within the field note much more work is needed in order to achieve even greater unification across the profession,

especially as it relates increased consistency and reciprocity in licensure laws from state to state. Accordingly, counseling in the United States continues to be in a state of growth and development. Nevertheless, given successes toward a more crystallized identity within the profession, as well as continued need for licensed counselors throughout the country, the outlook for counseling in the United States looks bright well into the 21st century.

Bio

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