The Merrill Counseling Series

4TH EDITION

CLINICAL MENTAL HEALTH COUNSELING IN COMMUNITY AND AGENCY SETTINGS

DEBORAH W. NEWSOME SAMUEL T. GLADDING

FOURTH EDITION

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PEARSON

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PEARSON

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In memory of Dr. Thomas M. Elmore (December 28, 1926–October 29, 2012), my mentor, teacher, colleague, and friend. Dr. Elmore exemplified what it means to be a counselor, in every sense of the word.

I also dedicate this book to our students—past, present, and future—who make it a privilege and an honor to serve as a counselor educator.

—Deborah W. Newsome

In memory of Shirley Ratliff, a clinical mental health counselor and an inspirational professional who touched my heart deeply and gave me many new insights.

—Samuel T. Gladding

PREFACE

Clinical mental health counseling is an exciting, evolving, and challenging profession. If you are just now embarking on the journey of becoming a professional clinical mental health counselor (CMHC), you are in for an exciting ride! We hope that this text, which addresses many of the 2009 standards of the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), will provide you with a strong foundation on which to develop skills and knowledge in the field.

When we wrote the third edition of *Clinical Mental Health Counseling in Community and Agency Settings* (2010), the 2009 CACREP standards had just been adopted. The standards no longer recognized community counseling and mental health counseling as separate specialization areas. Instead, the specializations were merged into one: clinical mental health counseling (CMHC). Counselor education programs that had separate community counseling and mental health counseling tracks were given time to transition into the new single CMHC track. Now, 4 years later, the transition time is nearing its end. As of July 1, 2013, CACREP recognizes only CMHC programs that have met the accreditation standards. To that end, we have added more information about clinical mental health counseling to this fourth edition to provide you with a strong base in this specialty area.

Societal changes, changes in the global economy, high rates of unemployment and underemployment, rapid advances in technology, increased incidences of cyberbullying, issues confronting veterans, and an increased emphasis on treating clients from a holistic perspective (which is not always an easy task when clinicians are working in managed care environments) represent just a few of the ways changes in our world compel changes in the way we practice as clinical mental health counselors. We recognize that the CMHC profession will continue to evolve and that by the time you read this text, even more changes will have taken place. The *Diagnostic and Statistical Manual-5 (DSM-5)* was published in May 2013. The American Counseling Association (ACA) is in the process of revising its code of ethics. Unanticipated changes to the world of clinical mental health counseling are inevitable. However, in the midst of change, clinical mental health counselors will continue to perform a broad range of therapeutic services among diverse client populations in a variety of settings. Clinical mental health counselors will use evidence-based approaches that promote prevention, early intervention, wellness, and advocacy, taking into account the client, the environment, and the interaction between the two. Clinical mental health counselors will continue to develop skills in working with crisis and trauma. Furthermore, they will continue to work with teams of other mental health and medical professionals to provide the best possible care for their clients.

In the fourth edition of this text, we address these and other topics. We examine the history and professional foundations of counseling, legal and ethical issues, counseling with diverse populations, multiple roles and functions of clinical mental health counselors, and the many settings in which clinical mental health counselors practice.

NEW TO THIS EDITION

The fourth edition features new chapters and new content, which reflect some of the ongoing developments in the clinical mental health counseling field, including the following:

- An expanded description of the professional identity of clinical mental health counselors
- New information about cyberbullying, social networking, and other technological issues that are part of today's society
- A new chapter describing holistic approaches to clinical mental health counseling
- New information about biopsychosocial assessment and case conceptualization
- Updated information related to counseling in a diverse society, including attention to social class, gender differences, and working with aging adults
- New chapters and content describing the settings in which clinical mental health counselors practice and the services they provide; in particular, new or expanded sections on college and university counseling, consultation, coaching, and working in private practice settings
- A new chapter describing suicide assessment and intervention, crisis and disaster response, and ways to maintain counselor effectiveness and avoid burnout (replacing the third edition's Epilogue)
- A completely revised chapter on counseling adults, which now includes topics such as Schlossberg's transitional model, emerging adulthood, updated information about working with adults throughout the life span, working with older adults, concerns related to ageism, and new information about gender-aware counseling
- Two coauthored chapters that reflect the expertise of individuals with specialized knowledge about particular topics: Dr. James Raper's contribution to Chapter 9 on suicide assessment and intervention and Kavitha Dharmalingam's contribution to Chapter 15 on counseling in college and university settings
- Several new case studies throughout the text that encourage students to apply what they have learned
- Overviews for each chapter that focus readers' attention on chapter objectives

ORGANIZATION OF THE TEXT

The content is designed to address pertinent topics in clinical mental health counseling. Contents are organized under four headings:

- **Part 1: Historical and Professional Foundations of Clinical Mental Health Counseling.** In Part 1 of the text, we focus on the historical foundations of counseling, beginning with a recounting of the historical roots of the profession (Chapter 1). In Chapter 2, the concept of professional identity is explored, particularly the specialty area of clinical mental health counseling. We describe credentialing and licensure policies associated with the profession. In Chapter 3, we examine ethical and legal issues, with a focus on those that pertain to clinical mental health counseling. In Chapter 4, we address counseling issues related to diversity. In our society, it is crucial for counselors to develop skills in working with people of different ethnic and racial backgrounds, sexual orientations, levels of ability, and social class. We discuss other areas of diversity, including gender and older adulthood, elsewhere in the text.

- **Part 2: Roles and Functions of Clinical Mental Health Counselors.** Clinical mental health counselors are responsible for developing the knowledge and skills needed to conduct a broad array of counseling services. Part 2 opens with a general description of the counseling process and specific descriptions of activities that occur during the initial, working, and closing stages of counseling. In Chapter 6, we give specific attention to two general functions that counselors need to conduct skillfully: assessment and diagnosis. We follow that with a description of holistic approaches to counseling, which are becoming more prevalent in many clinical settings. In Chapter 8, we focus on four important services clinical mental health counselors provide: consultation, advocacy, client outcome evaluation, and program evaluation. We conclude Part 2 by addressing the significant topics of suicide assessment and intervention, crisis and disaster response, and the need to maintain counselor effectiveness, manage stress, and avoid burnout.
- **Part 3: Working with Specific Populations.** Clinical mental health counselors work with groups, couples, families, and individuals of varying ages. In Chapter 10, we discuss ways to work with groups, and in Chapter 11, we introduce you to working with couples and families. In Chapter 12, we describe issues related to counseling adults at different developmental levels. Nancy Schlossberg's transitional model provides a helpful framework for counseling adults. In addition to focusing on counseling throughout the adult life span, we give special attention to working with older adults. We address concerns related to the discriminatory practice of ageism and to the specific counseling needs of women and men. In Chapter 13, we focus on counseling children and adolescents, giving attention to developmental issues, counseling techniques, and specific counseling concerns that face this age group.
- **Part 4: Clinical Mental Health Counseling: Settings and Services.** Clinical mental health counselors are employed in many different for-profit and nonprofit settings that operate in both public and private sectors. In Chapter 14, we describe several settings in which clinical mental health counselors might be employed, including community agencies, healthcare facilities, child and family agencies, and other specialized clinical settings. In Chapter 15, we have added a section on counseling in college and university settings. In the same chapter, we discuss the services of career counseling and coaching. Finally, in Chapter 16, we describe what it is like to work in employee assistance settings, private practice, and managed care environments. We have expanded the section on private practice counseling and conclude the text with a discussion of managed care, which continues to impact the practice of clinical mental health counseling.

The content of the fourth edition is based on current research and practices germane to clinical mental health counseling. Information presented in the chapters is supplemented with narratives supplied by mental health professionals employed across counseling settings, who share their views of the rewards and challenges associated with the services they provide. In addition, case studies in each chapter, many of which were written by graduate students practicing in the field, provide opportunities for students to grapple with challenging issues faced by clinical mental health counselors.

ACKNOWLEDGMENTS

It takes the efforts of a community to rewrite a textbook. We want to thank our professional colleagues in the various communities in which we have worked—academic communities, clinical communities, and professional communities, including the American Counseling

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ABOUT THE AUTHORS

Deborah W. Newsome is an associate professor in the Department of Counseling at Wake Forest University in Winston-Salem, North Carolina, where she serves as the clinical mental health program director. She served on the Executive Board of the Association for Assessment in Counseling and Education (AACE) for 6 years and is a member of several divisions of the American Counseling Association (ACA). She is a National Certified Counselor (NCC), a Licensed Professional Counselor (LPC), and a Licensed North Carolina School Counselor. She teaches courses in clinical mental health counseling, counseling skill development, assessment, and career development and counseling. She also supervises graduate students' clinical experiences and volunteers at a local nonprofit counseling center.

Dr. Newsome has coauthored three books and over 25 book chapters and journal articles. In 2005, she received Wake Forest University's Graduate Student Association Faculty Excellence Award. She and her husband, David Newsome, are the parents of two young adults—David, Jr., and Jennifer. Debbie is an avid runner and swimmer and enjoys playing the flute for various community organizations.

Samuel T. Gladding is chair of and a professor in the Department of Counseling at Wake Forest University in Winston-Salem, North Carolina. He is a fellow in the American Counseling Association and its former president (2004–2005). He has also served as president of the Association for Counselor Education and Supervision (ACES), the Association for Specialists in Group Work (ASGW), the American Association of State Counseling Boards, and Chi Sigma Iota. He is the former editor of the *Journal for Specialists in Group Work*, a past member of the American Counseling Association Foundation, and a current member of the North Carolina Board of Licensed Professional Counselors.

Dr. Gladding has authored numerous professional publications, including 37 books. In 1999, he was cited as being in the top 1% of contributors to the flagship periodical of the American Counseling Association: the *Journal of Counseling and Development*. A National Certified Counselor (NCC), a Certified Clinical Mental Health Counselor (CCMHC), and a Licensed Professional Counselor (North Carolina), Dr. Gladding's specialty in counseling is creativity. He is married to Claire Tillson Gladding and is the father of three young adult men. In his spare time, he enjoys swimming, writing poetry, listening to music, and reading humor.

BRIEF CONTENTS

CONTENTS

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PART 1

Historical and Professional Foundations of Clinical Mental Health Counseling

1 Historical Overview of the Counseling Profession

Chapter Overview

From reading this chapter, you will learn about

- The purpose of clinical mental health counseling
- Historical roots of clinical mental health counseling
- A chronological overview of the history of professional counseling
- Counseling in the 21st century
- Projected trends for clinical mental health counseling

As you read, consider

- What it means to be a clinical mental health counselor
- How world events, governments, and personalities have shaped the counseling profession
- What projections for the future of clinical mental health counseling you consider most pressing and why
- What topics pertinent to clinical mental health counseling you want to pay particular attention to as you continue reading this text

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

Reprinted from "In the Midst of the Puzzles and Counseling Journey," by S. T. Gladding, 1978, *Personnel and Guidance Journal, 57*, p. 148. Copyright © S. T. Gladding.

The following story was popular when I (Gladding) first entered the counseling profession: A young man took a stroll by a river. As he was walking, he noticed an old woman flailing her arms in the midst of the river and yelling for assistance. Without hesitation, he jumped into the water, swam out, grabbed her, and pulled her to safety. Just as she was recovering, a boy floated past in dire straits. Again, the young man dove into the water and rescued the boy in the same brave way he had rescued the older woman. To the young man's chagrin and to the amazement of a small crowd that was gathering on the banks of the stream, a third person, a middle-aged executive, came floating by yelling for help. The young man was a hero once more with his rescue of the businessman.

Exhausted, the young man then started walking upstream. As he did, a bystander asked him, "Aren't you going to stay to rescue others who may fall in the river and need you?"

The young man replied, "No. I'm going farther up the river to find out why these people are falling in."

The story illustrates a key component of counseling in general and clinical mental health counseling in particular. Counseling focuses on prevention whenever possible and on altering people's environments to make them hospitable as opposed to hostile.

HISTORICAL ROOTS OF CLINICAL MENTAL HEALTH COUNSELING

Prior to 2009, clinical mental health counseling was not recognized as a distinct specialty area in the counseling field. Instead, many students chose to become community counselors or mental health counselors. We elaborate on reasons for merging the two specialty areas in Chapter 2. However, in order to understand clinical mental health counseling, we think that it is important for you to be aware of the historical roots of community counseling and mental health counseling.

The term *community counseling* was initially coined by Amos and Williams (1972) and later by Lewis and Lewis (1977) to identify counseling activities that took place outside other established domains, such as educational settings. In 1984, the Association of Counselor Educators and Supervisors (ACES) Committee on Community Counseling described community counseling as a process and orientation that

- Favors using a multifaceted approach that is developmental and educative
- Emphasizes prevention
- Takes into account the effects of the community on the client
- Seeks to empower clients through advocacy (Hayes, 1984)

These basic premises—which highlight development, prevention, client–environment interaction, and empowerment—continue to characterize clinical mental health counseling, as well as the profession of counseling in general.

In 1975, there was a push to establish a division for counselors who worked in community and agency settings. However, a specific division for community counseling was not established. Instead, in June 1978, the American Mental Health Counselors Association was accepted as a division of the American Personnel and Guidance Association (APGA; Weikel, 1996). The division was established for mental health counselors, although many community counselors belonged to it. The new division had 12,000 members and published a journal, *The Journal of Mental Health Counseling*. Mental health and community counselors both worked in community and agency settings; however, there continued to be a distinction between the two disciplines. Most notably, community counseling was

never recognized as a separate division in APGA. The first training standards for mental health counselors were prepared by Seiler, Brooks, and Beck (1987), and the 1988 Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards recognized mental health counseling as a specialty area. By 1994, CACREP had accredited four mental health counseling programs and 77 community counseling programs (Sweeney, 1995). Through the 1990s, the number of mental health specialty programs grew, although the number of accredited programs never approached that of community counseling accredited programs.

Mental health counseling shares many commonalities with community counseling. The American Mental Health Counselor Association (AMHCA) was founded in 1976 and united mental health counselors into a professional organization in which they defined their roles and goals. The 2009 AMHCA website (www.amhca.org) stated the following about mental health counselors:

> Mental health counselors practice in a variety of settings, including independent practice, community agencies, managed behavioral healthcare organizations, integrated delivery systems, hospitals, employee assistance programs, and substance abuse treatment centers. Mental health counselors are highly skilled professionals who provide a full range of services, including
>
> - Assessment and diagnosis
> - Psychotherapy
> - Treatment planning and utilization review
> - Brief and solution-focused therapy
> - Alcoholism and substance abuse treatment
> - Psychoeducational and prevention programs
> - Crisis management

Clinical mental health counseling represents the merging of community counseling with mental health counseling. An examination of the 2012 AMHCA website (www.amhca.org) reveals that the roles of clinical mental health counselors do not differ from the roles of mental health counselors. So does that mean that clinical mental health counseling has made community counseling obsolete? We counteract that statement by emphasizing the fact that the two specialty areas have always had more in common than not. When you read the chapter on Professional Identity (Chapter 2), perhaps the overlap will seem even clearer. Whereas in the past, community counselors were not necessarily trained to diagnose, work with psychopathology, or engage in all of the services performed by mental health counselors, the increasing mental health needs evidenced in today's society have made it necessary for counselors who work with people in communities and agencies—clinical mental health counselors—to incorporate the developmental and environmental approaches associated with community counseling with the skills and services offered by mental health counselors.

Today, clinical mental health counselors provide services to a wide spectrum of people in a variety of settings. In some settings, the typical concerns expressed by clients may require short-term intervention. However, clinical mental health counselors also are trained to work with clients with more serious concerns, requiring interventions of longer duration and an ability to implement evidenced-based practices. Across settings, professional clinical mental health counselors emphasize wellness, prevention, personal growth, psychoeducation, treatment, and empowerment.

BOX 1–1

Practicing counselors are concerned about pathology, but not from a myopic perspective. People develop difficulties (and in many cases pathology) at various times during their developmental life span. Effectively dealing with pathology does not preclude using a developmental framework. Furthermore, an understanding of the developmental course of numerous disorders is an important aspect of prevention, accurate diagnosis, and treatment.

(Hinkle, 1999, p. 469)

The counseling profession and its specialty areas have evolved over the years. Some people, unaware of that evolution, may not realize that the counseling profession has always stressed growth and focused on people in many stages of life. Therefore, it is important to examine the history of counseling in the broadest context possible. In the next section, we highlight the historical events and circumstances that have shaped the counseling profession and consequently the specialty area of clinical mental health counseling. Understanding the past can lead to a better appreciation of the present and future trends of the profession.

A CHRONOLOGICAL OVERVIEW OF PROFESSIONAL COUNSELING

One way to chart the evolution of counseling is to trace important events and personal influences through the decades of the 20th century and into the 21st century. Keep in mind that the development of professional counseling is a process. Therefore, some names and events will not fit neatly into a rigid chronology. Even so, we hope that the overview will provide you with a strong understanding of the historical foundations of professional counseling and which of those directly influenced the foundations of clinical mental health counseling.

Before 1900

Counseling is a relatively new profession (Aubrey, 1977, 1982). It developed in the late 1890s and early 1900s and was interdisciplinary from its inception. Some of the roles carried out by counselors were and are shared by other individuals in the helping professions (Herr & Fabian, 1993).

Before the 1900s, most counseling was informal, characterized by sharing advice or information. In the United States, counseling developed from a humanitarian concern to improve people's lives in communities adversely affected by the Industrial Revolution of the mid- to late 1800s (Aubrey, 1983). The social welfare reform movement (now known as social justice), the spread of public education, and various changes in population makeup of the time (e.g., the influx of a large number of immigrants) also influenced the growth of the new profession (Aubrey, 1977; Goodyear, 1984).

Most of the pioneers in counseling identified themselves as social reformers and educators. They focused on teaching children and young adults about themselves, others, and the world of work. Initially, these helpers were involved primarily in child/adult welfare, educational/vocational guidance, and legal reform. Their work was built on specific information and lessons, such as moral instruction on being good and doing right and developing interpersonal skills (Nugent & Jones, 2005). They saw needs in American society and

took steps to fulfill them. These individuals were not called counselors; in fact, "no mention of counseling was made in the professional literature until 1931" (Aubrey, 1983, p. 78). Classroom teachers and agency administrators were the main practitioners.

1900–1909

Counseling began as an infant profession in the early 1900s, when the helping process was largely dominated by Freud's psychoanalytic theory and behaviorism. During this decade, three persons emerged as leaders in counseling's development: Frank Parsons, Jesse B. Davis, and Clifford Beers.

Frank Parsons is often called the founder of guidance. He focused his counseling work on prevention and growth. Parsons has been characterized as a disciplined scholar, a persuasive writer, a tireless activist, and a great intellect (Davis, 1988; Zytowski, 1985). Parsons was a true "Renaissance man" with a colorful life career in multiple disciplines, including that of lawyer, engineer, college professor, social worker, and social activist (Hartung & Blustein, 2002; M. Pope & Sweinsdottir, 2005). However, he is best known for founding Boston's Vocational Bureau in 1908, which represented a major step in the development of vocational guidance.

At the bureau, Parsons worked with young people who were in the process of making career decisions. He theorized that choosing a vocation was a matter of relating three factors: a knowledge of the world of work, a knowledge of self, and the use of true reasoning to match the two. To facilitate this process, Parsons devised a number of procedures to help his clients learn more about themselves and the world of work. His efforts provided the foundation on which modern career counseling is based (Kiselica & Robinson, 2001).

Parsons's book, *Choosing a Vocation* (1909), published a year after his death, was quite influential, especially in Boston. For example, Boston's school superintendent, Stratton Brooks, designated 117 elementary and secondary teachers as vocational counselors (Nugent & Jones, 2005). The "Boston example" soon spread to other major cities as school personnel recognized the need for vocational planning. By 1910, 35 cities had emulated Boston's example (J. M. Lee, 1966). Parsons's contributions as a scholar and as an activist had a profound influence on the emerging counseling profession.

Jesse B. Davis was the first person to set up a systematized guidance program in the public schools (Aubrey, 1977). As superintendent of the Grand Rapids, Michigan, school system, he suggested that classroom teachers of English composition include lessons in guidance once a week to help prevent problems and build character. Influenced by progressive American educators such as Horace Mann and John Dewey, Davis believed that proper guidance would help cure the ills of American society. What he and other progressive educators advocated was not counseling in the modern sense but a forerunner of counseling: school guidance (a preventive educational means of teaching students how to deal effectively with life events). Davis's focus on prevention continues to be a key component of counseling in the 21st century.

A third figure who significantly affected the emerging counseling profession was Clifford Beers. Beers, a former Yale student, was hospitalized for mental illness several times during his lifetime. He found conditions in mental institutions deplorable and exposed them in his book, *A Mind That Found Itself* (1908), which became a popular best seller. Beers used his book to advocate for better mental health facilities and reform in the treatment of mentally ill individuals. His work had an especially powerful influence on the

fields of psychiatry and clinical psychology, where many of the practitioners referred to their activities as *counseling* (Hansen, Rossberg, & Cramer, 1994). Beers's work was the impetus for the mental health movement in the United States and for advocacy groups that exist today, including the National Mental Health Association and the National Alliance for the Mentally Ill.

1910s

The contributions of Parsons, Davis, and Beers during the initial decade of the century led to the emergence of several "firsts" during the next decade. The first university-level course in vocational guidance was offered at Harvard University in 1911. The first citywide school guidance program was established in Grand Rapids, Michigan, in 1912; and in 1913, the National Vocational Guidance Association (NVGA), the first national professional organization in the counseling field, was founded (Hershenson, Power, & Waldo, 1996). The NVGA was the forerunner of the American Counseling Association (ACA). The NVGA initiated the publication of counseling-related bulletins, magazines, and journals. Its publications evolved over the years, focusing initially on vocational guidance and culminating in the current ACA flagship journal, the *Journal of Counseling and Development*. NVGA was important because it established an association offering guidance literature and provided an organization for people interested in vocational counseling. Complementing the founding of NVGA was congressional passage of the Smith-Hughes Act of 1917. This legislation provided funding for public schools to support vocational education.

An interest in testing, especially group testing, emerged during this decade as a result of World War I. To screen its personnel, the U.S. Army commissioned the development of numerous psychological instruments, among them the *Army Alpha* and *Army Beta* intelligence tests. Several of the Army's screening devices were used in civilian populations after the war, and psychometrics (psychological testing) became a popular movement and an early foundation upon which counseling was based.

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

1920s

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

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

A final noteworthy event of the decade was Abraham and Hannah Stone's 1929 establishment of the first marriage and family counseling center in New York City. Other centers soon developed throughout the nation, marking the onset of the specialty of marriage and family counseling.

1930s

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

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

Another major occurrence was the broadening of counseling beyond occupational concerns. The seeds of this development were sown in the 1920s, when Edward Thorndike and other psychologists began to challenge the vocational orientation of the guidance movement (J. M. Lee, 1966). The work of John Brewer built upon this change in emphasis. His 1932 book, *Education as Guidance,* proposed that every teacher be a counselor and that guidance be incorporated into the school curriculum. Brewer believed that all education should focus on preparing students to live outside the school environment. His emphasis helped counselors see vocational decisions as just one part of their responsibilities. Although Brewer's work initially had the most relevance for counselors who worked in schools, it later affected counselors working in community and agency settings.

During the 1930s, the U.S. government became more involved in counseling. For example, in 1938 Congress passed the George-Dean Act, which created the Vocational Education Division of the U.S. Office of Education and an Occupational Information and Guidance Service (Sweeney, 2001). Furthermore, the government established the U.S. Employment Service, which published the first edition of the *Dictionary of Occupational Titles* (*DOT*) in 1939. The *DOT,* which became a major source of career information for vocational counselors, described known occupations in the United States and coded them according to job titles.

1940s

Three major influences in the 1940s radically shaped the practice of counseling: the theory of Carl Rogers, World War II, and the government's involvement in counseling after the war. Carl Rogers ros†e to prominence in 1942 with the publication of *Counseling and Psychotherapy,* which challenged the directive, counselor-centered approach of Williamson as well as major tenets of Freudian psychoanalysis. Rogers espoused a nondirective approach to

counseling that focused on the client. His ideas were widely accepted by some but harshly criticized by others. Rogers advocated giving clients the responsibility for their own growth. He thought that if clients had an opportunity to be accepted and heard, then they would begin to know themselves better and become more congruent (i.e., genuine). He described the role of the counselor as being nonjudgmental and accepting. In this role, the counselor served as a mirror, reflecting the verbal and emotional manifestations of the client.

Aubrey (1977) notes that before Rogers, the literature in counseling was very practical, dealing with topics such as testing, cumulative records, orientation procedures, vocational issues, and the goals and purposes of guidance. With Rogers, there was a new emphasis on the importance of the counseling relationship, skills, and goals. Guidance, for all intents and purposes, suddenly disappeared as a major consideration in the bulk of the literature and was replaced by a decade or more of concentration on counseling. The Rogers revolution had a major impact on both counseling and psychology. In addition to Rogers's nondirective, person-centered theory, a considerable number of alternative systems of psychotherapy emerged during this decade (Corsini, 2008).

With the advent of World War II, the U.S. government needed counselors and psychologists to help select and train specialists for the military and for industry. The war also influenced the way vocations were looked at for men and women. During the war, many women worked outside the home. Women's contributions to work and to the well-being of the United States during the crisis of war made a lasting impact. Traditional occupational sex roles began to be questioned, and greater emphasis was placed on personal freedom and vocational choice.

Also during the war, mental health professionals worked successfully with a large number of military personnel who suffered emotional breakdowns. The National Institute of Mental Health was established, and in 1946 the National Mental Health Act was passed, which authorized funds for research and training to prevent and treat mental health disorders (Hershenson et al., 1996).

After the war, the U.S. Veterans Administration (VA) funded the training of counselors and psychologists by granting stipends and paid internships to students engaged in graduate study. Monies made available through the VA and the GI Bill (benefits for veterans) influenced teaching professionals in graduate education to define their curriculum offerings more precisely. Counseling, as a profession, began to move further away from its historical alliance with vocational development.

1950s

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

- The establishment of the American Personnel and Guidance Association (APGA)
- The establishment of Division 17 (Society of Counseling Psychology) within the American Psychological Association (APA)
- The passage of the National Defense Education Act (NDEA)
- The introduction of new guidance and counseling theories

AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION. APGA grew out of the Council of Guidance and Personnel Association (CGPA), a loose confederation of organizations "concerned with educational and vocational guidance and other personnel activities" (Harold,