

The Merrill Counseling Series

3RD EDITION

FOUNDATIONS FOR CLINICAL
MENTAL HEALTH COUNSELING
An Introduction to the Profession

MARK S. GERIG



Third Edition

FOUNDATIONS FOR CLINICAL MENTAL HEALTH COUNSELING

An Introduction to the Profession

Mark S. Gerig

Indiana Wesleyan University



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EyeEm**Full-Service Project Management:** Sudip Sinha, iEnergizer
Aptara®, Ltd.**Composition:** iEnergizer Aptara®, Ltd.**Printer/Binder:** RR Donnelley/Crawfordsville**Cover Printer:** RR Donnelley/Crawfordsville**Text Font:** 10/12 Palatino LT Pro

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Library of Congress Cataloging-in-Publication Data

Names: Gerig, Mark S., author.

Title: Foundations for clinical mental health counseling : an introduction to the profession/Mark S. Gerig, Indiana Wesleyan University.

Description: Third edition. | Boston : Pearson, [2018] | Includes bibliographical references and index.

Identifiers: LCCN 2016035782 | ISBN 9780134384771 | ISBN 0134384776

Subjects: LCSH: Mental health counseling. | Mental health counseling—Practice. | Mental health services.

Classification: LCC RC466 .G47 2018 | DDC 362.2/04256—dc23 LC record available at <https://lcn.loc.gov/2016035782>

10 9 8 7 6 5 4 3 2 1



ISBN 10: 0-13-438477-6

ISBN 13: 978-0-13-438477-1

*To Michelle—It is through your support and patience
that I was able to write this text*

ABOUT THE AUTHOR



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PREFACE

The clinical mental health counseling profession is increasingly recognized as a primary provider of services on the block with the allied mental health professions. It is embedded in an economic, political, cultural, and sociohistorical context that is ever changing. Just as their clients operate in and are best understood from the point of view of their unique position within an ecological context, clinical mental health counselors best understand who they are and what they do when viewed within the ecological context in which the profession is embedded.

My primary purpose for writing *Foundations for Clinical Mental Health Counseling: An Introduction to the Profession* is to provide a text that paints an accurate picture of the clinical mental health counseling profession in its contemporary environment. Its content is flavored by my years of experience as a counselor educator; as a practitioner, supervisor, and manager in agency and behavioral health settings; and as a leader in professional associations. The reader will discover a fresh perspective that reflects a professional view from the trenches that is academically informed. I am passionate about this profession and hope that readers will capture the vision of what it truly means to be a clinical mental health counselor.

Current and future mental health practitioners must be cognizant of the ever-changing contemporary context if they are to be perceived as relevant service providers who deliver effective treatment. I have attempted to present up-to-date foundations for understanding the current professional identity and scope of practice of clinical mental health counselors. However, mental health counselors enact who they are and what they know within their unique niche. Thus, a second goal in writing this text is to present a well-informed description of relevant settings, public policies, and trends. Readers should discover within the pages that follow how to be most beneficial to their clients, marketable to potential employers, and relevant voices when sitting at the table of stakeholders or public policymakers and given the opportunity to advocate for consumers and the profession. Thus, readers will learn about TRICARE and Medicare provider status, the fifth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*, recovery philosophy and its impact on the provision of services to persons with severe and persistent mental illness, the implications of health care reform, and integrated behavioral health in primary care settings. Professional identity and scopes of practice take on increased meaning when viewed as interacting within this ecological context.

NEW TO THIS EDITION

The content of this text has been thoroughly updated. While most of the chapter titles and headings are similar to those found in the second edition, the information contained is quite current and reflects the current expanse of professional literature. In addition, a new chapter has been added. The following provides a partial list of the new content in this edition:

- The 20/20 definition of professional counseling, scope of practice, professional titles, their implications, and application in professional practice and increasing licensure portability;

- New technology and the increased application of wellness and positive psychology in professional practice;
- New research that provides additional validation and rationale for the clinical mental health counseling paradigm, with special attention given to understanding mental health in terms of two separate, but interacting dimensions (wellness and pathology) that operate in client-specific ecological contexts;
- Discussion of newer, evidenced-based treatment approaches, such as trauma-informed care, integrated dual-diagnosed treatment, family psychoeducation, home-based therapy, and patient care medical homes;
- Infusion of the 2016 Council for Accreditation of Counseling and Related Educational Programs Standards; the 2015 American Mental Health Counselor Association (AMHCA) Code of Ethics; the 2014 American Counseling Association Code of Ethics; and the 2015 AMHCA Standards of Professional Practice;
- All new material covering the *Diagnostic and Statistical Manual*, fifth edition (*DSM-V*) and the *International Classification of Diseases*, tenth edition (*ICD-10*);
- New applications of neuroscience such as neuropsychiatric screening and assessment, neurocounseling, and neurofeedback;
- Expanded coverage of group counseling, advocacy, managed care, program development and evaluation, qualitative research, and meta-analysis;
- New content on administrative roles of clinical mental health counselors, such as supervision, management, and leadership;
- Coverage of the updated Multicultural and Social Justice Competencies and multiple heritage identity development theory and their implications for professional practice;
- Implications of health care reform (e.g., the pooling of financial streams of Medicaid and Medicare, the merging of medical and mental health treatment, and integrated behavioral health in primary care settings);
- Detailed discussion of recovery philosophy, its relationship to the clinical mental health counseling paradigm, and the integration of consumer-delivered services and programs within the context of community mental health.

I sincerely believe the contents of this text provide readers with the necessary foundations to become highly marketable as effective and efficient service providers in the contemporary mental health care marketplace.

ORGANIZATION OF THE TEXT

The text consists of three parts: Part 1: Theoretical and Historical Foundations; Part 2: The Credentialing and Practice of Clinical Mental Health Counseling; and Part 3: Contemporary Issues and Trends. Chapter 1 answers the foundational question “What is a licensed mental health or professional counselor?” It presents current definitions of clinical mental health counseling and connects it to the relevant professional organizations, other counseling specializations, and the allied mental health professions. Chapter 2 views clinical mental health counseling from within its developmental context with the idea that any understanding of the current configuration of the profession is enhanced when its development is placed in the historical context in which other mental

health professions were also developing. Chapter 3 describes the theoretical foundations of clinical mental health counseling and presents a clinical mental health paradigm that organizes these theoretical foundations along three dimensions: levels of wellness and pathology that interact within a multilayered ecological context. Chapter 4 presents a set of classic and contemporary theories of counseling that are applied in assessment and treatment.

In Part 2, the focus shifts to the credentialing and practice of clinical mental health counselors. Chapter 5 surveys the training, licensure, and certification of mental health counselors. Chapter 6 examines current codes of ethics and legal issues critical in providing professional service with integrity. Chapter 7 examines what mental health counselors do—the skills and tasks they perform on the job. Chapter 8 explores the settings in which mental health counselors work. Information gathered from practicing mental health counselors helps readers grasp how the knowledge and skill sets of the profession are applied to work effectively with a variety of clients in diverse work environments. Approaches to the appraisal of and research into clients, their ecological contexts, and program evaluation are presented in Chapter 9. Chapter 10 describes contemporary practice in multicultural contexts. Special attention is given to concepts, principles, and ethical practices that generalize across the persons and systems served.

Part 3 explores contemporary trends in relation to program delivery and direction of the clinical mental health counseling profession. It begins with Chapter 11 and the exploration of the contemporary economic and political environment, managed care, integrated health, and their profound impact on the profession. Special attention is given to understanding the logic that underlies managed care, factors that contribute to the actual cost of mental health services, and approaches used for cost containment. Chapter 12 explores the rapidly changing world of community mental health. Readers learn about contemporary trends affecting the development, funding, delivery, evaluation, and management of mental health services. The final chapter, Chapter 13, explores the future of clinical mental health counseling. This discussion concludes by suggesting specific ways clinical mental health counselors can live out who they are in the contemporary context and become instrumental in the shaping of public policy and the profession's direction.

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ACKNOWLEDGMENTS

Numerous persons have made direct and indirect contributions to the content and production of this text. Several counselor educators have played an important role in shaping my own professional development. I am deeply grateful to Martin Ritchie, who influenced me while I was a graduate student at the University of Toledo and continues to do so through modeling professional integrity, leadership, and humility. Nick Piazza, Robert Wendt, and Gary R. Collins played key roles in introducing me to the profession. Special thanks go to Bill King and Kimble Richardson, who cleared the path for me to assume leadership roles in the Indiana Mental Health Counseling Association. I am also indebted to Joel Miller, CEO, and Jim Finley, of AMHCA, who continue to fuel my passion for the mental health counseling profession. I must acknowledge Sam Harma, Lisa Hinkson, and the staff and consumers of Hiawatha Behavioral Health, Sault Sainte Marie, Michigan. My professional orientation has been shaped by my in-the-trenches experiences at HBH more than words can express. And, on the very practical side, I must acknowledge the support of Bruce Briggs, my graduate assistant, who carefully reviewed and commented on preliminary drafts of this third edition. And, thanks so much to Kevin Davis, Director, Teacher Education & the Helping Professions, whose vision, support, and patience helped to bring coherence to this project. Lastly, I want to thank the reviewers who provided valuable input on this revision: Lillian Felton, Argosy University; Joel Lane, Portland State University; Jonathan Orr, Georgia State University; Eraina Schauss, University of Memphis; and Janet Thorne-Chan, Western Michigan University.

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1

What Is a Mental Health or Professional Counselor?

CHAPTER OUTLINE

- **What Is a Counselor? Enter a Land of Confusion!**
- **What It Means to Be a Clinical Mental Health or Professional Counselor: Some Helpful Definitions**
- **Relevant Professional Organizations**
- **Other Specialties within the Counseling Profession**
- **Clinical Mental Health Counseling and the Allied Mental Health Professions**
- **Conclusion: The Process of Consolidating Professional Identity**

I was a young counselor freshly groomed and searching for my first professional position. With a master of arts degree in counseling in hand, I began to wade through the classified ads in several newspapers, seeking to find a job where I could engage in the professional practice. (Yes, this was a pre-Internet search.) First, I looked under Administration and Professional, and then in the Medical and Dental section. Finally, I looked over the General Help Wanted category.

To my chagrin, I did not find any advertisements using the professional title of clinical mental health counselor. In fact, the term *counselor* did not appear in any mental health–related advertisement. What I did find surprised me greatly! One entry was titled “Counselor Needed,” but went on to describe an opening for a person to work behind a cosmetics counter at a local department store and provide counsel to its customers regarding the relative benefits of the store’s products. In another advertisement, a mortgage company sought experienced loan officers to provide credit counseling. A large grocery store was looking to hire a counselor to work in the fresh meats department and assist customers in selecting the proper cut of meat. Since I didn’t have meat-cutting experience, I didn’t qualify.

Yes, I did find classified ads that related to the mental health profession. However, they were seeking therapists, psychologists, psychiatric nurses, and social workers. Most of these positions required at least two years of experience and an appropriate license. Discouraged, I persisted in sending out resumes to a variety of human service organizations and mental health centers.

This true story does have a happy ending. I did find a position! Interestingly, the position I accepted was in response to an advertisement that had not even mentioned the term *counselor*. Rather, the small, private not-for-profit agency had a job opening for an individual, group, and family therapist. The official job description noted that an MSW (Master's in Social Work) was required and an ACSW (Academy of Certified Social Workers) was preferred. I had neither. But I did have entry-level knowledge and skills in doing individual, group, and family counseling. The director of the agency, who held the ACSW credential, was unfamiliar with the training model of graduate programs in counseling and was impressed with the broad-based, skill-oriented approach to training. Once she understood the training model of the counseling profession, she became very open to hiring other appropriately trained counselors for positions that had formerly been reserved for persons who had graduated from master's-level programs in social work or psychology.

Clinical mental health and professional counseling is still the “new kid” setting up residence on the block where the other mental health professions have lived. We have many things in common with our neighbors. Yet, our profession possesses a unique identity that sets us apart from those professions. The identity of mental health counselors is rooted in a unique historical and philosophical tradition. In addition, clinical mental health counseling draws from a specific training model where specialization builds on a common core of curricular experiences that links us with closely related counseling professions. Certainly, the profession has come a long way since the days of my first job search.

This text is written to serve as an introduction to the profession of clinical mental health counseling, one of the most exciting and upcoming professions in the field of mental health. Licensed Mental Health Counselors (LMHCs), who are also referred to as Licensed Professional Counselors (LPCs), currently number 120,010 and are recognized as licensed practitioners in all 50 states and the District of Columbia (Department of Labor, 2014). Persons entering into this profession receive their academic training from graduate programs in counseling or counselor education. Such programs typically offer specializations in clinical mental health counseling and are designed to prepare students to fulfill licensure requirements for licensure as an LMHC or LPC.

This text is titled *Foundations for Clinical Mental Health Counseling: An Introduction to the Profession* and reflects recent changes in the training model of clinical mental health counselors and the contexts in which they practice. My goal in writing this text is to explore the foundations of the clinical mental health counseling specialization, as identified in the 2016 standards for accreditation of counselor education programs put forth by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2015). Historically, two unique specializations were accredited under earlier CACREP standards (e.g., CACREP, 2001): mental health counseling and community counseling. Students who graduated from programs designed according to the standards of one or the other often competed for the same positions and sought to meet requirements for the same license types (e.g., Licensed Professional Counselor, Licensed Professional Clinical Counselor, or Licensed Mental Health Counselor). However, the

realities of the contemporary mental health delivery system clearly demonstrate that persons graduating from these respective specializations and holding counseling-related licenses work in similar settings and provide similar services. They direct their services to individuals, groups, families, and organizations that seek to enhance their levels of mental health, often through the treatment of mental illness. The 2009 CACREP standards brought increased unity to the profession by bringing the training of clinical mental health counselors under one umbrella.

Throughout this text, I will refer to licensed professionals as *licensed mental health* and/or *professional counselors*. In addition, recognizing that licensed mental health and professional counselors provide a similar range of services, I will use the term *clinical mental health counselor(s)* or *professional counseling* when referring to their general professional identity. A unifying model for the profession, which I have titled the *Clinical Mental Health Counseling Paradigm*, is presented in Chapter 3. I hope that the chapters that follow provide a voice of unity, clarity, and inspiration to those seeking to join a profession that is, perhaps, uniquely positioned as a major player in the contemporary mental health service delivery environment (Granello, 2013; Hinkle, 1999).

WHAT IS A COUNSELOR? ENTER A LAND OF CONFUSION!

The words *counselor* and *counseling* are commonly used but often misunderstood terms. Seiler (1990) notes that the term *counseling* is used by business and government to describe occupations ranging from retail sales counselors to the tax counselors of the Internal Revenue Service. These words are used in so many ways that it becomes difficult to understand their specific meanings apart from the context in which the words appear. Even then, confusion can reign.

There are several reasons for this confusion and ambiguity. First, to *counsel* commonly refers to activities such as deliberating, consulting, guiding, or advising. Numerous professions engage in activities that fall under the rubric of counseling when the word is used in this general way. Attorneys, car salespersons, and, yes, even meat cutters can be described as being counselors to their respective clientele. Thus, the word *counsel* can refer to a very broad range of helping processes in which one person provides assistance to others in a particular manner.

Second, clinical mental health and licensed professional counselors are not the only mental health–related professionals who counsel. Professional counseling is a basic role that is part of a wide range of mental health professions (Hanna & Bemak, 1997; Mellin, Hunt, & Nichols, 2011). Psychiatrists, psychologists, social workers, marriage and family therapists, psychiatric nurses, and pastors rightfully describe their professional roles as counselors. In addition, these mental health professions sometimes utilize theories and techniques of counseling. These are not the property of any given profession but are processes of facilitating change that may be used by each of the professions. Furthermore, a number of professional organizations and accrediting bodies use the term *counseling* as well (e.g., American Counseling Association [ACA], Division 17 of the American Psychological Association [APA], or the American Association of Pastoral Counselors [AAPC]). Thus, while the profession has laid claim to *Licensed Professional Counselor* as the preferred license title (Bray, 2015; Rollins, 2013), it is hard pressed to identify clear lines of demarcation in regard to a unique skill set that clearly sets it off from allied helping professions.

Third, the counseling profession itself unintentionally contributes to the confusion. The term *counselor* is used as a generic title that follows the areas of specialty within the profession. Thus, *addiction, school, career, marriage and family, clinical mental health, and student affairs and college* are all qualifying terms that specify counseling specialties. While persons in these specialties correctly view themselves as being professional counselors, the title *licensed professional counselor* relates to a statutory credential used to regulate a specific mental health profession.

Confused? If so, you are in the company of many persons who, in the process of applying for admission into graduate programs in the counseling-related disciplines, experience uncertainty regarding which specific discipline and program to choose. I have directed graduate programs in counseling and have found that the most frequently asked question prospective students pose to me is, “What is the difference between being a mental health counselor and a social worker or marriage and family therapist?” The uncertainty experienced by such inquirers in part reflects the identity confusion that plagues the mental health professions. The remainder of this chapter provides a response to such questions and dispels confusion by clarifying what it means to call oneself a licensed mental health or professional counselor. In addition, the professional organizations that represent counselor interests are identified and described briefly. Finally, similarities and differences among the mental health counseling profession, other counseling specializations, and related professions are discussed.

WHAT IT MEANS TO BE A CLINICAL MENTAL HEALTH OR PROFESSIONAL COUNSELOR: SOME HELPFUL DEFINITIONS

The definition of *counseling* has evolved in response to forces both from within the profession and from the contemporary mental health care environment (Nugent, 2000). Several past noteworthy attempts to define counseling, generally, and mental health counseling, specifically, may be found in the professional literature. For example, the ACA defined professional counseling as follows: “the application of mental health, psychological, or human development principles, through cognitive, affective, behavioral, or systemic intervention strategies that address wellness, personal growth, or career development, as well as pathology” (American Counseling Association Governing Council, 1997, p. 8). The definition developed by the ACA (1997) related very closely to an earlier and more detailed definition of mental health counseling put forth by the American Mental Health Counselors Association (AMHCA) in 1987:

Mental Health Counseling is the provision of professional counseling services, involving the application of principles of psychotherapy, human development, learning theory, group dynamics, and the etiology of mental illness and dysfunctional behavior to individuals, couples, families, and groups, for the purposes of treating psychopathology and promoting optimal mental health.

The practice of Mental Health Counseling includes, but is not limited to diagnosis and treatment of mental and emotional disorders, psychoeducational techniques aimed at the prevention of such disorders, consultation to individuals, couples, families, groups, organizations, and communities and clinical research into more effective psychotherapeutic treatment modalities. (AMHCA, 1987, p. 6)

Lewis, Lewis, Daniels, and D'Andrea (2003) provided additional clarification by defining community counseling as “a comprehensive helping framework of intervention strategies and services that promotes the personal development and well-being of all individuals and communities” (p. 5). Their model contains four categories of service components provided by community counselors: (a) direct client services, (b) indirect client services, (c) direct community services, and (d) indirect community services.

While each of these definitions provides insight into the essence of the counseling profession and the specialization of mental health counseling, these authors also presented counseling as a very diverse collection of specialties lacking cohesiveness at its core. It was like describing the splendor of a forest by defining it in terms of its resident types of trees. Could it be that the abundance of definitions contributed to, rather than reduced, the confusing landscape of mental health professions?

Enter on the scene a major ACA initiative known as *20/20: A Vision for the Future of Counseling*. A group of leaders, who met at the 2005 ACA Annual Convention in Atlanta, recognized the disunity in the profession, the troubling consequences of significant variations in licensure laws across states, and the resulting inability to establish a workable process of license portability (Kaplan & Gladding, 2011). The broad and ambitious goal of *20/20* was to address the issues of disparate licensure titles and scopes of practice, and to develop “a strategic plan for optimal positioning of the counseling profession in the year 2020” (p. 367).

Several important outcomes emerged from the *20/20* process. First, a consensus definition of *counseling* was developed and approved (Bray, 2015). The representatives from 30 counseling organizations came together as a group, presenting and exploring the diverse definitions and themes that represented the contemporary understanding of counseling from both within and outside the profession (Rollins, 2010). Using the Delphi method, they identified, refined, and synthesized recurring key themes and words into a 21-word definition. In a long, focused, and research-based process, multiple articulations, insights, and passions yielded a single definition.

On October 28, 2010, the ACA Governing Council approved a definition of the profession of counseling as “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (ACA, 2010). This definition covers the major components of professional counselor identity, yet allows for further articulation of specific emphases that are embraced by various specialty areas within the profession (Rollins, 2010). *Clinical mental health counseling* can be understood as the specialization of counseling that applies wellness and remedial approaches to the assessment and treatment of individuals and their related systems within relevant ecological contexts (Gerig, 2011).

Several major themes emerge from these definitions that help us to understand better what it means to be a licensed mental health or professional counselor. First, LMHCs and LPCs possess knowledge and skills for the promotion of wellness. Indeed, the assessment and treatment of pathology are understood from a *mental health and wellness* perspective. Being trained from this perspective is foundational as clinical mental health counselors work with client systems in their quest to move toward optimal human functioning as well as away from emotional distress, dysfunction, and mental illness (Bloom et al., 1990). As Hill (1991) noted, “Such terms as *personal empowerment*, *competencies*, and *positive health* (wellness) may be new to psychology, but they are integral to the very heritage of our profession” (p. 47).

Second, wellness and pathology are understood within the framework of normal human development. This points to the application of human development principles, psychoeducation, and strengths-based interventions in addition to the traditional techniques of psychotherapy as primary tools of intervention for the LMHC and LPC. Van Hesteren and Ivey (1990) note that counseling and human development go hand in hand. From this positive developmental orientation, mental health counselors find a theoretical base from which to view presenting issues related to mental health promotion as well as remediation of psychopathology (Ivey & Rigazio-DiGilio, 1991). Clients are understood as having the capacity to learn and apply skills taught rather than being seen as patients (Dinkmeyer, 1991). Furthermore, it has been established that psychoeducation can accelerate and add depth to the counseling process (Guerney, 1977).

Third, an ecological model (Bronfenbrenner, 1979) provides the theoretical foundation for guiding both the assessment and intervention strategies implemented by mental health counselors. All persons develop within an ecological context. Thus, case conceptualization, when conducted by mental health counselors, considers the multiple levels of the client's environment. Individuals are not assessed or treated as if they are isolated or autonomous from the larger social system. Services provided may address presenting issues by using direct or indirect approaches and may be directed to multiple levels of the client system (Lewis et al., 2003). In this way, interventions capitalize on the strengths and resources that are available within the social milieu of the client. In addition, this framework enables mental health counselors to respond to the needs of individuals, couples, families, groups, and organizations in ways that are culturally sensitive.

Fourth, the preceding definitions clearly communicate the multidisciplinary nature of the profession (Pistole & Roberts, 2002). Weikel and Palmo (1989) note that the profession of mental health counseling was born as a hybrid, with psychology and education as the uneasy bed partners. Much of the theoretical foundation on which the profession stands originated elsewhere. The disciplines of education, psychology, cognitive science, philosophy, and the medical sciences have made important contributions to our knowledge base. In addition, LMHCs and LPCs frequently work as members of a multidisciplinary treatment team (Coyne & Cook, 2004). It is logical and even essential that training should, therefore, include the best of scientific information from the other mental health professions (Pistole, 2001; Seiler & Messina, 1979). The professional benefit from such collaboration is that counselors are able to provide more comprehensive interventions and treatment services for their clients. Furthermore, treatment teams benefit from the unique perspective of prevention, wellness, and personal growth provided by mental health counselors.

These key themes are integrated into the *Scope of Practice* statement endorsed by the organizations participating in the 20/20 process. Specifically, the scope of practice of licensed professional and mental health counselors includes:

- The provision of services to individuals, groups, families, couples, and organizations;
 - Promotion of wellness, prevention and crisis intervention services, and treatment of emotional, mental, addiction, and behavioral health aspects of physical disorders;
 - Consultation, program development, and evaluation.
- (adapted from Bray, 2015)

RELEVANT PROFESSIONAL ORGANIZATIONS

Four organizations are very important in understanding the professional identities of licensed mental health and professional counselors. These include the American Counseling Association (ACA), American Mental Health Counselors Association (AMHCA), National Board for Certified Counselors (NBCC), and Council for Accreditation of Counseling and Related Educational Programs (CACREP). A list of the professional organizations that represent these various mental health professions is presented in Appendix A.

The **American Counseling Association (ACA)** is the organization that represents the interests of professional counselors in general. The ACA was founded in 1952, and nearly 56,000 members call it their professional home (ACA, 2016a). The organization was originally known as the American Personnel and Guidance Association (APGA) and was formed through the alliance of four smaller groups: the National Vocational Guidance Association, American College Personnel Association, National Association of Guidance Supervisors, and Student Personnel Association for Teacher Education (ACA, 2016b). These smaller groups, representing the specializations of career counseling, student development, counselor education and supervision, and teacher education, formed the original four divisions of the association. This historical tradition continues, with the ACA presently serving as the home for 20 divisions. These divisions are identified and described briefly in Table 1.1.

TABLE 1.1 Divisions of the American Counseling Association

American College Counseling Association (ACCA)

Promotes student development in colleges, universities, and community colleges.

American Mental Health Counselors Association (AMHCA)

Represents and advocates for the professional interests of mental health counselors and clients' access to quality services within the health care system.

American Rehabilitation Counseling Association (ARCA)

Promotes the enhancement of people with disabilities as well as excellence within the rehabilitation counseling profession in practice, research, consultation, and professional development.

American School Counselor Association (ASCA)

Supports and advocates for school counseling professionals and offers activities that affect the personal, educational, and career development of students. Promotes provision of positive learning environments by working collaboratively with parents, educators, and community members.

Association for Adult Development and Aging (AADA)

Promotes information sharing, professional development, and advocacy related to adult development and aging issues as well as addressing counseling concerns across the lifespan.

Association for Assessment and Research in Counseling

Promotes best practices in assessment, research, and evaluation within the counseling profession.

Association for Child and Adolescent Counseling

Focuses on training needs and provides professional support for counselors, counselor educators, and play therapists who work with children and adolescents.

Association for Counselor Education and Supervision (ACES)

Dedicated to quality education and supervision of counselors for all academic and work settings.

(Continued)

TABLE 1.1 Divisions of the American Counseling Association (continued)**Association for Creativity in Counseling (ACC)**

Promotes awareness, advocacy, and understanding of the diverse and creative approaches to counseling.

Association for Gay, Lesbian and Bisexual Issues in Counseling (AGLBIC)

Promotes professional counselors' awareness of the unique needs of client identity development and importance of nonthreatening counseling environments to aid in the reduction of stereotypical thinking and homophobia.

Association for Humanistic Counseling (AHC)

Provides a forum for the exchange of information about humanistically oriented counseling practices and promotes changes that reflect the growing body of knowledge about humanistic principles applied to human development and potential.

Association for Multicultural Counseling and Development (AMCD)

Facilitates cultural, ethnic, and racial empathy and understanding through programs that advance and sustain personal growth and improve educational opportunities for members from diverse cultural backgrounds.

Association for Specialists in Group Work (ASGW)

Promotes professional leadership in the field of group work, establishes standards for professional training, and supports research and the dissemination of knowledge.

Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC)

Supports the infusion into counselor preparation and practice of spiritual, ethical, religious, and other human values that are essential to the full development of the person.

Counselors for Social Justice (CSJ)

Seeks equity and the end of oppression and injustice affecting clients, students, counselors, families, communities, schools, workplaces, governments, and other social and institutional systems.

International Association of Addiction and Offender Counselors (IAAOC)

Provides leadership in the advancement of addiction, substance abuse, and offender counseling.

International Association of Marriage and Family Counselors (IAMFC)

Promotes excellence in marriage and family counseling and seeks to promote the development of healthy family systems through prevention, education, and therapy.

Military and Government Counseling Association

Promotes counseling clients and their families in local, state, and federal government or in military-related agencies.

National Career Development Association (NCDA)

Promotes career development for all people across the lifespan through public information, member services, conferences, and publications.

National Employment Counseling Association (NECA)

Provides professional leadership and resources to all persons seeking employment and to the counseling professionals who work with them.

The **American Mental Health Counselors Association (AMHCA)** is the premier professional organization representing the interests and serving the needs of clinical mental health counselors (Colangelo, 2009). It seeks to train and promote excellence in practitioners, reduce stigma among persons with mental illness, and foster well-being in consumers of mental health services.

The organization was founded in 1976 as a professional association representing the interests of professional counselors having the following characteristics in common: They (a) were academically prepared at either the master's or doctoral level; (b) were working in community mental health, private practice, or agency settings; (c) were delivering a wide range of mental health services similar to those offered by more established mental health care professions; and, up to 1976, (d) had no professional home due to their uniqueness (Smith & Robinson, 1996). In 1978, the AMHCA became a division of the APGA. Its membership grew quickly, and it soon became the largest division of the umbrella association. The relationship of AMHCA and ACA has frequently been "stormy and fraught with miscommunication and misinformation" (Smith & Robinson, 1996, p. 159). Currently, while still a division of the ACA, AMHCA operates in an autonomous manner. Its finances are separate from the ACA's and its members can join AMHCA independently of the ACA. The AMHCA offers a variety of member benefits, such as liability and group health insurance, annual conferences, newsletters, and journals that supplement those benefits provided by the ACA. In addition, its relationship to the ACA is better described as collaborative rather than affiliative (Pistole & Roberts, 2002). The primary agenda of AMHCA includes professional credentialing and recognition, right to practice, legislative activity, and third-party reimbursement.

Both the ACA and AMHCA have chapters at the state level. State chapters provide numerous services for the profession. These include the development of continuing education opportunities presented through state conventions and regional workshops. State chapters also serve as advocates for the consumers of mental health services in their respective states. In addition, licensure of the profession involves a statutory process that is specific to each state. State associations work closely with state licensure boards through consultation and advocacy for the development and implementation of licensure laws. Finally, issues concerning reimbursement for services typically have regional dimensions. While ACA and AMHCA advocate for the profession at the national level, state chapters are called on to respond to policy and practice concerns that affect mental health counselors in their respective states. Examples include Medicaid reimbursement, professional recognition and panel membership, and right-to-practice and scope-of-practice issues. Therefore, many professionals become members of both national and state professional organizations.

The **National Board for Certified Counselors (NBCC)** is an independent corporation whose purpose is to certify professionals who meet standards to qualify as certified counselors or specialists. Since its establishment in 1981, the NBCC has certified more than 55,000 counselors who have demonstrated knowledge and skills at a minimum competency level in specific areas of study deemed foundational for all professional counselors regardless of specialization (NBCC, 2015a). Upon certification as a National Certified Counselor (NCC), professionals can qualify for specialty certification in three areas: mental health counseling, school counseling, or addictions counseling. The following titles are granted:

- Certified Clinical Mental Health Counselor (CCMHC)
- National Certified School Counselor (NCSC)
- Master Addictions Counselor (MAC)

National certification is a voluntary, nonstatutory credential that verifies that the professional has met certain professional standards. The certifications most frequently