

# Counselor Professional Identity: Findings and Implications for Counseling and Interprofessional Collaboration

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This exploratory, qualitative study examined the professional identity of 238 practicing counselors and how they perceived counseling as distinct from psychology and social work. Participants' professional identities seemed to be grounded in a developmental, prevention, and wellness orientation toward helping. Participants also seemed to embrace a unified professional identity. Psychology was perceived as emphasizing testing and social work as focusing on systemic issues. Findings and implications for the counseling profession and interprofessional collaboration are discussed.

The counseling profession has long struggled to establish a cohesive professional identity for counselors (e.g., Calley & Hawley, 2008; Gale & Austin, 2003; Hanna & Bemak, 1997; Myers, Sweeney, & White, 2002; Swickert, 1997). Despite attempts to define the profession, researchers have not examined the professional identity of practicing counselors, nor have they investigated differences in terms of counselor training, credentialing, and specialization, differences that could present real challenges to establishing one cohesive professional identity for counselors (Cashwell, Kleist, & Scofield, 2009; Gale & Austin, 2003). These challenges seem to be amplified by difficulties clearly distinguishing the tasks associated with specific counseling specializations from the profession of counseling (Cashwell et al., 2009; Hanna & Bemak, 1997). As a result, a shared identity for the counseling profession remains elusive, making it difficult for many counselors to articulate a clear professional identity and describe overlapping and distinct characteristics among counseling and related helping professions (Calley & Hawley, 2008; Cashwell et al., 2009; Gale & Austin, 2003).

Although the counseling profession struggles to clearly articulate a unified professional identity, interprofessional collaboration with related helping professions is increasingly supported as a best practice strategy for addressing some of the nation's most critical social problems, such as education, mental health, and health care (Keyton & Stallworth, 2002). The combined knowledge and skills of collaborators from multiple professions supports the generation of creative approaches for addressing these problems; however, an inability to articulate distinct professional identities among collaborators often results in (a) confusion about roles and responsibilities, (b) conflicts related to power and status, and (c) the proliferation of professional stereotypes that jeopardizes the effectiveness of interprofessional collaboration (King & Ross, 2003; Waxman, Weist, & Benson, 1999). This may result in unique

struggles for counselors engaged in interprofessional collaboration at an operational level, especially because counseling is the youngest of the helping professions (i.e., psychology, social work). Because counseling is the newest profession, the professional identity of counselors may be especially unclear, and, as a result, the roles and responsibilities of counselors may not be optimized within interprofessional collaboration. The purpose of this study was to explore the professional identity of practicing counselors and to identify implications for interprofessional collaboration.

## Counselor Professional Identity

Specific attempts to establish a unified identity for the counseling profession are well documented in the literature (e.g., Hanna & Bemak, 1997; McAuliffe & Eriksen, 1999). Such efforts have primarily focused on identifying a philosophical orientation unique to counseling. More specifically, scholars have argued that counseling can be distinguished from related helping professions because of its developmental, prevention, and wellness orientation toward helping (Flaherty et al., 1998; McAuliffe & Eriksen, 1999). McAuliffe and Eriksen (1999) suggested that this may be a challenging identity for counselors to embrace, however, because few practical methods for implementing this orientation into counseling practice have been developed. Additionally, the focus on pathology within the dominant culture prioritizes intervention over prevention (McAuliffe & Eriksen, 1999). In a review of interviews with senior contributors published in the *Journal of Counseling & Development*, tension between a desire for the profession to continue to align with the philosophical orientation of human development, prevention, and wellness versus practice realities that indicate a need to increase knowledge of the medical model and a focus on pathology was clear (Gale & Austin, 2003).

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Differences in training also represent significant challenges to attempts to articulate a unified identity for the counseling profession. Licensure of graduates of master's-level psychology programs as counselors and the appointment of doctoral graduates of programs accredited by the American Psychological Association as faculty members in counselor education programs, for example, are ongoing concerns within the discourse on professional counselor identity (Gale & Austin, 2003). The professional identity (counselor or psychologist) or multiple identities (both a counselor and a psychologist) and their impact on how counselors, other helping professionals, and the general public perceive the counseling profession remain unclear. The recent revision of the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2009) standards reignited some of these familiar concerns, especially as they relate to the appointment of psychologists and other professionals as faculty in CACREP-accredited programs.

In addition to discussions of how counseling is different from other professions, tension between a unified counseling professional identity and identity based on area of specialization is also evident within the field (Herlihy & Remley, 1995; Sweeney, 1995). Many counselors identify themselves primarily by their specialization and, as a result, embrace an identity focused on the role of counselors (e.g., career counseling), the population served (e.g., addictions, clinical mental health, rehabilitation), or the setting (e.g., schools, colleges) in which counseling occurs (Myers et al., 2002). Recent differences between the American Counseling Association (ACA) and the American School Counseling Association (ASCA) surrounding whether school counselors should identify as professional counselors who work in schools or educators with specialized training in school counseling (Cashwell et al., 2009) provide a key example of specialization challenges related to professional identity. Literature within rehabilitation (Patterson, 2009) and mental health counseling (Pistole & Roberts, 2002) also describes professional identities based on specialization. With attempts to establish a professional counseling identity also occurring within specific areas of specialization (Lambie & Williamson, 2004; Patterson, 2009) and conflicting opinions surrounding what should be emphasized (specialization or the counseling profession), a unified professional counseling identity remains elusive. Whether the counseling profession is viewed as a unified profession with a singular professional identity or as a group of independent professions with separate identities that are linked under ACA (Sweeney, 1995) seems to be a historic and still unresolved philosophical difference underlying discussions of specialization and professional identity.

## ■ Counselor Professional Identity and Interprofessional Collaboration

Although the counseling profession continues to struggle with articulating a clear professional identity in the face of

decreasing resources, counselors are addressing some of the nation's most complex social issues, issues that may increase the risk of, or exacerbate, concerns such as school dropout, poverty, discrimination, substance abuse, and chronic illness and disability. Recognizing that no single profession can effectively address all these issues in isolation, the counseling profession is increasingly emphasizing collaboration as a best practice strategy for addressing interrelated social issues across school, family, and community systems (Lopez-Baez & Paylo, 2009). Collaborative consultation, for example, is one of the primary models school counselors have embraced to address the evolving and diverse needs of students, schools, and the families they serve (Woodward & Davis, 2009). Similarly, clinical mental health counselors collaborate with family and community systems to provide more widespread, proactive services (Mellin, 2011), and rehabilitation counselors collaborate with health care professionals to increase access to services (Harley, Donnell, & Rainey, 2003). These trends signal the importance of interdependent efforts among helping professionals to effectively address complex social issues and the increasingly important role of interprofessional collaboration for counselors.

Despite its promise, however, effective interprofessional collaboration is often difficult to realize in practice (Mellin, 2009). The literature on interprofessional collaboration contends that profession-driven differences related to training, terminology, and role perceptions contribute to why collaboration becomes such a daunting task for many groups to address (Bemak, 2000; Bronstein, 2003; Mellin, 2009). A lack of clarity regarding the roles and responsibilities of professionals from related disciplines, along with conflicts over power and status, often has a negative effect on interprofessional collaboration (King & Ross, 2003). In addition, stereotypes and misperceptions about professional roles and responsibilities can impede collaborative efforts (Waxman et al., 1999). Unfortunately, the emphasis on competition and autonomy that permeates service delivery structures and professional socialization often compromises genuine attempts to collaborate across professions (King & Ross, 2003). Clearly, many of the challenges inherent in realizing the promise of collaboration are related to the professional socialization of each collaborator, leading to the argument that a strong sense of professional identity, as well as the ability to identify knowledge and skills that are both shared with and unique to each discipline, is a necessary prerequisite for implementing this best practice strategy (Bronstein, 2003). As Myers et al. (2002) argued, to productively engage in interprofessional collaboration, counselors must be able to articulate their professional identity and illustrate an understanding of the shared and unique assets between counseling and related helping professions.

## ■ The Current Study

Counselor professional identity is frequently addressed within counseling publications (e.g., Gale & Austin, 2003; McAu-

liffe & Eriksen, 1999; Myers et al., 2002; Nelson & Jackson, 2003; Swickert, 1997); however, the literature remains largely conceptual with little empirical examination of posited conceptualizations of professional identity. Although research has examined the professional identity of focused samples such as Hispanic student interns (Nelson & Jackson, 2003), counselor educators (Calley & Hawley, 2008), and doctoral-level counselors working in private practice (Swickert, 1997), researchers have not yet explored the professional identity of a broad sample of practicing counselors across specializations. To address this gap in understanding, we explored how practicing counselors defined the counseling profession as well as how they distinguished counseling from two related helping professions, psychology and social work. Using qualitative methodology, we addressed the following research questions:

*Research Question 1:* How do professional counselors define the counseling profession?

*Research Question 2:* How do professional counselors perceive the counseling profession as distinct from psychology and social work?

## Method

### Procedure

The study described here, which addresses counselor professional identity, is part of another study in which we investigated the roles and functions of counselors who passed the National Counselor Examination for Licensure and Certification (NCE) within the past 10 years. Although data were collected simultaneously for these two studies, given the research questions for this study, the findings are limited to those pertaining to counselor professional identity. The National Board for Certified Counselors provided a list of 750 potential participants. Participants were given the option of completing a paper or online version of the questionnaire, which was based on a review of the counseling literature. Sample questions are “Did you graduate from a CACREP accredited program in counseling?” and “When you think of your professional identity, do you describe yourself as a counselor who works with a particular population (e.g., counselor who works with individuals who have mental health problems) or as a specialty counselor (e.g., mental health counselor)?” An introductory letter and copy of the questionnaire were mailed to each potential participant, and a follow-up letter was mailed 2 weeks later to nonrespondents. An additional copy of the questionnaire and a follow-up letter were mailed 4 weeks after initial contact to nonrespondents, and a final request to complete the questionnaire was sent 6 weeks after the initial contact.

### Participants

Questionnaires were sent to 750 counselors who passed the NCE within the past 10 years. Fifteen questionnaires

were returned by the postal service as undeliverable, and 26 individuals indicated that they did not want to participate, leaving a pool of 709 potential participants. A total of 238 counselors completed the survey for a response rate of 34%, which is consistent with response rates typically achieved through survey research (Heppner, Wampold, & Kivlighan, 2008). Participants ranged in age from 24 to 66 years, with a mean age of 41 years ( $SD = 11.40$ ). In terms of gender, 198 participants (84%) identified as female, 38 (16%) as male, and one (<1%) as transgender; one person did not respond to this item. With respect to ethnicity, 200 (85%) of the participants identified as White, 16 (7%) as African American, seven (3%) as Hispanic/Latino, 10 (4%) as multiracial, two (1%) as Asian, and one (<1%) as Native American; two people did not respond to this item.

A majority of participants (87%) earned a master’s degree in counseling, and the rest earned either an education specialist degree or a doctorate. These degree attainment rates are consistent with those found in the field given that the master’s degree is the professional level degree in counseling. Additionally, 210 (88%) participants reported graduating from a CACREP-accredited program.

In terms of specialization within their master’s degree counseling program, the majority of participants indicated that they were community counselors (43%,  $n = 90$ ), mental health counselors (29%,  $n = 61$ ), or school counselors (24%,  $n = 50$ ). With respect to identity, 125 (57%) participants identified as a counselor who works with a particular population, whereas 96 (43%) identified as a specialty counselor (e.g., school counselor, mental health counselor). Seventeen participants did not respond to this question. An independent samples  $t$  test revealed no statistically significant differences between participants who identified as a counselor who works with a particular population or participants who identified by their area of specialization. Although participants reported being members of a wide range of professional associations, the majority of participants indicated that they were members of ACA (83%,  $n = 123$ ), ASCA (21%,  $n = 31$ ), and/or the American College Counseling Association (13%,  $n = 19$ ). The participants in this study also earned certifications that were consistent with those of the counseling profession; 223 (98%) indicated that they were national certified counselors (NCCs), and 201 (85%) reported that they were licensed as professional counselors.

### Researcher Focus and Data Analysis

In qualitative research, it is important to have a sense of the investigators because they are part of the research process. The first two authors are counselor educators in a CACREP-accredited counselor education program, and the third author is a counselor education and supervision doctoral student in the same program. We all graduated from CACREP-accredited master’s degree programs, and we maintain counseling-related credentials. Given our professional backgrounds, we share an

interest in counselor professional development and interprofessional collaboration that resulted in our interest in examining how participants would answer the research questions.

Following the principles Lincoln and Guba (1985) outlined for the constant comparative method, we (the first two authors) reviewed the narrative responses to the two questions independently and coded them into categories. We then met to discuss our independent coding and deliberated and came to a consensus on areas of disagreement. We took several steps to verify our findings. First, we used investigator triangulation by analyzing the responses individually and then together (Lincoln & Guba, 1985; Patton, 2002). Second, we used multiple participants to ensure data triangulation (Creswell, 2007; Patton 2002). We also revisited participant responses throughout the analysis process as a way to support or refute our categories and to help us remain aware of potential researcher bias. Finally, we used thick description from the participants themselves (Lincoln & Guba, 1985).

## Findings

### Defining Professional Counselors

Of the 238 participants, 204 responded to the question, "What is your definition of a professional counselor?" As expected, given the broad nature of the question, participants defined counselors in a variety of ways. In our analysis of the responses, three categories emerged: (a) counseling tasks and services provided, (b) counselor training and credentials, and (c) wellness and developmental focus. A description of each category is provided next, with the most commonly cited categories noted first. One interesting finding in the open-ended responses was that the majority (97%,  $n = 197$ ) of participants described professional counselors in general terms, with only seven people describing counselors as defined by their specialization. Three participants defined professional counselors as school counselors, and four defined them as mental health counselors.

*Counseling tasks and services provided.* This category emerged from the most frequently cited responses, in which participants (78%,  $n = 159$ ) defined professional counselors by what they do on a daily basis and by the services they provide clients. One respondent wrote, "[A professional counselor] offers a variety of counseling and counseling-related services (e.g., psychoeducation, consultation, advising, coaching, advocacy) . . . to assist clients with personal and professional growth." Another counselor summed up the responses of a number of participants by writing,

A professional counselor is a clinician who can demonstrate proficient knowledge and skill of those mental health, psychological, and human development issues that commonly occur in counseling through the competent display of cognitive, affective, behavioral, or systematic intervention strategies that address wellness, personal growth, [and/or] career development, as well as pathology.

The focus in this category was on providing a variety of counseling services to clients to help facilitate change in their lives. As one participant noted, "A professional counselor works with individuals, groups, families, and couples to help them identify and address any issues that may be interfering with or impairing their functioning."

*Counselor training and credentials.* In this category, participants (49%,  $n = 100$ ) defined professional counselors by their training and credentials, citing the importance of master's-level training in an accredited program, earning the NCC credential and/or state licensure as well as other relevant state credentials, maintaining involvement in professional organizations, and participating in continuing education. As one respondent noted, "A professional counselor is an individual who has completed a graduate degree in counseling and has obtained state and/or national certification/licensure." Within this category, a subset of participants specifically noted part of being a counseling professional was following a counseling code of ethics. For example, one respondent wrote, "A counselor [is someone] who has achieved a set standard of testing, clinical hours, and supervision. A professional adheres to ethical standards and continues with ongoing education."

*Wellness and developmental focus.* The next category to emerge (12%,  $n = 25$ ) defined professional counselors as using a wellness and developmental focus in their work with clients as opposed to using a medical or pathology-focused approach. As one respondent wrote, a counselor is "a helping professional with a wellness orientation whose connection with another allows that person to achieve greater self-understanding and adjustment to bio-psycho-social developmental milestones." Another noted, "[Counselors] complete interventions to promote wellness and restoration of optimal levels of functioning."

### Distinguishing Counseling From Social Work and Psychology

Of the 238 participants, 204 responded to the question, "As a professional counselor, how do you see counseling as distinct from social work and psychology?" Our analysis led to five categories: (a) case management and community systems, (b) personal growth and wellness, (c) testing and assessment, (d) individual versus global focus, and (e) no differences between professionals. In each category, participants described how the activities and primary focus of the three professions were different rather than citing differences in training or credentials.

*Case management and community systems.* In this category, participants (35%,  $n = 71$ ) described how social workers, rather than counselors, are trained to provide case management services that link clients to community resources. One participant noted, "As a professional counselor, I do not do case management." Another wrote, "I believe social workers work more with the systemic issues that contribute to problems." In describing how the two professions are different, one participant wrote, "[Social work] simply is more paper/

administrative and [social workers] do not get any experience in the real issues of counseling.” On the basis of the responses, it seems that participants did not view social workers as professionals who provide counseling services.

*Personal growth and wellness.* In this category, participants (31%,  $n = 64$ ) defined counseling as different from social work and psychology because counseling focused on personal growth, empowerment, and wellness. For example, one respondent noted, “I believe that a professional counselor approaches clients from a holistic perspective more so than social workers and psychologists.” Another participant wrote, “The biggest difference is they [social workers and psychologists] both work from the medical model. We [counselors] work from and believe in the wellness model.” The implication, based on these responses, is that social workers and psychologists are more focused on pathology and follow a medical model.

*Testing and assessment.* In this category, participants (23%,  $n = 46$ ) discussed how psychologists, rather than counselors, were primarily responsible for providing testing, assessment, and diagnoses for clients; in addition, the majority of responses noted that the primary work responsibilities of psychologists were testing and research. As one participant noted, “Counseling differs from psychology in that it is not as focused on testing and research.” Another respondent wrote, “Psychology focuses more on testing and research than on skills for the practice of counseling.” Some responses, such as the following, seemed to emphasize a focus on objectivity and pathology within the work of psychologists: “Psychology is research and diagnostic based. Counselors are trained to be innovative and nonordinary. Counselors are trained to treat symptoms and not a disorder” and “Psychology—more assessment and testing; more analytical and objective . . . Counseling—client-focused/warm and unbiased.”

*Individual versus global focus.* This category emerged from participants (10%,  $n = 20$ ) who described counselors as more focused on individual work with clients as opposed to social workers who take a more global focus on client concerns and problems. As one participant noted, “Counseling addresses issues at the microlevel (individual, interpersonal) as opposed to SW’s [social work’s] macrolevel foci.” Another participant wrote, “Social work is more heavily focused on the ‘social’ aspect of clients and mental health, and there tends to be a strong push to work in the public sector and to deal with issues of advocacy.”

*No differences between professionals.* Finally, a small group of participants (9%,  $n = 19$ ) noted that all three professions were more alike than dissimilar, and they saw no practical difference between counselors, social workers, and psychologists. One participant wrote, “Depending on the professional, counselors, social workers, and psychologists can be hard to distinguish and can operate in many of the same ways.” Another noted, “Even though many of my colleagues would dispute this, I do not see a major . . . [difference] between the three professions. We are all striving to improve the cognitive development of our clients.”

## Discussion

This study explored the professional identity of counselors and how they distinguish counseling from psychology and social work. The findings support previous conceptualizations of counselor professional identity and provide some initial indications about how counselors distinguish counseling from psychology and social work. Before discussing the results of this study, however, we believe that it is important to understand the context of the findings given the limitations.

### Limitations

As with any research study, there are limitations to our findings. First, because of the preliminary and qualitative nature of our study, the findings may not reflect the views of counselors not included in this study. Second, although consistent with rates commonly achieved through survey research, the response rate for this study was not optimal. Third, we included only counselors who had earned the NCC credential, so our findings may not apply to the broader population of counselors. More specifically, counselors who chose not to acquire the NCC credential may have a different perspective about counselor professional identity. Finally, because we relied on written responses for this study, we were unable to ask additional questions that may have increased our understanding of the professional identity of counselors. It may have been helpful, for example, to further explore how counselors formed their perceptions of the differences between counseling, psychology, and social work or how they came to embrace developmental, prevention, and wellness orientations as key components of their professional identity. Caution should be used, therefore, in interpreting the qualitative findings in this study. Despite these limitations, the findings provide initial direction for conceptualizing the professional identity of practicing counselors across specializations and optimizing their roles in interprofessional collaboration.

### Findings and Previous Professional Identity Conceptualizations

Several scholars have proposed that counseling can be distinguished from psychology and social work because of its developmental, prevention, and wellness orientation toward helping (e.g., Flaherty et al., 1998; McAuliffe & Eriksen, 1999), and, to some extent, this study confirms that many counselors embrace this professional identity. This was apparent in both how participants defined themselves and how they distinguished counseling from psychology and social work. Despite a societal emphasis on intervention over prevention (McAuliffe & Eriksen, 1999) and expressed concerns within the profession that counselors are not adequately prepared to address more severe and chronic concerns (Gale & Austin, 2003), it seems that the focus on human development, prevention, and wellness is an important component of the professional identity of counselors across specializations.

In addition to the finding that many professional counselors ground their identity in their developmental, prevention, and wellness focus, it also seems that counselors largely embrace an identity that reflects a unified profession rather than their specialization. This seems to be a particularly interesting finding because there has been significant debate within the counseling profession about whether professional identity should reflect a unified profession or area of specialization (Sweeney, 1995). Most of the debate has occurred among faculty and representatives of professional organizations, however, with the voices of practicing counselors noticeably absent. Our findings suggest, at least among this sample of counselors, a unified professional identity was embraced. Furthermore, even when participants referenced counseling tasks, training, and credentials, they seemed to do so from a broad rather than specialization-specific perspective. Overall, it seems that the professional identity of many participants was linked to training in a CACREP-accredited program, obtaining counseling-specific credentials (e.g., certification, licensure), and adhering to the *ACA Code of Ethics* (ACA, 2005). Perhaps the leadership of divisions within ACA such as ASCA or the American Rehabilitation Counseling Association, who seem to embrace a professional identity based on area of specialization, is not representative of the views of their membership.

The emphasis on counseling-specific tasks as well as training and credentialing, along with the embracing of a developmental, prevention, and wellness orientation, seems to provide a starting place for distinguishing the counseling profession from psychology and social work. Similarly, participants in this study seemed to distinguish counseling from related helping professions based on profession-specific roles and responsibilities as well as philosophical orientations. In terms of psychology, participants emphasized the role of testing and research and perceived psychologists as philosophically more focused on pathology. It is interesting to note that a number of participants also indicated that they perceived psychology as putting emphasis on more distant and objective relationships with clients as compared with counseling.

Social work, on the other hand, was perceived as a profession that primarily provides case management and community resources for clients and, when compared with counseling, is more focused on administrative versus therapeutic functions. Participants further emphasized that the profession of social work is more focused on systemic issues that affect client concerns, whereas counseling is primarily focused on the individual. This finding is particularly interesting given the increasing emphasis on advocacy and social action within the counseling profession, which asks counselors to partner with other professionals to identify and address systemic issues affecting the well-being of their clients (Lopez-Baez & Paylo, 2009).

### Implications for the Counseling Profession

Our findings, combined with increasing support for interprofessional collaboration as a best practice strategy for addressing

critical social problems, suggest specific implications for the counseling profession. The finding that practicing counselors across specializations embraced a professional identity grounded in a developmental, prevention, and wellness orientation signals the importance of ongoing efforts within counseling to advance training, practice, and research reflective of this orientation. As previously noted, contributions to the knowledge base that provide practical suggestions to counselors about how to apply a developmental, prevention, and wellness orientation to their practice may be particularly welcome given the current emphasis on pathology and intervention within the dominant culture (McAuliffe & Eriksen, 1999).

Increased attention to developmental, prevention, and wellness models in training will also likely reinforce this aspect of counselor professional development and ignite additional growth and innovation for the profession. The 2009 CACREP Standards include an increased emphasis on developmental, prevention, and wellness models, directly addressing previous arguments that there was not enough attention to such models within training programs and providing further support for this philosophical orientation as a distinguishing feature of counselor or professional identity. With increases in training and research that emphasize human development, prevention, and wellness, new applications of this philosophical orientation in practice will likely emerge, providing further clarity about the role and perspective of counselors in interprofessional collaboration.

Study findings also revealed how counselors perceived related helping professions and indicated some stereotypes that may challenge interprofessional efforts. Many participants, for example, seemed to characterize psychologists as focused primarily on testing and as distant in their relationships with clients. Similarly, social workers seemed to be characterized as mainly focused on case management and administration. Future research is encouraged to consider the sources of these perceptions (e.g., counseling textbooks, state licensure laws) and compare the perceptions of counselors with how the psychology and social work professions define themselves. Although these perspectives may reflect the training and experiences of the participants, they are clearly inaccurate global representations of both groups of professionals. As a result, training experiences that clarify the scope of practice of these and other related professional groups seem particularly important for counselors, especially because the ability to identify knowledge and skills that are both shared with and unique to other disciplines is an important prerequisite for effective interprofessional collaboration (Bronstein, 2003).

At many institutions, for example, students in counseling, psychology, and social work programs are required to take a group interventions course. This training, however, is often offered within profession-specific silos even though many classes at the same institution are using the same textbook and similar assignments (Ball, Anderson-Butcher, Mellin, & Green, 2010). Group counseling or other courses, therefore, may present key opportunities for students to explore the

overlapping and unique space among helping disciplines and gain skills for addressing client needs in an interprofessional environment. Introductory courses in counseling could also simultaneously strengthen the professional identity of counselors and generate respect for, and an accurate understanding of, the scope of practice of other helping professions by asking students to review information (e.g., research, ethical codes, mission statements of professional organizations) from psychology and social work and consider the areas of duplication and distinction between these professions and counseling.

Finally, as the counseling profession continues to lead advocacy and social action efforts that require interprofessional and cross-system collaboration (Lopez-Baez & Paylo, 2009), it seems important for training programs and professional organizations to increase efforts to emphasize the importance of attention to systemic influences that affect the presenting concerns of clients. Our findings indicate practicing counselors across specializations largely perceive advocacy and cross-system collaboration as defining features of the social work profession and beyond the scope of practice for counselors. This finding may signal a disconnect between many of the current initiatives of the counseling profession and the perceived scope of practice among counselors, indicating a need to further examine this aspect of professional identity.

If the counseling profession continues to move away from emphasizing individual counseling to using individual-in-environment perspectives, attention to models that provide direction for counselors about how to both identify and address systemic issues may be particularly helpful for translating theory to practice. Models that suggest distinct and overlapping roles among the helping professions may be particularly useful for addressing role ambiguity, power and status conflicts, and stereotypes that often jeopardize interprofessional collaboration centered on addressing systemic issues that have an effect on client concerns. Further development of counselor professional identity that includes a developmental, prevention, and wellness orientation within interprofessional practice could help capitalize on the roles of counselors and the promise of interprofessional collaboration for addressing some of the nation's most critical social concerns.

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