

Professional Settings and Career Choices

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When talking about professional counselors, you may think about a counselor who works with children in school, one who works with an adult client in a drug and alcohol treatment program, or one who works with a group of women surviving intimate partner violence. The fact is, you are right. There are many types of professional counselors. Each type adopts and performs different roles according to her area of expertise, work setting, and/or interest. For example, you may develop a specific interest in family counseling with families adjusting to a child's recent mental health diagnosis, whereas a student-peer of yours might develop a specific interest in geriatric counseling. Each type of professional counselor possesses unique characteristics, skill sets, and bases of knowledge. The diversity of roles and settings within the profession afford counselors with a plethora of choices from which to shape their career paths.

Although there are differences, counselors still share a core set of skills and knowledge. In 2009, the American Counseling Association (ACA), along with its divisions and related organizations (e.g., American College Counseling Association, International Association of Marriage and Family Counselors, National Career Development Association), initiated the project *20/20: A Vision for the Future of Counseling* and proposed *Principles for Unifying and Strengthening the Profession* (ACA, 2010a). The intent of this multiyear undertaking was to clarify and develop a cohesive counseling identity that could be easily presented to clients, counseling students, and the general public. Professional counselors were clearly defined as those who establish “a professional relationship that empowers diverse individuals,

families, and groups to accomplish mental health, wellness, education, and career goals” (ACA, 2010a). Additionally, the foundational principles in the document can be used for continued unity among professionals as well as for the advancement of the profession moving toward the year 2020 (Kaplan & Gladding, 2011). The first of these principles addresses the project’s intent to foster the development of a common professional identity among counselors regardless of their special areas of practice (Kaplan & Gladding).

In addition to recognizing the necessity of promoting a common professional identity among counselors, it is crucial to understand differences among professional counselors who have unique foci on their service delivery to clients in various settings. For example, a professional counselor in a school functions differently than a professional counselor in a mental health agency. Each role requires a specific skill set, base of knowledge, and counseling approach. Information presented in this chapter will help you identify some of the unique characteristics of professional counselors in various settings. The chapter focuses on the seven types of counselor specialty areas that relate directly to the master’s programs or specialty areas currently accredited by the Council for the Accreditation of Counseling and Related Programs (CACREP). You will be first introduced to the varied settings in which individuals in each area tend to work. You will also be provided with information on general duties and job descriptions within the settings. The next sections explore the types of interventions various counselors employ and the various professionals with whom counselors tend to collaborate in each setting. These sections conclude with descriptions of each type of a counselor’s specialty area and further information about training, certification, licensure, and employment projections. The latter half of the chapter reviews areas of career exploration helpful for counselors in training; these include the importance of self-knowledge, knowledge of the counseling world of work, and steps toward accessing these bases of knowledge. Reflection exercises including case studies will enhance your learning about the importance of deliberate personal examination of your *self* within this profession and the intricacies of the various counseling specialty areas.

LEARNING OBJECTIVES

After reading this chapter and completing the activities, you will be able to

- Describe the process of counselor development, roles of counselors in varying fields, models of different types of counseling, basic requirements for licensure, and aspects of the self and the world of work important for career exploration;

- Identify each specialty area, professional organizations, certifications and licenses, collaborative opportunities, important counselor identity factors, and steps to consider in making career choices;
- Discuss the impact of both intrapsychic and external experiences on counselor professional development and the core competencies of various professional settings as well as the variability within each; and
- Recognize steps to take in identifying your own biases and values and choosing a field of interest, and the risks and benefits of working in each field.

Reflection Exercise 4.1

MINDFUL AWARENESS

Being mindful is the intentional practice of becoming aware of this very moment and all that it includes. People often mistake becoming more mindful as not feeling or experiencing anything but happy thoughts—whereas true mindfulness does not minimize or mitigate emotions such as anger, frustration, helplessness, or confusion—sentiments that might be particularly present for counselors in training. Instead, mindfulness allows us to become *aware*, not to become *perfect*; to bring our attention to whatever it is that we are experiencing, name it, sit with it, and recognize that it is a piece of our experience that ultimately must be released without judgment and used to better understand the world, our clients, and ultimately ourselves. A simple way to begin to increase our mindfulness, increase our awareness of the events and emotions that make up our day, and increase our understanding of ourselves as people and professionals is to use our senses.

Assume a comfortable position, and—closing your eyes, if you are comfortable with that—begin breathing in through your nose and out through your mouth. Slowly bring your attention to your senses. Inhaling, what is it that you smell? Sit with it, exhale, and release it. Inhaling, what is it that you taste? Sit with it, exhale, and release it. Inhaling, what is it that you hear inside your own mind and in the world around you? Sit with it, exhale, and release it. Inhaling, what is it that you see in your mind’s eye? Sit with it, exhale, and release it. Inhaling, what is it that you feel emotionally, physically, spiritually? Sit with it, exhale, and release it. Breathing in through your nose and out through your mouth, slowly bring attention back to your breathing, ease your eyes open, and remind yourself that every moment of every day can be attended to with that same mindfulness. Breathe in each moment, sit with it, exhale, and release it insightfully— withholding judgment and accepting it for exactly what it is meant to be.

PATHS OF PROFESSIONAL COUNSELORS

Three characteristics are important benchmarks in the development of a counselor: counselor identity, counselor self-efficacy, and counselor cognitive complexity. *Identity* refers to our conceptualization of who we are as a counselor and it serves as a reference point for our roles and decisions within the profession (Brott & Myers, 1999). This identity develops as we integrate our attitudes toward professional responsibilities, ethical standards, professional membership, and personal learning styles (Auxier, Hughes, & Kline, 2003). Folkes-Skinner, Elliott, and Wheeler (2010) remind us that the process of counselor training involves significant shifts in identity, self-knowledge, and confidence. *Self-efficacy* relates to confidence and describes one's beliefs about his or her level of ability to practice different aspects of counseling (Kozina, Grabovari, De Stefano, & Drapeau, 2010). Research outcomes have continued to show the benefits of higher levels of *cognitive complexity* on the counseling process. More cognitively complex counselors are better able to (a) identify and integrate multiple ambiguous pieces of information to better understand the client's needs, the relational dynamics, and the treatment implications (Welfare & Borders, 2010); (b) remain objective (Borders, 1989); (c) form complex clinical hypotheses (Holloway & Wolleat, 1980); and (d) avoid stereotyping (Spengler & Strohmer, 1994); and they have increased confidence as well (Fong, Borders, Ethington, & Pitts, 1997). In these three areas, our deliberate focus on the act of *becoming* will assist in the refinement of our professional objectives and the development of our skills and ability to conceptualize client cases, and ultimately our focus will increase our effectiveness with the population with whom we decide to work.

Experiences (i.e., work, education, relationships) and professional training play a significant role in the development of these characteristics. Although doubt remains around the assumption that specific therapeutic training translates to successful therapy (Beutler et al., 2004; Lambert & Ogles, 2004; Ronnestad & Ladany, 2006), students report the importance of training for a number of reasons: interactions with experienced professionals, supportive supervision (De Stefano et al., 2007; Howard, Inman, & Altman, 2006; Orlinsky & Ronnestad, 2005; Schmidt & Adkins, 2011), the support and encouragement of peers (Howard et al., 2006; Schmidt & Adkins, 2011), and the development of a theoretical knowledge.

Much has been written about the developmental process of *becoming* a counselor, but the work of Skovholt and Ronnestad (1992, 2003) gives us a clear model to help us understand this process of evolution. The six phases of therapist/counselor development are outlined in Figure 4.1.

Figure 4.1 Phases of Therapist/Counselor Development

Phase	Description
The Lay Helper	Pretraining period characterized by overinvolvement, boundary problems, and giving advice based on one's own experiences
The Beginning Student	Period of questioning and self-doubt, reliance on supervisors, utilization of simpler counseling/therapy methods
The Advanced Student	Typically highly cautious and thorough; subscribing to high performance standards; differentiating, accepting, or rejecting models
The Novice Professional	Intense and engaging work while beginning on one's own; period of disillusionment with training and exploration of other models
The Experienced Professional	Phase characterized by creating a therapy/counseling role that is congruent with one's self and trusting one's professional judgments
The Senior Professional	"Leaders" in the field with high work satisfaction and a continued commitment to grow professionally

Adapted from Ronnestad and Skovholt (2003).

COUNSELING SPECIALTY AREAS AND SETTINGS

In general, the settings in which you choose to *practice* counseling align with your professional goals and personal values or interests. Your prior experiences certainly play a role in this decision-making process, yet choosing the best environment can be an overwhelming process (Cunningham, 2010). Professional counselors come from a variety of work backgrounds, with careers in education and health care making up the majority (King, 2007). In 2008, counselors held about 665,500 positions in the United States; 41% were vocational and school counselors, 17% were mental health counselors, 13% were substance abuse and behavioral disorder counselors, and 4% were marriage and family counselors (Bureau of Labor Statistics, 2012). It is important to note that each specialty area contains multiple potential positions, each with its own variations in work-related tasks. Reflection Exercise 4.2 will help you begin locating some of the settings and populations to which you are drawn. In the following sections, you will have an opportunity to review basic elements of the counseling subspecialties and the settings in which they are practiced, so that you might begin to reflect on (a) an area of particular interest and (b) an area in which you believe you might be most effective.

Reflection Exercise 4.2

FINDING A FIT: A REFLECTION EXERCISE FOR THE DISCERNING COUNSELOR IN TRAINING

Reflection questions to ask yourself as you discern the best environment for you as a future counselor.

When I think about myself as a counselor,

- ✓ Do I see myself working in a school?
- ✓ Do I see myself working with adults?
- ✓ Do I see myself working with children?
- ✓ Do I see myself working with individuals such as criminals, juvenile delinquents, or abusers?
- ✓ Do I see myself working with groups or families?
- ✓ Do I see myself enjoying working with couples who are facing difficulties or struggling to agree?
- ✓ Do I see myself working with individuals struggling with physical ailments, disabilities, or nutritional needs?
- ✓ Do I see myself in the corporate world?
- ✓ Do I see myself training individuals or working with CEOs on employee productivity?
- ✓ Do I see myself on a college campus?
- ✓ Do I see myself feeling passionate about residential issues of college students?
- ✓ Do I see myself working with individuals struggling with substance abuse?
- ✓ Do I see myself assisting individuals in finding a career that fits their skills, personality, interests, and values?
- ✓ Do I see myself in a hospital setting?
- ✓ Do I require an externally imposed structure on my schedule?
- ✓ Do I prefer to make my own schedule?
- ✓ Do I work best with a team of people?
- ✓ Do I see myself able to navigate the world of paperwork and insurance billing?
- ✓ Do I fit best at a small company where I will likely have to wear many hats and assume different roles?
- ✓ Do I find energy in challenges and obstacles presented by clients mandated to treatment?
- ✓ Do I see myself able to separate from the trauma presented in crisis counseling situations, preserve self-care, and avoid compassion fatigue?

Addictions Counseling

When you think about addictions, what comes to mind? You may think about people who have drinking problems, who consume too many prescription drugs, or who demonstrate compulsive behaviors in other areas such as hypersexual behaviors, Internet overuse, pathological gambling, and workaholism. Hypersexuality refers to the behavior of an individual who has particular urges that occur very frequently or become out of the individual's control. In the case of problematic computer use, the individual's use is so excessive that her normal daily functioning is interfered with. While compulsive Internet behaviors or compulsive sexual behaviors may appear closely related to those of substance use, they are not considered disorders in the most recent edition (the fifth) of the *Diagnostic and Statistical Manual of Mental Disorders*, known as DSM-V (American Psychiatric Association, 2013; DSM-V). The DSM-V did add a new category called "Addictive Disorders," but gambling disorder is the only condition listed. We are learning more about behaviors that have addictive characteristics, but the vast majority of addictive behaviors have to do with substances. Substance use disorders are one of the most prevalent public health issues in the United States (Chandler, Balkin, & Perepiczka, 2011), and therefore, counseling positions working with this population represent the vast majority of positions within the addictions field.

The category "Substance Use Disorder" addresses use of each substance as a separate disorder (e.g., alcohol use disorder, stimulant use disorder); however, each disorder is measured on a continuum from mild to severe, and almost all substance use is diagnosed using the same criteria. The disorder can be either physical or psychological and is diagnosed when two or more of the eleven criteria are met (e.g., tolerance, withdrawal symptoms, persistent desire to stop, time spent trying to acquire, unsuccessful efforts to cut down, failing to fulfill obligations, using in hazardous situations, continuing use despite persistent social and interpersonal problems influenced by the substance). "Substance Induced Disorder" refers to problems caused by substance addiction, such as intoxication, withdrawal, and a list of substance induced mental disorders. Between 20% and 50% of hospital admissions are related to substance use, and about 1 in 10 adults have problems with alcohol. Substance disorders do not discriminate by age, religion, income, ethnicity, geography, or profession (Stevens & Smith, 2001). Considering the nature and extent of the problem in our society, there is a great need for well-trained counselors (Whitter et al., 2006) to provide research-based interventions in multiple settings.

Given the prevalence of substance use disorders and the varying types of individuals impacted, multiple interventions and settings are utilized. Primarily, these include substance abuse treatment facilities and a range of community mental health centers. Additionally, there are numerous other settings where addictions counselors might play a role: hospitals, correctional institutions, private practice, and community improvement programs (James & Simons, 2011). The prevailing model for working

with individuals with substance use disorders is the Minnesota model of chemical dependency treatment (Winters, Stinchfield, Opland, Weller, & Latimer, 2000). The theoretical perspective of the model aligns with the disease concept of dependency, the 12-step approach, and multiple forms of psychotherapy and psychoeducation (Winters et al., 2000). The process involves different stages of care: detoxification, residential treatment, outpatient treatment, and aftercare involvement.

While the need for services is great, working with this population certainly has its challenges. There is a high rate of relapse within the population (Festinger, Rubenstein, Marlowe, & Platt, 2001; Hubbard, Flynn, Craddock, & Fletcher, 2001) and high rates of psychiatric comorbidity (McGovern, Xie, Segal, Siembab, & Drake, 2006), referred to previously as a *dual diagnosis* and presently as a *co-occurring disorder*. Dependent on the setting and the stage of the change process (Prochaska & Norcross, 2003) the individual is in, multiple intervention techniques are utilized: group, individual, and family counseling; assessment; mentoring; medical intervention; and psychoeducation (Brooks & McHenry, 2009). Addictions counselors collaborate on cases with other kinds of counselors (e.g., a couple and family counselor), physicians and nurses, psychiatrists, social workers, clergy, nutritionists, and others (McLellan et al., 1998). Treatment models such as the Minnesota model advocate a treatment team approach in which other professionals work in unison with counselors to assist the change process. Familiarity with the expertise of other professionals and effectiveness at collaborative engagement enhance the chances for client recovery (James & Simons, 2011). A great amount of research determining the most effective forms of treatment has been completed over the past 20 years, yet there has been and there remains concern about the dissemination of these findings into application in the field (Rawson, Marinelli-Casey, & Ling, 2002), and many treatment programs offer interventions that have very little empirical support (Thomas, Wallack, Lee, McCarty, & Swift, 2003).

Opportunities to work in the field of addictions continue to increase, with a projected rate of growth of 21% between 2008 and 2018; this is a higher than average trend (Bureau of Labor Statistics, 2012). At the same time, the annual rate of voluntary staff turnover within the addictions field is quite high, with recent research showing it to be at 33.2% for counselors and 23.4% for clinical supervisors (Eby, Burk, & Maher, 2010). The certification and licensure process and requirements for working in the addictions field can be very complicated and therefore confusing (Morgen, Miller, & Stretch, 2012). Many states have unique credentialing requirements separate from those for a licensed professional counselor, which can vary from a certification requiring only a bachelor's degree to a certification requiring a graduate counseling degree. Therefore, there are multiple titles used among different states (e.g., licensed chemical dependency counselor, licensed substance abuse counselor). To understand common requirements for an addictions certification or license, it is

helpful to review the requirements for the Master Addictions Counselor (MAC). The MAC was developed jointly through the National Board for Certified Counselors (NBCC) and the International Association of Addictions and Offender Counseling (IAAOC). Individuals achieve the MAC designation by holding the NCC credential, documenting at least 12 semester hours of graduate coursework in addictions (or 500 continuing education hours in addictions), completing three years of supervised experience as an addictions counselor, and receiving a passing score on the *Examination for Master Addictions Counselors* (EMAC). The addictions field offers a variety of positions and settings to choose from and can prove to offer both valuable and meaningful work. Chances are, no matter which setting you choose, you will work with addiction to some extent. Case Illustration 4.1 offers you a small glimpse into an addictions scenario and encourages you to ask a few questions of yourself related to it.

CASE ILLUSTRATION 4.1

MARY ANNE

Mary Anne is a 47-year-old woman who has recently admitted herself to an inpatient facility for addictions. She is the mother of three small girls ages 2, 4, and 6. Mary Anne shares with you that she desperately wants to get clean and sober for her family and is ready to do it with your help. Her intentions appear sincere, and you feel committed and hopeful based on her authenticity and enthusiasm that she will succeed in treatment. Mary Anne collaborates with you on some realistic goals for her time in treatment, and she begins to get to work both in session and outside of session. You begin researching creative interventions to utilize in session, reflecting on what you believe will speak to her and be most effective given her situation. You check in about her family and try to help her keep focused on them as her goal.

After a weekend away from the facility, you return to work the following Monday and are informed that Mary Anne has checked herself out and relapsed. She drove under the influence and was arrested over the weekend for DUI and endangering the welfare of her children, who were with her in the car.

Describe the emotions you feel upon reading this case. If Mary Anne were to return to your care, how would you proceed with her? If Mary Anne never returns to treatment, how do you make sense of your efforts with her? Are there feelings of betrayal, frustration, or hopelessness? What about working with this client would be a good fit for you? What do you see as a possible concern for you personally with a client such as this?

Career Counseling

The historical roots of the counseling profession are embedded in the field of career counseling; Frank Parson's book *Choosing a Vocation* (1909) distinguished the field of counseling as separate from other helping professions (Savickas, 2011). Today, this counseling subspecialty remains focused on helping people in "making [the] greatest decision" (Parsons, 1909, p. 5) of their lives (Hartung, 2010). The work of a career counselor is rarely limited to solely assisting an individual in locating a particular career path due to the fact that one's occupation can impact multiple areas of his or her life: physical, mental, social, and emotional. Therefore, definitions of career counseling encompass a process that is not only a specialty area, but also a core element of all counseling (Gladding & Newsome, 2010).

Career counselors also have multiple settings in which they can provide services. University career centers, private practice, business settings, government agencies, job placement and training centers, and the armed forces represent some of the possibilities. While the fundamental elements of career counseling and development revolve around assessments and interventions (Hartung, 2010), the last 100 years of practice have exhibited a tremendous amount of well-researched theoretical perspectives, assessment instruments, and intervention strategies. These developments are utilized through multiple processes, including career education, the provision of career information, career intervention, career development facilitation, and career coaching. The intentions behind these methods are to help clients evaluate their interests, abilities, skills, and values in order to help them identify suitable occupational paths and then assist them in developing skills to seek out, apply for, and transition into positions. Career counselors also work with individuals who experience career concerns, career transitions, unemployment, and underemployment. Case Illustration 4.2 provides some context for the types of issues a career counselor works with.

A wide variety of assessments exist to assist counselors and clients through this process. Career counselors could find themselves in collaboration with individual or family therapists, employers, and occupational therapists. It is also important to note that computer technology and the Internet have had a greater impact on career counseling than any other counseling specialty due to computer-assisted guidance systems, and practitioners need to possess knowledge of and familiarity with these technologies (Kottler & Shepard, 2011).

Among many other important functions, the National Career Development Association (NCDA), the oldest division within the American Counseling Association, defines the standards and the competencies for the career development and counseling specialty area. Certification and licensing requirements for career counselors vary by setting and location but all require a graduate degree.

CASE ILLUSTRATION 4.2

CRISIS AND TRANSITION

Given the rates of unemployment and the devastation and anxiety that many families face, you have begun to have numerous clients who are presenting with career concerns. Recently, a 51-year-old man came to your office stating that he had no direction or purpose and felt like a failure as a man, since he could no longer provide for his wife and children. As of six months ago, he was laid off from work, and he has been unsuccessfully trying to find new work. He reports to you that he had worked at his last job since he was 18, had been there the last 33 years of his life, and felt like he didn't even know where to look or how to start all over. He reports that he is overwhelmed, feels hopeless, and wonders at times who he is anymore.

Where do you start with this client? What strengths does this client possess? What anticipated challenges do you see for yourself as his counselor? What outside resources or people might you mobilize or integrate? What about working with this client would be a good fit for you? What do you see as a possible concern for you personally with a client such as this?

While a career counselor working in private practice may be required to hold a license as a professional counselor, those working at a university career center might not. The NCDA offers members special levels of achievement depending on their level of knowledge and experience in the field: master career counselor (MCC), master career development professional (MCDP), and fellow. The opportunities for positions in career counseling are higher than average and are expected to grow by 14% between 2008 and 2018 (Bureau of Labor Statistics, 2012).

Clinical Mental Health Counseling

Clinical mental health counseling (CMHC) is the most encompassing counseling specialization due to the variety of settings in which practitioners function and the array of services they provide. It was not until 2009 that CACREP brought *community counseling* and *mental health counseling* together to form the specialization of CMHC; while the title might have been recently adopted, CMHC is firmly connected to the historical roots of the counseling profession as well as other helping professions (Cannon & Cooper, 2009). Largely due to President Kennedy's Community Mental Health Centers Act (1963), opportunities for those

interested in providing multisystemic preventative services within community settings expanded (Scileppi, Teed, & Torres, 2000); currently, mental health counseling is considered one of the core mental health professions in the United States (Colangelo, 2009).

Early in the growth of the field, mental health counseling was defined as “an interdisciplinary multifaceted, holistic process of (1) the promotion of healthy lifestyles, (2) identification of individual stressors and personal levels of functioning, and (3) preservation or restoration of mental health” (Seiler & Messina, 1979, p. 6). Lewis, Lewis, Daniels, and D’Andrea (2003) defined this counseling specialization as “a comprehensive helping framework of intervention strategies and services that promotes the personal development and well-being of all individuals and communities” (p. 6). This definition highlights the broad reaches of this specialization and emphasizes the focus on both the individual and the community. Hence, CMHCs are found in numerous settings, some of which include private practice, hospitals, residential care facilities, employee assistance programs, addiction related treatment centers, and school and university settings. CMHCs work with individuals, families, groups, and communities in promoting mental health and treating the entire spectrum of diagnoses (Neimeyer, Taylor, Wear, & Buyukgoze-Kavas, 2011). They are involved with assessment and diagnosis, psychotherapy, treatment planning, psychoeducation, and crisis management. Ultimately, they offer both direct and indirect services to clients and communities (Lewis et al., 2003). Most important, the field has retained its core identity (e.g., developmental, strengths-based, holistic) while effectively responding to changes and needs within the current health care system (Pistole, 2001). While the types of situations a CMHC encounters will obviously vary, the Case Illustration 4.3 provides an example.

Because CMHCs function in such a variety of roles and settings, they tend to collaborate with the entire spectrum of those in the helping fields: human service workers, psychiatrists, school counselors, social workers, and nurses. Their ability to not only provide evidence-based therapeutic interventions, but also successfully connect clients to the larger set of social systems is critical. Considering the knowledge and experience necessary to effectively provide these services, licensure and certification requirements are fairly extensive. All 50 states now offer licensure, which requires a master’s degree, a specified number of supervised clinical hours beyond the receipt of a degree, and the passage of a state qualifying exam. (For state specific requirements, see ACA, 2010b.) The job outlook for CMHCs is strong. The occupational trend points toward a significantly higher than average increase (24%) in projected job opportunities between 2008 and 2018 (Bureau of Labor Statistics, 2012). Due to the range of roles that CMHCs play, there is not a formal certificate or degree for every specialization; therefore, time in the field is the best way to tailor skills and garner the training needed for working with a particular population.

CASE ILLUSTRATION 4.3

JAMES

Your client, James, is a 27-year-old white male who was diagnosed with schizophrenia at 24. He was teaching high school history before the onset of his schizophrenia, but he has been living on disability for the past two years. He tells you that he and his psychiatrist have finally found a combination of medications that works to curb his symptoms. However, he is now feeling depressed about the years he has lost to his illness. Your client also has concerns about integrating back into the working world; while he would love to teach again, he fears he is not ready and may lose the hard-earned benefits he relies on.

Where do you start with this client? What strengths does this client possess? What anticipated challenges do you see for yourself as his counselor? What outside resources or people might you mobilize or integrate? What about working with this client would be a good fit for you? What do you see as a possible concern for you personally with a client such as this?

College and Student Affairs Counseling

The 2009 CACREP standards brought together two previously accredited programs under one title due to the significant overlap between the two programs' educational requirements. Since the early 1980s, the need for services within this population has increased alongside the significance of college student issues; therefore, the complexity and demanding nature of the work has also increased (Archer & Cooper, 1998; Watson & Schwitzer, 2011). Many counselors thrive on college campuses due to the variety of roles they can play, the energy of the young adult population, the vast and developing knowledge base required to inform their practice (Smith et al., 2007; Watson & Schwitzer, 2011), and the opportunity to work with a population in the midst of multiple developmental changes. The ultimate goal of utilizing counseling in this environment is to help "students work through psychological and emotional issues that may affect their academic success and personal development" (Dungy, 2003, p. 345).

Counselors within this specialty work in a variety of higher education and student affairs settings, including a college counseling center, housing and residential life, student union management, career services, multicultural support services, and other campus leadership activities (CACREP, 2012). Professionals

gain preparation for this work through the core counseling background as well as additional studies in the culture, organization, and administrative structure of higher education, policy-making, and college student development. Review Case Illustration 4.4 for an example of working with this population, and then reflect on some of the questions posed.

Particular to college counseling centers, the dramatic increase in recognized mental health problems on campuses around the country further enhances the importance of these services. It has been said that these counseling centers are essentially becoming community agencies housed within educational institutions (Rudd, 2004). A survey of directors of these centers found that 91% reported an increase in the number of students with severe psychological problems. Within the 37.4% of student–clients having a severe psychological problem, the directors reported that 31.2% of those students could be treated successfully through their

CASE ILLUSTRATION 4.4

ANTHONY'S TRANSITION

Anthony is a college senior, and he dropped into the wellness center at the university that you work at as a counselor. He reports that despite the fact that all of his friends are enjoying the thrill of finishing college and all that comes with that, he feels increasingly anxious and disconnected from his family and peers, and at times has been unable to sit through class or attend his team practices. Anthony states that he experiences consistent and persistent worry about his future. Where will he go after graduation? What will he do for employment? Will he return home to live? How will he afford housing? He has concerns about keeping up relationships made at school and a long list of other concerns. Anthony's speech is a bit rapid, he appears warm and uncomfortable in his seat, and he checks his watch a number of times during the session. After the initial intake session is completed, he agrees to return and work with you for six to eight sessions over the next few weeks.

What is your approach with this client? What concerns do you address first? Are there safety concerns for this client? How do you decipher between normative stress related to a life transition, such as college graduation, and anxiety? What would be three possible treatment goals? What about working with this client would be a good fit for you? What do you see as a possible concern for you personally with a client such as this?

counseling center (Gallagher, 2010). Common issues presented in the college setting include mood disorders, anxiety disorders, and substance use disorders (Hunt & Eisenberg, 2010). Counselors also work with students on a wide range of other issues, including but not limited to self-injury, eating disorders, immediate crises, career planning and decision making, and wellness planning. The counselors in this setting spend the majority of their time involved in one-on-one counseling; the remainder of their time is spent in other forms of direct service (e.g., group counseling, workshops) and additional tasks (e.g., meetings, supervision, completing clinical notes) (Gallagher, 2010).

Psychologists (who hold a PhD or PsyD degree) staff many college counseling centers but certainly not all of them. Beyond holding a state-identified professional counseling license (i.e., licensed professional counselor), there are currently no additional licensing requirements for a college counselor, and the opportunities for positions within this counseling subspecialty are expected to increase 14% between 2008 and 2018 (Bureau of Labor Statistics, 2012).

Marriage, Couple, and Family Counseling

The marriage, couple, and family counselor, widely and previously referred to as the marriage and family therapist (MFT), primarily functions from a qualitatively different theoretical perspective than counselors in the other subspecialties discussed in this chapter. While their core masters' degree coursework is similar, MFT students complete additional coursework specific to this form of counseling and its theoretical foundations. The main differentiating variable between individual counseling and family counseling is how the counselor views the problem at hand. The historical *intrapsychic* paradigm, including the work of Freud, Adler, Ellis, May, Jung, and others, holds the belief that the *problem* exists within the individual, and therefore the individual is the object of the therapeutic intervention. The *interpsychic* paradigm holds that the *problem* is not necessarily located within the individual, but rather is located within the larger systemic context of interactions between people (Goldenberg & Goldenberg, 2012; Nichols & Schwartz, 2007). For instance, where an individual counselor may see client issues in a linear fashion (cause-effect), the family counselor views the issues as involving reciprocal causality, in which each element or person involved is both contributing to and a result of the issues at hand. Additionally, where an individual counselor might see a problem as located within an individual (the client), the family counselor seeks to place the problem in a larger context and determine how interactions between people contribute to it and can be part of the solution. This paradigmatic shift in treatment focus cannot be understated, because it informs all aspects of the MFT counseling process.

The MFT field developed during the 1940s and 1950s, but its time of greatest expansion occurred in the 1970s (Gladding & Newsome, 2010). Since 1970, there

has been a 50-fold increase in the number of practicing MFTs (Miller, Todahl, & Platt, 2010). Currently, there are hundreds of master's-level training programs across the country. Graduates of these programs practice marriage and family therapy in many different settings, including private practice, correctional institutions, substance abuse facilities, mental health agencies, and hospitals, to name a few.

In practice, the MFT applies this systemic/interpsychic perspective through the choice of theoretical approach and techniques stemming from that approach in order to teach, gather information, enhance communication, discover underlying systemic problems, alter behaviors, encourage the sharing of emotions, discuss problematic behaviors within the system, and develop posttreatment recommendations. The MFT collaborates with the family or couple to understand the implicit purpose of the *symptom* that brought them into counseling and how it developed and persists; the counselor and family work to positively alter behaviors and cognitions related to family development, and prevent future problems. Case Illustration 4.5 gives some context. Think about how you might begin integrating the points shared above with this couple. Often, if outside a private practice or small clinic,

CASE ILLUSTRATION 4.5

A COUPLE'S CHALLENGE

Anita, 58, and Davis, 56, come into your office for their first appointment. Anita claims that her husband Davis still has not forgiven her for an emotional affair she had with a coworker a few years ago. According to Anita, Davis initially was very angry, and although now he says he forgives her, he never wants to spend time with her. Anita says angrily she does not know how long she has to be punished for her behavior and doesn't know what to do any more. Throughout the session, Davis is very distant; he responds very little to your questions and looks out the window. The couple does not want to consider a divorce, and they cite their religious beliefs as their main reason. In fact, when you brought up divorce, Davis spoke up for the first time without prompting, stating "absolutely not."

What are the immediate emotions you feel after reading this case? How do you think you might choose to engage the couple in the next few sessions? Do you have biases or preconceived notions that you need to reflect on as you prepare to see this couple again? With religion being an important part of this discussion, how do you think you would address and discuss that topic? How can you facilitate the strengthening of this relationship?

the MFT must be able to work as part of an interdisciplinary team, which could include a primary physician, a dietitian, a nurse practitioner, a psychiatrist, an individual counselor, school personnel, and other health care specialists (Patterson, Williams, Edwards, Chamow, & Grauf-Grounds, 2009).

The American Association for Marriage and Family Therapy (AAMFT) is the largest professional association within this field, and it has established the accreditation requirements for graduate programs in marriage and family therapy at all levels (master's, doctoral, and postgraduate) as well as standards for clinical supervision, professional ethics, and clinical practice. Currently, all 50 states regulate the profession through a licensing procedure similar in many ways to the licensed professional counselor licensure. While not the same in all states, the designation LMFT (licensed marriage and family therapist) is used to identify those who have achieved licensure appropriate to a scope of practice in couple and family counseling. The growth in job opportunities is higher than average, with an estimated 14% increase between 2008 and 2018 (Bureau of Labor Statistics, 2012). It is an exciting field that continues to grow, and research points toward its numerous benefits due to the fact that it is logical, fast, satisfactory, and economical (Gladding & Newsome, 2010).

School Counseling

School counselors are primarily employed in elementary (kindergarten through sixth grade) and secondary (seventh through twelfth grade) school settings (Martin, 2002). Counselors working within this subspecialty practice in all types of educational environments (public, private, parochial, alternative, charter, cyber, and vocational–technical schools) assisting students with a range of academic, personal, social, and vocational issues (Elijah, 2011). School counselors facilitate student growth by engaging in preventative and developmental counseling through the use of classroom guidance sessions as well as individual and group work (Perera-Diltz & Mason, 2008). School counselors are not permitted to diagnose a student with a mental health disorder and generally do not provide extensive one-on-one counseling services (Evans, Van Velsor, & Schumacher, 2002); they do, however, make clinical judgments and make referrals to community agencies or private practitioners so that students can access longer-term and more intensive counseling services. In addition, school counselors often assist with student testing and assessment (Sink & Stroh, 2003) and serve as home-school-community liaisons (Johnson, 2000). School counselors play an important role in crisis or critical incidents within the school, such as suicidal ideation (Perera-Diltz & Mason). For example, the school counselor should be a leader and important member of a school's crisis response team, and should play a role in the emergency response

design or plan. During an incident, the counselor may be providing individual or group counseling, engaging community resources to assist in the response effort, referring victims of a critical incident to other health care providers, and/or communicating with parents and staff (ASCA, 2007).

In addition to consulting with parents, school counselors may collaborate with a variety of professionals, including school administrators, teachers, medical personnel, and school support staff such as social workers, school psychologists, school nurses, and student resource officers (Gibbons, Diambra, & Buchanan, 2010). For instance, further inquiry into a child's decline in grades might reveal the fact that his or her family has recently become involved with an in-home family counselor who is now also acting as the family's case manager. With approved informed consent, you may begin to consult and collaborate with the in-home counselor on the child's progress. Another example, and reflective questions related to it can be found in Case Illustration 4.6.

CASE ILLUSTRATION 4.6

ALYSIA'S PRESSURE

You are a high school guidance counselor, and two female students come into your office. One student, Tariah, claims she has brought in her friend Alysia, a junior, because Tariah is very worried about Alysia. Tariah explains that Alysia has shared thoughts of hurting herself. Alysia recently took the SATs and scored much lower than she hoped to. Alysia cries while explaining that her parents do not have money for a tutor, and that she needs to get these scores so she can get into her goal school, which is one of the most elite schools in the country. Alysia's parents, who are Jamaican immigrants, put a lot of pressure on Alysia to do well in school and take advantage of the hard-earned opportunities they provide for her. Alysia feels she has shamed them and wishes she would disappear, so her parents can focus more on her younger sister, who shows much more promise.

What are your thoughts and feelings about this scenario? What do you feel your role is as the school counselor? What additional resources might be helpful for Alysia? What do you see as a possible concern for you personally with a student such as this?

Historically, alongside assisting the positive development of numerous young people, practicing school counselors have faced a number of challenges in their work. The American School Counselor Association (ASCA) recommends that counseling programs maintain a student-to-counselor ratio of 250 students to one counselor. However, in the field, the actual ratio is much higher, approximately 459 students for every one counselor. Larger caseloads than what is recommended create challenges with regard to the delivery of services. In addition, ambiguous role definition can engender confusion between school counselors and their constituent groups (Paisley & McMahan, 2001). In the past, school counselors have been delegated myriad noncounseling tasks as a result of ill-defined job duties. Last, some school counselors are working with increasingly diverse student populations (Borders, 2002), yet unfortunately, lack of knowledge of culturally appropriate interventions plagues many school counselors. Despite the inherent challenges, for over a decade professional school counselors have refined, clearly outlined, and implemented a unifying model for a comprehensive school counseling program as described in *The ASCA National Model: A Framework for School Counseling Programs* (ASCA, 2012). This model can be utilized in any school and is based on four components: foundation, management, delivery, and accountability. The foundation outlines the goals and vision for school counseling programs. Management provides information on the appropriate tools for implementing and assessing programs. A primary focus of the ASCA national model is on delivery, which includes the direct and indirect services provided to students: delivering the school counseling core curriculum, individual student planning, and responsive services. The accountability component involves the means and methods for evaluating the program's effectiveness in order to make appropriate changes and to provide students with the highest level of care. The new developments based on the 2005 version of the ASCA National Model include an increased emphasis on data-informed decision making, new tools for assessment, and more specific distinctions between direct and indirect student services, among others (ASCA, 2012).

Most states require practicing school counselors to hold a state-issued certificate, which often requires graduate coursework and continuing education credits. Some states require school counselors to hold teaching certificates or have teaching experience, whereas other states require school counselors to pass standardized tests (e.g., Praxis) before practicing in the field (Perera-Diltz & Mason, 2008).

Positions within the field of school counseling are expected to increase by 14% between 2008 and 2018 (Bureau of Labor Statistics, 2012). School counseling is an exciting and rewarding field with an increasing number of employment opportunities. Individuals considering counseling work in a school setting should also consider related vocations, such as school social work and clinical mental health counseling in schools. These professionals assist the school counselors with

particularly complicated or severe cases by providing counseling to students and relevant referral information to their families.

Clinical Rehabilitation Counseling

The field of rehabilitation counseling began in the early 20th century with legislation designed to provide rehabilitation services to veterans with disabilities and to assist them in achieving their independent living and vocational goals (Spornier, 2012). In addition, the systematic practice of rehabilitation counseling (also known as vocational rehabilitation) abets individuals with cognitive, mental, developmental, physical, and emotional disabilities to attain their individual, occupational, and self-determined living goals in the most holistic settings possible through counseling (Leahy & Szymanski, 1995).

The American Rehabilitation Counselors Association (ARCA) is the main professional association for rehabilitation counselors. The Commission on Rehabilitation Counselor Certification (CRCC) focuses on quality rehabilitation counseling services to individuals with disabilities through the certification of rehabilitation counselors and the promotion of leadership in advocating for the rehabilitation counseling profession (CRCC, 2013). Rehabilitation counselors provide comprehensive counseling services in a range of counseling sites (Berens, 2009), such as private rehabilitation companies, community and private mental health counseling practices, substance abuse programs, and educational settings (high school and college/university).

Remember that within each of these specialty areas, there will be a wide variety of positions and roles you can choose from. Now that you've been introduced to the general characteristics of these seven major specialty areas, you likely have a stronger understanding of which areas seem to *fit* more for you personally at this point in your career. At the least, you might be more confident of those specialty areas that *do not fit* your desires or objectives at this time; this is good information too! You might want to go back to Reflection Exercise 4.2 to see if your answers have changed or shifted now that you have more information. In order to further this process of discovery, next we want to further explore ourselves (motivations, interests, values, etc.) and gain increased access to information about the world of work.

CAREER EXPLORATION FOR PROFESSIONAL COUNSELORS

As a counselor in training, you must begin to explore the multiple counseling settings and areas of practice available, and think about planning your career choices. You must keep in mind the fact that this developmental process involves

both intrapsychic investigations (e.g., reflections on aspects of your personality that may need adjustment within a counseling role) and outward practical applications (e.g., role-play, class demonstration, and practicum/internship experiences) (Howard et al., 2006). The more experiences and interactions counselors in training have, the more opportunities they have to reflect. Hence, the best way to initially explore your career path in this field is to take advantage of the opportunities supplied to you within your graduate studies as well as to maximize personal and professional interactions (Kottler & Shepard, 2011). Generally, counseling students share that the critical incidents contributing to their professional development revolve around their engagement in experiential learning: introductory skills courses, self-development activities, incidents occurring outside of academic life affecting personal growth, field experiences and supervision, and personal counseling (Furr & Carroll, 2003). In deciding which experiential learning opportunity will benefit your discernment most, it is important to know yourself.

Getting to Know Yourself

Understanding your developing self personally and professionally begins to solidify with your investigation into and eventual choice of a field placement. These experiences are reported as the most influential on counselor development (Folkes-Skinner et al., 2010). It is critical that you, as a future professional counselor, engage in self-reflection and contemplation about your career choices. This reflection not only assists you in navigating your career path, but it also provides you an opportunity for personal and professional growth. During your program of study, you are forced to begin integrating the textbook knowledge you have gained (professional) into real-life situations and then make further sense of your individual investments and personal interests as a counselor in training. This process can be stressful, as all unknown variables are further clarified; however, supportive supervision, mentoring, and peer encouragement are key components of managing this transition (De Stefano et al., 2007; Schmidt & Adkins, 2011). For example, listening to your peers discuss their experiences working with different populations, taking the initiative to visit a variety of counseling settings, and interviewing veteran counselors can increase your understanding of your interests (Hazler & Kottler, 2005).

The concept and process of *self-understanding* can seem quite broad at times. Therefore, for the purposes of this section, we'll focus on three important aspects. First, a critical component to self-understanding is accurate emotional insight (e.g., emotional awareness). This involves one's ability to recognize how his or her values, preferences, biases, and general viewpoint in certain situations impact the emotional self intuitively. Second, an individual can utilize this awareness to regulate

and monitor the emotion being felt prior to an immediate response. Involving our rational capabilities enables us to engage a third aspect of self-understanding, which is our evaluation of whether or not this intuitive emotional response is aligned with our developing value system. This process of self-understanding will begin to shift us toward an increasing amount of internal locus of control, which gives us the ability to rely on inner resources and wisdom to overcome life challenges. Ultimately, engaging in an ongoing personal reflective process and asking ourselves probing questions is critical for continued counselor development (Schmidt & Adkins, 2011). Reflection Exercise 4.3 can help you begin to clarify some of your personal characteristics and how they impact your development as a counselor.

The development of the personal and the professional aspects of the counselor cannot be successfully accomplished without a commitment to the reflective process; this process allows you to make sense of the behavioral, cognitive, and affective elements of this journey. And yes, there is a lot to reflect on. Five factors to keep in mind when considering your career trajectory include motivations, values, interests, abilities, and self-concept (Corey & Corey, 2007). While these may be equal in importance, identifying one's motivations and values does appear to require some added internal energy. Not only is it developmentally appropriate to examine your motivations for entering the field of counseling, it is also ethical. You must ask yourself which personal needs you are trying to meet through this work (Hazler & Kottler, 2005). Do you seek to be admired? Do you seek prestige? You have selfish motivations; they only become problematic when you choose not to recognize them, and then you inadvertently seek to meet them through your clients.

Reflection Exercise 4.3

INTROSPECTION

This expression has been attributed to Socrates: “An unexamined life is not worth living.” As a budding counseling professional, what does this mean to you personally and professionally as you develop your counseling identity? How would attempting to embody this life philosophy influence your work with clients and your attempts at being congruent in your personal life? Do you have fears or anxieties about your own development and what that means for you as a counseling professional? Knowing how important it is for counselors to know themselves and their own blind spots, how will you commit yourself to self-knowledge and growth? What supports and resources might you seek out throughout this lifelong process?

Second, values play an important role in helping us define and clarify our personal and professional identity (Auxier et al., 2003). Beginning counselors can examine the level of congruence between their personal values and the values of the counseling profession (e.g., developmental orientation, wellness orientation). Value exploration also allows beginning counselors to further refine their underlying personal philosophy toward the work; defining and owning what exactly drives you to engage in this field can act as a cornerstone during times of frustration and challenge (Busacca, Beebe, & Toman, 2010). Utilize Reflection Exercise 4.4 to clarify some of your personal and professional interests, motivations, abilities, and values.

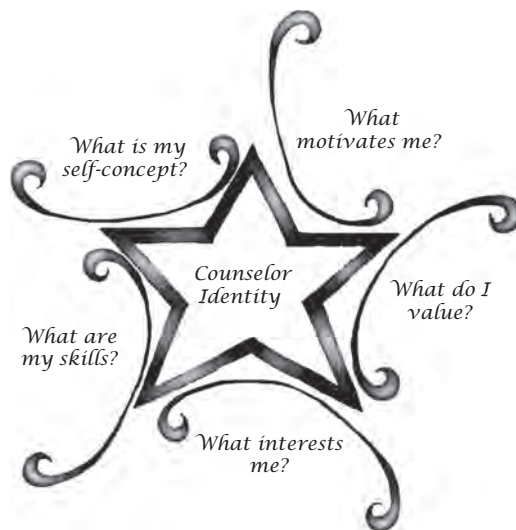
Reflection Exercise 4.4

IDENTITY FACTORS

As stated, the five factors to keep in mind when considering your career trajectory include motivations, values, interests, abilities, and self-concept (Corey & Corey, 2007). Take a moment now to begin, or continue, to reflect on what these five things look like for you in your life, and how these five inextricable aspects of your personal identity will color your life as a professional.

- What truly motivates you? Are these motivations authentic to your future role as a counselor and congruent with the persona you will present within a counseling setting?
- Make a list of your values in order of priority. The first on the list should be that which you value most, above all other things, and then list the rest in descending order toward other things you value but that do not reign supreme. Does one specialization within counseling align more with your top values than another area?
- Think back on the things in your life that have truly enveloped you, sparked a passion within you, and engaged you fully—mind, body, and heart. What interests you to the point of consumption, where you lose track of time and forget about compensation of any sort?
- If you had to ask a friend or a colleague to tell us about you, what would that person say are your most prominent skills, abilities, and personality characteristics? Do you see these aligning well with a particular counseling setting?
- On a scale of 1 to 10, where do you rank your overall concept of yourself? When you reflect on yourself and your capabilities both personally and professionally, what comes to mind?

Now reflect on the place where these converge: your motivation, values, interests, abilities, and self-concept. Where do you see those five things fitting within the world of work and the counseling field in particular?



The process of understanding your identity as a counselor is something that you want to continue to review; this is what it means to be a *reflective practitioner*. Additionally, alongside this process, it is important that you inquire into and expand your knowledge about the counseling profession. Engaging in these activities concurrently gives you more information to reflect on and potentially integrate into your counselor identity. The following section reviews some suggested activities in order to help you get to know the counseling world of work.

Getting to Know the Counseling World of Work

As you have likely determined through your reading of this chapter, the counseling profession offers an enormous amount of opportunities that can sometimes be overwhelming. However, along with increasing self-knowledge, gathering additional information about the counseling world of work will be both an informative and exciting process. Here, we will focus on a few areas to consider as you seek out and begin integrating the world of professional counseling practice.

First, can you clearly delineate the differences between the different helping professions? How does a counselor's philosophy of change and clinical practice differ from that of a social worker? I find that most of my beginning counseling students aren't precisely clear on the differences and similarities between these

related professions: social work, psychiatry, clinical psychology, counseling psychology, human services, and counseling. It is helpful to understand the historical background and philosophical underpinnings of these fields in order to determine whether the professional counseling orientation fits you well. Additionally, you will likely be collaborating with these other professionals in the future and it is helpful to have an understanding of their training and perspective on client issues.

Second, as you progress in your program, and if you see yourself in private practice one day, you might also begin to consider whether you envision yourself having a specialized or general practice. For instance, while some counselors could sharpen the scope of their practice to work specifically with families in which a child has been diagnosed with autism, others might have a practice focused on geriatric depression and primarily see older adult clients. A counselor in a more general practice would see a wider range of populations and work with a number of issues. There are risks and benefits to each. For example, specialized practitioners can become quite knowledgeable and adept in working within a focused practice; however, they could also begin to feel signs of burnout more quickly without exposure to various client bases. Generalizing practitioners might feel energized and excited by the unique issues brought by their clients but feel somewhat underprepared at times due to the plethora of information and methods of treatment for the varied issues they work with (Shallcross, 2012).

Third, I believe it is important for beginning counselors to make an early and honest appraisal of what range of income they expect and desire to receive upon completion of graduate school as well as years afterwards. Unfortunately, in my experience, a few students in their final semester just start to realize the actual range of salaries for entry-level counselor positions in a job market. For instance, here are the 2010 *median* annual incomes for different specialties: clinical mental health counselors (\$38,150), marriage and family therapists (\$45,720), school and career counselors (\$53,380), substance abuse counselors (\$38,120) (Bureau of Labor Statistics, 2012). Therefore, it is important for you to get salary information about counselors in different specialties early on in your graduate program in order to plan your career path.

The fourth and likely most important area to consider is professional involvement. Becoming involved with professional organizations and broader counseling initiatives is an excellent way to begin the reflective process on how you see yourself fitting in to the field as a whole and gain energy from likeminded individuals. Within the American Counseling Association (ACA), you can join one of 53 state and international branches and/or one of 19 divisions with specific foci. This type of engagement in ACA and affiliated branches and divisions, along with attending conferences and reading *Counseling Today* and peer-reviewed counseling journals (e.g., *Journal of Counseling and Development*), allows you to follow and comment

on the news and legislation that influences the counseling field and participate in various other activities. These activities will enhance your knowledge of the counseling professional's world of work immensely.

Last, asking questions of or inquiring for information from practicing professional counselors is important. You should locate counselors in your areas of both interest and intrigue, and take the time to interview them about their developmental process, their personal reflections over time, their decisions at professional crossroads, and their interests in and passion for their work. Practice your counseling and interview skills while doing so! Each of these areas will help further your understanding of the field and, as you integrate these understandings with your increased self-awareness, allow you to make informed decisions about the next steps in your professional future.

Remember, finding your professional areas of interest and planning your career path do not all happen at once, and when they do happen, they are not once and for all. As you may recall, Ronnestad and Skovholt's (2003) six phases of development help you recognize that this is a process of *becoming*. Instead of focusing on the goal of having their professional future organized and finalized, graduate students have found it helpful to focus on the *next step* in their personal and professional development. For certain, you can expect struggles and challenges (Skovholt & Ronnestad, 2003), such as theoretical integration with a particular population (Lowndes & Hanley, 2010) and working within sometimes complicated administrative systems.

The benefits of joining the counseling profession are innumerable. You have the opportunity to focus on unique areas of interest and design your own career trajectory. All of this can occur while you are truly helping other people and therefore having a rewarding and meaningful occupational existence, no matter what setting you choose. As you understand at this point, these decisions come with challenges. However, each challenge presents with it another opportunity for reflection and therefore additional professional identity development—embrace them.

KEYSTONES

This chapter introduced you to the main specialty areas within the counseling profession and offered a preview into the important internal processes that take place during professional decision making. The internal processes discussed all play a role in identity formation, self-efficacy development, and cognitive complexity enhancement. The overview of each specialty area included work settings, general duties, interventions employed, potential collaborative partners, certification and licensure, and projections for future employment for professionals working in each specialty.

The specialty areas covered included the following:

- Addictions Counseling—working with individuals with compulsive behaviors and substance addiction in particular.
- Career Counseling—assisting individuals with career related developmental decisions, including but not limited to choosing a career path, deciding on future steps within a current career, and/or creating a more satisfying work experience.
- Clinical Mental Health Counseling—a broad category focusing on many aspects of mental health services, from wellness promotion to treatment for severe diagnoses.
- College and Student Affairs Counseling—working through or managing the emotional and psychological concerns that impact the academic and personal success of students in higher education.
- Marriage and Family Counseling—applying a systems perspective to helping couples and families develop means for working through conflicts in order to improve or create relationships and prevent future problems.
- School Counseling—taking a leadership position with regard to providing preventative strategies and developmental services to assist students in school settings.
- Clinical Rehabilitation Counseling—helping individuals with cognitive, mental, developmental, physical, and emotional disabilities to achieve their individual and occupational goals.

Finding a professional setting that fits is a challenging and exciting process, and the first step is enhancing self-understanding. This includes developing your emotional insight, strengthening your regulation and monitoring of your emotional responses, and engaging your rational capacities. Alongside self-understanding, other important areas of engagement were reviewed: utilizing your practical experiences, interacting with professionals, taking advantage of supervision, and getting involved with professional organizations; all of these assist the process of professional identity development and will help you clarify your future choices.

ADDITIONAL RESOURCES

Becoming Professional Counselors

American Counseling Association: www.counseling.org

King, G. (2007). Career development of counselors. *British Journal of Guidance & Counselling*, 35(4), 391–407.

National Board for Certified Counselors: www.nbcc.org

Orlinsky, D. E., & Ronnestad, M. H. (2005). *How psychotherapists develop*. Washington, DC: American Psychological Association.

Addictions Counseling

Brooks, F., & McHenry, B. (2009). *A contemporary approach to substance abuse and addiction counseling: A counselor's guide to application and understanding*. Alexandria, VA: American Counseling Association.

International Association of Addictions & Offender Counselors: www.iaaoc.org

Master Addictions Counselor: www.nbcc.org/specialties/mac

Morgen, K., Miller, G., & Stretch, L. S. (2012). Addiction counseling licensure issues for licensed professional counselors. *The Professional Counselor: Research and Practice*, 2(1), 58–65.

Whitter, M., Bell, E. L., Gammond, P., Gwaltney, M., Magana, C. A., & Moreaux, M. (2006). *Strengthening professional identity: Challenges of the addictions treatment workforce*. Cambridge, MA: Abt Associates.

Career Counseling

Hartung, P. J. (2010). Practice and research in career counseling and development. *The Career Development Quarterly*, 59, 98–142.

National Career Development Association: http://associationdatabase.com/aws/NCDA/pt/sp/home_page

Savickas, M. L. (2011). The centennial of counselor education: Origin and early development of a discipline. *Journal of Counseling and Development*, 89(4), 500–503.

Clinical Mental Health Counseling

American Counseling Association (ACA). (2010). *Licensure requirements for Professional Counselors: A state-by-state report*. Alexandria, VA: Office of Professional Affairs.

American Mental Health Counselors Association: www.amhca.org

Colangelo, J. J. (2009). The American Mental Health Counselors Association: Reflection on 30 historic years. *Journal of Counseling and Development*, 87(2), 234–240.

Lum, C. (2010). *Licensure requirements for professional counselors*. Retrieved from http://www.counseling.org/docs/licensure/72903_excerpt_for_web.pdf?sfvrsn=2

College & Student Affairs Counseling

American College Counseling Association: www.collegecounseling.org

Gallagher, R. P. (2010). *National Survey of Counseling Center Directors*. Alexandria, VA: International Association of Counseling Services.

Hunt, J. & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health*, 46, 3–10.

Smith, T. B., Dean, B., Floyd, S., Silva, C., Yamashita, M., Durtschi, J., & Heaps, R. A. (2007). Pressing issues in college counseling: A survey of American College Counseling Association members. *Journal of College Counseling*, 10, 64–78.

Marriage, Couple, & Family Counseling

American Association for Marriage and Family Therapy: www.aamft.org

Goldenberg, H., & Goldenberg, I. (2012). *Family therapy: An overview* (8th ed.). Belmont, CA: Brooks/Cole.

Patterson, J., Williams, L., Edwards, T. M., Chamow, L., & Grauf-Grounds, C. (2009). *Essential skills in family therapy: From the first interview to termination* (2nd ed.). New York, NY: Guilford Press.

School Counseling

American School Counselor Association (ASCA). (2012). *The ASCA national model: A framework for school counseling programs*. Alexandria, VA: Author.

American School Counselor Association: www.schoolcounselor.org

Perera-Diltz, D. M., & Mason, K. L. (2008). Ideal to real: Duties performed by school counselors. *Journal of School Counseling*, 6(26), 1–36.

Clinical Rehabilitation Counseling

American Rehabilitation Counseling Association. (ARCA). (2013, Spring). *ARCA E-newsletter*. Retrieved from <http://www.arcaweb.org/wp-content/uploads/ARCANewsletter-Spring2013.pdf>

Commission on Rehabilitation Counselor Certification (CRCC). (2013). *Welcome*. Retrieved from www.crcrcertification.com/

Council on Rehabilitation Education (CORE). (2013). *CACREP/CORE correspondence: CACREP Letter to Frank Lane 12-3-12*. Retrieved from <http://www.core-rehab.org/Files/Doc/PDF/WhatsNewPDFs/CACREP%20Ltr%20to%20Frank%20Lane%2012-2012.pdf>

Career Exploration for Counselors

Busacca, L. A., Beebe, R. S., & Toman, S. M. (2010). Life and work values of counselor trainees: A national survey. *The Career Development Quarterly*, 59(1), 2–18.

Corey, G., & Corey M. S. (2007). *Becoming a helper* (5th ed.). Belmont, CA: Thomson.

Folkes-Skinner, J., Elliott, R., & Wheeler, S. (2010). 'A baptism of fire': A qualitative investigation of a trainee counsellors' experience at the start of training. *Counselling and Psychotherapy Research*, 10(2), 83–92.

REFERENCES

American Counseling Association (ACA). (2010a). *20/20: A vision for the future of counseling. Consensus definition of counseling*. Retrieved from <http://www.counseling.org/knowledge-center/20-20-a-vision-for-the-future-of-counseling/consensus-definition-of-counseling>

American Counseling Association (ACA). (2010b). *Licensure requirements for professional counselors: A state-by-state report*. Alexandria, VA: Office of Professional Affairs.

American Psychiatric Association (APA). (2013). *Diagnostic and statistical manual of mental disorders: DSM-V* (5th ed.). Washington, DC: Author.

American School Counselor Association (ASCA). (2007). *Position statement: Crisis/critical incident response in the schools*. Alexandria, VA: Author.

American School Counselor Association (ASCA). (2012). *The ASCA national model: A framework for school counseling programs*. Alexandria, VA: Author.

Archer, J., Jr., & Cooper, S. (1998). *Counseling and mental health services on campus: A handbook of contemporary practices and challenges*. San Francisco, CA: Jossey-Bass.

- Auxier, C., Hughes, F., & Kline W. (2003). Identity development in counselors-in-training. *Counselor Education & Supervision, 43*, 25–38.
- Berens, D. E. (2009). Rehabilitation counseling. In Bradley T. Erford (Ed.), *The ACA encyclopedia of counseling* (pp. 446–448). Alexandria, VA: American Counseling Association.
- Beutler, L. E., Malik, M., Alimohamed, S., Harwood, T. M., Talebi, H., Noble, S., & Wong, E. (2004). Therapist variables. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 227–306). New York, NY: Wiley.
- Borders, L. D. (1989). Developmental cognitions of first practicum supervisees. *Journal of Counseling and Development, 36*(2), 163–169. doi: 10.1037/0022-0167.36.2.163
- Borders, L. D. (2002). School counseling in the 21st century: Personal and professional reflections on the four focus articles. *Professional School Counseling, 5*, 180–185.
- Brooks, F., & McHenry, B. (2009). *A contemporary approach to substance abuse and addiction counseling: A counselor's guide to application and understanding*. Alexandria, VA: American Counseling Association.
- Brott, P. E., & Myers, J. E. (1999). Development of professional school counselor identity: A grounded theory. *Professional School Counseling, 2*, 339–348.
- Bureau of Labor Statistics. (2012). *Occupational outlook handbook*. Retrieved from <http://www.bls.gov/ooh/>
- Busacca, L. A., Beebe, R. S., & Toman, S. M. (2010). Life and work values of counselor trainees: A national survey. *The Career Development Quarterly, 59*(1), 2–18. doi: 10.1002/j.2161-0045.2010.tb00126.x
- Cannon, E., & Cooper, J. (2009). Clinical mental health counseling: A national survey of counselor educators. *Journal of Mental Health Counseling, 32*(3), 236–246.
- Chandler, N., Balkin, R. S., & Perepiczka, M. (2011). Perceived self-efficacy of licensed counselors to provide substance abuse counseling. *Journal of Addictions & Offender Counseling, 32*(1), 29–42. doi: 10.1002/j.2161-1874.2011.tb00205.x
- Colangelo, J. J. (2009). The American mental health counselors association: Reflection on 30 historic years. *Journal of Counseling and Development, 87*(2), 234–240. doi: 10.1002/j.1556-6678.2009.tb00572.x
- Commission on Rehabilitation Counselor Certification (CRCC). (2013). *Welcome*. Retrieved from <http://www.crccertification.com/>
- Corey, G., & Corey M. S. (2007). *Becoming a helper* (5th ed.). Belmont, CA: Thomson.
- Council for Accreditation of Counseling & Related Educational Programs (CACREP). (2012). *Choosing a graduate program*. Retrieved from <http://67.199.126.156/template/page.cfm?id=5>
- Cunningham, L. (2010). *Job satisfaction and values of counselors in private practice and agency settings*. (Unpublished doctoral dissertation). University of Central Florida, Orlando.
- De Stefano, J., D'iuso, N., Blake, E., Fitzpatrick, M., Drapeau, M., & Chamodraka, M. (2007). Trainees' experiences of impasses in counseling and the impact of group supervision on their resolution: A pilot study. *Counselling & Psychotherapy Research, 7*(1), 42–47. doi: 10.1080/14733140601140378
- Dungy, G. J. (2003). Organization and functions of student affairs. In S. R. Komives, D. B. Woodard, Jr., & Associates (Eds.), *Student services: A handbook for the profession* (4th ed., pp. 339–357). San Francisco, CA: Jossey-Bass.
- Eby, L. T., Burk, H., & Maher, C. P. (2010). How serious of a problem is staff turnover in substance abuse treatment? A longitudinal study of actual turnover. *Journal of Substance Abuse Treatment, 39*, 264–271. doi: 10.1016/j.jsat.2010.06.009
- Elijah, K. (2011). Meeting the guidance and counseling needs of gifted students in school settings. *Journal of School Counseling, 9*, 3–19.
- Evans, J. R., Van Velsor, P., & Schumacher, J. E. (2002). Addressing adolescent depression: A role for school counselors. *Professional School Counseling, 5*, 1096–2409.

- Festinger, D. S., Rubenstein, D. F., Marlowe, D. B., & Platt, J. J. (2001). *Relapse: Contributing factors, causative models, and empirical considerations*. New Haven, CT: Yale University Press.
- Folkes-Skinner, J., Elliott, R., & Wheeler S. (2010). 'A baptism of fire': A qualitative investigation of a trainee counsellor's experience at the start of training. *Counselling and Psychotherapy Research, 10*(2), 83–92.
- Fong, M. L., Borders, L. D., Ethington, C. A., & Pitts, J. H. (1997). Becoming a counselor: A longitudinal study of student cognitive development. *Counselor Education and Supervision, 37*, 100–115.
- Furr, S. R., & Carroll, J. J. (2003). Critical incidents in student counselor development. *Journal of Counseling & Development, 81*(4), 483–489.
- Gallagher, R. P. (2010). *National survey of counseling center directors*. Alexandria, VA: International Association of Counseling Services.
- Gibbons, M. M., Diambra, J. F., & Buchanan, D. K. (2010). School counselor perceptions and attitudes about collaboration. *Journal of School Counseling, 8*(34), 3–27.
- Gladding, S. T., & Newsome, D. W. (2010). *Clinical mental health counseling in community and agency settings* (3rd ed.). Columbus, OH: Merrill.
- Goldenberg, H., & Goldenberg, I. (2012). *Family therapy: An overview* (8th ed.). Belmont, CA: Brooks/Cole.
- Hartung, P. J. (2010). Practice and research in career counseling and development. *The Career Development Quarterly, 59*, 98–142.
- Hazler, R. J., & Kottler, J. A. (2005). *The emerging professional counselor*. Alexandria, VA: American Counseling Association.
- Holloway, E. L., & Wolleat, P. L. (1980). Relationship of counselor conceptual level to clinical hypothesis formation. *Journal of Counseling Psychology, 27*, 539–545. doi: 10.1037/0022-0167.27.6.539
- Howard, E. E., Inman, A. G., & Altman, A. N. (2006). Critical incidents among novice counselor trainees. *Counselor Education and Supervision, 46*(32), 88–102.
- Hubbard, R. I., Flynn, P. M., Craddock, S. G., & Fletcher, B. W. (2001). *Relapse after drug abuse treatment*. New Haven, CT: Yale University Press.
- Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health, 46*, 3–10.
- James, R., & Simons, L. (2011). Addiction studies: Exploring students' attitudes toward research in a graduate program. *Journal of Alcohol and Drug Education, 55*(2), 74–90.
- Johnson, L. S. (2000). Promoting professional identity in an era of educational reform. *Professional School Counseling, 4*, 31–40.
- Kaplan, D. M., & Gladding, S. T. (2011). A vision for the future of counseling: The 20/20 principles for unifying and strengthening the profession. *Journal of Counseling and Development, 89*, 367–372.
- King, G. (2007). Career development of counselors. *British Journal of Guidance & Counselling, 35*(4), 391–407.
- Kottler, J. A., & Shepard, D. S. (2011). *Introduction to counseling: Voices from the field* (7th ed.). Belmont CA: Brooks/Cole.
- Kozina, K., Grabovari, N., De Stefano, J., & Drapeau, M. (2010). Measuring changes in counselor self-efficacy: Further validation and implications for training and supervision. *The Clinical Supervisor, 29*, 117–127.
- Lambert, M. J., & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 139–193). New York, NY: Wiley.
- Leahy, M. J., & Szymanski, E. (1995). Rehabilitation counseling: Evolution and current status. *Journal of Counseling & Development, 74*(2), 163–166. doi: 10.1002/j.1556-6676.1995.tb01843.x

- Lewis, J. A., Lewis, M. D., Daniels, J. A., & D'Andrea, M. J. (2003). *Community counseling: Empowerment strategies for a diverse society* (3rd ed.). Pacific Grove, CA: Brooks/Cole.
- Lowndes, L., & Hanley, T. (2010). The challenge of becoming an integrative counselor: The trainee's perspective. *Counselling and Psychotherapy Research, 10*(3), 163–172.
- Martin, P. J. (2002). Transforming school counseling: A national perspective. *Theory Into Practice, 41*(3), 148–153. doi: 10.1207/s15430421tip4103_2
- McGovern, M. P., Xie, H. Y., Segal, S. R., Siembab, L., & Drake, R. E. (2006). Addiction treatment services and co-occurring disorders: Prevalence estimates, treatment practices, and barriers. *Journal of Substance Abuse Treatment, 31*, 267–275.
- McLellan, A. T., Hagan, T. A., Levine, M., Gould, F., Meyers, K., Bencivengo, M., & Durell, J. (1998). Supplemental social services improve outcomes in public addiction treatment. *Addiction, 93*, 1489–1499.
- Miller, J. K., Todahl, J. L., & Platt, J. J. (2010). The core competency movement in marriage and family therapy: Key considerations from other disciplines. *Journal of Marital and Family Therapy, 36*(1), 59–70. doi: 10.1111/j.1752-0606.2009.00183.x
- Morgen, K., Miller, G., Stretch, L. S. (2012). Addiction counseling licensure issues for licensed professional counselors. *The Professional Counselor: Research and Practice, 2*(1), 58–65.
- Neimeyer, G. J., Taylor, J. M., Wear, D. M., & Buyukgoze-Kavas, A. (2011). How special are the specialties? Workplace settings in counseling and clinical psychology in the United States. *Counseling Psychology Quarterly, 24*, 43–53.
- Nichols, M. P., & Schwartz, R. C. (2009). *Family therapy: Concepts and methods* (9th ed.). Needham Heights, MA: Allyn & Bacon.
- Orlinsky, D. E., & Rønnestad, M. H. (2005). *How psychotherapists develop*. Washington, DC: American Psychological Association.
- Paisley, P. O., & McMahon, H. G. (2001). School counseling in the 21st century: Challenges and opportunities. *Professional School Counseling, 5*, 106–115.
- Parsons, F. (1909). *Choosing a vocation*. Boston, MA: Houghton Mifflin.
- Patterson, J., Williams, L., Edwards, T. M., Chamow, L., & Grauf-Grounds, C. (2009). *Essential skills in family therapy: From the first interview to termination* (2nd ed.). New York, NY: Guilford Press.
- Perera-Diltz, D. M., & Mason, K. L. (2008). Ideal to real: Duties performed by school counselors. *Journal of School Counseling, 6*(26), 1–36.
- Pistole, M. C. (2001). *Mental health counseling: Identity and distinctiveness*. ERIC Clearinghouse on Counseling and Student Service, University of North Carolina at Greensboro.
- Prochaska, J. O., & Norcross, J. C. (2003). *Systems of psychotherapy: A transtheoretical analysis* (5th ed.). Pacific Grove, CA: Brooks/Cole.
- Rawson, R. A., Marinelli-Casey, P., & Ling, W. (2002). Dancing with strangers: Will U.S. substance abuse practice and research organizations build mutually productive relationships? *Addictive Behaviors, 27*, 941–949.
- Rønnestad, M. H., & Ladany, N. (2006). The impact of psychotherapy training: Introduction to the special section. *Psychotherapy Research, 16*(1), 261–267.
- Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30*(1), 5–44.
- Rudd, M. D. (2004). University counseling centers: Looking more and more like community clinics. *Professional Psychology: Research and Practice, 35*, 316–317.
- Savickas, M. L. (2011). The centennial of counselor education: Origin and early development of a discipline. *Journal of Counseling and Development, 89*, 500–504. doi: 10.1002/j.1556-6676.2011.tb02848.x
- Schmidt, C. D., & Adkins, C. (2011). Understanding, valuing, and teaching reflection in counselor education: A phenomenological inquiry. *Reflective Practice, 13*(1), 77–96.

- Scieppi, J. A., Teed, E. L., & Torres, R. D. (2000). *Community psychology: A common sense approach to mental health*. Englewood Cliffs, NJ: Prentice-Hall.
- Seiler, G., & Messina, J. J. (1979). Toward professional identity: The dimension of mental health counseling in perspective. *American Mental Health Counselors Journal, 1*, 3–8.
- Shallcross, L. (2012, July). Specialist, generalist, or niche provider? *Counseling Today*. Retrieved from <http://ct.counseling.org/2012/05/specialist-generalist-or-niche-provider/>
- Sink, C. A., & Stroh, H. R. (2003). Raising achievement test scores of early elementary school students through comprehensive school counseling programs. *Professional School Counseling, 6*, 350–364.
- Skovholt, T. M., & Ronnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling & Development, 70*(4), 505–515.
- Skovholt, T. M. & Ronnestad, M. H. (2003). Struggles of the novice counselor and therapist. *Journal of Career Development, 30*(1), 45–58.
- Smith, T. B., Dean, B., Floyd, S., Silva, C., Yamashita, M., Durtschi, J., & Heaps, R. A. (2007). Pressing issues in college counseling: A survey of American College Counseling Association members. *Journal of College Counseling, 10*, 64–78.
- Spengler, P. M., & Strohmer, D. C. (1994). Clinical judgmental biases: The moderating roles of counselor cognitive complexity and counselor client preferences. *Journal of Counseling Psychology, 41*, 8–17. doi: 10.1037/0022-0167.41.1.8
- Sporner, M. L. (2012). Service members and veterans with disabilities: Addressing unique needs through professional rehabilitation counseling. *Journal of Rehabilitation Research & Development, 49*(8), xiii-xvii. doi: 10.1682/JRRD.2012.07.0131
- Stevens, P., & Smith, R. L. (2001). *Substance abuse counseling: Theory and practice* (2nd ed.). Upper Saddle River, NJ: Prentice-Hall.
- Thomas, C. P., Wallack, S. S., Lee, S., McCarty, D., & Swift, R. (2003). Research to practice: Adoptions of naltrexone in alcoholism treatment. *Journal of Substance Abuse Treatment, 24*, 1–11.
- Watson, J. C., & Schwitzer, A. M. (2011). A new bridge between research and practice in college counseling and mental health. *Journal of College Counseling, 14*, 99–100.
- Welfare, L. E., & Borders, D. L. (2010). Counselor cognitions: General and domain specific complexity. *Counselor Education and Supervision, 49*, 162–178.
- Whitter, M., Bell, E. L., Gammond, P., Gwaltney, M., Magana, C. A., & Moreaux, M. (2006). *Strengthening professional identity: Challenges of the addictions treatment workforce*. Cambridge, MA: Abt Associates.
- Winters, K., Stinchfield, R. D., Opland, E., Weller, C., & Latimer, W. W. (2000). The effectiveness of the Minnesota model approach in the treatment of adolescent drug abusers. *Addiction, 95*(4), 601–612. doi: 10.1046/j.1360-0443.2000.95460111.x