

TABLE 6

Desire of Counselors and Psychologists to Apply for Counselor Licensure for Private Practice If Available

	N	Would Apply	Would Not Apply	Unsure
Counselors	105	31.4%	30.5%	38.1%
Psychologists	85	35.3%	37.6%	27.1%

TABLE 7

Desire of Counselors and Psychologists Presently Licensed as Psychologists to Apply for Counselor Licensure If Available

	N	Would Apply	Would Not Apply	Unsure
Licensed	55	25.5%	50.9%	23.6%
Unlicensed	134	35.8%	26.9%	37.3%

REFERENCES

- American Psychological Association. Licensing law falls to sunset in Alaska. *APA Monitor*, December 1979, p. 5.
- CARROLL, M. R.; GRIGGS, S.; & HALLIGAN, F. The licensure issue: How real is it? *Personnel and Guidance Journal*, 1977, 55, 577-580.
- CARROLL, M. R., & HALLIGAN, F. G. Current status and opinionnaire of ACES members concerning licensure requirements. Unpublished manuscript, Fairfield University, 1976.
- COTTINGHAM, H. F., & SWANSON, C. D. Recent licensure developments: Implications for counselor education. *Counselor Education and Supervision*, 1976, 16, 84-97.
- FOLTZ, D. Sun sets on psychology licensing boards in South Dakota and Florida. *APA Monitor*, Sept.-Oct. 1979, pp. 3; 14.
- FRETZ, B. R. Guest editors' introduction. *Counseling Psychologist*, 1977, 7(2), 8-9.
- GAZDA, G. M. Licensure/certification for counseling psychologists and counselors. *Personnel and Guidance Journal*, 1977, 55, 570.
- KENDRICK, B. L. Counselor licensure: An emerging issue. *Idaho Guidance News and Views*, 1976, 17(3), 3-7.
- MORGAN, J. I. *Licensure: The challenge to counseling practitioners*. Gainesville: Univ. of Florida, Counseling Center, 1976. (ERIC Document Reproduction Service No. Ed 127 496)
- SHERTZER, B., & ISAACSON, L. A counselor educator views counseling psychologists: Problems in professional identity. *Counseling Psychologist*, 1977, 7(2), 33-35.
- SWEENEY, T. J., & STURDEVANT, A. D. Licensure in the helping professions: Anatomy of an issue. *Personnel and Guidance Journal*, 1974, 52, 575-580.

Within a context of public and individual harm resulting from the administration of licensing acts by those very health-care practitioners in medicine, psychology, and marriage and family counseling committed to the betterment of society, this article argues that professional injustice can be decreased through both the implementation of state licensing and the alternative of national professional certification.

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Counselor Licensure: Overkill?

As of summer 1981, four states have passed counselor licensing acts. In Virginia, Arkansas, Alabama, and Texas counseling has become a profession, de jure. The professionalization of counseling in those states has been aided by southern legislators who well understand the two-edged power of legal authority to support the common good—or hinder it—to the advantage of societal institutions. Among these institutions are the professions, conceived to serve that common good.

In our society, authority through law is tangible collective power, a means of control widely sought and accepted as the foundation of organized social interaction. Counseling, following the course of medicine and psychology, aspires to the authority of licensure. Licensing marks the evolution of counseling from an occupation, a varied collective of practitioners with many common interests and skills, to a profession. Matarazzo (1977) and Gross (1978) note that, ironically, professions in the human services field seem schizophrenically dedicated to the betterment of society through legal self-propa-

gation and extinction of competing practitioners not duly (legally) recognized by the group in control.

The evolutionary process of professionalization has been described by a number of sociologists. Feldstein (1971) cites Caplow's (1954) sequential steps of the collective or informal guild in an occupation that (a) establishes a professional association, usually an outgrowth of a training school (Wilensky, 1964); (b) asserts a monopoly over some area of service; (c) develops a code of ethics; and (d) seeks legislative mandates of certification and licensure while gaining control of training facilities and cultivating relationships with potentially competitive groups. Fine (1967) counters Greenwood's (1957) classic position that a profession is best defined by a systematic body of knowledge. Instead, according to Fine, professionalization depends on public acceptance not only of a group's claim to a body of knowledge, but the group's assertion that only it can select, train, and declare competent its practitioners. Licensure thus becomes the necessary instrument for the professionalization of both the group and the individual practitioner.

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Feldstein (1971) concludes that "there may not be any such entity as a profession—only steps in the development of professionalization. . . . Professional groups make a professional of whomever they say is one (if society accepts their definition)." Society through state legislatures has accepted the definitions of medicine, whose practitioners are licensed in every state; of psychology (except recently in Alaska, North Dakota, and Florida, where the licensing acts were abolished by sunset legislation); of marriage and family therapy (nee counseling) in seven states; and of professional counseling in three states.

Over 100 years ago, physicians convinced state governments to engage in the regulation of medical practice—and, incidentally, in the increasingly effective restriction of entry into the occupation-turned-profession (Gross, 1978). The control of entry has directly contributed to medicine's enduring rise in status. As the public need and demand for medical services has grown, access to the knowledge and skills of recognized or qualified medical practitioners has diminished. Unfortunately, licensure has also given professionals the opportunity to perpetuate less adequate practice, once licensed, through control of licensing board membership and distaste for prosecuting one of their own.

But the bleak historical prospect of a short, hard life for many humans, subject to disease at every age and an early death, has been changed radically by the practice of medicine. The mechanism of licensure seems to have fostered the protection of the public welfare, the reason pervasively cited for such legislation, by setting standards for medical training and practice that have literally saved and healed millions of lives. The question is open whether these standards might have developed through professional self-regulation rather than the legal form of control; however, licensure will likely continue to be sought for its strong secondary gains.

THE ATTRACTION OF LICENSURE

Licensure has become synonymous with professionalization, the process of moving largely by self-declaration from an occupation (common, lower status) to a profession (less common, higher status) that can restrict entry into practice while legally prosecuting those denied entry who persist in the activities defined by statute. If being licensed means being a professional counselor, it also suggests gaining the aura of status by association, in the helping professions, with medicine. The hundreds of therapies and clinical approaches practiced on thousands of "mental patients" attest to the strength of the desired association with medicine through adoption of medical terminology. With their garlands of personal power and wisdom attributed by the lay public, physicians represent the epitome of status to a great many other health care practitioners.

The learning or educational model underlying counseling, on the other hand, has a much lower status than the medical or pathology model claimed by psychology, psychiatry, social work, and the newly-proclaimed marital and family therapy.

Licensure may be doubly appealing to counselors, then, because it seems to furnish an objective positive personal identification ("I am a member of a legally recognized, and therefore valuable, group in our society"). There is reflected public agreement that a licensed person must possess unusual, scarce skills to qualify for licensure. The status by association with institutions wielding the power of social control—that is, to other licensed professions and to government itself—cannot be overlooked.

In the next section, possible remedies to the self-serving tendencies of professional licensure will be discussed. Professional certification, a less restrictive form of credentialing, will be examined as a means to promote the public welfare through setting and enforcing standards of practice and training. This certification purposely lacks the exclusionary restrictions on

the scope of practice for persons not recognized by the professional group controlling state licensure.

COUNSELING AS A MODEL FOR LICENSING AND CERTIFICATION ACTS

A unique characteristic of counseling among the helping professions is its foundation in a learning model of human growth and development, rather than in a medical model of pathology or illness. Counseling is a profession "whose primary purpose is the facilitation of individual development" (Forster, 1977), rather than remediation of pathology, because of this philosophical base. Unlike the medically-aligned helping professions, counseling attempts to give away its methods and skills to the bulk of the population—normal persons—rather than making access costly and difficult for that fragment of the population labeled sick or abnormal. The interaction of self, others, and the environment in ongoing, everyday life is the area of counseling relevant to normal yet potentially self-defeating situations in the family, at school or church or work, with peers, or in the community. The life span of the whole person is the unique message and purpose of counseling, the facilitation of lifelong learning in every context. In sum, counseling gains value through sharing its body of knowledge and applying this knowledge to day-to-day circumstances for the majority of the population.

The value of purposely sharing skills and knowledge, rather than hoarding them to inflate professional worth, can be applied to counseling licensure provisions. First, licensing boards can compose from one-third to one-half independent consumer members who have an investment in promoting and protecting the public welfare. Boards comprising only professional members, usually drawn from those lobbying hardest for the licensure act, too easily engage in elevating the profession at the expense of consumers.

Four illustrative abuses have recently been cited in state auditors' reviews of professional boards in two southern states. Each represents a clear conflict of interest where self-serving professional practices won the conflict. On one licensing board all seven members are licensed in the regulated profession, despite the stipulation of the licensing act that only four of the seven were to be professional members. A board was deemed arbitrary and capricious in accepting for licensure some applicants while rejecting others who had equal or higher qualifications but whose degrees were from programs not approved by the board's closely allied professional association. Another board similarly rejected qualified applicants who did not belong to the board members' professional group. Finally, a number of the members of one licensing board engaged in the supervision for pay of applicants for licensure, and then voted on these applicants. While having public members on a licensing board offers no guarantee that such conflicts will not occur, all the boards cited above had only professional members.

In addition to a significant proportion of consumer members, boards can require that their professional members abstain from holding office in the related professional associations during their board tenure. Dual membership increases the possibility, as demonstrated in one southern state, that the usually exclusionary entry qualifications for a voluntary professional association's clinical membership can be adopted by board members as legitimate for state licensure, which is mandatory for autonomous professional practice.

Licensing boards also need to be particularly attuned to ethical practice, which prohibits board members' direct supervision of applicants to qualify them for licensure, and subsequent voting on their applications. Imbued with the power of the state to act exclusively as judge and jury on all applicants, indeed reviewing the appeals of the very applicants it rejected

earlier, the licensing board often forgets the ethical standards designed to guide that profession.

The 1977 HEW report on the credentialing of health manpower, according to Cottingham and Warner (1978), suggests a useful alternative to licensure as the preferred mode of regulation: national certification of health care professionals with insurance reimbursement for services delivered by certified practitioners. The National Academy of Certified Clinical Mental Health Counselors, established in 1979 through the efforts of the American Mental Health Counselors Association, meets the HEW guidelines for an independent nonprofit credentialing agency. The Academy, using a national examination developed by an autonomous professional testing service, certifies professional counselors qualified by their credentials and scores on the examination. The credentials screening includes competency assessment through work samples. Since this certification is voluntary, no practitioner is forced to seek credentialing through the often arbitrary state licensing structure. Nor does certification restrict scope of practice. That is, the certification helps assure consumers (and health care insurance carriers) that the certified practitioners meet reasonable standards of education, experience, and expertise. It does not prohibit others who have not sought certification from the practice of counseling but provides positive information about practitioners who have met certification standards. Insurance reimbursement may well become available for nationally certified professional counselors within the next 5 years.

In summary, the caveat for licensure is to beware of overkill because it has proved too strong a form of legal regulation that does little to protect the public from charlatans (a favorite term for unlicensed competitors to a profession) while encouraging

the self-serving interests of the groups in control of licensure. The movement to sunset licensing boards demonstrates the willingness of state governments to take a highly critical view of licensing acts. But the rising profession of counseling can lead in demonstrating equitable ethical behaviors supporting society's welfare through state licensing acts that tap the wealth that counseling has to offer. Moreover, national certification can support professional standards of practice that protect and enhance the public well-being. Certification, in sum, allows counselors the freedom to practice their chosen profession as qualified, recognized mental health care providers.

REFERENCES

- CAPLOW, T. *The sociology of work*. Minneapolis: University of Minnesota Press, 1954.
- COTTINGHAM, H. F., & WARNER, R. W. APGA and counselor licensure: A status report. *Personnel and Guidance Journal*, 1978, 56, 604-607.
- FELDSTEIN, D. Do we need professions in our society? Professionalization versus consumerism. *Social Work*, 1971, 16, 5-11.
- FINE, S. *Guidelines to the design of new careers*. Kalamazoo, Mich: W. E. Upjohn Institute, 1967.
- FORSTER, J. What shall we do about credentialing? *Personnel and Guidance Journal*, 1977, 55, 573-576.
- GREENWOOD, E. Attributes of a profession. *Social Work*, 1957, 2, 45-55.
- GROSS, S. J. The myth of professional licensing. *American Psychologist*, 1978, 33, 1009-1016.
- MATARAZZO, J. D. Higher education, professional accreditation, and licensure. *American Psychologist*, 1977, 32, 856-859.
- WILENSKY, H. L. The professionalization of everyone? *American Journal of Sociology*, 1964, 70, 137-158.

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