

The American Mental Health Counselors Association

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This article traces the history and development of the American Mental Health Counselors Association (AMHCA). It provides a rationale for AMHCA's rapid growth and rising influence in mental health care and examines issues of crucial concern in counseling and mental health. The article also addresses AMHCA's role in the establishment of professional identity for mental health counselors and credentialing and lobbying efforts. Finally, it discusses AMHCA's governance structure and its publications and profiles the presidents of the association.

By the mid-1970s, increasing numbers of counseling graduates were finding employment in a variety of community and nonschool settings. Yet the American Personnel and Guidance Association (APGA) had no distinct division for community and agency counselors. Until the American Mental Health Counselors Association (AMHCA) was founded, the thousands of professional counselors working in these settings had no organizational home. The American Psychological Association (APA) seemed to be supporting doctoral-level training, and APGA had a reputation as an association for school counselors, vocational counselors, college student development people, and rehabilitation counselors. AMHCA was born at just the right moment. People who were community counselors, agency counselors, and so forth quickly latched onto the title mental health counselor and the idea that a unique professional group had been formed to meet their needs.

AMHCA was born in May 1976 when Jim Messina and Nancy Spisso, then Director and Co-director, respectively, of the Escambia County (Florida) Mental Health Center, were discussing the issue of the lack of a professional organization for community counselors. Their discussion was prompted by a letter to the *APGA Guidepost*, written by Ed Anderson and a group of Wisconsin colleagues, calling for representation and recognition of nonschool counselors in APGA. About a year earlier, Gary Seiler of the University of Florida had written a similar letter.

Being action oriented, Messina decided to call APGA President Thelma Daley, whom he knew from previous work with the American School Counselor Association. Daley promised to send the necessary information for establishing a new division. The process had begun. The name "American Mental Health Counselors Association" was chosen that first day "because we wanted to have counselors who worked in mental health settings identified and we wanted the name to have a good ring to it" (J.J. Messina, personal communication, November 14, 1983). Messina and Spisso contacted Gary Seiler and Jim Hielt, also in Florida, for help, and AMHCA was born.

Letters were sent to the *Guidepost* announcing the formation of a steering committee. Ed Anderson and other Wisconsin people joined a nucleus of University of Florida graduates and faculty, helping the steering committee to rapidly grow to 50 members. In July of 1976, the request to form a new division

was presented to APGA President George Gazda. At that July meeting, the APGA board had passed a resolution calling for a moratorium on the establishment of new divisions. Hence, the proposal was not acted upon. Undaunted, the steering committee decided to go ahead and establish an independent organization. By-laws were written and edited, and they were approved by the members by November 7, 1976. AMHCA became a reality and was soon incorporated in the state of Florida.

The first annual AMHCA conference was scheduled concurrently with the APGA convention in Dallas on March 6, 1977. From November 1976 until March 1977, AMHCA had grown from the original 50 to almost 500 members. Dynamism and energy were abundant. Most of the charter members were there, and several exciting new persons joined the movement. A variety of half-day training workshops on topics of interest to community counselors were presented, and the first official membership meeting was held, with presentations by Spisso, Messina, Rodney Goodyear, and Terry Sack. An AMHCA Board of Directors was elected, with Spisso as president, Messina as president-elect, Rebecca Stall as secretary, David Rouse-Eastin as treasurer, and Don Didier as member-at-large. Committees were formed and chaired by some of our most enthusiastic members. The official slogan "AMHCA Works For You" was adopted, but at the late night parties and socials, the unofficial policy of "work hard, play hard" became the rule.

AMHCA's strong foundation was in place, cemented by competent, hardworking professionals in key positions. Norm Gysbers, APGA president-elect, attended the AMHCA meeting in Dallas, and by the close of the APGA convention, the moratorium on new divisions had been lifted. Because AMHCA was already incorporated, a membership vote regarding APGA affiliation was necessary. There were strong sentiments pro and con, but in November 1977 the membership voted by a margin of 51% to 49% to become an APGA division. Also, at this time Steve Lindenberg was voted as the new president-elect.

Throughout the remainder of 1977 and into 1978 the association continued to grow, to almost 1,500 strong. In March 1978, prior to the APGA convention in Washington, D.C., another "First Annual AMHCA Conference" was held, this time in Columbia, Maryland. Twenty competency-based workshops were presented, and membership and business meetings were held. The agenda represented the diverse needs and concerns of mental health professionals. From the Columbia meetings emerged many of AMHCA's present-day priorities—licensure, third-party payments, full parity with other mental health professionals, private practice, and the treatment of special populations in community and private settings.

Excitement at Columbia was high, because the APGA board was expected to act on AMHCA's proposal to become a division during their Washington meeting a few days later. Norm Gysbers delivered the good news to AMHCA leaders that, effective July 1, 1978, AMHCA would become APGA's 13th division. On that date, AMHCA President Jim Messina took his seat on the APGA board, with Betty Knox presiding. There was not 100% crossover of members with the move to APGA, but AMHCA quickly rose back to 1,500 members and continued to grow.

CERTIFICATION

Prior to the Columbia meeting, a special ad hoc committee within AMHCA composed the "Blueprint for the Mental Health Counseling Profession," which added a sense of direction and continuity to the movement. Because counselor licensure was nonexistent at that time, AMHCA leaders proposed the founding of the National Academy of Certified Clinical Mental Health Counselors (NACCMHC). For legal purposes, the academy was established as a corporate entity separate from AMHCA. The first certification examination was given to a group of over 50 applicants on February 3, 1979, at the Johns Hopkins University Columbia, Maryland campus. The academy board now works closely with the new National Board of Certified Counselors (NBCC) and, like NBCC, is housed in the new American Association for Counseling and Development (AACD) headquarters in Alexandria, Virginia. Both AMHCA and the NACCMHC leaders worked closely with NBCC organizers in the development of this new "generic" certification. It is likely that the NACCMHC credential will soon become a specialty certification available to those NBCC certificants who desire such a designation, based on proof of additional skills or competence.

PUBLICATIONS

In April 1978 Volume 1, Number 1, of the *AMHCA News* appeared, replacing the mimeographed newsletters of the previous 2 years. Editor Colleen Haffner and Associate Editor Janet (Asher) Anderson, who later became editor, soon established the *AMHCA News* as a useful, high quality publication with a grass roots orientation. Under Editor Charles Huber, the *AMHCA News* expanded to six issues per year (1982-84), and the current editor, John Moracco, forsee continued growth and expansion of this important link to AMHCA members.

Bill Weikel was selected to establish and edit the *AMHCA Journal*. The editorial board sought a balance between theoretical manuscripts and practical articles that would be useful to AMHCA members. The charter issue appeared in January 1979, carrying important articles about professional identity and certification and a warning to counselors about possible exclusion from the mental health care system. The journal was published semi-annually until 1982, when James Wiggins became editor. In 1983, publication began on a quarterly basis. The *AMHCA Journal* has continued to gain credibility as the major vehicle for research theory and writing in the mental health area. Linda Seligman has recently begun a 3-year editorial term and pledged to guide the journal "to a phase of esteem, establishment and entitlement" (Seligman, 1984).

LEADERSHIP

Following the presidential terms of AMHCA co-founders Spisso (1976-77) and Messina (1978-79), Steve Lindenberg took office as the third president in July 1979. He held a special planning meeting/think-tank at his farm near Ono, Pennsylvania. Several AMHCA board members and other AMHCA leaders explored legislative strategy, leadership, development, public relations, publications, licensure, and the association's future.

During Lindenberg's presidency, AMHCA's membership be-

gan to soar. Strong leadership and the association's visibility in areas such as certification, licensure, third-party payments, private practice, and professional development ensured rapid growth and little membership turnover. The association's leaders (past and present) have recognized the power of advertising and public relations. AMHCA quickly became known as the "doers," the high-energy, sometimes radical group who worked hard and played hard but got the job done.

Joyce Breasure became AMHCA's fourth president in July 1980. She was the second woman president, the youngest, and the person who built AMHCA's credibility within APGA. A detail person, Joyce brought many AMHCA committees to task and many AMHCA initiated ideas to fruition within APGA.

By the time Gary Seiler, whose AMHCA membership card would read member number three if numbered, became president, AMHCA had grown to over 4,000 members. The *AMHCA News* and *Journal* were well-established, and the association was continuing to grow at a brisk rate, becoming the third largest division within APGA. AMHCA was now a complex operation with a budget in excess of \$100,000. Gary brought to AMHCA several business ideas—the first fully functioning central business office, the creation of a director of administrative services position, and the installation of "800" toll-free phone service for members' use. Seiler combined business and politics by retaining the Health and Medicine Council of Washington to represent AMHCA concerns "on the hill." Also, he formalized the National Leadership Team concept, whereby the president-elect, president, and past president would provide training workshops and leadership development for AMHCA regional meetings. This proved a vital link to AMHCA's membership and allowed a continuity of ideas and planning among the association leadership. The regional meetings now had some common purpose and agenda, and they developed into important forums for communication, growth, leadership, and solidarity.

Bill Weikel became president in July 1982. During this year AMHCA became APGA's second largest division, with a strong state and regional membership network. The U.S. Congress responded to AMHCA lobbying, and President Reagan signed a resolution declaring the week of March 20-26, 1983, as National Mental Health Counselors Week. Mental health counselors were included in proposed legislation by Congressman Edward R. Roybal (D-California) and as possible service providers in other bills. The years of lobbying and hard work were beginning to pay off. Also during 1982, an AMHCA graduate student scholarship program was established, as was a "Counselors Helping Counselors" self-help network. Most important was the continuation of existing programs and priorities such as credentialing, third-party payments, and full parity for counselors.

Ed Beck was the association's seventh president (1983-84). He took over an association that was fiscally sound and still growing at a brisk rate. In addition to a continuation of existing programs, Ed began a move toward the establishment of a viable Legal Defense Fund for counselors. He worked to extend AMHCA's influence both within the profession and the association. During his presidency, AMHCA leaders were being called on frequently to testify for various congressional committees. Thanks to his adroit use of human talent and the newly computerized AMHCA central (president's) office, Ed was able to identify members with the needed expertise and quickly generate letters from the appropriate congressional district for any AMHCA-backed cause. At the time of this writing, mental health counselors have been included as service providers in a proposed amendment to Titles XVIII and XIX of the Social Security (Medicare) Act, a new hospice bill, and a revision of the Older Americans Act of 1965.

On July 1, 1984, Richard R. Wilmarth took office as AMHCA

president. As AMHCA government relations chair and a member of the AACD Government Relations Committee, Wilmarth has demonstrated his expertise, vitality, enthusiasm, and professional commitment in testifying before the House and Senate. Rick, like many of his predecessors, is skilled in public relations. He has promised to continue the push for legislation favorable to mental health counselors and to involve all interested AMHCA members in association work.

GOVERNANCE

Several years ago AMHCA abandoned the governance model of president, president-elect, past president, secretary, treasurer, and members-at-large in favor of a regional representation model. Now the president, president-elect, and past president serve along with four regional representatives. Representatives are elected from each of the four geographic regions for 2-year terms. All committees report to the AMHCA president, who also represents the association on the AACD Board of Directors. Each region has two district coordinators who report to their regional representatives. State division presidents report to their appropriate district coordinator. After some recent modification and clarification of duties, this model seems efficient for communicating from the bottom up and vice-versa.

A RATIONALE FOR RAPID GROWTH

AMHCA has enjoyed a strong, steady growth since its inception. There are many reasons for this: the unique appeal of an association for all mental health professionals, strong leadership, excellent publications, a coordinated lobbying team, and high visibility at regional and national conventions.

AMHCA welcomes all members whose primary responsibility is in an area of mental health counseling or consultation. Although usually about 70% of members have a master's degree and 20% have doctorates (Weikel & Taylor, 1979), there are members who are psychiatrists, nurses, psychologists, social workers, pastoral counselors, and paraprofessionals. There are also about 20% student members at any given time, and current membership programs, scholarships, and special student rates are aimed at increasing the number of graduate student members. Current membership is about 8,000, with a growth rate of over 1,000 members per year (15% + growth rate).

In the early years of the association, the majority of AMHCA members worked in community mental health centers. Today, the majority are working in private practice (22%). About 13% work in private counseling centers, 13% in colleges and universities, 11% in community mental health centers, and 4% in community agencies. The rest work for rehabilitation agencies (5%), state or local government (4%), parochial or private institutions (3%), secondary schools (3%), elementary schools (3%), junior colleges (2%), business and industry (2%), the federal government (2%) and "other settings" (13%) (AACD, 1983).

Also, a large percentage of members have traditionally worked in part-time private practices. Seligman and Whitely (1983) reported that "at least 20% of the Virginia Mental Health Counselors Association and AMHCA members in Virginia are in private practice" (p. 180). These counselors spend an average of 16.28 hours per week in private practice (Seligman & Whitely, 1983), which compares to the nationwide average of 15.75 hours per week for AMHCA members in private practice reported by Weikel, Daniel, and Anderson (1981). The trend for part-time private practice seems to be increasing and is most certainly related to counselor licensure and credentialing.

For the member who wishes to become more active in the association, the process has always been rather simple. He or she can either approach the AMHCA president at one of the many meetings or dial the toll-free 800 line to volunteer (800-354-2008). Current committees are: Accreditation and Standards, By-laws and Governance, Consumer and Public Relations, Con-

tinuing Education, Convention, Membership, Ethics, Fellowship (grant) Program, Human Resources (awards), Interdivisional Liaison, National Legislative and Government Relations, Legislative Strike Force, Nominations and Elections, and Publications. The task forces cover: adult development and aging; business and industrial mental health; cult issues; mental health counselors in college counseling centers; Gay and Lesbian issues; hospice, medical, and health related counseling; men's issues; multicultural concerns; mental health counselors in rural settings; third-party reimbursement; and women's issues.

Along with their legislative and public relations efforts, AMHCA leaders have made cash grants for licensure and third-party efforts on a state-by-state application basis. They have also offered technical support in developing legislation. The National Leadership Team attends all AMHCA regional meetings. These are often held in conjunction with the AACD regional branch assemblies and regional meetings of the Association of Counselor Education and Supervision (ACES) and the Association for Non-White Concerns in Personnel and Guidance (ANWC). AMHCA leaders have collaborated with several AACD divisions on projects of mutual concern, most notably with the ACES task force for the training of community counselors. AMHCA has also supported NBCC and CACREP and has representation in both organizations.

Until 1978, when AMHCA hired Judy Weihe as its first lobbyist, mental health counselors had no voice in Washington. In July 1981, AMHCA retained the Health and Medicine Counsel of Washington, Inc. AACD later hired Len Perlman as lobbyist for noneducational issues on a part-time basis. Mental health counselors now have a total of four lobbyists working part-time for mental health concerns.

FUTURE DIRECTIONS

AMHCA leaders view counselor licensure in all 50 states as a top priority and an issue of concern well into the 1990s. Full parity for mental health counselors in terms of third-party payments and nondiscrimination in federal legislation and by private insurance carriers is of equal concern. This too will likely be a long-term struggle. Current issues that will increase in importance are: the role of mental health counselors in business and industry through Employee Assistance Programs and other modalities; Health Maintenance Organizations; hospital privileges for counselors; the counselor's role in diagnosis; and interprofessional liaisons.

AMHCA leaders hope in the future to generate legislation more favorable to mental health counselors and to propose programs aimed at better health care. The AMHCA Legislative Strike Force, founded by Rick Wilmarth, is already operational and gearing up for the big fights in the coming years. In a self-evaluation of the association, AMHCA leaders noted a deficit in the depth of leadership, especially among women and minorities. Hence, *Vital Visions 1984* in Houston was initiated by Ed Beck and planned by Bob Rencken to recruit and train a cadre of new leaders with fresh ideas and energy.

AMHCA has been gaining strength and influence within AACD and is using this influence to bring the power of 42,000 members to the forefront on matters of concern to all counselors. One area of concern is the education of the general public about who counselors are and what they can do. Another is the provision of excellent service to AMHCA members. For the past 3 years, any member in the continental United States has been able to call the AMHCA president's office toll-free on the 800 Hotline to complain, cajole, or share their good ideas. AMHCA is proud of its 43 chartered state divisions and of the excellent work done by the four regional representatives and eight district coordinators. The toll-free number allows all of these leaders to call the central office with their news and views and helps to prevent

the national leadership from getting out of touch with the grass roots members.

AMHCA has capitalized on the uniqueness of mental health counselors by touting the counseling skills, developmental approach, and preventative strategies employed by its members and demanding recognition of their contributions to the health care team.

As long as AMHCA members remember the humble beginnings from the Messina's spare "central office" bedroom to the current sophisticated computerized central office, the association will be okay. As long as AMHCA officers can identify those members with talent, energy, and enthusiasm and train them for leadership positions, the association will prosper. AMHCA, at 8-years-old, is the vital voice for all mental health counselors in the nation—a voice that calls for full equality for all counselors

in the health care delivery system and the provision of quality services and care for all clients throughout the country.

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