

I. Specialization and Professionalization: A Look at the Issues

Accreditation, Credentialing, Professionalization: The Role of Specialties

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This article provides an overview of standards development, accreditation, and credentialing with particular attention to specialties. There is much to celebrate with regard to progress and successes. On the other hand, even a cursory review of the history of counseling and its current status leaves questions begging for answers. A number of unresolved issues are considered, and the pros and cons of specialties in the professionalization of counseling are presented.

Specialties within counseling are synonymous with the development of professional preparation standards, accreditation, and credentialing (Bobby & Kandor, 1992; Bradley, 1991; Gerstein & Brooks, 1990). In fact, were it not for the efforts of specialties within counseling, there would be little more than a smattering of events to report on the topic of professionalization. And yet, no single specialty has the equivalent influence and strength that comes from the united effort called professionalization. Although each specialty has significant, positive attributes and historical roots in the political and economic marketplace, one should know that the saying "united we stand, divided we fall" is more than just a slogan (Brooks & Gerstein, 1990; Sweeney, 1990).

This article provides an overview of standards development, accreditation, and credentialing with particular attention to specialties. Historically, each of these activities has been critical to the professionalization of counseling. As a consequence, each is presented from its historical perspective and its current status. The last section addresses unresolved issues and challenges, including the pros and cons of specialties in the professionalization of counseling.

One caveat is needed to this article. One of the challenges throughout the process of preparing and reviewing this topic was the matter of definition. There is no definition or set of criteria by which to designate a specialty per se. Various authors refer to specialties or disciplines interchangeably. Some members of the same "specialty" put forth the position that they are not a specialty of counseling but a separate "discipline." One can properly question, for example, the inclusion of information later in this article on accreditation and credentialing by the American Psychological Association (APA) or the American Association for Marriage and Family Therapy (AAMFT). They are not "specialties of counseling." Information on them is included principally because of the overlapping and sometimes significant influence each has on the other. On the other hand, there are members of other associations who believe that counseling is a specialty of other disciplines such as rehabilitation, education, or psychology.

With this as a context, the reader is alerted to the need that exists for a consensus and better definition of what is meant by a specialty or discipline. For the purposes of this article, I chose to address specialties of counseling (as a discipline) as those that have organizational affiliation with the American Counseling Association (ACA),

the Council for Accreditation of Counseling and Related Educational Programs (CACREP), or the National Board for Certified Counselors (NBCC).

ACCREDITATION

Accreditation refers to

the process whereby a private, non-governmental agency or association grants public recognition to an institution or program of study that meets certain established qualifications and periodic evaluations. Essential elements of the accreditation process, according to the Council on Post secondary Accreditation (COPA) are (1) a clear statement of educational objectives; (2) a directed self-study focused on these objectives; (3) an on-site evaluation by a selected group of peers; and (4) a decision by an independent commission that the institution or specialized unit is worthy of accreditation. (Council for Accreditation of Counseling and Related Educational Programs, 1994, p. 99)

The "established qualifications" referred to above are the standards of professional preparation set by the accrediting agency. In this section, the development of standards for professional preparation in counseling is considered, including a historical perspective on the development of specialty standards. The accreditation maze, which is the result of the collective history of counseling, is described, followed by a discussion of CACREP, the largest accreditation agency for counseling training. Reflections on specialty accreditation from both positive and negative perspectives provide a summary of the issues considered in this section.

STANDARDS DEVELOPMENT

CACREP's national standards influence counselor preparation far beyond the presently accredited programs (Haight, 1992; Steinhauer & Bradley, 1983). They also are a benchmark for credentialing criteria. CACREP, however, was preceded by years of work both in the development of standards and in their application (Altekruze & Wittmer, 1991; Sweeney, 1991).

CACREP benefitted from more than two decades of extensive specialty preparation standards development and adoption, including the *Standards for the Preparation of Secondary School Counselors*:

1967 (Association for Counselor Education and Supervision, 1967), *Standards for the Preparation of Elementary School Counselors: 1968* (cited in American Personnel Guidance Association, 1979, p. 3), and *Guidelines for Graduate Programs in Student Personnel Work in Higher Education: 1969* (cited in American Personnel Guidance Association, 1979, p. 3). Standards discussions, however, can be traced back to the 1940s (Stripling, 1965; VanHoose, 1978).

A *Manual for Self-Study* by a counselor education staff was prepared and distributed by the Association for Counselor Education and Supervision (ACES) at its national convention in Dallas in 1967. Useful as a detailed guide for faculty and students, this manual was available through the American Personnel and Guidance Association (APGA; later to become ACA) into the mid-1970s. The procedures and guidelines in this manual for specialty accreditation were among the foundation of the self-study process later used by ACES and CACREP.

In 1971–1972, an ACES-appointed committee was charged with merging the three sets of standards into one composite for use with all counselor and personnel specialist preparation. While the National Defense Education Act of 1958 was the impetus for school counseling in the late 1950s and early 1960s, federal legislation that created positions for community counselors revolutionized counselor education in the mid-1960s to the 1970s. As early as 1973, Wisconsin ACES and California ACES developed accreditation of counselor education programs in their states. By then, the need for a nonschool set of standards was apparent.

Although the Governing Council of the APGA received the combined *Standards for Entry Preparation of Counselors and Other Personnel-Services Specialists* (Association for Counselor Education and Supervision, 1973) as early as 1977, it did not officially adopt these standards until 1979. By the fall of 1978, ACES, which had adopted these standards in 1973, was already beginning to engage in the review and accreditation of counselor education programs at the entry (master's), intermediate (specialist), and doctoral levels.

CACREP conducts a review of its standards every 7 years with broad-based dialogue and scrutiny across the profession. Studies suggest that this process has been effective in maintaining the standards as both relevant and appropriately attainable by counselor education programs, both accredited and nonaccredited by CACREP (Bobby & Kador, 1992; Vacc, 1992).

EVOLUTION OF NATIONAL ACCREDITATION; HISTORY OF SPECIALTIES

The evolution of national accreditation in counseling cannot in any way be viewed as a coordinated effort of the profession as a whole. Rather, accreditation has evolved from a specialty perspective. This has resulted in the current structure of CACREP being one of specialties, as described in the following section. More important at this point, however, is an understanding of how the evolution of specialty accreditation affected the development of standards and the accreditation process in the field.

Besides the state accreditations noted earlier, other national accreditation efforts were already under way in the 1970s that affect accreditation of counselor education today. Among them mentioned in the following section are those of psychology and marriage and family therapy as well as teacher education, not because they are "specialties" but because of the political climate at the time APGA/ACA began a more deliberate professionalization thrust.

Counselor Education Program Accreditation

In March 1978, the ACES Commission on Standards Implementation reported on its recommendations as a result of state, regional, and national dialogues with counselor educators and practitioners interested in this activity. The commission's first and last recommendations are especially noteworthy (VanHoose, 1978, p. 8):

1. The Commission recommends that ACES begin counselor education program accreditation on a voluntary basis effective July 1, 1978 . . .

8. The Commission recommends that the ACES President continue to explore possibilities for cooperative accreditation activities with APGA and APGA divisions. Members of the Commission believe that accreditation is a matter of concern to all counselors and that implementation of standards is necessary to the continued advancement of the counseling profession.

As a result of these recommendations, ACES became formally committed to accrediting counselor education programs throughout the United States. The ACA Governing Council in agreement with ACES established CACREP to continue program accreditation beginning in 1981 (Sweeney, 1991). As a result, CACREP is the accrediting agency for ACA and its member divisions.

Rehabilitation Counseling Program Accreditation

The American Rehabilitation Counselors Association (of ACA) in conjunction with the National Rehabilitation Counselors Association (of the National Rehabilitation Association), with government funding in its formative stages, instituted the Council on Rehabilitation Education (CORE) in 1972, which developed and field tested an innovative approach to accreditation. They were first recognized by the National Commission on Accrediting in 1974, and by its successor, the Council of Postsecondary Accreditation (COPA) in 1975, the higher education gatekeeper of accrediting bodies at that time (Linkowski & Szymanski, 1993). CORE's scope of recognition is at the master's degree level. As early as 1980–1981, CORE had 65 programs fully accredited and 10 programs with preliminary accreditation. There are currently 79 fully accredited rehabilitation counselor education programs (Szymanski, Linkowski, Leahy, Diamond, & Thoreson, 1993).

Counseling Psychology Accreditation

The APA Committee on Accreditation, also recognized by COPA, had been accrediting doctoral level counseling psychology programs since 1953. There were 30 such programs accredited by APA in the early 1980s. In some instances, these programs were housed in departments of education. Today, there are 65 APA-accredited doctoral programs (Hollis & Wantz, 1993).

School Counseling Accreditation

A somewhat problematic accrediting agency for counseling was the National Council for the Accreditation of Teacher Education (NCATE). By the late 1970s, NCATE had accredited approximately 225 school counselor education programs throughout the country. Because COPA ostensibly sought to minimize overlap in the scope of its membership and had specific criteria that could have been used to deny recognition of an agency attempting to duplicate an existing member's scope of accreditation, NCATE represented a potentially formidable obstacle to a separate APGA/ACA-sponsored accrediting body (Sweeney, 1991).

CACREP included school counselor accreditation in its scope. NCATE, as a founding organization of COPA, includes all postsecondary degree levels of accreditations as well as school counselor preparation in its scope. CACREP, still not recognized by COPA, was conspicuously claiming a part of NCATE's scope of accreditation. Due in part to ACA's genuine efforts to collaborate with NCATE and to seek greater involvement within that agency, even the COPA recognition committee chose not to limit CACREP's scope. School counselor preparation was being served well by the CACREP standards and review process. As a result, both CACREP and NCATE now accredit school counseling.

Marriage and Family Therapy Accreditation

The American Association for Marriage and Family Therapy (AAMFT) also was in the business of accreditation by the late 1970s and early 1980s. Although they are willing to accredit counselor education programs, too, they also review programs in home economics, social work, or in nonhigher education settings (e.g., agency-based training programs). AAMFT sought and received federal government recognition through the Division of Eligibility and Agency Evaluation, but they did not seek COPA recognition. They had accredited 10 graduate programs by 1982, and 6 of these were programs also found in the Hollis and Wantz (1980) directory of counselor preparation programs. At that time, the directory only reported 16 counseling programs in marriage and family. There are currently 45 AAMFT-accredited programs in marriage and family therapy (Hollis & Wantz, 1993). They are now recognized by a transition COPA-type agency, the Commission on Recognition for Postsecondary Accreditation (CORPA), and are expected to continue to be among the organizations that make up any future such association of accrediting bodies.

College Counseling and Personnel Accreditation

The American College Personnel Association (ACPA) was one of the largest divisions of ACA, also a founding division of APGA in 1952, and had substantial interest in the implementation of standards of preparation for higher education specialists. This interest contributed significantly to the "Related Educational Programs" addition to the CACREP name. ACPA's representative to CACREP was also one of the founders of the Council for the Advancement of Standards (CAS), which promotes higher education standards for service as well as preparation. As a consequence, the CAS standards were adopted by CACREP in modified form for use in the accreditation of student affairs programs.

At this time, CACREP is the only agency that accredits student affairs preparation. Counseling, however, is one of two tracks within student affairs preparation. The second is Student Affairs: Professional Practice and Student Affairs. There are 45 accredited programs with Student Affairs emphases of which 16 are not the counseling emphasis.

THE ACCREDITATION MAZE

Rosenbaum (Sweeney, 1992) reported that of CACREP's first 16 accredited institutions, 14 also had NCATE, 5 CORE, 2 APA, and none AAMFT accreditations. Of the institutions listed in the 1980 Hollis and Wantz directory, she noted that 57 institutions were recognized by two agencies, 227 by one agency (most likely NCATE), and 187 reported no such accreditations. Ten institutions reported three agencies accredited them, and 1 institution had all four accreditations.

Such duplication exists today and contributes to the political circumstances that caused COPA to cease to exist in December 1993.

To truly recapture the political complexities of the situation facing ACA and CACREP at the turn of the decade in 1980 is beyond the scope of this history. However, to appreciate some of the dynamics in operation today, a portion of this element of CACREP's history is necessary.

CACREP: CURRENT STATUS AND STRUCTURE

CACREP's name includes "Related Educational Programs" in part because of ACPA's interest in the accreditation of student affairs personnel preparation. It was not ACPA alone, however, that was considered in the first organizational meetings of what became CACREP. CORE, whose scope could include training of other rehabilitation specialists besides counselors, and members of AAMFT were considered as well. The hope for a better, more cost-effective accreditation environment for all parties concerned was the motivation. As a result, CACREP was designed to provide for the inclusion of new specialty emphases in the future.

CACREP currently accredits counseling programs at both the entry level and doctoral level. At the entry level, accreditation is for one or more of five identified counseling specialties: community counseling, school counseling, student affairs practice in higher education, mental health counseling, and marriage and family counseling. The first three programs require 48 semester hours for completion, and the remaining two require a 60 credit hour program. Within the last 2 years, specialty emphases have been added in career and gerontological counseling. These emphases are provided within a community program and may be a separate part of an existing community counseling program or may actually become the community counseling program for an institution.

For each of the five program areas, a common core of curricular experiences in eight areas is required: human growth and development, social and cultural foundations, helping relationships, group work, career and lifestyle development, appraisal, research, and professional orientation. Supervised practica and internships also are required. Elective or environmental emphasis courses constitute the remainder of a student's program.

At the present time, CACREP has accredited programs in over 105 institutions (Council for Accreditation of Counseling and Related Educational Programs, 1995) of a universe of approximately 350 counselor education training programs (which excludes those noted earlier accredited by APA, AAMFT, or CORE except for cases in which institutions support more than one type of program). In July 1994, CACREP (Council for Accreditation of Counseling and Related Educational Programs, 1995) reported the following program emphases recognized: For master's degree programs: Community Counseling, 77; Marriage and Family Counseling/Therapy, 8; Mental Health Counseling, 4 (an additional 6 have this as a subspecialty under Community Counseling from pre-1988 standards reviews); School Counseling, 77; and Student Affairs Practice in Higher Education, 45 (of which 16 are not counseling emphases). For doctoral level programs: Counselor Education and Supervision, 32.

In short, CACREP accredits specialties, not "generic" professional counseling programs, per se. This constitutes one of the methods by which "specialties" have become designated as such in common usage. A review of the standards, however, provides no definition of what constitutes a specialty.

The current CACREP standards provide for community counseling programs with or without specializations, that is, general entry-level preparation or in gerontological counseling or career counseling (Council for Accreditation of Counseling and Related Educational Programs, 1994). Cowger, Hinkle, DeRidder, and Erk (1991) noted variations in community counseling programs in degrees offered, program length, environmental studies course titles, environmental courses required, types of specialty areas offered, and number of courses required in each specialty area.

Community counseling, therefore, is a nonspecific entry-level program (i.e., not school or postsecondary education based) that may or may not have a specific emphasis (i.e., gerontological or career). There is no organization of "community" counselors advocating standards of preparation, ethics, or practice. Community counseling is a "specialty" without a constituency such as with the other specialties accredited by CACREP. The desire for such an accreditation category or status by counselor educators, however, is evident by the number of programs that hold this designation for their master's degree program.

This situation with respect to CACREP accreditation of counseling specialty programs has come about more as a result of the recent politics and developments within higher education accreditation than by deliberate design of the CACREP Board (C. Bobby, personal communication, August 25, 1994). Nevertheless, there seems to be a need for better definition and for articulation among the specialty designations within the standards.

Although the CACREP standards developments are well documented and their systematic review inclusive of the many specialty practitioners and counselor educators represented on CACREP, the fact remains that there is little empirical data to substantiate the number of hours for each specialty (i.e., three specialties require 48 semester hours and two require 60 hours). Of course, this is inherently a problem with state licensing as well. As state credentialing boards require 60-hour programs for professional counselor applicants, further confusion is likely to emerge with respect to what a specialty emphasis is called at the preparation program level. Other counseling specialties may wish to review the efforts in rehabilitation counseling to establish articulation between standards, accreditation, credentialing, and practice (Szymanski & Leahy, 1993).

At the same time, among the other specialties within CACREP, there is at least one other that could become an anomaly. When ACPA withdraws from CACREP as it has from affiliation with ACA, which is scheduled for July 1995 (J. Myers & C. Bobby, personal communications, August 15, 1994), the question could be asked, should CACREP continue supporting a noncounseling specialty? One of the emphases in student affairs could be eliminated (i.e., noncounseling emphasis). This would place CACREP for the first time in its history in the position of accrediting counseling programs only. The "Related Educational Programs" part of CACREP's name could become superfluous. On the other hand, the number of noncounseling program emphases accredited by CACREP ($N = 16$) suggests that this decision should not be made lightly or in haste.

REFLECTIONS ON SPECIALTY ACCREDITATION

At this time, higher education accreditation is under particularly careful and intense scrutiny because of the high cost to universities and colleges of the many state, regional, and specialty accrediting agencies across disciplines (C. Bobby, personal communication, August 15, 1994; Greenberg, 1994). CACREP has an advantage compared with its equivalent accrediting agencies because it is the only coun-

seling accrediting body for both master's and doctoral preparation in more than one specialty. In practical terms, this reduces the cost substantially to institutions in both direct and indirect resources.

University personnel time spent preparing voluminous reports for several accrediting bodies is far more expensive than merely application, maintenance, and site-visitor expenses. Faculty and staff time devoted to such efforts can be disproportionate to the perceived benefits. As a consequence, CACREP's scope of accreditation is an asset in reducing unnecessary duplication and overlap to programs with multiple emphases and degrees.

In addition, CACREP has conducted joint site visits with CORE at the request of counselor education programs with this specialty. Such collaboration is beneficial to those whom the agencies serve.

In summary, then, what can be said about specialty accreditation, particularly with regard to CACREP? The following observations merit consideration:

1. Specialty or other single-discipline accreditation within counseling exists independently of ACA and CACREP through the support of other independent groups in education, psychology, and rehabilitation.
2. CACREP can be the most cost effective yet credible accreditation agency for counselor education programs by virtue of its specialty scope and levels of entry to the profession.
3. The present CACREP standards, while revised extensively since their first publication, evolved originally from specialty standards for school counseling.
4. CACREP is fundamentally based on generic entry-level standards but with attention to specialty accreditation. However, the current structure and standards categories of CACREP are focused on specialty accreditation rather than generic counseling programs per se.
5. There appears to be a definition and articulation problem between the Community Program emphases and the specialty standards, that is, what criteria are used for determining a specialty emphasis within Community Counseling (i.e., career and gerontology) compared with a specialty in School Counseling, Mental Health Counseling, and so on.
6. "Related Educational Programs" in the title may no longer be necessary or appropriate when ACPA withdraws support for the non-counseling accreditation. CACREP's name and scope of recognition could be changed in the future to reflect this development.
7. There remain far more non-CACREP programs than CACREP-accredited programs. However, the universe is potentially less than sheer numbers might suggest when accreditation by NCATE, CORE, APA, and AAMFT are considered (Hollis & Wantz, 1993). Nevertheless, the full impact of CACREP reaches far beyond the accredited programs to those that for reasons such as inadequate administrative support strive to meet or exceed the standards but are unable to be counted among the CACREP programs.

CREDENTIALING: PURPOSE AND TYPES

Credentialing is a method of identifying individuals by occupational group. It involves at least three methods with variations on each: registry, certification, and licensure. Each of these requires some explanation of differences, including advantages and disadvantages in relation to their place in counselor credentialing (Forrest & Stone, 1991; Hosie, 1991; Sweeney, 1991).

First, *registry*, in its simplest form, is a voluntary listing of individuals who use a title and/or provide a service that a government or occupational group believes is of benefit to require or encourage

registration. Generally, the criteria for inclusion are met by the least restrictive methods used in the three different credentialing strategies. Cost for inclusion, therefore, can be relatively modest. Usually there is no effort to regulate practitioners or the practice by others not so registered. Renewal is automatic on payment of specified maintenance fees. Although it may seem to be the least desirable method for professional occupations, it does have its place and is of interest to counselors.

Second, to *certify* is "to attest as true or accurate . . . to guarantee or endorse" (Random House, 1990, p. 144). Certification, therefore, is broadly conceived as a process of verifying the truth of one's assertion of qualification, in our case, as professional counselors. Certification, unlike licensure, can be established by means other than state law. Most counselors are familiar with nonlegislative certification as established, for example, by the National Board for Certified Counselors (NBCC) and the Commission for Rehabilitation Counselor Certification (CRCC). There are significant differences in these two forms of certification (i.e., legislative and nongovernmental), however.

State legislatures or other governmental agencies authorized by them, such as departments of education or mental health, establish criteria and methods for certification that they consider appropriate for their state and its needs. As a consequence, the standards agreed on by an occupational group represented, for example, by ACA and CACREP, may be considered—or totally disregarded—in any such credentialing. This has led to much difficulty in establishing reciprocity among state-certifying bodies and has deflected efforts to promote counseling as a unique profession whose practitioners possess core and specific knowledge and skills. Each state, therefore, defines the professional practice of counseling as it sees fit. Equally important, state legislation is an instrument for protection of the public, not the promotion of an occupation (although it tends to do both).

Profession-promulgated national certification, by contrast, can promote counseling as a distinct profession through uniformity in the stated criteria for certification as a counselor as well as a method for protection of the public. Additional criteria for renewal of certification and for specialization within the field beyond the entry-level criteria may be established. This type of certification commonly promotes continuing education of participants and requires adherence to a professional code of conduct. The chief disadvantage of this type of certification lies in the fact that adherence to these standards for any other purpose by any other agency, employer, or person is totally voluntary. Likewise, noncertificated persons may practice without regard to the preparation standards or code of ethics. On the other hand, voluntary certification may suggest a level of professional commitment beyond that required of those who are obligated to seek legislatively defined credentialing.

Finally, *licensure* is the most inclusive, legislatively established basis of credentialing. It tends to be the most desirable with respect to asserting the uniqueness of an occupation because it may delimit both the title and practice of an occupation. When the definition of psychological practice became law in many states, this definition also incorporated everything that counselors did. As a consequence, counselors were persuaded to seek their own licensure laws to protect their right to practice and to be relieved of harassment by psychology boards (Sweeney & Sturdevant, 1974).

One caveat is appropriate at this juncture. In any given state, registry, certification, or licensure may or may not have the characteristics as described above. These characteristics are generally accurate, but each state legislature may modify them to suit its own purposes. Therefore, a certificate in one state may be administered like a license

in another state. Only by examining a specific law and the rules by which it is administered can one determine the full implications of the law in a given state. To refer to licensing laws as though they were similar in any other way than by title can be both misleading and inaccurate. In fact, some state laws for licensing counselors are more accurately descriptive of a certification process.

SPECIALTY CREDENTIALING: HOW AND WHEN

Specialty credentialing has evolved from a combination of societal influences and the profession's efforts to influence its future (Warner, Brooks, & Thompson, 1980). In national certification and accreditation as well as state licensure, the need for a definition of specialties remains an issue. The following section describes some of the events that influenced the evolution of specialties. Both at the state and national level, counselors and counseling have been working to establish a clear identity among the helping professions. More complete descriptions of each of these specialties may be found in articles in the second section of this special issue.

School Counseling State Certification

School counselor certification received its greatest impetus from the implementation of the National Defense Education Act of 1958. Thousands of educators were given some form of training and were hired to work in schools as counselors. Their mission according to the U.S. Congress was to identify and guide the mathematically and scientifically talented youths of our country to pursue curricula and careers in technical and scientific fields. This was a national effort to overcome a perceived deficit in the space race with the former Soviet Union. The need for state departments of education to establish criteria that would qualify schools to receive federal funds for the services of these personnel was a compelling reason behind the rapid growth of certification. This was especially true for states that had little motivation to distinguish counselors from teachers before this time.

Counseling personnel seized on this opportunity to help influence such state legislation. This was difficult to do, however, as it required work in each state. There is still a need for greater uniformity in certification criteria among the states (Association for Counselor Education and Supervision, 1990). Wellner (1983) indicated that only 23 states required a master's degree in guidance and counseling for school counselor certification. More recently, in 1990, ACES received recommendations to establish consistency in the application of professional standards across school counselor preparation programs, accreditation, and credentialing by state departments of education.

With the funding challenges facing schools, school counselor positions in the 1980s were stable or declining with a few notable exceptions, especially in elementary school counseling, which had an upsurge in some states. As a consequence, school counselor certification did not progress and, in some cases, has been eroded by educators and boards of education members' responses to criticism of education, in general, and teacher competencies, in particular (Forrest & Stone, 1991).

In Ohio, for example, teacher certification was changed to emphasize graduate degrees in subject areas for continuing certification while also requiring teaching experience for all new counselors. At the same time, the state board of education changed school standards such that counselor and pupil ratios are no longer required and bachelor's degree social workers can be hired to do pupil personnel work in the schools. Ohio is one of the 42% of states still requiring teach-

ing experience for employment as a counselor (Bobby & Kandor, 1992).

While teaching experience is preferred by some educators as a prerequisite to becoming a school counselor, there are equally satisfactory if not better methods for orientation and indoctrination of individuals new to school settings (Baker, 1994). The good news is that teaching experience is required by fewer states now than in the 1970s (Baker, 1994; Bobby & Kandor, 1992; Boller, 1972). Because this can change, however, with the political decisions of bureaucrats and legislators, the need to continue advocacy for school counselors is no less now than in the 1970s.

Paisley and Hubbard (1989) reported that a survey of state departments of education officials indicated an increase in the number of school counselor positions, with 27% reporting insufficient numbers of counselors to fill the existing needs. On the other hand, the number of counselor education programs that train school counselors has decreased from approximately 57% in 1979 (Hollis & Wantz, 1980) to only 32% in 1990 (Hollis & Wantz, 1993). Also of note, the number of state department school counseling personnel has declined by 33% from 209 in 1974 to 139 in 1991 (Wantz, 1992). The organizational structure of state departments of guidance have experienced change as well. Instead of separate, identifiable units, they have been merged with other disciplines and no longer have the personnel or autonomy to provide consultation to school counselors as in the past (R. A. Wantz, personal communication, October 18, 1994).

Rehabilitation Counseling National Certification

Established in 1973 (Livingston, 1979), rehabilitation counselor certification was the first such national credentialing. The Commission on Rehabilitation Counselor Certification (CRCC) has 12,337 individuals currently listed as Certified Rehabilitation Counselors (CRCs). In addition, the CRCC has certified 4,926 Certified Insurance Rehabilitation Specialists, 14,648 Case Manager Specialists, and 377 CRCs in Canada (CRCC, personal communication, July 1994).

Unfortunately, state rehabilitation agency policies and legislation funding rehabilitation services have not followed recommendations for full implementation of the national standards. As a consequence, both agency and private service providers are able to fill positions with less than a CRC credential. In another development, the Case Manager Specialist has emerged as the largest and most rapidly growing certificants by CRCC. I wonder how this development is affecting the CRC within the rehabilitation community of service providers in terms of employment, scope of practice, and related matters now and in the future.

National Certified Counselors

The largest national counselor certifying body is the National Board for Certified Counselors (NBCC). Established by ACA in 1981 as a free-standing corporate body, it now has certified over 20,000 counselors in this country and Europe (Americans overseas). The National Certified Counselor (NCC) is not a specialty, however, and might be more accurately described as a certification for "professional counselors." To be eligible for a specialty administered by the NBCC, the applicant must be an NCC as well. Specialties through NBCC, as described below, have not generated large numbers of applicants.

Career counseling. The National Certified Career Counselor (NCCC) was established by the National Career Development Association (NCDA) in response to NCDA's perception that the public needs access to qualified career counselors. There are 794 individuals who presently hold this additional specialty certification (T. Clawson, personal communication, July 1994), now administered by NBCC.

Mental health counseling. The National Academy of Certified Clinical Mental Health Counselors (NACCMHC) was established by the American Mental Health Counselors Association (AMHCA) and preceded the NBCC (Gerstein & Brooks, 1990). The academy merged with the NBCC in 1992. Through aggressive and persistent lobbying, the academy and its parent body, AMHCA, earned recognition for these certificate holders by the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) as meeting standards for third-party payment with a physician's referral.

CHAMPUS recognition is an important step in helping to put qualified counselors in a more competitive position with other mental health providers of these services (Weikel & Palmo, 1989). Unfortunately, the relatively small number of individuals certified as Certified Clinical Mental Health Counselors, 1,722 (T. Clawson, personal communication, July 1994), works to the detriment of efforts to gain more widespread recognition for those so certified.

School counseling. The leaders of the American School Counselors Association were encouraged by the NBCC to establish a committee and submit a proposal to create a National Certified School Counselor specialty. This was implemented in 1991. There are presently 627 school counselors with this specialty certification. There are many NCCs, however, who are state-certified school counselors but who do not seek a specialty through the NBCC.

Gerontological counseling. ACA conducted five projects funded by the U.S. Administration on Aging related to gerontological counseling (Myers, 1989). One outcome of the projects was a proposal to the NBCC to establish a specialization in gerontological counseling (Myers, 1995). With the full participation and endorsement of the Association for Adult Development and Aging leaders, NBCC accepted the proposal and established this certification specialization in 1991. There are 179 persons presently certified with this specialty.

Addictions counseling. The most recent NBCC specialty, established in 1994 and which became effective in January 1995, is related to addictions counseling (Eubanks, 1994). The International Association of Addictions and Offender Counselors (IAAOC) grew in membership and organizational recognition within ACA on changing its name and focus in 1991. Since then, the need for a professional identity that entailed graduate preparation in the field of addictions counseling prompted the NBCC and the IAAOC leaders to establish a new specialty designation (Eubanks, 1993).

Certified Family Therapist

Another specialty certification announced in September 1994 by the International Association of Marriage and Family Counseling (IAMFC) is called Certified Family Therapist in conjunction with the newly created National Academy for Certified Family Therapists. The IAMFC leaders had explored their desire to establish a new certification with the NBCC, but their discussions concluded with a decision to do so independently of NBCC (T. Clawson, personal correspondence, August 25, 1994).

The American Association of Marriage and Family Therapy has had a national certification for its members for over two decades as well as state credentialing in over 20 states (Everett, 1990). In light of the decision to use the title Certified Family Therapist, it is my perception that the IAMFC initiative appears to be unrelated to the professionalization of counseling in general and marriage and family counseling as a specialty in particular.

Licensure and Specialties

Licensure has been the major focus of ACA's credentialing efforts since the mid-1970s. There are currently 42 states that credential

professional counselors (see "State Licensing Regulations," 1994). Vroman and Bloom (1991) reported that there were 22,078 state-licensed counselors, 2,430 state-certified professional counselors, 15,000 marriage, family, and child counselors (California), and 789 state-registered professional counselors, resulting in a total of approximately 46,000 counselors credentialed by the states. By 1994, there were over 63,000 counselors under some form of state legislation (T. Davis, personal correspondence, September 19, 1994). In addition to the State of California, specialties help to account for these numbers.

In part as a consequence of ACA's model legislative proposals to state groups dating back to the 1970s, few states have specialty licensure *per se*. Notable exceptions are California, where marriage, family, and child counseling certification existed long before ACA's efforts. Eight states license or certify what Vroman and Bloom (1991) referred to as "mental health counselors." Licensed professional clinical counselors in Florida ($N = 2,260$), Washington ($N = 1,800$), and Ohio ($N = 1,500$) account for most of the approximately 5,700 individuals credentialed in these states as "mental health counselors." Three of the states, however, had no persons credentialed at the time of the survey (Vroman & Bloom, 1991).

PROFESSIONALIZATION

In 1991, the ACA Board authorized the appointment of the first Professionalization Directorate (later to be a committee). It was charged with developing a comprehensive professionalization plan for the association. In November 1990, representatives from the ACA divisions, accreditation, advocacy, standards, ethics, licensure, and credentialing agencies were invited to participate in developing this plan (Myers, 1991). One of the most helpful participants was an invited presenter from the National Institute of Mental Health. A psychiatrist new to ACA, he asked simply, is this a group of groups or a group of the whole? If ACA is a group of groups, he said, then the membership can expect to be ineffective in influencing external groups. On the other hand, he also explained how, as a single discipline, counseling could become a core health care provider through an amendment to the Public Health Services Act of 1973 similar to what social work, psychology, and marriage and family therapy had done.

The success of the 1990 ACA professionalization meeting and several components of the professionalization plan that it originated are now history, including the merger of NACCMHC and NBCC, a legislative focus and progress toward core provider status for counselors, full-time staff in ACA devoted to advocacy, professional counselor criteria for membership in ACA, and others. However, these first steps toward a unified professionalization effort are not sufficient or sustainable without deliberate, persistent redefinition and support (Myers, 1991). There are and will continue to be many issues yet to be resolved.

UNRESOLVED ISSUES

From the preceding review of accreditation and credentialing literature, it may be concluded that specialties clearly are an integral part of the fabric of the counseling profession. Historically, specialties have been the impetus for much of the growth of counseling as a profession. At the same time, the continued growth of the profession requires attention to the issue of whether counseling is a single discipline with specializations or a federation of separate disciplines using similar knowledge, skills, and research. This continues to emerge at various levels of professional and political dialogue. To pursue the

many facets of this issue is beyond the scope of this overview. A summary of pros and cons of a unified professional identity, however, may help to raise consciousness to the nature of the issues from my perspective.

Pro: A Single Discipline

1. First and foremost, the basic knowledge, skills, and research for all persons prepared as entry-level professional counselors are essentially similar.
2. Expertise, whether by clientele, setting, or special competency, all build upon the core preparation of a professional counselor.
3. Acceptance of this position ensures a clearer, unified position on entry-level preparation standards, entry-level credentials, ethical behavior guidelines, and identity to the public at large.
4. Likewise, professional advocacy and influence on matters of public policy related to professional counselors and counseling can be more powerful and effective than any single, smaller unit within the profession. ACA has had notable successes in influencing both state and federal legislation because of its size, resources, and history as the voice of the profession.
5. Legislators and other public policymakers are more influenced by a large single group than multiple groups divided in their views.
6. Competition in the marketplace requires that professional counselors have a clear professional identity and scope of practice.
7. A unified association of professional counselors can serve the interests and professional needs of the membership more effectively. All services can be provided less expensively and more extensively, that is, with more human and other resources.
8. Unified accreditation and national credentialing agencies would ensure greater articulation, dialogue, collaboration, and unity on standards of preparation, ethics, scope of practice, and competence not only for entry levels but for specialties as well. Service to those whom they serve also would be more cost effective and understandable, that is, fewer accreditation and credentialing agencies, less fees, and fewer forms to complete.
9. Specialties will continue to be essential to the promulgation of new knowledge, skills, and research as well as direction for their specialties. Likewise, they will continue to be essential to meeting the needs and expectations of their membership. However, competitiveness or undue possessiveness of specialty identity, function, or scope of practice can be counterproductive, not only to the profession and public but also to the practitioners within each specialty.

Con: A Single Discipline

1. Professionalization has been the domain of specialties as they sought to define and influence the direction of their specialty. Rehabilitation counseling, for example, not only established preparation and credentialing standards before ACA, but it also collaboratively instituted national accreditation and certification before ACA or any of its other specialties (Linkowski & Szymanski, 1993; Tarvydas & Leahy, 1993). One might ask, would this progress have been likely under a unified "professional counselor" identity?
2. In many situations, the specialty identity of the individual, for example, as a school counselor, mental health counselor, or group specialist, is essential to employment and credibility among other practitioners. Specialties are sought by individuals in order to have this advantage in the marketplace of helping professions.
3. Individuals join and retain membership in organizations that specifically address their needs. They want and expect their national associations to address their specific needs and expectations for professionalization. When the larger organization inevitably becomes

embroiled in internal politics, the needs and wants of the specialty membership can become lost or diluted. Specialty organizations can suffer in such situations from loss of membership and poor morale among volunteer leaders.

4. Employment settings and historical events have shaped the nature of ACA's current professionalization environment. In rehabilitation, CORE and CRCC are an outcome of not only the American Rehabilitation Counseling Association but also the National Rehabilitation Counselors Association of the National Rehabilitation Association. The professional identity of the last two groups tends to be with rehabilitation as their discipline, not counseling (Linkowski & Szymanski, 1993; Tarvydas & Leahy, 1993). A similar situation exists for school counselors who identify with the National Education Association as educators more so than as counselors. The National Council for the Accreditation of Teacher Education accredits school counseling, as does CACREP. There is little likelihood that these organizations will relinquish their authority over these activities any time in the foreseeable future.

5. In the area of credentialing, specialties have been significantly influenced and controlled by disciplines and agencies apart from counseling. State departments of education, for example, certify school counselors in each state. State boards of education can be very resistant to outside influence (Baker, 1994).

6. On the other hand, no sooner had many who supported a unified professional identity celebrated the successful merger of the NACCMHC and the mental health certification within NBCC, the leaders of IAMFC reported that they were preparing to create yet another credentialing agency and another national certification (Eubanks, 1994). Although it is ACA Board-adopted policy that the association advocates for "professional counselor" as the preferred identity of counselors, the title of the IAMFC credential is Certified Family Therapist. It is clear that ACA-affiliated organizations are autonomous and can take action independently and contrary to ACA policy.

7. One additional issue relates to the official ACA position that "professional counselor" is the preferred generic identity of its membership. State licenses tend to reflect the ACA position, that is, Licensed Professional Counselor, as the most common title. The CACREP standards, however, refer to "community counseling" with and without specialties. The National Certified Counselor is NBCC's entry-level, nonspecialty designation. These differences are indicative of the evolutionary nature of the profession, but they also may be symptomatic of the need for better articulation and dialogue among those who shape the identity of the profession and its membership in the future.

CONCLUSION

The current realities of state and national credentialing and accreditation include significant challenges and impediments to professional unity. Ownership of accreditation, credentialing, and related activities are beyond the control of any one "specialty," "discipline," "profession," or group. A certain amount of separation is necessary and even desirable, for example, independence of accreditation decisions or individual credentialing decisions and political associations. Beyond what is necessary, however, is the question of when independence is counterproductive to the practical, political realities of the marketplace.

The historical development of accreditation and credentialing reflects the strength and importance of specialties in the evolution of counseling as a profession. The following articles in this special issue

on the specialties will help to further note their history and contributions to professionalization. At the present time, the continued growth of counseling as a profession, the success of counselors in the marketplace of human services providers, the credibility of counselors with legislators and other important decisionmakers, and the position of counseling with other professions, all speak to the need for unification as a profession. The essential question remains the same: Is counseling a profession (discipline) with specialties, or specialties (separate disciplines) with commonalities conveniently sharing a headquarter's office?

The ACA professionalization plan developed in 1991 with input from many of the diverse affiliates within and without ACA suggests that consensus is possible on a number of vital issues under the proper circumstances (Myers, 1991). The subsequent cooperation, dialogue, and collaboration by several of those who participated in the plan's development illustrates what can be accomplished through such a forum as the professionalization meeting. Despite the obstacles and potential deterrents to unity, the benefits far outweigh the effort and resources required to succeed. I believe that it is essential that ACA vigorously lead the effort to provide an ongoing forum to answer the questions before us now: such questions as, What constitutes a "specialty" within counseling as compared with a separate "discipline"? What criteria are to be used, by whom, and under what circumstances to designate distinctions among such groups and the individuals within them? These are not easy questions to answer. The challenge is to nurture both the interests and advantages of the specialties while forging a common vision and plan for the practice of professional counselors as a unified discipline (Herr, 1985).

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