

## **What's Next for the Profession of Mental Health Counseling?**

**James J. Messina**

*AMHCA is now 23 years old. It is no longer an adolescent. It has come into a new era in which it must reassess how successfully it has put into place the building blocks for the mental health counseling profession. The author reviews the six building blocks which he presented in the first issue of this journal. He assesses how well AMHCA has accomplished the goals involved. He also points out areas of growth and new frontiers which AMHCA can address in firming up the professional identity of the mental health counseling profession.*

Our son, the "AMHCA baby," graduated from college in May 1998. He was born in 1976, just three months after AMHCA was organized. He grew into a fine young man who is mature and has a clear head—with a vision, goals, and a road map with directions for the rest of his life. How about the profession of mental health counseling, which was birthed along with the baby? How clear is the profession's vision, goals, and road map for the future? Kelly (1996) identified the following three challenges facing the profession of mental health counseling: (1) competition for limited mental health financing, (2) the need for demonstrable client improvement, and (3) how the professionals respond to change. How is the mental health counseling profession preparing itself for these challenges

### **CHALLENGE 1**

#### **Where has the Profession of Mental Health Counseling Come Since Its Beginnings?**

In 1976, the American Mental Health Counselors Association (AMHCA) was founded by Nancy Spisso and Jim Messina as a voice for

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counselors who were employed in mental health settings (Weikel, 1985). AMHCA's goal was to establish mental health counseling as a core profession in the mental health field (Messina et al., 1978). The other core professions were also subspecialties of larger professions, i.e., psychiatry, a subspecialty of medicine, clinical and counseling psychology of psychology, clinical social work of social work, and psychiatric nursing of nursing. With AMHCA came the creation of a completely new breed of counselor (Seiler & Messina, 1979).

In the first issue of the Journal (Messina, 1979), AMHCA was challenged to focus its efforts on establishing the new profession of mental health counseling by the creation of the following building blocks:

1. A national voluntary membership association (AMHCA)
2. A national standard for recognition of competent members through national certification
3. A national accreditation standard for the educational and training programs
4. A uniform standard of licensure in all 50 states for the members of the profession
5. A national standard of professional competencies (knowledge, skills and abilities), which is the foundation for the profession's certification, accreditation, licensure, and clinical standards
6. A body of research and theory about the practice of mental health counseling, which distinguishes this profession from other professions that are engaged in similar work efforts

In reviewing what was needed for mental health counseling to be fully recognized as a profession, one can see that in the past two decades since AMHCA was conceived, much was accomplished but much still needs to be done in all six of the foundational building blocks of the profession.

**Building Block 1. The professional association for mental health counselors.** Since its inception in 1976, AMHCA has grown to close to 12,000 members, a little over one third of whom are in private practice. The professional association of counseling was called the American Personnel and Guidance Association (APGA) when AMHCA became a division in 1977. Simultaneously with AMHCA's emergence, the larger profession of counseling and its professional association APGA was in disarray, had problems, and was seeking its own professional identity. This impaired AMHCA's seminal efforts at "profession creating." APGA changed its name twice to the American Association of Counseling and Development (AACD) and finally to the American Counseling Association (ACA). The name change clarified that the profession of counseling is served by

ACA and that AMHCA serves mental health counseling, which is a subspecialty of the counseling profession. AMHCA has gained greater autonomy from ACA in the past few years, which has helped to delineate further the uniqueness of its mission and goals. Much still needs to be done to strengthen the impact of AMHCA on influencing national health and mental health policies. AMHCA needs to focus its energy away from its organizational, self-serving interests into increased lobbying efforts that benefit the clients that its members and the mental health counseling profession serve.

**Building Block 2: National certification for mental health counselors.** National certification became a reality in 1980 (AMHCA Certification Committee, 1979; Messina, 1985) in the formation of the Academy of Clinical Mental Health Counselors (ACMHC) earlier known as the National Academy of Certified Clinical Mental Health Counselors (NACCMHC) and now known as "The Academy." APGA struggled until 1982 to establish a national certification process, resulting in the founding of the National Board for Certified Counselors (NBCC). In July 1993, the Academy became the Clinical Academy of NBCC thus clarifying that the Certified Clinical Mental Health Counselor (CCMHC) is the subspecialty and designated clinical professional of the larger, generalists, National Certified Counselor (NCC) designation. The merger of the Academy with NBCC accomplished a goal 11 years in the making. Since the Academy began certifying, close to 2,000 have become CCMHCs. There have been a number of arenas in which the CCMHC has been recognized as a professional designation, but it has not as yet been recognized as a core profession in the mental health field by an amendment of the Public Health Services Act. Unless more mental health counselors voluntarily decide to get certified, the CCMHC will remain a somewhat impotent building block in this profession's foundation.

**Building Block 3: National program accreditation for mental health counselor training.** ACA was successful in establishing a national accreditation process for counselor education programs in the early 1980s: the Council for Accreditation of Counseling and Related Educational Programs (CACREP). AMHCA has representation on the CACREP Board. The CACREP's focus is on educational standards, and it has adopted specific standards for mental health counselor training programs (Seiler, Brooks, & Beck, 1990). Unfortunately, of the more than 600 programs training counselors who enter the mental health counseling field, only 17 programs have been accredited under CACREP's mental health counseling designation (Hollis, 1998). The lack of training programs seeking the mental health accreditation is a glaring gap in the foundation of this profession and needs major overhauling. AMHCA needs to take the

leadership encouraging training programs to get accredited as mental health counselor training programs if this building block is to provide stability for the profession.

**Building Block 4: National system of state licensure for mental health counselors.** Thanks to the efforts of state leaders both in ACA and AMHCA, 45 states and the District of Columbia license professional counselors. Only three states license mental health counselors (Florida, Iowa, & Massachusetts); one state licenses Professional Counselors of Mental Health (Delaware); one state licenses Licensed Professional Clinical Mental Health Counselors (New Mexico); two states certify Certified Mental Health Counselors (New Hampshire and Washington); one state certifies Certified Clinical Mental Health Counselors (Vermont); one state certifies Certified Counselors in Mental Health (Rhode Island); and four states license Clinical Counselors (Illinois, Maine, Montana, Ohio) (Covin, 1994). There is no national standard for licensure of mental health counselors, and this is a major weakness in this building block of the professionalization effort. AMHCA needs to take the lead in working with the various state Boards of Licensed Professional Counselors to ensure that mental health counseling competency standards are in place prior to a counselor being licensed to practice mental health counseling in that state.

**Building Block 5: National standards for professional competencies in mental health counseling.** The effort to establish a national standard of professional competence was begun when the Academy was founded by AMHCA in 1977 (Messina, 1985). The Academy's mission was to identify a means to establish a list of "in the field" validated performance competencies that could become minimal standards required of all counselors who wanted the CCMHC designation. During the first 3 years of the Academy, a database of competencies (knowledge, skills, and abilities) was compiled. This database was intended to be used by certification and licensing organizations as well as by graduate training programs to accomplish two major tasks of professional development:

1. Create a competency-based assessment process for national certification
2. Establish a minimal standard of competencies that a counselor needed to master prior to graduation from a mental health counselor training program

This second task led in 1980 to the creation of a task force to identify national training standards for mental health counselor training programs that would be competency-based and performance-assessed (Messina et

al., 1978). The Academy was requested, by APGA, to discontinue its Training Standards Task Force. APGA was working on establishing what came to be known as CACREP. APGA leadership hoped to spare the field confusion from an AMHCA/ACADEMY effort to establish its own training standards when APGA was in the process of developing its accreditation program. The Academy agreed and tabled the training standards efforts.

Unfortunately, the competency-based standards identification effort got lost or was ignored by the Academy and AMHCA over the years, even after it was resurrected again in 1987 at an AMHCA Think-Tank (McCormick & Messina, 1987). Finally in 1991 at a meeting in Orlando, Florida, the AMHCA leadership chose to resurrect the competency study begun in 1979. The database, gathering dust in the Academy's archives was presented to the AMHCA membership 1991 issue. The response to this listing, with additions and clarifications, was then compiled into a questionnaire for priority rating and sent out to all CCMHCs and the responses were put into a database. AMHCA in 1992 announced that they would complete the task of identifying competency-based training standards for the profession through what was called the Orlando Model project.

In June 1994, the AMHCA Board of Directors approved a plan to initiate a free-standing national organization to be guardian of the Orlando Model competency-based standards (Messina, 1995). The new organization was the National Commission for Mental Health Counseling (National Commission). Unfortunately, the AMHCA board failed to budget for the continuation of the National Commission in 1995, and it went out of existence. Prior to its demise, the National Commission published a monograph (Altekruse & Sexton, 1995) that reviewed the historical context of mental health counseling; a demographic analysis of what it is that mental health counselors do; the results of the competency survey; desirable trainer qualities and abilities; therapeutic outcomes research's impact on mental health counselor competencies, and implications for the training of mental health counselors. This work offered future researchers and trainers in mental health counseling a rich array of options for expanded research and study into the competency standards for the mental health counseling profession. AMHCA must continue with this effort into the next decades if this building block is to remain vibrant and proactive for the advancement of the profession.

**Building Block 6: Body of research and theory about the practice of mental health counseling.** The growth of theory and research into the practice of mental health counseling has been somewhat stalled for lack of clear conceptual direction. What has been needed is an integration of

practice, research, and clinical experience. What is needed is a bridge that translates theory. In turn, the counseling experiences and empirical data from research should inform mental health counseling theories (Rigazio-DiGilio, 1996). Mature professional disciplines generate knowledge through research regarding theoretical and clinical questions that inform the practice of clinicians within their own and in related disciplines. Most of the research included in AMHCA's professional journal in the past 20 years was surveys descriptive of the training, work settings, and work practices of mental health counselors, which was more of an introspective focus (Mate & Kelly, 1997). Maturity of the profession will come when research generates information that is relevant to allied mental health disciplines (Mate & Kelly, 1997).

An inhibiting factor, preventing the mental health counseling profession's development in the past two decades, stems from the historical legacy of guidance and school counseling within the professional association. There has been disagreement over the theoretical model of mental health counseling since the majority of mental health counselors are trained in Colleges of Education and not in Psychology or Social Work Departments. Should the model for mental health counseling be based on pathology and the medical model or should it be based on the prevention model of teaching clients to be more skillful and effective in coping and applying new skills? Since 1976, the pressures of the health care market have pushed the profession to become more focused on the diagnosis and treatment of mental health disorders. The current definitions of mental health counseling by the Academy and state licensing boards emphasize the diagnosis and treatment of mental health disorders. As current as 1996, Ginter identified the three pillars of mental health counseling as (1) interpersonal medium, (2) prevention and remediation, and (3) developmental perspective. These three pillars were posited in the first issue of the *AMHCA Journal* by Seiler and Messina (1979), in the profession's first theoretical article. It espoused the recognition of mental health counselors with an emphasis on mental health counselors being prevention-oriented and developmentally focused. The dynamic tension of the pressure for counselors to be educational and developmental rather than treatment-oriented still exists in the political atmosphere in the larger counseling profession and very well might continue to inhibit the growth and clarity of identity of the mental health counseling profession. This was most evident in a recent debate contained in the *Journal of Mental Health Counseling*. Vacc, Loesch, and Guilbert (1997) concluded that for most of their work, CCMHCs do not need specialized knowledge and skills for counseling mentally disordered clients. Hansen (1998) rigorously refuted this conclusion by stating that the data and research used to

reach this conclusion did not support this conclusion. The struggle still exists in the field, and the pillars upon which it was built make for this dynamic tension. The need for ongoing research into the identification of competency-based standards for mental health counselors is needed to clarify what distinguishes them from other mental health professionals. Such research may determine if the preventive, educational, and developmental orientation is what differentiates counselors from their fellow mental health practitioners.

It is imperative that the *Journal of Mental Health Counseling* take the lead in shoring up this professionalization building block—promoting and publishing research into the theory and practice of mental health counseling to improve the services provided by counselors and impact the well being of the people being served.

#### **WHERE WILL MENTAL HEALTH COUNSELING GO FROM HERE?**

The profession of mental health counseling has the six building blocks in place even if they are somewhat weak or underutilized. AMHCA needs to put more effort into the shoring up of these building blocks. But in addition to this, the profession of mental health counseling needs to have its parameters of services expanded upon in light of the changes in financing of mental health services (Kelly, 1996). A new model of mental health counseling needs to be forged into the mental health scene now that the era of the "solo practitioner" is coming to a close (Messina, 1995). Lowering of anticipated income and a changing employment scene in the mental health field will have an impact on the future of profession. Typical employment settings for mental health counselors in the future will be:

- Health maintenance organization or managed mental health care centers
- Large multi-disciplinary group practices
- In-house mental health counseling services contracted by large businesses, corporations or governmental agencies
- Public mental health agencies
- Psychiatric hospitals' inpatient or outpatient service
- In-house general and specialized hospitals' mental health clinical services
- Prisons or other units of the correctional system at the local, state, or national level
- Court systems (family court, divorce services, victim's assistance, family mediation)

- Churches, synagogues, temples or other pastoral counseling centers
- In-house mental health counseling services in public and private schools, universities and colleges
- Senior care and elderly housing and service centers
- Nonprofit semi-public mental health agencies
- Public or private agencies serving individuals with developmental and other disabilities and their families
- "In-house Personal Effectiveness Centers" in businesses, industry, corporations, or governmental agencies providing individual coaching in personal and leadership effectiveness.

The professional building blocks must make alterations to accommodate to the diversity of the work site for its mental health counselors.

Specialty niches in Mental Health Counseling have counselors serving people who have:

- Developmental disabilities including Attention Deficit Hyperactivity Disorder, Specific Learning Disability
- Multi-ethnic, multi-cultural and/or bilingual needs
- Personality disorders
- Eating disorders, substance abuse and other addictive disorders
- Debilitating and/or chronic health conditions such as those who are affected with HIV-AIDS, cancer, heart disease, chronic fatigue syndrome, Alzheimer's, chronic pain
- Survived sexual abuse; crimes; domestic violence (victims and/or perpetrators of)
- Issues concerning step-families and/or divorce
- Been chronically depressed or mentally ill.

These varied specialties require individualized, theoretical models and specialized training and supervision. To shore up these building blocks the profession will need to delineate models of appropriate intervention that result in positive outcomes for recipients.

The profession of mental health counseling has matured and grown, not without some missteps, which is normal and to be expected. For the profession to grow and flourish it must assiduously commit to its efforts to research and define its theory and clinical practice. It needs to cease its "self-analysis" and "self-absorption" and address the "critical mental health issues" facing its constituency. It needs to broaden its definition of *clinical services*. With the breakdown of unitary life-long marriages and the existence of the nuclear family, the stresses and pressures on children and adults are exponentially increasing. Yet the ability to fund services to



address these needs are becoming less and less available. It is incumbent on the mental health counseling profession to define itself in such a way so as to make its services available to people in arenas in which, up to now, it has never been present or identified. Directing mental health counseling into the worlds of commerce, work, recreation, health, corrections, spirituality, rehabilitation, judicial, educational, elder care, and disabilities will expand, redefine, and crystallize the profession of mental health counseling for the next decades. The vision, goals, and road map for the future of mental health counseling are in the hands of its leaders who will utilize the *Journal of Mental Health Counseling* to clarify their destination along the way.

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