Recently, the American Counseling Association (ACA) and the American Association of State Counseling Boards (AASCB) held a summit to resolve the identity crisis among the counseling profession. Delegates discussed the need for uniform licensure standards and the importance of defining our unique contribution to the mental health field.

During the summit, David Kaplan (ACA Chief Professional Officer) commented there are “multiple variations in state licensing titles” that seem to impede our professional identity. Pistole and Roberts (2002) concur: “There is an identity dilemma, which is consistent with the perception of [Mental Health Counseling] as a professional counseling specialty, that is associated with the profusion of professional counselor licensing titles and with the practicalities of licensure that go along with this predicament. Mental health counselors can be licensed under most states' professional counselor licensing laws because their course work and experience usually meet the necessary requirements. This license will not, however, reflect their identity as a mental health counselor” (Mental health counseling: Toward resolving identity confusions. Journal of Mental Health Counseling, 24, 1-19).

Gale and Austin (2003) further elaborate: “Although the title ‘professional counselor’ is the most common one found in licensure laws, other titles have been used. This diversity of titles has contributed to maintaining confusion about the profession's identity…As a result, the occupational title ‘professional counselor’ lacks sufficient specificity to secure its role in the eyes of other mental health professionals and the general public” (Professionalism's challenges to professional counselors’ collective identity. Journal of Counseling & Development, 81, 3-10).

Gale and Austin’s comment that the occupational title “professional” lacks specificity is confirmed when we consider the definition of this word: “1: of, relating to, or characteristic of a profession 2: engaged in one of the learned professions 3: characterized by or conforming to the technical or ethical standards of a profession” (Merriam-Webster Medical Dictionary, 2002). The word “professional” does not accurately convey the specialty of the work we perform. At best, the word indicates that we are learned and operate within an ethical framework, but it does not clarify what the ethical framework is that we function within, or our specific learning.

J. Barry Mascari (AASCB president-elect and participant in the summit) noted that “we are all going to need to be willing to give up something.” I suggest this “something” is the word “professional” from the title of Professional Counselor. In 1990, Fong suggested that the counseling profession was generating “confusing and wasteful duplicate structures” (p. 106) and stated “the scope of counseling and mental health counseling is the same; the terms are synonymous and, thus, the proper name for the entire profession of counseling is mental health counseling” (p. 107). Fong further argued that while some specialties are named for the environment in which intervention occurs (e.g., school counseling, community counseling) and others for the main concern addressed (e.g., vocational counseling, marriage and family counseling), all encompass the same core and are a form of mental health counseling. (Mental health counseling: The essence of professional counseling. Counselor Education and Supervision, 30, 106–113).
Three years later, Theodore P. Remley, Jr. (ACA Executive Director) concurred: "What we all have in common is that we are mental health counselors. I believe that we should adopt this term as our professional title. 'Mental health' is a positive term that emphasizes wellness rather than illness and reflects our professional orientation. The title we have been using, ‘professional counselor’ is uncomfortable in that we must defensively define ourselves as 'professional.' The time has come for the counseling profession to acknowledge its new position in society…But if 'mental health counselor' is not adopted as our official title soon, it will be too late." (ACA Guidepost, Nov 1993).

Remley warned us that if we did not act soon to adopt a uniform title—that emphasized wellness and did not put us on the defensive—it may be too late. I wonder if we are seeing the affects of this indecision as ACA and AASCB are now scrambling to pick up the pieces of a fragmented profession. While these organizations are working on portability standards related to education, training, and supervision, they are not considering a uniform title. Given the disparity of titles across the nation, and the move to standardize our profession, I recommend that we adopt “Clinical Mental Health Counselor” as our preferred occupational title. This will help us to better advocate for our occupation, define our unique niche, and secure our marketplace among health care providers.

Please consider the definition of “clinical”: “(a): involving or concerned with the direct observation and treatment of living patients (b): of, relating to, based on, or characterized by observable and diagnosable symptoms of disease (c): applying objective or standardized methods (as interviews and personality or intelligence tests) to the description, evaluation, and modification of human behavior” (Merriam-Webster Medical Dictionary, 2002)

“Clinical” reinforces our status as scientists. It describes our use of objective measures and our direct observation of clients. It refers to our ability of client evaluation and modification of human behavior. It establishes our competency at diagnosis (which requires systematic thinking and case conceptualization skills) - facilitating our aptitude at developing collaborative relationships with health care providers and securing reimbursement. Other states (e.g., Illinois, Maine, Maryland, Montana, North Dakota, and Ohio) use this word in their occupational title. We may do well to consider why they chose to add this word as a clarifier in their title.

Now, please consider the definition of “mental health”: “The condition of being sound mentally and emotionally that is characterized by the absence of mental disorder (as neurosis or psychosis) and by adequate adjustment especially as reflected in feeling comfortable about oneself, positive feelings about others, and ability to meet the demands of life” (Merriam-Webster Medical Dictionary, 2002)

I appreciate this definition. It clarifies our focus on wellness and the absence of pathology. It implies prevention and resiliency. It emphasizes client self-worth and personal acceptance. It defines who we are and what we advocate for. Might this be why the states of New York and Hawaii, who recently acquired licensure for our occupation, chose this as their preferred title? Why do Florida, Indiana, Iowa, Massachusetts, and New Hampshire also use “Mental Health Counselor” instead of “Professional Counselor?”
The U.S. Department of Labor, Occupational Outlook Handbook (http://www.bls.gov/oco/ocos067.htm), further clarifies our position in society by noting that “Mental Health Counselors work with individuals, families, and groups to address and treat mental and emotional disorders and to promote optimum mental health. They are trained in a variety of therapeutic techniques used to address a wide range of issues, including depression, addiction and substance abuse, suicidal impulses, stress management, problems with self-esteem, issues associated with aging, job and career concerns, educational decisions, issues related to mental and emotional health, and family, parenting, and marital or other relationship problems. Mental health counselors often work closely with other mental health specialists, such as psychiatrists, psychologists, clinical social workers, psychiatric nurses, and school counselors.” This job description beautifully summarizes our clinical focus and our breadth of training.

On the Occupational Information Network O*NET website (http://online.onetcenter.org/link/summary/21-1014.00), our occupation is classified under "21-1014.00 - Mental Health Counselors." A word search for "professional counselor" does not produce any results. Could this be one reason why proposed legislation to the House and Senate, securing reimbursement for our occupation, contains the term “mental health counselor” in the language of the bill, not “professional counselor?”

The time has come for us to firmly advocate that we are facilitators of mental health. The time has come to educate the public that we are clinicians. Let us reflect these core characteristics in our occupational title. Let us follow the example of Vermont, and determine that our unified occupational title be Clinical Mental Health Counselor.