

# Toward Professional Identity: The Dimensions of Mental Health Counseling in Perspective

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*When the American Mental Health Counselors Association was founded in 1976, the term "mental health counselor" was used. This article begins a dialogue to define the role and function of such a professional more clearly. Special emphasis is given to developmental and preventive tasks of these counselors and to identifying new and innovative dimensions of these tasks.*

Although mental health counselors have existed for many years, they have labored under the burden of being professionals without a distinct identity. The lack of a unique professional identity has led persons trained as counselors to be classified as psychologists for want of a more distinct title. This has led, in turn, to a great deal of overlap between the professions of psychology and mental health counseling. This overlap has prevented recognition of mental health counseling as a separate but equal profession; one that parallels psychology but is distinct in its own purpose.

Obviously then, a professional identity for the mental health counselor, one clarifying meaning and remaining flexible enough for future innovation, is vitally necessary. The purpose of this article is to begin an ongoing process of providing a perspective on this identity for the professional.

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## BACKGROUND

In 1967 the American Psychological Association's (APA) Committee on Legislation recommended a definition of the practice of psychology, one that has been accepted by most of the states licensing psychologists. It described both the methods and goals of the psychological profession.

By the APA definition, the practice of psychology is

rendering to individuals, groups, organizations, or the public a psychological service involving the application of principles, methods and procedures of understanding, predicting and influencing behavior, such as the principles pertaining to learning, perception, motivation, thinking, emotions and interpersonal relationships; the methods and procedures of interviewing, counseling, and psychotherapy; of constructing, administering and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivation; and of assessing public opinion. The application of said principles and methods includes but is not restricted to: diagnoses, prevention, and amelioration of individuals and groups; hypnosis; educational and vocational counseling; personnel selection and management; the evaluation and planning for effective work and learning situations; advertising and market research; and the resolution of interpersonal and social conflict. (APA 1967, pp. 1098-1099)

Juxtaposed to this definition is the description of professional counseling, proposed by the American Personnel and Guidance Association (APGA) Licensure Committee:

counseling procedures include but are not restricted to the use of counseling methods and psychological and psychotherapeutic techniques, both verbal and non-verbal which require the application of principles, methods, procedures of understanding, predicting and/or interpreting tests of mental abilities, aptitudes, interests, achievement, attitudes, personality characteristics, emotion or motivation; informational and community resources for career, personal or social development, group and/or placement methods and techniques which serve to further the goals of counseling; and designing, conducting and interpreting research on human subjects or any consultations on any item above. (APGA 1978, p. 20)

The differences in the above definitions are so vague as to cause doubts in justifying two separate professional identities, although a 1972 court decision formally recognized the distinction between psychology and counseling. In *Weldon v. Board of Psychologist Examiners* (1972), the Virginia Supreme Court found that "the profession of personnel and guidance counseling is a separate profession from psychology and should be so recognized."

A new attempt to define the mental health counselor used the term "community psychologist" to emphasize the helping rather than the intensively psychotherapeutic function. Counselors were defined as seeing their clients as "total persons seeking optimal fulfillment and

positive growth," whereas the psychologists see their patients as basically "problem-centered individuals needing intensive therapeutic intervention" (Goodyear 1976).

"College psychologists" were usually to be found in university or college settings, as well as governmental agencies, hospitals, clinics, or private practice, whereas clinical psychologists were to be found in institutional or medical settings involving treatment of severe personality disorders. Still, there was little enough distinction between the professions to warrant separate identities.

The differential emphasis needed was a focus on developmental or preventive counseling (Forster 1977), one that included not only a medical model that emphasized the treatment of symptoms, but a model basing itself on the client's strengths and on helping develop skills necessary for successfully dealing with life.

This developmental and preventive focus became the basis for a 1977 legislative decision definitively recognizing counseling as a profession distinct from psychology. The Code of Virginia established the Board of Professional Counselors (General Assembly, 1977), and defined professional counseling as "counseling and guidance services with emphasis on individual and group counseling designed to assist individuals in achieving more effective personal, social, educational and career development and adjustment" (p. 5).

This was a foundation on which professional counselors could build their identity. A new standard of professionalism was reached when the American Mental Health Counselors Association (AMHCA) initiated national-level certification of mental health counselors, effective in January 1979. The AMHCA Certification Committee (1978) defined the professional counselor as one who is involved in

the process of assisting individuals or groups, through a helping relationship, to achieve optimal mental health through personal and social development and adjustment to prevent the debilitating effects of certain somatic, emotional, and intra- and/or interpersonal disorders. (AMHCA 1978, p. 19)

The committee distinguished counseling as a profession by defining as an "allied mental health profession" any service that provided prevention, diagnosis, and treatment of mental health problems, including psychiatry, psychology, psychiatric social work, and psychiatric nursing (AMHCA 1978, p. 19).

The work of the Virginia Legislature and the AMHCA Certification Committee created a working definition of professional mental health counseling that sets it apart from the other mental health professions. What is needed now is a perspective that combines the various descriptions to provide counselors not only with their long-sought identity but to enable them to expand their professional horizons.

## THE PERSPECTIVE

This proposed perspective reflects a synthesis—it combines the latest innovative thoughts and concepts with the precedents set in law and professional consensus—and suggests new areas of exploration for the professional mental health counselor.

Professional mental health counseling is an interdisciplinary, multifaceted, holistic process of the (1) promotion of healthy life-styles, (2) identification of individual stressors and personal levels of functioning, and (3) preservation or restoration of mental health. This represents a new perspective on the old terminology of the “prevention, diagnosis, and treatment of mental illness.” This perspective contains dimensions that are uniquely indigenous to the emerging profession of professional mental health counseling.

## THE DIMENSIONS OF MENTAL HEALTH COUNSELING

*Mental* pertains to the mind as a continuum of its cognitive, emotional, and perceptual functions in the individual (Combs, Avila, & Purkey 1978).

*Health* is not merely the absence of disease, but a normal state of high level of well-being. In this context it is assumed that problems or illnesses are atypical states of being and that mental health counseling helps the individual regain well-being (Ardell 1977; Dunn 1961; World Health Organization 1947).

*Counseling* is a helping relationship that assists the individual in understanding, accepting, changing, or adapting to life (Forster 1977). This confidential relationship assists individuals or groups to (1) modify behavior patterns, (2) restructure environment, (3) build personal competence, and (4) discover new methods for making new decisions (Rogers 1951). This can be achieved by a variety of behavioral, cognitive, affective, and experiential techniques.

*Holistic* is viewing the client as a total person consisting of functionally interrelated physical, emotional, social, and spiritual aspects, which interface with environmental influences. From this vantage point, new therapeutic considerations might be the effects of nutrition and exercise, rest and activity cycles on mental health. It represents an interrelated approach to optimal well-being (Ardell 1977; Dunn 1961).

*Interdisciplinary* approaches recognize that the mental health counselor is part of the health care team that interacts with other professionals, such as psychiatrists, psychologists, and social workers. Training should include the best scientific information from the other mental health professions, and should be taught by an interdisciplinary team (Burnford & Chenault 1978).

*Multifaceted* is the integration of various physiological and psychological approaches to the alleviation of disabling conditions. This might range from intervening in the system on behalf of the client to instructing the client in self-help relaxation procedures. This approach requires broad training, flexibility, and extensive continuing education (Chenault & Mermis 1976).

*Promotion of healthy life-styles* includes but goes beyond classical prevention concepts; it proactively encourages activities that tend to increase the person's capacity for coping, increase life satisfaction, and that achieve or maintain a wholesome personality. This approach emphasizes self-responsibility for mental health maintenance. The professional mental health counselor advocates healthy ways of living while preventing debilitating occurrences or arresting these incidents in early stages (McCamy & Presley 1977).

*Identification of individual life stressors and personal levels of functioning* transcends labeling and assists the client in assessing coping styles and evaluating life circumstances that inhibit resolution of perceived problems. Ability to discern the stressful elements that impinge on the individual leads to more optimal functioning and increased self-direction (Brown 1974).

*Preservation or restoration of mental health* views remediation as a learning process involving instruction in self-help problem solving. This approach encourages early detection and intervention. The plan of action takes into account both environmental life space conditions and the perceptual inner events of the client (Combs, Avila, & Purkey 1978).

#### IN CLOSING

Discussion of the preceding dimensions suggests that the tasks of the professional mental health counselor are potentially diverse. Within the context of legal definition and professional consensus each person associated with a profession seeks a unique way of establishing professional identity.

The article has presented a perspective that suggests a broader and more comprehensive view of a new breed of mental health professional. This early attempt to identify the diverse dimensions of professional mental health counseling seeks to expand the perspective of professionals and provide a framework for future dialogue, research, and study.

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