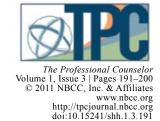# Through a Glass Darkly – Envisioning the Future of the Counseling Profession: A Commentary

Shannon Hodges

The counseling profession has experienced significant growth and diversification to become a viable member of the global mental health profession. Originally founded in the U.S. as the American Personnel and Guidance Association (APGA), the profession has expanded to the flagship American Counseling Association, 19 divisional affiliates, and licensure in all 50 states, Washington D.C., and Puerto Rico, the National Board for Certified Counselors, the International Association of Counselling (IAC) and numerous other global professional organizations. This manuscript will outline the counseling profession's genesis, growth, enumerate current challenges, speculate on the profession's future and offer concrete suggestions to ensure the profession's continued viability in a rapidly evolving global age.

Keywords: counseling profession, professional organizations, global age, professional identity, future development

During its nearly six decades, the counseling profession has experienced significant growth, struggle, and division to emerge as a viable mental health profession. The world's largest counseling organization, the American Counseling Association (ACA), began as the American Personnel and Guidance Association (APGA). Conceived in 1952 by a loose confederation of organizations, APGA was primarily "concerned with vocational guidance and other personnel activities" (Harold, 1985, p. 4). ACA has evolved from its "guidance" infancy into a multifaceted profession of over 45,000 members (D. Kaplan, personal communication, April 8, 2011) and 19 divisional affiliates (American Counseling Association, [ACA] 2010). In 1976 the State of Virginia passed the first counselor licensure law and 49 other states, the District of Columbia and the territory of Puerto Rico have since followed, making the counseling profession credentialed in all states and major territories. Most states have passed legislation establishing a counselor's right to bill private health insurance (Remley & Herlihy, 2007) and recently the Veteran's Administration has approved licensed counselors to work in VA hospitals. Currently, some 635,000 counselors work in schools, addictions, corrections, and public and private agency settings (Bureau of Labor Statistics, 2010–2011). The U.S. Bureau of Labor Statistics (2010) projects "employment for counselors is expected to grow much faster than the average for all occupations through 2016" (p. 209). Relative to its mental health colleagues, the counseling profession has achieved a stakeholder position in a shorter timeframe than the psychology and social work professions (Remley & Herlihy, 2007). The counseling profession also has expanded to Europe, Asia, Africa, Australia and South America. Achievements notwithstanding, the global counseling profession faces numerous pressing challenges. This manuscript will address key issues confronting the counseling profession and offer concrete suggestions to twenty-first century realities. Since the past, present, and future are interconnected, speculation on the counseling profession's future requires a brief review of its past.

The Past: From Genesis to the Present

Frank Parsons created the guidance movement by opening an office for vocational counseling in 1909. By creating an approach where the counselor actively attended to what adolescents said about themselves, he countered the prevailing distant, Freudian orthodoxy. Parson's approach was soon adopted by schools in 35 U.S. cities and collegiate training in counseling began at Harvard University in 1911. University counseling emerged as a specialty in the 1930s when E.G. Williamson published *How to Counsel Students: A Manual of Techniques for Clinical Counselors* (1939). Williamson's method was diagnostic in orientation and soon became the prevailing approach in colleges, schools and agencies (Nugent & Jones, 2009).

Carl Rogers (1942) moved the mental health field in a radically different direction with the publication of *Counseling and Psychotherapy*. Rogers advocated a more process oriented nondirective approach referred to as *client-centered therapy* (Rogers, 1951). Though schooled in Freudian analysis, Rogers developed an approach focused on a present,

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humanistic encounter between counselor and client. Additional theoretical approaches emerged in the post-Holocaust era, as many prominent European Neo-Freudian analysts and existentialists such as Alfred Adler, Karen Horney, Eric Fromm, Erik Erikson and Victor Frankl immigrated to the United States, challenging leading humanistic theorists such as Maslow and Rogers (Nugent & Jones, 2009).

The proliferation of diverse philosophical approaches and disparate organizations splintered the field resulting in various organizations representing the "guidance" movement. Finally, in 1952 four independent associations, The National Vocational Guidance Association (NVGA), the National Association of Guidance and Counselor Trainers (NAGCT), the Student Personnel Association for Teacher Education (SPATE), and the American College Personnel Association (ACPA) convened in Los Angeles for the purpose of building a stronger, unified coalition (Sheeley & Stickle, 2008). This meeting gave birth to the American Personnel and Guidance Association (APGA). APGA's founding is usually referenced as the birth of the counseling profession, though as evidenced by the fact that "counseling" was absent from the title, it was an inauspicious start. APGA was primarily focused on high school academic and vocational counseling and training college student personnel (Aubrey, 1977). The fledging profession faced numerous obstacles: qualifications to become a "guidance" professional were ambiguous; there was no uniform program of study; no written code of ethics; no accreditation standards; and no credential such as licensure. Judging by contemporary standards, the early guidance movement was arguably a semi-profession (Etzoni, 1969).

Despite challenges, the counseling movement demonstrated remarkable resilience during the period from the 1950s through the 1960s. Humanistic approaches spearheaded by Rogers and Fritz Perls became readily accessible to the general public through the group encounter movement (Corey, 2009). The phrase "third force" in psychology was coined to differentiate existential-humanistic approaches from psychoanalytic and behavioral ones (Nugent & Jones, 2009). In the late 1950s notables like Murray Bowen and Virginia Satir, members of related mental health professions, popularized family counseling (Gladding, 2009). The school counseling movement, buoyed by the Soviet's launch of Sputnik, escalated from around 7,000 counselors to nearly 30,000 (Aubrey, 1977). All these various forces within and outside the counseling profession resulted in popularizing counseling with the general public. By the mid-1970s the counseling profession and counselor education programs had grown exponentially (Nugent & Jones, 2009). Despite counseling's proliferation however, ethical standards, accreditation, and credentialing still lagged behind related mental health professions (Remley & Herlihy, 2007).

The 1980s to 2000: The Post-Modern Era

In the early 1980s counselor education leaders created the Council for the Accreditation of Counseling and Related Programs (CACREP) to provide standardization and accreditation (Hollis & Dodson, 2001). CACREP, which began as part of the Association of Counselor Educators and Supervisors (ACES), is now an independent agency recognized by the U.S. Council for Higher Education Accreditation (CHEA) to accredit masters' degrees in six counseling specialties and doctoral programs in counselor education and supervision (CACREP, 2009). Although counselor education programs are not required to be accredited, CACREP's curricular guidelines form the basis for most states' licensure laws (Remley & Herlihy, 2007).

During the same time frame as CACREP's inception, the National Board for Certified Counselors (NBCC) was created. NBCC established a national credential for professional counselors that preceded states seeking licensure. As of November 2009, all 50 states, Washington D.C., Puerto Rico, and Guam have passed counselor licensure laws. Counselor certification, a credential offered by the National Board for Certified Counselors, has consequently transitioned from "licensure substitution" to identifying counseling specialty areas. The advantage of national certification over licensure, however, is that certification is a credential with uniform standards, unlike licensure where requirements vary from state to state. NBCC offers certifications in three professional counseling specialty areas (National Board for Certified Counselors, 2011). Though NBCC's utility has been debated in the post-licensure era (Emner & Cottone, 1989; Weinrach & Thomas, 1993), Remley (1995) has argued that a license should be for general practice while national certification should identify specialty areas. NBCC also advocates for the counseling profession on a national level (J. S. Hinkle, personal communication, May 12, 2011). The field has moved towards Remley's specialization model and NBCC credentials have become popular with professional counselors.

Previous to the post-modern era, the counseling profession was based on Eurocentric models and was almost exclusively a U.S. profession (Corey, 2009; D'Andrea & Arrendondo, 2002). Since the late-1980s, however, multicultural considerations have become mainstream, and counseling is becoming an international profession. Often called the fourth force in counseling (D'Andrea & Arredondo, 2002) multiculturalism has had a profound impact on the profession, especially regarding culturally and linguistically diverse populations (Arthur & Pedersen, 2008). Since the late 1980s multicultural task forces have been set up and special editions of various counseling journals have addressed issues such as culture, ethnicity, gay, lesbian and transgender issues. *Counseling Today*, a monthly magazine published by ACA, also features a regular column on diversity. Multicultural competencies developed by Sue, Arrendondo and McDavis (1992) were adopted in the early 1990s by the Association for Multicultural Counseling and Development (AMCD) and adopted by all 19 ACA division affiliates. CACREP identifies diversity as one of the eight core counseling areas (CACREP, 2009) and coursework in multicultural counseling is a staple in counselor education curricula. Although debate regarding its parameters continues (Dunn, Smith, & Montoya, 2006; Weinrach, 2003), multiculturalism will continue to play a pivotal role in shaping the counseling profession, particularly given the globalization of the field (Arthur & Pedersen, 2008).

The Current Situation: Success and Strife

The counseling profession has achieved numerous goals (e.g., name recognition, licensure, third party billing, emerging international presence, etc.) in nearly 60 years of existence. Nevertheless, concerns loom large over the counseling horizon. One of the most pressing issues is the counseling profession's attempts to achieve marketplace parity with their mental health colleagues (Gladding, 2009; Remley & Herlihy, 2007). In the U.S., the first significant steps on this long journey towards parity were the profession's successes in achieving state licensure. Historically, achieving rights coincides with long-term struggle against established forces who seldom abdicate power and privilege willingly (Marx & Engels, 1985). The counseling profession's experience has been no exception to this maxim, as psychiatrists, psychologists, and social workers have vigorously opposed the counseling profession with regard to licensure, third-party billing, Medicare reimbursement, use of psychological tests and many other areas. Undaunted, the American Counseling Association, American Mental Health Counselors Association (AMHCA), American School Counselors Association (ASCA), and the National Board for Certified Counselors (NBCC) have pressed forward in the aforementioned areas. Such efforts have yielded considerable success (e.g., licensure and third-party billing) while leaving some major privileges unachieved (e.g., Medicare billing rights). Although ACA and its affiliates' lobbying efforts have witnessed a Medicare reimbursement bill for counselors passing both houses of Congress at separate times, Medicare reimbursement remains unachieved, though well within reach. TRICARE, the U.S. military's version of Medicare, recognizes licensed counselors as reimbursable providers, and recently has agreed to waive requiring physician referral for soldiers and their dependents desiring to access services of a licensed counselor (Barstow & Holt, 2010). The Veteran's Administration also has approved licensed counselors to work in VA hospitals, although the VA has been very slow to hire counselors.

Challenges from Within the Counseling Profession: A Commentary

As indicated above, the counseling profession has struggled with many "turf" battles, namely with psychology and social work. But perhaps the counseling profession's most serious challenge is the splintering of membership and resources among the various counseling organizations. For most of its existence, ACA required members to join one affiliate divisions. For example, applicants desiring membership in, say, the American School Counselor Association (ASCA), also were required to join ACA. For years the requirement to join the flagship organization was the source of controversy, bickering and threats of disaffiliation (B. Collison, personal communication, June 4, 2008). ACA's membership numbers had already been reduced in the early 1990s when the American College Personnel Association (ACPA) disaffiliated, taking more than 10,000 members from ACA (B. Collison, personal communication, June 4, 2008).

The case of ASCA illustrates an important question for counselors: does the identity and loyalty of a school counselor lie with the flagship organization (i.e., ACA), or with the division/professional organization for school counselors (i.e., ASCA)? This splintering among the professional organizations operating under the counseling umbrella creates the possibility of further reduction, division, and disaffiliation. While ASCA and AMHCA remain divisional affiliates, each collects separate membership dues, holds separate national conventions, retains their own lobbyists and publicizes themselves as primary organizations representing their respective counseling specialties. From an outside perspective, ASCA and AMHCA's relationship with ACA appears tenuous and one can only speculate whether they will remain

divisional affiliates. Since ACPA's disaffiliation, ACA membership has plunged from a high near 60,000 to the current number of just over 45,000 (D. Kaplan, personal communication, April 8, 2011). It's also likely that most of the members who left ACA retained their membership in a divisional affiliate. Splintering may partly explain why such a small percentage of the 655,000 U.S. counselors (Bureau of Labor Statistics, 2010–2011) join neither ACA nor their respective divisional affiliate. The high degree of counselor non-affiliation with the profession's established organizations is alarming and illustrates a disconnect between counseling professionals and the organizations that ostensibly represent them.

Fortunately, there has been recent good news regarding ACA's membership, which has grown 8% over the past 18 months (D. Kaplan, personal communication, April 8, 2011). Most of this growth in membership has been graduate student members who now receive liability insurance as student members. While any growth in membership is a positive sign, whether graduate students will continue their membership in ACA after graduation is uncertain. The fact also remains that ACA's membership is composed of a small percentage of counseling professionals cited by the Bureau of Labor Statistics (2010–2011). A more robust sign of growth would be an increase in the numbers of professional counselors currently unaffiliated with ACA.

ACA's composition has been compared to a "ball of multi-colored yarn with an emphasis on the specialties of counseling as opposed to the overall profession" (Bradley & Cox, 2001, p. 39). This phenomenon of separatism seems likely to continue for the foreseeable future. For example, I regularly receive mailings from national, regional, state, and local counseling organizations, all of whom actively and separately solicit membership. Which of these various organizations to join can be confusing and expensive, and further illuminates the question of where professional loyalty should lie: with the national organization, specialty division, state affiliate, state specialty affiliate or local organization. In many states, separate organizations representing school counselors, mental health counselors, rehabilitation counselors and the state affiliates of ACA compete for membership, hold separate conventions, publish separate state journals and engage in separate lobbying efforts. Such duplication and splintering cannot be healthy for the profession.

Duplication concerns are not confined to the U.S. In Australia, where this author taught in a counseling program, three different organizations claimed to represent the counseling profession. It is likely such scenarios are common worldwide. While there is no easy resolution to this complex identity dilemma, it would seem prudent for leaders of all counseling organizations to recognize antagonism, division and duplication of resources that are working against the overall goal of establishing counseling as a strong, unified, and influential profession. Ironically, counseling's most insidious adversary may not be psychiatrists, psychologists, or social workers, but the counseling profession itself. Unification is arguably the counseling profession's most pressing challenge and if left unresolved, potentially leads to the counseling profession's own "Tower of Babel" with confusion over what's being said, who's speaking, and which organization actually represents the profession. Perhaps former ACA president Samuel Gladding (2009) said it best:

> "Since 1952 most counselors in the United States and a number of other countries have held membership in ACA…with an emphasis on the specialties of counseling as opposed to the overall profession…other professions, such as medicine, have overcome the divisiveness that comes within a profession where there is more than one professional track practitioners can follow. ACA has not been as fortunate (pp. 26–27)."

The motto "e pluribus unum" (one out of many) has much relevance for the counseling profession as a large, vibrant flagship likely is in a stronger advocacy position than numerous smaller ones. The American Psychological Association (APA) is one professional model to emulate as APA, despite representing scores of branches, remains a vibrant flagship organization. For any hope of achieving parity with its mental health colleagues, the various counseling "professions" must set aside differences and unite around core national organizations. Fortunately, there has been recent movement in this direction. The 20/20 counseling initiative, composed of 29 different counseling-related organizations, has recently reached consensus on how counseling is defined and ACA as the flagship organization (Cashwell, 2010). Unfortunately, ASCA, the largest divisional affiliate, has yet to sign onto the 20/20 initiative. The 20/20 initiative likely represents the counseling profession's best chance at unity. One can only hope the initiative will be an opportunity seized and not one missed.

Besides splintering, the profession faces additional "in-house" challenges. During the 1960s and 1970s a significant debate involved humanistic versus behavioral approaches. Different views of mental health counseling have evolved, including those that are developmental (Ivey, 1989); relationship focused (Ginter, 1989); and slanted towards treatment,

advocacy, or personal and environmental coping (Gladding, 2009; Hershenson, Power, & Seligman, 1989). The argument has now shifted to one of maintaining counseling's traditional developmental, wellness approach moving towards an outcomes-oriented, pathology-based medical model (McAuliffe & Eriksen, 1999), or yet to be defined approach (J. S. Hinkle, personal communication, May 12, 2011). In the U.S., the influence of insurance corporations (e.g., HMOs) has moved the field towards cheaper, time-limited therapy, requiring particular *Diagnostic & Statistical Manual-Fourth Edition-Text Revised* (*DSM-IV-TR*; 2000) Axis I diagnoses to bill for counseling services (Remley & Herlihy, 2007). Faculty educated in a traditional wellness model are likely dismayed when counselor education programs adopt a pathology-based approach (Hansen, 2005; Remley & Herlihy, 2007). CACREP accreditation standards for mental health counselors appear to be aligned to a psychiatric rather than a developmental philosophy (CACREP, 2009) and credentialing boards (e.g., for licensure and certification) and influential organizations such as the World Health Organization (WHO) and related mental health professionals (e.g., psychiatrists, psychologists) create pressure on counselor education programs to educate their students in the *DSM-IV-TR* nomenclature. Accreditation standards and the marketplace demand adherence to a psychiatric model making it critical for counselors to become facile in understanding and applying the *DSM-IV-TR*. Although the psychiatric model has many critics (Gladding, 2009; Glasser, 2003) it remains the standard within the mental health field (Maddux & Winstead, 2010; Gladding, 2009; 2008; Remley & Herlihy, 2007).

University counselor education departments also have expanded and diversified. School counseling programs frequently are offered alongside mental health counseling programs; two counseling disciplines moving in radically different directions. Given that the emphasis in counseling divisions varies from a developmental model (e.g., school counseling) to a *DSM*-driven model (e.g., mental health counseling), can traditionally-minded, developmentally-oriented counselor education faculty ethically support a pathological, *DSM*-based approach? Conversely, can mental health counseling faculty support a non-pathology driven approach? What about the potential confusion among graduate counseling students enrolled in programs offering these disparate philosophies? Do the philosophical differences dividing the various counseling specialties mean such divisions will be perpetuated in the classroom and among the faculty? Furthermore, what should be the driving force in shaping counselor education programs: philosophical orientation or marketplace demands (e.g., the need to be facile with and use the *DSM-IV-TR*)? According to Hansen (2003), "It is not unreasonable to assume that the juxtaposition of these completely opposite models in counselor training has an impact on the development of counselor trainees and the profession as a whole" (p. 98).These foundational fault lines within counselor education have yet to be adequately resolved, as developmental approaches are taught alongside medical-pathological approaches, likely resulting in confusion for students and disharmony among faculty. Perhaps the most realistic statement to make is that counseling is a broad profession encompassing both developmental approaches (e.g., school counseling) and clinical, diagnostic approaches (e.g., mental health counseling) for the purposes of insurance reimbursement.

Gazing into the Future: Challenges and Opportunity

Besides fractionalization, differences in training and concerns regarding marketplace parity, additional challenges have recently emerged. The highly technical nature of the twenty-first century has created challenges and opportunities unforeseen in previous eras. In his seminal opus *The World is Flat*, Friedman (2005) argues the Internet age has transformed the media, financial markets, the military, education and virtually everything else. For the counseling profession, the Internet represents more tidal wave than ripple effect, impacting types of institutions offering programs (e.g., traditional vs. virtual), where and how they are offered (e.g., residential vs. web delivery) and who will teach them (e.g., full-time faculty or adjunct faculty). In June 2010, a national conference titled "Who Needs a College Campus" was held (EduComm, 2011).The past decade has seen a spike in the numbers of college students enrolled in virtual institutions. The University of Phoenix, primarily a virtual, for-profit institution, sports a CACREP-accredited counseling program and though they hold counseling classes in-person, one wonders if this will soon change. The University of Phoenix now boasts the largest collegiate enrollment in the U.S. with over 400,000 students (Lederman, 2010). Many elite brick-and-mortar institutions including Harvard University now offer virtual degrees. Small liberal arts institutions have begun offering web degrees and using satellite campuses. For example, Tiffin University, a small institution in the U.S. Midwest, has doubled the number of its graduate students and seen its total enrollment rise more than 50% in five years (Blumenstyk, 2008). The increasing options and delivery methods for course offerings and degrees are likely to change the number and types of counselor education programs as well.

Internet delivery means institutions and programs are no longer thwarted by geography, nationality, enrollment restrictions, number of faculty, distance, language, culture, etc. Instead of strolling through ivy-covered campuses, students can simply walk across their living room to access a college or graduate education through numerous virtual options. Besides the University of Phoenix, several online universities such as Capella University (2011) and Walden University (2011) also offer CACREP-accredited counseling programs. Web-based education poses several challenges for the counseling profession: advising and mentoring are virtual, not in person; web programs are staffed primarily by part-time faculty; when courses are delivered across state and international borders, which state or nation's rules apply? Technology occasionally fails, leaving students and faculty "virtually" stranded. Finally, given huge enrollments and reliance on adjuncts as opposed to full-time faculty, questions regarding for-profit institutions' principal concern (e.g., profit over academic quality) are likely to be raised.

There also is pressure for U.S. institutions to establish international partnerships to educate students on diverse cultures and plan for a global, interconnected world (American Council on Education, 2008). The Under Secretary of Commerce recently was quoted saying, "Education is one of our most valuable exports" (Sanchez, 2011). Numerous U.S. institutions have built satellite campuses in Europe, the Middle-East, Asia and Australia. Madeline Green, Vice President for the American Council on Education's International Initiatives, along with her colleagues, opined current international initiatives are insufficient and pressed further: "Every institution needs to pay attention to internationalization if it is to prepare students for the multicultural and global society of today and tomorrow" (American Council on Education, 2008, p. 2). Even non-elite institutions have heeded Green's message. A job advertisement in a recent edition of *The Chronicle of Higher Education* (Chronicle Careers, 2010) revealed that Troy University in rural Alabama has locations in 15 states and 14 countries.

The counseling profession also has begun to heed the call for globalization. Edith Cowen University in Perth, Western Australia, offers an off-shore counseling program in Singapore (Edith Cowen University, 2011) and California State University-Fullerton offers a joint counseling doctoral program with the University of New England in Australia (J. Kottler, personal communication, July 23, 2010). International partnerships offer numerous advantages. For example, perhaps a program in New York doesn't offer a specialty course in trauma counseling, but a cooperating institution in New Zealand does. In this scenario, students could access the missing course via the Internet. Furthermore, students could travel to, say, Bhutan for an internship, profoundly enhancing a student's multicultural experience. International partnerships also pose challenges for accrediting organizations such as CACREP (e.g., creating global, unifying standards), sponsoring institutions (e.g., differing guidelines), credentialing boards (e.g., licensure and certification bodies), faculty (e.g., full vs. part-time), ethical codes (e.g., cultural variations), and the future direction of the counseling profession (from Euro-American to an international focus). CACREP's response was to create the International Registry of Counsellor Education Programs (IRCEP) in 2008 (IRCEP, 2011). IRCEP is not a credentialing body like CACREP, but a branch of CACREP designed to empower international counselor education programs appropriate to their country (IRCEP, 2011). IRCEP represents CACREP's recognition that a uniform accreditation credential may not be realistic given the wide variation in global social and cultural norms.

Widely varying social and cultural norms inherent in the emerging global counseling movement also pose numerous challenges for the profession. Western counseling organizations have taken a social justice stance in promoting multiculturalism, gender equality, freedom of and from religion, and pluralism for sexual minorities in their various codes of ethics. ACA's support in a high-profile court case involving the Eastern Michigan University counseling program and a conservative Christian dismissed from the program for refusing to counsel a gay client is a notable example of advocacy (Shallcross, 2011. "The EMU ruling upheld the ideals of the profession," (Kaplan, 2011, p. 33). Such advocacy is commendable, especially as culturally relevant counseling practice is imperative in a global age (Arthur & Pedersen, 2008; Sue & Sundberg, 1996). Nevertheless, even within segments of Western civilization, issues of ethnicity, gender, religion and sexual orientation often form contentious points of debate. Though tensions can run high, Western academia offers a forum for discussing controversial issues. But what happens when constructivist, post-modern, pluralistic-oriented counselor education programs are offered in countries where discrimination plays a pivotal role? Saudi Arabia, for example, is an absolute monarchy that prohibits men and women from sharing the same classroom, restricts women's movement outside the home, prohibits women from divorcing their husbands and provides no legal protection against domestic abuse. Furthermore, homosexuality and a Saudi's practice of a religion other than Islam are potentially punishable by death (Saudi Arabia Guide, 2011). How will a Western social justice-oriented counseling profession address such restrictions on gender roles, religious identity, and sexual orientation in restrictive societies? Equally problematic, how will the counseling profession advocate equality without, ironically, appearing culturally insensitive in societies with

rigid social caste systems? Moreover, is it even realistic to expect unilateral agreement on social and cultural issues in an increasingly internationalized counseling profession spread across diverse cultures? A larger question remains, however: are there some universal social justice principles the counseling profession should promote regardless of culture (e.g., gender and sexual equity, religious freedom, freedom to have no religion, etc.)? In this writer's opinion, ACA, AMHCA, NBCC, etc. should encourage an ongoing dialogue about the realities and parameters of Western, social justice-oriented counseling expectations, particularly with regard to nonwestern societies.

Ironically, the counseling profession's advocacy of pluralism, although noble and well-intentioned, is a concept framed largely through a Western mindset. This gulf between a pluralistic counseling profession and rigid, non-democratic societies creates great potential for conflict. Consequently, debate regarding cultural competence will likely become more complex and contentious with the counseling profession's continued global expansion. The point is not that the profession should abandon its support for equality, nor should it force our social justice model on other societies, but rather it must be strategic in where and how it advocates pluralism.

Counselor education also must make programmatic adaptations in this new era. In the 1970s, Psy.D. programs emerged as an alternative to the traditional research-oriented doctorate for psychologists seeking careers outside higher education. Psy.D. programs have become quite popular and psychologists with such degrees now hold academic appointments. As the counseling profession evolves, it may be worthwhile to develop a Psy.D.-like degree. Some counseling programs already offer practitioner-oriented doctorates. In 2007, I taught as a visiting counselor education scholar at the University of Notre Dame–Australia (UNDA). UNDA's counselor education program offers a Doctorate of Counselling (D.Coun.) modeled roughly on the Psy.D. (M. Philpott, personal communication, February, 18, 2008). Traditionally, the Ph.D. in counselor education has been a research degree specifically developed and marketed for counseling professionals planning academic careers. A D.Coun. doctorate with an emphasis on professional practice, clinical supervision, and developing management expertise, and less on research might seem more compelling to masters' level counselors in community clinics or schools who desire a doctorate, but are not contemplating research careers. Moreover, doctoral students in counselor education are largely supervised in clinical internships by non-counselors due to a dearth of clinical counselors at the doctoral level (J. S. Hinkle, personal communication, May 12, 2011).

Along similar educational lines, the front end of the higher educational spectrum also presents opportunity for the counseling profession. For decades, bachelor's-level addictions counselors have worked at the margins of the profession. In many countries, BA/BS degree professionals are the norm, not the exception (Arthur & Pedersen, 2008; Selles et al., 2007). The University of Notre Dame–Australia offers a baccalaureate counseling degree, with a job placement rate for graduates approaching 100% (M. Philpott, personal communication, February, 18, 2008). Although the profession maintains the masters' degree is the entry-level degree, large numbers of bachelor's degree counselors continue to work in addictions. Perhaps it's time to recognize baccalaureate counselors as legitimate professionals. Counselor education programs could create baccalaureate programs, market them for entry-level positions, educate undergraduates regarding the counseling profession, and steer them into graduate counselor education programs. While counselor educators may be aghast at such a proposal, it's worth remembering that our social work colleagues have long maintained bachelor's degree programs with no noticeable detriment to their profession. In addition, bachelor's degrees in human services are dramatically on the rise (J.S. Hinkle, personal communication, May 12, 2011).Undergraduate psychology departments also are among the most vibrant on any college campus even though the American Psychological Association maintains that psychology is a doctorate-level profession (APA, 2002). Moreover, undergraduate social work and psychology programs provide a forum to guide and mentor future social workers and psychologists. Counselor education's undergraduate mentoring role has been abdicated to social work and psychology faculty, neither of whom have a stake in supporting a separate, competing profession. Undergraduate counseling programs would create a stronger professional identity at the baccalaureate level, provide early mentoring for future counselors, and preferably increase membership in national as well as affiliate counseling organizations.

Rapid changes brought about by our technologically advanced era require an increasing need for the counseling profession to develop flexible, visionary leadership and set planning priorities (Gladding, 2009; Glasser, 2005). While on one hand graduate counseling programs do a good job providing leadership and clinical skills training, on the other hand, performance reviews, political networking, and entrepreneurship are seldom covered in the curriculum (Curtis & Sherlock, 2006). Curtis and Sherlock (2006) use the term *managerial leadership* (p. 121) as a means of becoming more strategic with regard to future development. ACA certainly is engaged in leadership development regionally and

nationally, and strategic planning has recently become a major focus of the ACA's 20/20 initiative (Gladding, 2009). Given its importance, strategic planning and management training should become an integrated part of counselor education curricula as counselors essentially are managers in schools, community clinics, university and community college counseling centers, and in professional organizations such as ACA.

Summary

APGA's original narrow, guidance-oriented, Eurocentric profession now consists of multiple identities, numerous theoretical approaches, a comprehensive research base, Internet-based institutions, and a global, multicultural presence (Arthur & Pedersen, 2008; Herr, 2004). Multiculturalism and a social justice approach to counseling have become ubiquitous in counseling, permeating professional organizations, ethical codes, and mission statements, and they are prominently featured in journal articles and textbooks. Though disagreement on multicultural parameters continues (Dunn, Smith, & Montoya, 2006; Weinrach, 2003) with the profession's internationalization, cultural issues will become even more significant and complex given the broad social, geographic, ethnic, religious, and political variations among global societies.

Because of the dynamic, interconnected, global nature of the 21st-century marketplace (Friedman, 2004), the counseling field is likely to undergo dramatic change. Some 150 years ago Charles Darwin (1859) theorized it wasn't necessarily the smartest or strongest organisms that survive, but those most willing to adapt to external demands. Demands challenging the counseling field include unifying a fractious profession, achieving market place parity, maintaining relevant counselor education programs, addressing global cultural conflicts, and proactively responding to the vast challenges and opportunities of a dynamic era. To flourish, the counseling profession must chart a bold, progressive, global, strategic course of action to address post-modern challenges. An effective course of action is likely to result in numerous changes both for counselor education training and in the delivery of counseling services to an increasingly diverse, global clientele. How effectively the counseling profession adapts to meet 21st-century demands will largely determine its future success and viability.

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