The Relationship Between Counselors and Their State Professional Association: Exploring Counselor Professional Identity

Monica G. Darcy
Nahid M. Abed-Faghri

A state's counseling association conducted a study to explore characteristics of its licensed mental health counselors. Responses were collected regarding employment, priorities for the state professional association, competence in professional activities, and sources of professional support. The majority of respondents indicated high job satisfaction with employment in full-time private practice. Peer support from coworkers or from external work settings was indicated as most beneficial to the respondents' successful practice. The information is explored to determine how the association can better represent the state's counselors. The authors also discuss ways that professional associations, counselors and counselor education programs can collectively contribute to strong professional identity in mental health counselors.

Keywords: professional association, professional identity, counselor education, peer support, job satisfaction, private practice, licensed mental health counselors, LMHC

The professionalization of counseling is blurred among mental health professionals (e.g., mental health counselors, psychologists, social workers, marriage and family therapists, psychiatrists). This issue is based in large part on shared foundational knowledge, overlapping goals and similar work environments, all of which make it difficult to clearly distinguish a mental health counselor's identity (Calley & Hawley, 2008; Gale & Austin, 2003; Hanna & Bemak, 1997; Weinrach, 1987). The need for role clarification seems imperative for mental health counselors as a means to carve their own niche in the mental health workforce.

The essential role of a professional association in facilitating role clarification from a practical standpoint is to focus on mental health counselors' professional identity. With clarity in this area, a professional association can establish the foundation for success in advocacy, provide recognition rights, and serve a crucial role in establishing legitimate positions in the workplace (Myers, Sweeney, & White, 2002). Information about the current employment and expertise of mental health counselors can be useful in increasing visibility of the role counselors play in the field of mental health care (Hawley & Calley, 2009; Rollins, 2007). Stated simply, examining the existing characteristics of mental health counselors with an in-depth description of their work niche can help a professional association understand the unique nature of their constituents' professional identity.

The Purpose of State Professional Counseling Associations

The development of professional identity for counselors evolves, at least in part, through the presence of professional associations. The contribution of professional associations to establish and maintain the unique identity of counselors has three core components: (a) differentiation of counseling from other helping

Monica G. Darcy, NCC, is an Associate Professor and Director of Graduate Programs at Rhode Island College. Nahid M. Abed-Faghri is a member of the Rhode Island Mental Health Counselors Association. Correspondence can be addressed to Monica G. Darcy, Rhode Island College, 600 Mount Pleasant Avenue, Adams 102, Providence, RI 02908, mdarcy@ric.edu.

professions, (b) recognition of the uniqueness of the profession, and (c) representation of the profession of counseling (American Mental Health Counselors Association [AMHCA], 1978). In fact, within their mission, the formal purposes of professional associations center on professional identity by establishing a platform for common professional interests, encouraging professional development through research, acting as a unified voice that represents the profession, providing a forum for enhancing counselor skills and knowledge, and serving as a place to improve professional performance (American Counseling Association [ACA], 2009).

National associations (AMHCA, ACA, NBCC) make efforts on behalf of counseling professionals to address employment obstacles, which improves public and professional awareness of counseling and counselors. Several recent examples include enhancing role distinction for counselors in private practice who experienced unfair consideration by insurance companies (Myers et al., 2002), advocating successfully for professional recognition of insurance reimbursement with TRICARE (AMHCA, 2010b), and continuing to do the same with Medicare (AMHCA, 2010a). In addition, a historic step in the federal recognition of professional counselors occurred with the successful establishment of qualification standards formally recognizing licensed professional counselors as mental health specialists within the Veterans Health Administration (AMHCA, 2010c). Representing professional counseling as worthy of fiscal support on par with other mental health providers is pivotal to promoting the counseling discipline (Hawley & Calley, 2009). These efforts highlight counselor expertise in mental health assessment and treatment, placing them on par with other equally qualified mental health professionals in the helping field.

An Exploratory Study of a State Professional Association
The topic of advocacy has surfaced on the local level with mental health counselors in the state professional associations that are striving to be well-informed representatives of their profession at important state-level meetings. These efforts have been stymied by a waning membership, lack of presence at state level mental health–focused meetings, and lack of knowledge regarding regulatory issues surrounding mental health. In order to improve the capacity of one state association, a research subcommittee was formed to conduct a study to explore the characteristics of professional capacity, and to express the needs of counselors in order to enhance the representation of counselors in the state. Two counseling faculty members worked with other association members on a subcommittee that surveyed all LMHCs in the state. The intent was to investigate the current status of all LMHCs, make recommendations about association mission revisions, and suggest professional development activities.

Several important questions guided the development of an exploratory survey for distribution among licensed mental health counselors (LMHCs) in the state. First, what is the nature of the work of LMHCs; what types of employment do counselors have; is that employment satisfying; and do counselors feel supported in their work? Second, what do LMHCs want from a professional association, and what services do the counselors value from the professional association? Additionally, in what areas do LMHCs feel competent within their profession? These questions were posed with the underlying assumption that there are ways the professional association can improve its efforts to support and advance the professional capacity and identity of the state's counselors.

Method

Participants
All active licensed mental health counselors in one New England state ($N = 358$) were included in the survey distribution. Surveys were completed by 55 licensed mental health counselors representing a 15% return rate. The respondents included 45 females (82%) and 10 males (18%). The age ranges and frequencies

of the participants were 20–30 (9%), 30–40 (26%), 40–50 (27%), 50–60 (26%), and over 60 (13%). The procedures of this study were approved by the Institutional Review Board of the college of the counselor educators on the research subcommittee.

Instrument and Procedure

Participants responded to a researcher-created online survey with four sections. In Section 1, exploratory questions were designed to gather information on education, training and employment patterns of mental health counselors (work settings, hours, populations of clients, conditions treated, and salary). Section 2 questions focused on satisfaction levels of LMHCs regarding salary, and availability and quality of jobs, as well as professional supports. In Section 3, respondents were asked to record their participation in professional associations and to rank services they valued from the association. The last section prompted participants to respond to selected areas of perceived professional competencies in service to clients, supervisory activities, working with insurance companies, and understanding legislation and guidelines of the profession (College of Psychologists of Ontario, 2009).

Each section of the survey included forced-choice questions, Likert-scale questions in areas of job satisfaction and perceived competence, multiple-choice items, and open-ended questions. Descriptive statistics were used in quantitative data analysis to gain an understanding of the responses (Fink, 2009). Qualitative data from comments on work as a LMHC and professional association membership were analyzed to find general themes (Creswell, 2005).

Since this was a researcher-created survey, the authors conducted a three-stage review process to aid in survey clarity and address any confusing statements (Franklin, 2007). The survey was first tested through a modified pilot with knowledgeable colleagues. Three reviewers responded to the initial draft, their responses were analyzed, and adjustments in the wording of four questions and three response choices were made to improve clarity. Next, cognitive interviews were conducted with three participants who participated in a "think out loud" interview during the time they completed the survey. The interviewer noted any areas that caused hesitation or confusion and the researchers altered phrasing in these sections. The last pilot stage involved three participants doing a retrospective discussion after they finished the survey, which served as a final check to eliminate design errors.

Results

Employment, Education, License and Expertise

Respondents indicated that the period of time since they were granted a license in counseling ranged from 5 months to 32 years with an average of 8 years. Forty-nine respondents (91%) reported being currently employed as a LMHC with the majority of counselors (65%) working in independent practice or a private agency. Other areas of employment included community or state agencies (47%), schools (14%), hospitals (10%), substance abuse treatment centers (8%), employee assistance programs (4%), and group homes (2%).

State requirements for licensing include 60 graduate hours in specific content areas, 2,000 post-master's clinical hours, and 100 supervision hours. All respondents to this survey hold at least a master's degree with 41% reporting completion of the 60–semester hour postgraduate degree, Certificate of Advanced Graduate Studies (CAGS), or its equivalent. For those respondents who reported an additional license or certification, 13 noted chemical dependency and 3 were licensed in other states.

Respondents noted that they worked 10–65 hours per week with the average at 38.5 hours. The majority of LMHCs (62%) work full-time with one job while 23% work full-time, but at more than one job. Part-time

work at one job described 17% of the respondents with 9% having part-time work at more than one job. Health benefits were available for 65% of the respondents. The most frequent response to salary was 34% earning $60,000 and above, with others reporting below $40,000 (21%), $40,000–$50,000 (25%), and $50,000–$60,000 (19%).

Individual counseling topped the list of services provided, with 94% of participants indicating this response. This was followed by family counseling (65%), group counseling (49%), supervision (43%), and case management (37%). Regarding the type of clients served, respondents noted their work with adults (83%), child/adolescents (70%), families (51%), disabled (19%), elderly (9%), and prisoners (4%).

Anxiety disorders (96%) were the most frequent conditions assessed or treated, with 94% of respondents reporting work with mood disorders and 88% reporting work with trauma. Other responses included stress/life transitions (84%), co-occurring disorders (57%), personality disorders (45%), and psychotic disorders (28%).

Job Satisfaction and Professional Support
Through examination of job satisfaction, 95% of participants reported above moderate to extreme satisfaction in their work as LMHCs ($M = 4.1$ on 5-point scale), and expressed less satisfaction with their job regarding salary ($M = 2.9$) and availability of jobs ($M = 2.7$).

For those respondents who made comments ($n = 13$) on their work as LMHCs, most ($n = 7$) commented on compensation issues such as disparate reimbursement from Licensed Independent Clinical Social Workers and lack of recognition for Medicare and government insurance such as TRICARE. Other comments ($n = 6$) can be categorized as "I love my job" statements that highlighted the pride the respondents have in the important work they do.

Most respondents noted peer support from coworkers (67%) as a source of support that is most beneficial to successful practice. Other sources of support include peer support external from work setting (54%) and individual supervision within agency practice (31%). Paid individual supervision and professional association membership were both reported by 15% of the respondents, with 8% reporting no professional support.

Value of a Professional Association
Respondents' level of participation in professional associations was highest in the ACA (65%), followed by AMCHA (35%) and American Association for Marriage and Family Therapy (6%). Although 78% of the respondents indicated they were aware of the state association, only 22% indicated they were members.

Members cited some logistical challenges to attending meetings: (a) lack of information about the association (52%), (b) not enough time to attend (30%), (c) dues too costly (27%), (d) time of meeting not fitting schedule (16%) or inconvenient (14%), and (e) location (9%). Other responses included not seeing a purpose for attending (20%) and getting support from other sources (16%).

Respondents ranked the five most valuable services for the state professional association to provide as (1) professional development and education opportunities (83%), (2) information sharing (82%), (3) advocacy (70%), (4) promote visibility and name recognition (50%), and (5) provide liaisons at the state and national level (43%). For respondents who made comments on professional association membership ($n = 10$), the types of comments were mixed. There was a relatively equal balance of positive, negative and neutral comments about professional involvement.

Perceived Competence

Most respondents (96%) reported working directly with clients, with 98% reporting moderately high to high competence in providing services. Sixty-one percent of respondents indicated that they work with insurance companies, with 43% reporting moderately high to high competence in working with these companies. The perceived competence of respondents with understanding legislation, standards and insurance billing codes was 51% reporting moderately high to high levels of competence. With 40% of respondents reporting work as a counseling supervisor, 68% reported moderately high to high levels of competence.

Discussion

The data gathered in this survey are informative for the state professional counseling association. A more thorough understanding of one core question of the study—the nature of the work of the state's mental health counselors—can be drawn from the information gathered from respondents. The majority of respondents (95%) indicated high satisfaction with counseling work and reported their work setting as independent or private practice (65%). The data are consistent with a recent national survey of counselors in which private solo practice is the predominantly reported current work setting (Normandy-Dolberg, 2010).

In addition to a clearer picture of the nature of counseling work for LMHCs in the state, the responses in several areas of this survey can be considered to inform the professional association. Specifically, the responses of the state's LMHCs on sources of support, perceived areas of competence, and services valued from a professional association can be incorporated into a future focus for the association. For example, in light of the prevalence of employment in private practice in which professional isolation is a potential drawback, it is interesting to note the sources of support reported as most beneficial to counselors' successful practice. Respondents indicated peer support from coworkers (67%) and support external from work settings (54%) as important to their work. This suggests a role for membership in a professional association as a source of supportive relationships, which can ameliorate the potential solitary nature of private practice.

Additionally, responses regarding services valued from a professional association and perceived competence in areas of mental health counselors' work can be used to suggest priorities for the association to use as a focus. Respondents noted professional development and education, information sharing, advocacy, and promoting visibility and name recognition as the most valuable services of a professional association. These results are consistent with a recent national survey of mental health counselors who also expressed the need for professional associations to advocate for professional visibility and name recognition (Normandy-Dolberg, 2010).

Priorities revealed in the survey indicate unmet needs of the state's professional counselors. There is a disparity when we consider the respondents who reported high competence in understanding legislation, standards and codes (53%), and competence with insurance companies (43%), as opposed to higher levels of reported competence in direct service to clients (98%) and supervisory activities (67%). This apparent gap in levels of reported competence, when viewed in conjunction with the stated preferences for services valued from a professional association, suggests a possible role for the professional association in bridging this gap.

Limitations

The design of this exploratory study was an online survey distributed to all of the licensed mental health counselors in one state in an attempt to understand counselor characteristics. The small number of responses may not reflect a representative sample of the counselors in the state and precludes any within group analyses of the results (i.e., differences in responses based on years since licensure and place of employment). Additionally,

the reasons for which respondents self-selected to complete the survey are unknown. As such, the sample must be viewed in a limited way to reflect the experiences and opinions of counselors in the state.

The results, when used as exploratory findings, have specific utility for the state's professional association as a first step in refining the ways it serves its possible pool of members. The ensuing discussions about the use of these results have been at the core of ways to strengthen the connection between the state's professional association and its membership. The low response rate limits broader interpretation of the results; however, the results remind us of the importance to poll members periodically to better understand their professional situations.

Implications for a State Professional Association

The results of this survey have three major implications for the state's professional association: (a) create an atmosphere of support that addresses LMHCs' stated priorities; (b) focus on the various needs of the counseling professionals in the state; and (c) provide opportunities to improve competence, specifically in areas such as legislation, standards and codes, and insurance.

Given the large proportion of respondents who work in private practice as well as the reported benefit of peer support as it relates to professional success, the state professional association can be proactive in offering supportive relationship opportunities to LMHCs in the state. Previous research identifies support from coworkers as a work-related social resource (Hobfoll, 1988), and connects higher levels of social integration with less emotional exhaustion and depersonalization (Ross, Altmaier, & Russell, 1989). Similarly, coworkers provide instrumental support in dealing with the demands of work and can buffer stress and reduce vulnerability to professional stress (Ray & Miller, 1994). Although professional association meetings and events do not replicate day-to-day work interactions, they can foster useful professional connections. Following recommendations to promote wellness and self-care strategies for counseling professionals with an active, supportive relationship with supervisors and peers (ACA, 2010), membership in the state professional association can be encouraged as an extended peer group, a means for counselors to find collegial interactions and support, especially for those who are working in independent practice.

Another implication for the association is to use the top five stated preferences for the services of the professional association to create meaningful local visibility of licensed mental health counselors. Using the preferred services, namely (a) professional development and education opportunities, (b) information sharing, (c) advocacy, (d) promoting visibility and name recognition, and (e) providing liaisons at the state (and national) levels, can be a starting point for priorities for the association. These are clear suggestions to revitalize the state association's mission, and if specific attention is paid to these valued services, it may provide a natural incentive to become a member.

Unfortunately, there is a circular dilemma here: to represent the professional adequately with expertise and vibrancy, an association needs a robust membership; and a robust membership will promote an active and visible association. But, the question remains—where to start? Members have many possible reasons for joining their professional organization with one compelling consideration being the ability to give voice to their own professional identity. Although membership in professional associations is relatively low (22% of the respondents were members in the state association at the time of this research), only 15% of the total mental health counselors in the state were members, and a national survey reports an overall low percentage of counselors who are members of ACA or its divisional affiliates (Hodges, 2011). Half of the respondents expressed desire for professional visibility; this apparent divide between wanting professional representation from an association and finding the incentive to become a member suggests an area of growth for the association.

A further finding has implications for how the professional association relates to the reported low level of perceived competence in understanding legislation, standards and codes, and insurance. Counselors need support to meet post-licensure expectations for ongoing competence across the professional lifespan (Kaslow, et al., 2007). Tasks of the professional state association in this area are twofold: (a) raise awareness of the need to stay abreast of trends in legislation, standards and codes, and insurance as a cornerstone for successful professional practice, and (b) contribute to competence building of LMHCs in the state through professional development and the creation of ongoing networking opportunities.

Next Steps for a State Professional Counseling Association

The implications of these results are big tasks for a small state professional association to undertake. The approach of the board members who began this survey of its members is to discard the approach of "if we are here, they will come," but rather to focus on growing capacity within the membership and improving relevance to counselors' needs. These tasks are more easily accomplished if professional associations encourage investment in counselor professionalism. Counselors themselves must be encouraged to promote their profession. One collaborative partner in achieving these results is counselor education programs which have mutual interests in promoting the professional success of counselors.

When viewing professional development as a lifelong process (Ronnestad & Skovholt, 2003), there is a shared responsibility in the ways that counselor education programs launch future counselors and the ways that professional associations extend the learning. Counselors face an important transformational task when they self-locate within a professional community (Gibson, Dollarhide, & Moss, 2010), and the cooperative relationship between counselor education and local professional associations can smooth that transition. When undertaken as a collaborative venture, the professional identity of the counselors will strengthen throughout the pre-service to post-licensure journey. The continuum of pre-service preparation leading to professional involvement that is steeped in active social, legislative and association visibility will prepare counselors to fend for their professional identities at a time when pressures are coming from many directions.

Furthermore, findings from this survey suggest that counselor education programs can support professional association efforts by promoting early involvement of students with the state professional association as a habit of caring for oneself as a professional. The role of counselor education early in the professional development of mental health counselors begins the process by establishing a sense of professional pride (Myers at al., 2002). Establishing a consistent cycle of information sharing between counselors in pre-service training and professional association members begins the process of involvement with professional elders that can fuel professional growth (Ronnestad & Skovholt, 2003). Informal discussions as well as more formal mentoring relationships can serve as an ongoing exchange between counselor preparation and working professionals.

Counselor educators carry a responsibility to be proactive with trends in the field, including ways those trends inform curricula (Darcy, Dalphonse, & Winsor, 2010). The finding in these survey results of a large pool of private practitioners who reported low levels of perceived competence in understanding legislation, standards and codes, and insurance is important feedback for local counselor education programs. Previous commentary noting that counselor programs prepare graduates for leadership and clinical skills, but can improve curricula in political networking and entrepreneurship (Curtis & Sherlock, 2006) is important to consider. Perhaps factors such as those introduced at the preparation stage of a counselor's development can address these concerns. Counselor education programs and state professional associations can create networks that allow for information sharing in order to keep training opportunities in pre-service and post-licensure stages relevant to counselor professional needs.

Conclusion

There are challenges in the 21st century marketplace for which professional counseling associations can support counselors. Strength can come from counselors' ability to adapt to external demands (Hodges, 2011), and this can be more easily accomplished when state professional associations collaborate with the professionals they represent and the programs that prepare them. Although there has been tremendous progress in establishing mental health counselors' professional identity, there remains a need for further advocacy and visibility, since the mental health counseling profession still strives to clearly define and distinguish itself from other mental health professions (Calley & Hawley, 2008; Hanna & Bemak, 1997). Educating members of the counseling profession, other professions involved with mental health, the public, employers, and insurance panels about the differences that exist among mental health professions remains a challenging task (Calley & Hawley, 2008; Mrdjenovich & Moore, 2004). Areas such as reciprocating counselors' credentials across states (Bemak & Espina, 1999), increasing alliance and unity among counselors (Rollins, 2007), and improving public perception (Gale & Austin, 2003) all merit exploration. Each of these issues can be crucial for state and national initiatives, which call for contributions from professional associations, individual counselors, and counselor education programs to strengthen mental health counseling professional identity.

Collectively, the efforts of professional associations, counselors, and counselor education programs represent ways to transmit a strong professional identity in the counseling field. All of these options protect the professional success of mental health counselors; because of their direct connection to employability in the workforce, a common thread of advocacy binds them. From all perspectives, the need to recognize and promote mental health counseling's identity is paramount to securing counseling's role as a distinct discipline.

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