

## Professional Counseling: Spotlight on Specialties

# Specialties in Counseling: Rich Heritage or Force for Fragmentation?

Jane E. Myers

Counseling has emerged as a profession, yet one without a clearly defined comprehensive plan. Such a plan was developed for the first time in 1991 as a product of the first Professionalization Committee of the American Counseling Association (ACA), a plan subsequently adopted by the ACA Governing Council in the spring of 1991 (American Counseling Association, 1991). Although this plan has been only partially implemented, standards for professional preparation exist, professional membership in the ACA has been defined, national certification is a reality, and licensure is possible in most states. ACA recognizes and endorses the master's degree as the entry level for professional counseling and leans in the direction of defining a professional counselor as a generalist rather than a specialist.

As the momentum toward professionalization gains in strength, the question of whether the counseling profession is a *unified* profession continues to be postulated by professional leaders and members, both within and outside of ACA. Some would argue that counseling will survive as a profession only if ACA can agree that counseling is a single profession, a "group" and not a "group of groups."

While ACA struggles with the issues of unification, such as unified membership, unified dues, preferred titles, and so forth, ACA must recognize that the counseling profession has a historical tradition of specialties. The American Personnel and Guidance Association (now ACA) was initially formed through the alliance of groups representing four major specialties: career (National Vocational Guidance Association), student development (American College Personnel Association), counselor education and supervision (National Association of Guidance Supervisors), and teacher education (Student Personnel Administration for Teacher Education). The American School Counselor Association joined one year after the first four came together. The number of ACA divisions has grown from the original 4 to 16, many of which purport to be "specialties." ACA's tradition of support for special interests, its respect for diversity, and its desire to be inclusive are simultaneously commendable and lamentable. If not for this tradition, divisions such as the Association for Multicultural Counseling and Development (AMCD) and the Association for Adult Development and Aging (AADA) would not exist. These organizations have advocated successfully for the need for counselors to know about diversity issues and the needs of adults across the life span. These and other special interests have provided the leadership necessary for counselors to respond to the changing needs of a complex society.

ACA has devoted considerable attention to the issue of proliferation of specialties, in part through policies that restrict the formation of new divisions and in part through an extended process of strategic planning and governance restructuring. Divisions are decried by some

as divisive, yet they continue to exist. Some are based in work settings (e.g., American School Counselor Association, American College Counseling Association), some are based in specific client populations (e.g., International Association for Addictions and Offender Counseling, AADA), some are based in techniques (e.g., Association for Specialists in Group Work), and some are based in a combination of knowledge competencies and client populations (e.g., AMCD). Additional typologies could be offered to explain the nature of the various groups that have formed within ACA. In examining the history of these specialties, one can see that they emerged more often in response to energetic leadership than to careful consideration and the achievement of consensus within the profession as a whole as to the necessity of a "new" group.

ACA took action in 1992 to define what it meant by a "specialty" and what specialties it would endorse and recognize. According to the *ACA Policies and Procedures Manual* (American Counseling Association, 1995, p. 70), a specialty is officially recognized when it achieves either a specialty accreditation through the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or the Council on Rehabilitation Education (CORE), or a certification through the National Board for Certified Counselors (NBCC) or the Commission on Rehabilitation Certification (CRCC). When this special issue was proposed in 1992, seven specialties had been recognized by ACA. With the addition of addictions counseling, at the time of this writing there are eight recognized specialties: addictions counseling, career counseling, college counseling, gerontological counseling, marriage and family counseling, mental health counseling, rehabilitation counseling, and school counseling.

There is one ACA division that serves as the prime advocate for each of these specialties. There are also eight divisions of ACA that are not yet identified with an ACA-recognized specialty. It should be noted that ACA has taken a position on specialties that does not specify what a specialty in counseling is, but rather defers to accreditation and credentialing bodies to define this aspect of the profession. Whether there needs to be a common body of knowledge, competency statements, and so forth has not been defined, only that the specialty be accredited or certified.

There are numerous questions surrounding the development and support of specializations that merit careful consideration. As a profession, ACA has not fully and openly discussed, explored, debated, and considered the role of specializations in the professionalization of counseling. As a consequence, the specialties are the focal point for the criticism that the counseling profession is unnecessarily fragmented and thus prevented from achieving full parity with other mental health professions that are in fact unified (e.g., social work, psychiatry).

Although counseling is a profession that both recognizes and endorses specialties, it does so in a somewhat haphazard manner. This is best explained through examples:

1. ACA does not have *one* accreditation body for all counseling specialties. CORE accredits rehabilitation counseling programs, whereas CACREP accredits all other counseling programs.

2. CACREP recognizes and accredits specialties (e.g., school counseling, mental health counseling) rather than *counseling* training programs per se.

3. ACA does not have *one* certification body for all counselors. NBCC certifies professional counselors (generalists) and specialists in school, career, gerontological, clinical mental health, and addictions counseling. CRCC certifies rehabilitation counselors.

4. A side-by-side list of CACREP and NBCC specialties looks something like this:

CACREP	NBCC
community	—
—	counselor
—	addictions
career	career
gerontological	gerontological
marriage and family	—
mental health	clinical mental health
school	school
student development	—

It is obvious that there is not a one-to-one match in specialties for these two organizations. CACREP accredits training programs in specialties for which ACA does not certify counselors to practice, and NBCC certifies counselors as competent to practice in areas for which there are no CACREP-defined standards of professional preparation.

5. Although there is an accepted ACA code of ethics, there is nevertheless no unified ethical code. Many states have their own ethical codes for licensed counselors, CRCC has a code, and other groups (e.g., ACA divisions) have developed or are developing their own codes.

In short, special interests in counseling have pursued professionalism at varying rates, in varying directions, and with varying success. Some members as well as leaders believe ACA is experiencing an unnecessary and harmful proliferation of specializations. Counseling is, in fact, a profession that both recognizes and endorses specializations. Can the specialties be simultaneously a source of rich diversity and a contribution to fragmentation within the profession? If so,

is one contribution more or less important than the other? Should counselors seek ways to change how business is done, and if so, how?

This special issue, titled "Professional Counseling: Spotlight on Specialties," is designed to raise consciousness of the richness, diversity, traditions, and contributions of the counseling specialties. There is, however, a dual focus, in that specialties may play a vital and perhaps complicating role in the professionalization of counseling. As such, issues related to specialization in accreditation, certification, licensure, and ethics must be examined. The articles in Section I explore critical issues related to specialization within the scope of the professionalization of counseling. The authors present and discuss all aspects of the issues. In Section II, articles detail the historical development of each currently recognized specialty and its status in relation to professional preparation standards, certification, licensure, and ethics.

Section III includes articles on an "emerging" specialty, sports counseling, as well as contributions of doctoral programs to professionalization in the field. These are only two examples of the variety of training opportunities in counselor education. In Section IV, several authors reflect on the contents of this special issue and the complex issues related to specialties. Their perspectives on how ACA might address the problems inherent in the specialties are worth considering.

It is my hope that this special issue will bring to the forefront the need for a renewed commitment to a professionalization plan that will move the profession of counseling forward, taking with it but not being limited by all of the rich and varied traditions that have brought counselors to the point of being key players in promoting the dignity, worth, mental health, wellness, and optimum human development of all persons across the life span.

Jane E. Myers, Guest Editor

## REFERENCES

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