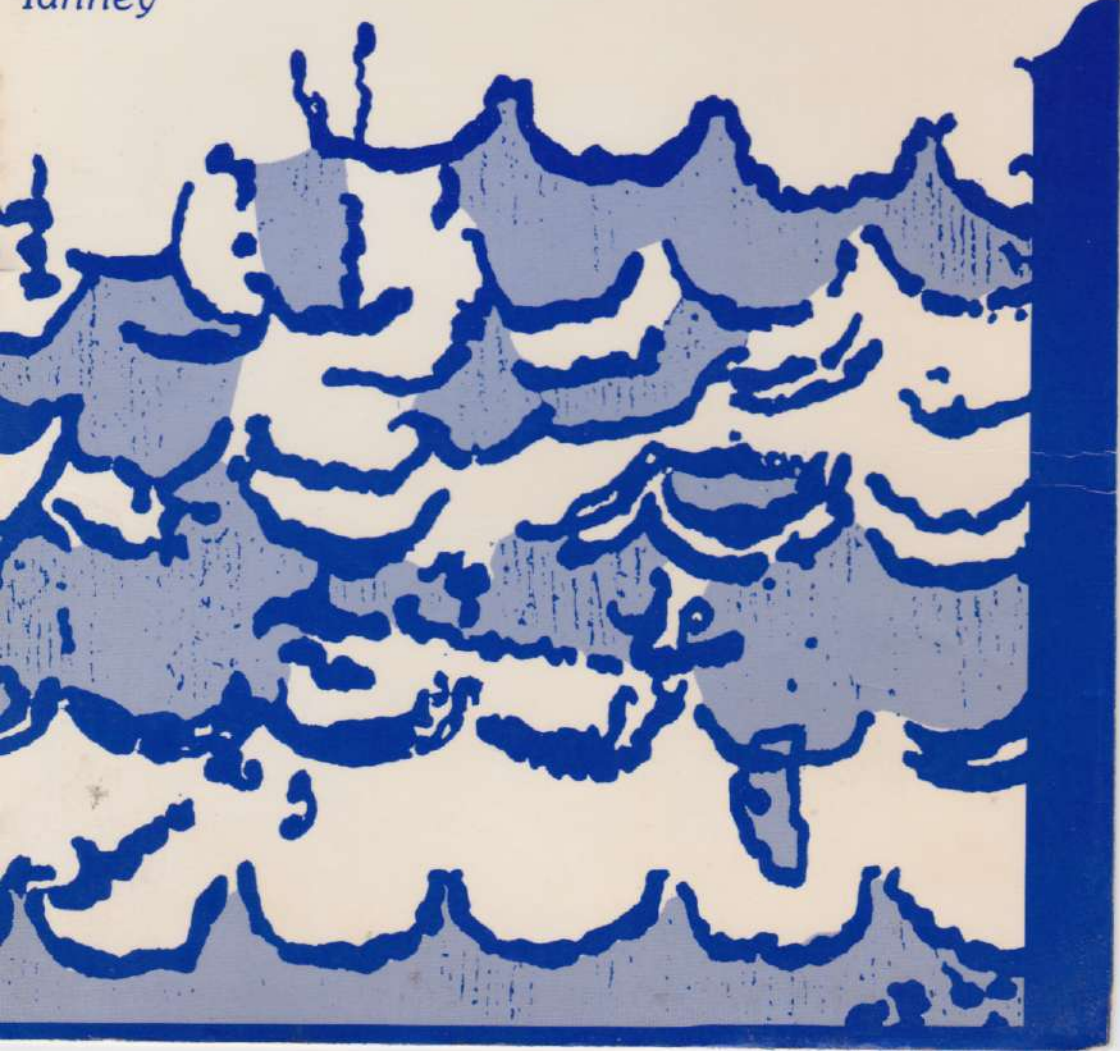


The Coming Decade in Counseling Psychology

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**THE COMING
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COUNSELING
PSYCHOLOGY**

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The distributor for the Book Series in Counseling Psychology is:

The American Association for Counseling and Development

5999 Stevenson Avenue

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International Standard Book Number 0-915744-35-X (paperback)
Library of Congress Catalog Card No. L.C. 84-070349

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University of California, Irvine, CA 92717.

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Some of the material in this book originally appeared in *The Counseling Psychologist*, the official publication of the Division of Counseling Psychology of the American Psychological Association.

Typesetting
by
Helen C. Cernik

Published by:

Character Research Press
266 State Street
Schenectady, NY 12305

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Published by: Character Research Press
266 State Street
Schenectady, NY 12305

Distributed by: American Association for Counseling and
Development
5999 Stevenson Avenue
Alexandria, VA 22304
Order No. 71-009

SERIES FOREWORD

The books in the Series in Counseling Psychology reflect the significant developments that have occurred in the counseling field over the past several decades. No longer is it possible for a single author to cover the complexity and scope of counseling as it is practiced today. Our approach has been to incorporate within the Series the viewpoints of different authors having quite diverse training and perspectives.

Over the past decades, too, the counseling field has expanded its theoretical basis, the problems of human living to which it addresses itself, the methods it uses to advance scientifically, and the range of persons who practice it successfully—from competent and skillful paraprofessionals to doctoral-level practitioners in counseling, psychology, education, social work, and psychiatry.

The books in the Series are intended for instructors and both graduate and undergraduate students alike who want the most stimulating in current thinking. Each volume may be used independently as a text to focus in detail on an individual topic, or the books may be used in combination to highlight the growth and breadth of the profession. However they are used, the books explore the many new skills that are available to counselors as they struggle to help people learn to change their behavior and gain self-understanding. Single volumes also lend themselves as background reading for workshops or in-service training, as well as for regular semester or quarter classes.

The intent of all the books in the Series is to stimulate the reader's thinking about the field, about the assumptions made regarding the basic nature of people, about the normal course of human development and the progressive growth tasks that everyone faces, about how behavior is acquired, and about what different approaches to counseling postulate concerning how human beings can help one another.

*John M. Whiteley
Arthur Resnikoff*



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PREFACE

The Coming Decade in Counseling Psychology is the third volume in the COUNSELING PSYCHOLOGY HERITAGE SERIES. The first volume in the series, *The History of Counseling Psychology*,¹ covers five distinct periods in the development of counseling psychology as an organized specialty within psychology. The first period through 1950 was comprised of important events and theoretical advances in the transition from vocational psychology and the psychology of individual differences to counseling psychology as a specialty, including the founding of Division 17 in 1946.

During the second period from 1951 through 1956, the inaugural definitions of the profession and the initial standards for training were developed.

From 1954 to 1962, the somewhat overlapping third period, there were a number of different viewpoints which were expressed on the status of counseling psychology and its proper focus. The *Journal of Counseling Psychology* was also founded during this period.

The fourth period covered 1963 through 1967 and contained perhaps the single most important year in the young history of the specialty: 1964. This was the year of the Greyston Conference,² a gathering which featured four significant activities:

1. Tracing the history of counseling psychology from the Northwestern Conference in 1951 through 1963,
2. describing counseling psychologists in terms of their work settings and diverse roles,

¹Whiteley, J. M. (Ed.). *The history of counseling psychology*. Monterey, CA: Brooks/Cole, 1980.

²Thompson, A. S., & Super, D. E. (Eds.). *The professional preparation of counseling psychologists. Report of the 1964 Greyston Conference*. New York: Bureau of Publications, Teachers College, Columbia University, 1964.

3. articulating the substantive bases of the emerging profession, and
4. formulating recommendations for action to guide subsequent development. Apart from the Greyston Conference, another activity of note was the Bromwoods Conference on research in counseling in 1967.³

The fifth period of history covered 1968 through 1976. This period closely resembled the time between 1954 and 1962 when a number of alternative directions for the profession emerged and when there was a spirited debate over the central mission of the specialty. *The Counseling Psychologist* was founded during this period, first appearing in 1969.

The second volume, *The Present and Future of Counseling Psychology*,⁴ presents ideas developed during the sixth historical period from 1977 through 1980. It contains two issues of *The Counseling Psychologist* which appeared three years apart. The first issue, "Professional Identity" (Volume VII, No. 2), was published in 1977; it appears as Part I of *The Present and Future of Counseling Psychology*.

Part I, which covers counseling psychology in the present, is divided into three sections. Section I provides historical and current perspectives on the profession by individuals whose primary professional identity is that of counseling psychologist. Section II includes contributions of members of other professional specialties as well as of administrators who work closely with counseling psychologists. Section III is a commentary on professional identity by two past presidents of Division 17: Norman Kagan and Samuel H. Osipow.

Part II of *The Present and Future of Counseling Psychology* consists of a 1980 issue of *The Counseling Psychologist*, "Counseling psychology in the year 2000 A.D." (Volume VIII, No. 4). The focus of PART II is the future: 17 chapters focusing on counseling psychology at the start of the 21st century. These chapters include discussions of what the world will be like then and commentaries on changes which need to occur if counseling psychology is to have a vital professional role at that time.

This third volume in the COUNSELING PSYCHOLOGY HERITAGE SERIES, *The Coming Decade in Counseling Psychology*, summarizes ideas from a seventh historical period dating from 1980 through 1983. This volume is intended for students who are beginning training in their professional careers. It details the major problems and challenges which will confront them during their first years as professionals. Like the first two volumes in the COUNSELING

³Whiteley, J. M. (Ed.). *Research in counseling*. Columbus, OH: Merrill, 1967.

⁴Whiteley, J. M., & Fretz, B. R. (Eds.). *The present and the future of counseling psychology*. Monterey, CA: Brooks/Cole, 1980.

PSYCHOLOGY HERITAGE SERIES, this volume will benefit graduate students, practicing professionals, and participants in in-service training programs who want to: rethink their current professional roles and responsibilities, learn about new ones, benefit from the insights provided by our historical legacy, and consider alternatives for the future.

John M. Whiteley
Irvine, California

THE COMING DECADE IN COUNSELING PSYCHOLOGY

Chapter 1

The Coming Decade in Counseling Psychology:

Introduction

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This chapter presents the significant ideas contained in each of the following chapters in order to orient the reader to the most significant issues covered in the book. It provides an overview of the central ideas influencing the coming decade in counseling psychology and is intended to provide a context for considering how counseling psychology will change in the 1980s. Section I, *Counseling Psychology: The Next Decade* (Chapters 2-6), consists of reports on the work of four subcommittees of Division 17's Next Decade Project and a chapter on the future by John L. Holland.

John L. Holland begins Chapter 2 by providing a self-described "controversial synthesis" of what has been written about counseling psychology. One observation he makes is that the profession lacks a helpful structure for coping with many professional problems because there is a lack of consensus on definition. A diffuse professional identity has many consequences. More coherent training and research programs, for example, would follow from a clearer statement of goals and roles. One of the many contributions of Holland's chapter is his articulation of the characteristics of a good professional specialty definition.

Holland recommends the consideration of a number of alternative futures—not just the most likely scenarios—and offers a number of provocative possibilities. He provides a review of the collective achievements and resources of counseling psychology along with its deficiencies. This review of futures, resources, and deficiencies leads to the suggestion of a number of strategies for coping with future problems such as working toward a statement of goals, roles, and functions which is acceptable to the majority, and striving for leadership in the application of psychology to everyday problems of living. Training and research

strategies both need innovations. He concludes with nine specific recommendations for the future.

In Chapter 3, Bruce R. Fretz provides a perspective on the origins, services, and definitions of the counseling psychology profession by briefly covering its development out of the vocational guidance, mental hygiene, and mental measurements movements. There has been a continual evolution in response to the changing needs of both individuals and groups. The heart of the current definition of counseling psychology is helping people "improve psychological well-being, resolve crises, and increase ability to solve problems and make decisions."

After specifying core training and services, Fretz treats the scope and consequences of diversity. Following a general set of recommendations for the profession, he drafts answers to the questions below:

What is a counseling psychologist?

What training do counseling psychologists have?

What standards do counseling psychologists observe?

How would I find a counseling psychologist?

The answers to these questions are formulated in such a manner as to clearly explain to consumers what counseling psychology is all about.

In Chapter 4, Faith Tanney analyzes the marketplace conditions for counseling psychology. She begins by observing that the role of counseling psychology in the marketplace is affected by changing demographic characteristics, client populations served, political and quasi-political influence, interest in illness and prevention within industry, growth in the health care industry, and competition within and outside psychology.

In the body of the chapter, the marketplace is divided into four general sections: health care, college and universities/industry, new client populations, and political concerns. Within each section, there is a presentation of current status and an analysis of future prospects. Employment patterns in health care and in colleges and universities/industry have changed in the past decade. It is highly likely that there will again be a shift in the 1980s, reflecting the current rethinking of the role of the federal government in both health care and education.

The section on new client populations is very important to counseling psychologists. The available client pool will change in the 1980s, as will the characteristics of groups which have been heavy recipients of services for the past several decades. Within the Veterans Administration (the largest single employer of psychologists in the United States), for example, the age of the population served will change dramatically. As the decade of the 1980s starts, there are three million veterans over 65 years of age; by 1990, there will be over seven million. In addition to the aged as a new client population, the handicapped and the cross cultural groups are also discussed.

The section on politics represents a new area of explicit consideration for counseling psychologists. As Tanney notes, we live in an era of politics, yet organized counseling psychology has largely confined its efforts to internal matters such as role definition, education and training, scientific affairs, and defining the substantive bases of the profession. Engaging in politics at many levels will henceforth become a key activity. Tanney goes so far as to say that unless counseling psychology is successful in its political endeavors, it may "lose its identity before it generates one," and that such a failure may mean "the end of the specialty." She closes with a series of specific recommendations.

The topic of scientific affairs in counseling psychology has understandably been a continuing concern. In Chapter 5, Lenore Harmon extends previous considerations into the decade of the 1980s. She begins with the assertion that there is "general dissatisfaction" with the scientific underpinnings of counseling psychology. Her analysis of the science of counseling psychology covers four sections: the role of the counselor, defining researchable problems, research methods, and conclusions/recommendations.

Under the role of the counselor, Harmon notes that research and practice are activities which are seen as mutually exclusive and as requiring different skills. Further, scholarly inquiry and advancing the scientific base have not been *priority* concerns. Evidence for this is found in the fact that the modal number of post Ph.D. publications of counseling psychologists is zero.

With respect to defining researchable problems, Harmon notes the narrow focus of research, its lack of relationship to counseling practices, and the relative absence of sustained lines of systematic inquiry. Priorities for research must be established, a task which will not be easy given the multiple and pressing practical problems of service delivery to diverse clientele. Several models are presented for setting research priorities and for providing communication across disciplines.

In the area of research methods, critics have decried the *narrowness* of methods employed in counseling psychology research. Until researchers approach problems in such a way that results will be applicable to the concerns of practitioners, there will be little practical value in the research output. Assumptions underlying traditional research practices as well as innovative methodological approaches are outlined. The chapter concludes with specific recommendations for the future.

In Chapter 6, Roger Myers focuses on defining the conceptual basis of the education and training function, a task last undertaken 17 years before. Dilemmas for the profession in the immediate future are viewed as less psychological and more social and political in nature than those of the 1960s when the Greyston Conference occurred. These social and political dilemmas are several in number.

First, ethnic minorities and their concerns represent one challenging dilemma. Minority professionals remain underrepresented among

counseling psychologists, and neither the training curricula nor the research endeavors adequately reflect the pressing issues raised by the need for service and representation of ethnic minorities.

Second, psychology has tended to grow more conservative in recent years. What Myers calls "professional guild behavior" has resulted in a series of policies which he labels "conservative," "suppressive," and "limiting," in terms of who is eligible to practice as a psychologist. Somewhat similar guild behavior, designed to limit the practice of psychology, is engaged in by organized mental health professionals other than psychologists.

In tracing some relevant history, Myers draws attention to an early (1956) definition of counseling psychology which noted the balance of developing inner life, helping clients toward achieving harmony with the environment, and urging the recognition of individual differences. This leads to the point that major economic forces have the potential to shape the behavior of counseling psychologists; the issue for the profession is what effect such forces should be allowed to have. A related concern is the importance which will be accorded to the medical model of diagnosis and treatment and to insurance company business strategies.

The concluding thrust of Myers' chapter is that the core foundation for the profession remains defined by its historical roots: namely, vocational guidance, individual differences, and mental health. The chapter contains eight recommendations which reflect the concluding thrust.

Section II, *Practice in the 1980s: Resource Papers* (Chapters 7-11), provides a fuller explication of the material on counseling in the marketplace in Chapter 4. Each of the five chapters which comprise Section II serves to provide an underpinning for the recommendations which appear in Chapter 4. The "marketplace" for counseling psychologists is a topic of renewed interest and consideration in the professional literature. The reason for this circumstance is that previous employment environments were largely restricted to academia and public sector institutions. The shift in work settings for counseling psychologists and consequently client populations is a relatively new phenomenon.

In Chapter 7, Elizabeth Gauthier indicates that the evolution of counseling psychology itself is to be found in the historical development of the role and functions of the work of counseling center psychologists. The focus of the work of counseling psychologists in university counseling centers began with educational and vocational issues and, in Gauthier's view, has evolved parallel to the movement of the field in general into problems of a personal and interpersonal nature and into the current emphasis on person-environment interventions. From scrutinizing the challenges facing counseling centers and how those challenges are addressed, it may be possible to discern the future priorities for our profession and its roles in a variety of settings.

The basic thrust of her chapter, therefore, is to highlight trends in

counseling psychology and higher education and to propose what she terms an "integrative model" for the counseling psychologist's role in the setting of the university counseling center. The decade of the 1980s presents an opportunity to become central participants in planning, innovation, and implementation by means of interpreting the university to itself. This interpretation is to be done in such a manner as to shape the university community toward its ideals, both educational and humanistic.

In Chapter 8, Harvey Resnick provides an overview of both community mental health centers (CMHCs) and health maintenance organizations (HMOs). In the process, he describes what opportunities and constraints exist in each agency for the counseling psychologist. The basic mission of the CMHC is to provide direct outpatient mental health services of a remedial nature. Medication and psychotherapy services, particularly of a crisis nature, are available to patients who might otherwise not have access to mental health services. Health maintenance organizations (HMOs) provide voluntary, prepaid group practice, outpatient, and hospital services coupled with educational services and an emphasis on prevention. The roles available to counseling psychologists vary quite widely, and there is usually a contracted limit on both contact hours and hospitalization days.

The major contribution of Resnick's chapter is its delineation of the roles available for counseling psychologists within CMHCs and HMOs and the professional and legal issues confronted by professionals working in these settings. One of Resnick's conclusions is that the role of CMHCs in the 1980s remains unclear—that it does not appear to be a time when counseling psychologists can plan on a dependable career within them.

As part of a second conclusion, Resnick quoted a number of contributors to a special issue of *The Counseling Psychologist* (Vol. 8, No. 4, 1980) who predicted that counseling psychologists will be present within health care settings in the year 2000 A.D. There is a general view that counseling psychologists will have a role in health care delivery, including eligibility for third-party payments, though it is not at all clear how accepted they will be.

In a very important concluding section, Resnick explores problems which counseling psychologists will continue to have in gaining access to the National Register of Health Service Providers in Psychology (see Chapter 20, by Alfred Wellner, for an extended description of the National Register), important for entrance into the health care field. The implication for the members of Division 17 is to advocate the full accreditation of counseling psychologists within the health care field.

In Chapter 9, Anne Louise Tanney Dailey addresses the topic of new client populations which will require the services of counseling psychologists in the 1980s. She singles out for discussion athletes, the physically handicapped, the aged, and the terminally ill. As counseling psychologists moved into a service relationship with these populations,

there was little in the basic professional literature or their prior training to guide initial practice. With each new client population, however, is the common denominator of needing to cope successfully with normal problems of living.

In anticipation of these new client populations, training programs for counseling psychologists need to be expanded to include information on such topics as physical handicaps, gerontology, terminal illness, the athlete's self-image and the psychology of sport, medical-computer technology, life-span development, physical/emotional interactions, and bio-medical ethics. She recommends liaisons for training purposes with such university departments as rehabilitation, gerontology, physical education, philosophy, public health, and computer science.

In Chapter 10, Faith Tanney explores the roles and problems of what she calls the "piece workers" of psychology, namely, counseling psychologists in private practice. Selling psychological expertise directly to the consumer, whether the consumer is an individual or an institution, creates an entirely different set of professional problems for those who are in private practice as contrasted with those who work for universities or agencies. Based on 1977 data, there are approximately 100 counseling psychologists in private practice in the health field with another 300 to 400 professionals considering participation in such an activity.

The balance of Tanney's chapter addresses two questions. First, how does the marketplace look for counseling psychologists in private practice? Second, how should an independent practitioner proceed in order to be successful in the marketplace? In developing her answers, Tanney considers counseling psychologists who are independent practitioners under four groupings: remedial counseling/psychotherapists, system consultants, government or research contractors, and vocational/career counselors.

The difficulties of getting licensed, of becoming included in the National Register of Health Service Providers in Psychology, and of surviving economically are explored. Given the problems facing counseling psychologists in private practice, one of Tanney's hopeful prescriptions is to become involved in the political process. Singled out for needed attention are state psychological associations, groups such as the Association for the Advancement of Psychology which represent psychology on a national basis, the Psychology Defense Fund, and the Psychology Legal Action Network.

In Chapter 11, Elsie Smith focuses on the important topic of the status of ethnic minorities in the marketplace. It is a topic which has been of concern to researchers, trainers, clinicians, and activists in the political process. She begins her chapter by reviewing a body of literature which suggests that the mental health needs of the minority community are not being met adequately and that one way to satisfactorily address the problem is to increase the number of ethnic minority psychologists. The questions Smith raises and addresses include:

Are we doing what matters in counseling ethnic minorities?
 Are we addressing their real-life concerns?
 Does equal treatment of ethnic minorities in counseling necessarily
 mean that we will have good counseling outcomes?
 What future directions might the profession take in relationship to
 ethnic minorities?

In addressing the above, her analysis emphasizes the theoretical concepts which underlie counseling theory, approaches to the delivery of service, and the implications which may be drawn from the existing body of empirical research.

The underrepresentation of ethnic minorities in the profession of counseling psychology has resulted in a truncated body of theory and research because the full range of human and professional experience is not reflected in problem definition, inquiry, and practice. The detrimental effects of this underrepresentation will not be mitigated until substantial progress is made in three interrelated areas: increasing the number of graduate-level students, retaining more tenure-level faculty (and the percentage who gain tenure), and adding to the pool of ethnic-minority professionals in the service delivery system.

Chapters 12-14 of Section III, *Counseling Psychology and Science in the 1980s: Source Papers*, were initially presented at the 1980 APA Convention in Montreal. Chapter 15 includes a variety of commentaries on Chapters 12-14, and Chapter 16 is an outsider's view of research priorities. Taken together the chapters in Section III provide a detailed background to the content presented in Chapter 5.

In Chapter 12, Clara Hill and Barbara Gronsky begin with a chronicle of the dissatisfaction with the research being conducted by counseling psychologists which exists within the profession. They draw attention to the fact that the modal number of research publications by post-Ph.D. counseling psychologists is zero. Perhaps more alarming was the report that, in addition to not doing research, many counseling psychologists fail to consume research. A consequence of this dual circumstance (the relative absence of research being conducted and the minimal consumption of what is produced) is that the research mission of the profession has had an insufficient impact on the profession.

The remainder of the chapter is devoted to exploring the potential which research has for addressing current issues in counseling psychology. Two aspects are singled out for consideration: 1) the roles and functions of research, and 2) the definition of what constitutes appropriate research questions for counseling psychology.

In exploring the roles and functions of research, the authors state that the separation of research and practice diminishes the effectiveness of either role. Further there are a number of functions served by counseling psychology research including:

1. enhancement of critical thinking and transferring that to practice,
2. challenging and refining assumptions about human behavior and the counseling process,
3. assisting counselors to do things differently in their practice,
4. developing a common language for addressing fundamental questions,
5. relating insights into human behavior to the rest of psychology,
6. providing an index of accountability as part of a justification of the value of our services to society,
7. elevating the role of science in our profession,
8. serving as a vehicle for addressing concerns in society, and
9. providing a public relations function to broadly define the parameters of the profession.

In terms of priorities, the authors of this chapter disagreed on the specific philosophical direction which research should take. The definition of what constitutes appropriate research questions for the profession was initially explored in terms of assumptions which reflect our apparent desire to be viewed as serious scientists in the mold of the physical sciences.

A problem for counseling psychology has been the lack of routine synthesis of data and of analysis of contradictions based on systematic, long-term observation. As part of a new and more adequate model for inquiry in our profession, the authors make five overlapping assumptions:

1. There is no truth; rather there are multiple realities which are dependent on the vantage point, psychological filter, and predefined contours of the mind.
2. Clinical phenomena are elusive and reactive.
3. Clinical problems are often intractable.
4. Human behavior should be studied holistically rather than in a piecemeal fashion.
5. Cause and effect relationships or linear causality concepts may not be useful at this point in our understanding of human behavior.

The concluding section of this chapter addresses the importance of including qualitative research in the scientific mission of counseling psychology. The authors discuss the participant and non-participant observation model, the legalistic model, the case study approach, and the interview as derived from sociological research.

In Chapter 13, John M. Whiteley explores the reasons why the scientific basis for practice in counseling psychology has not kept pace with its development as a profession. Counseling psychology is a specialty discipline within organized psychology whose historical legacy in terms

of published research is sparse. The thrust of its members' professional work is to deliver service to clients, to teach, and to supervise the training of future professionals. Advancing the scientific basis for our profession has not been a priority undertaking of previous generations of counseling psychologists. Attention has been focused in the past on defining the profession, specifying training standards, creating a formal organizational structure, and establishing forums for scientific and professional communication.

A number of constraints on research activity have combined to reduce the output of scientific work in counseling psychology. First, for a variety of reasons (see Gottfredson in Chapter 16), financial support from federal and foundation resources has not been generous in comparison to the amounts awarded to other social and behavioral sciences. Second, the reward structure of the academy does not require a sustained line of inquiry. Third, the job descriptions of most counseling psychologists emphasize the provision of basic professional services with only a peripheral role (if any) assigned to conducting basic research. Fourth, research training in graduate school has taken a secondary role to the acquisition of delivery skills and theoretical understandings.

The concluding portions of this chapter review some organizational (structural) approaches to increasing the quality of research, specify a number of actions by journals and professional organizations which would enhance research activity, and propose new content areas for inquiry.

In Chapter 14, Samuel H. Osipow draws upon his experiences as an active researcher, scholar, and former editor of both the *Journal of Vocational Behavior* and the *Journal of Counseling Psychology*. Counseling psychologists, in his view, generally do not have a very significant commitment to scholarly inquiry. This is an important limitation to be overcome because what is researched and published serves to define the profession to the broader public. The state of research in counseling psychology can be improved, however, and he offers a number of suggestions. Research should not be conducted in isolation from the mainstream of method and theory in psychology and behavioral sciences in general. The quality of the research questions investigated must be improved if they are to be integrated into the larger body of psychological literature. The major challenge facing counseling psychology research in the next 20 years is to design counseling interventions in such a manner as to allow them to be rigorously evaluated and generalized about.

Chapter 15 is composed of a number of reactions to, and reflections upon, the first three chapters (12-14) in this section. They were submitted originally to Lenore Harmon in response to a request that members of Division 17 give specific feedback on the scientific affairs portion of the Next Decade Project. The comments are printed here because they were deemed to offer either fresh insights into the problems of fulfilling the scientific mission of counseling psychology or confirmation of directions already suggested.

In Chapter 16, Linda Gottfredson presents a self-described outsider's view of research priorities in counseling psychology. The same issues have appeared and reappeared in the various analyses which have been conducted: the respective merits of laboratory analogues versus field studies, the differences between counseling and clinical psychology (both the quantity and the quality of research), the content of professional education and training, and approaches to the integration of research and practice.

One of her basic deductions from the literature is that the well-being of the psychologist is of greater concern than the well-being of the client. One consequence of this is that insufficient attention has been given to specific substantive problems which researchers are trying to solve. In brief, professional identity concerns have received attention to the relative exclusion of research content. In the balance of her thoughtful critique, Gottfredson, a sociologist by training, has two general objectives. The first objective is to profile research which has been conducted in the vocational area. The second objective is to discuss approaches to overcoming the inertia of past research. The intent of her critique is to help achieve a more effective discipline within counseling psychology.

Section IV, *Institutions Which Are Influencing Counseling Psychology in the 1980s: Source Papers* (Chapters 17-21), reports on a number of institutions which are influencing counseling psychology. This section did not grow out of the Next Decade Project of Division 17.

As the decade of the 1980s begins, it is very apparent that the societal context in which counseling psychology operates is changing dramatically. Institutions of higher education and the Veterans Administration are no longer the principal employers of recently graduated counseling psychologists. Eligibility to provide professional services to clients in new settings and to receive third-party payments has become more important to counseling psychologists. This highly significant issue of eligibility has been influenced by recent developments in credentialing and the setting of guidelines for professional standards and practice. These developments in credentialing and professional standards and practice have occurred largely in forums apart from organized counseling psychology.

In Chapter 17, Elizabeth Altmaier describes the primary organizational affiliation of counseling psychologists, the American Psychological Association (APA). The focus of her contribution is on outlining the governing structure of APA and on indicating the key issues which have required the membership of the Division of Counseling Psychology to seek a much greater influence on broad APA policy. It was not until the decade of the 1970s, over two decades after its founding, that the Division of Counseling Psychology became actively concerned with its degree of influence (or lack thereof) on APA boards and committees. The twin issues which brought about this concern were APA's efforts to coordinate credentialing and to develop guidelines for professional standards and practice. These latter issues are of basic economic concern

to an applied specialty like counseling psychology as they inform clients, mental health care providers, and third-party payers as to who is qualified to render professional services.

APA is governed by a system of boards and committees, the duties of which are presented in an issue of the 1982 APA Monitor. The various boards and committees are responsible either to the Board of Directors or to the Council of Representatives. Altmaier describes the approaches which the Division of Counseling Psychology took to increase its representation on the most relevant APA committees, including the Board of Professional Affairs and the Education and Training Board. During an era when there are unresolved issues of specialty definition and access to practice environments, she recommends a continuing period of involvement for Division 17 members in the broader affairs of APA.

The role of the state boards of psychology, which have the legal responsibility for deciding who is and who is not qualified to be a licensed psychologist in a particular state, is the subject matter of Chapter 18 by Norma P. Simon and Samuel H. Osipow. They begin by describing the wide diversity of training alternatives open to someone wanting to study counseling and psychology-related topics. This diversity in training, and the fact that many individuals want to be licensed as a psychologist with a counseling specialty, give rise to the competing claims for eligibility which must be adjudicated.

A major source of conflict for individuals wanting to become licensed psychologists is the large sum of money and many years of study spent in preparation for the licensing exam. Given the relative recency (1978) of the codification of criteria for training psychologists in general, it is not surprising that individuals who started training in the late 1960s or early 1970s may find that licensing standards differ from those that governed their graduate study.

Further, it is to be expected that a graduate student's interests may change as he or she progresses through graduate study. Someone who started professional preparation in student personnel work or counselor education could easily have shifted training focus part way through graduate study. Many of these individuals will have acquired principal training as a psychologist despite the different focus of the program in which they initially enrolled. Although close to meeting the formal requirements, and possessing strong letters of support from established psychologists, graduate students still may not be eligible for licensure. The decade of the 1970s witnessed many sharp legal battles over licensure as the courtroom became the arena for settling disputes. In the 1980s it is likely that most of the licensing disputes will focus on graduates of programs aspiring to become APA approved or of those that will never seek such approval.

This chapter is particularly valuable reading for someone who is interested in licensing issues. It begins with a short history of licensing and credentialing as it affects counseling psychology. Following that, the

authors report their survey of all the state boards of psychology identifying problems and issues affecting counseling psychologists. The information gained from their survey is of value to those who are interested in, or responsible for, the licensure process, whether they are an applicant, a state board member, a trainer, or a policy maker in counseling psychology. The chapter closes with a series of recommendations which will, if adopted, serve to solve many of the current sources of conflict which counseling psychologists have with state licensure boards.

In contrast to the previous chapter by Simon and Osipow where the focus was on state boards in all 50 states, Robert P. Anderson comments in detail on one state, Texas, in his treatment of the state psychological association in Chapter 19. The state psychological association is an institution which can greatly affect counseling psychologists. State psychological associations strive to achieve special recognition of psychologists' interests and problems. Counseling psychologists, in contrast to clinical psychologists, have been relative late-comers to the sophisticated use of state associations to advance their interests.

Two issues are singled out for treatment: 1) the influence of the state association on training and 2) its role in affecting professional practice issues. This chapter is valuable to counseling psychologists faced with legislation on the "substantial equivalency" issue, sunset legislation, the need to devise strategies for advancing the special interests of counseling psychologists, and the problems of dealing with specialty certification.

In Chapter 20, Alfred Wellner describes the development of the National Register of Health Service Providers in Psychology. The National Register was created in 1974 at the request of the APA Board of Directors. At the time, psychology as a profession needed to establish a process by which practitioners could be identified as health service providers.

The first task of the National Register was to define "health service provider in psychology" in such a manner that it would focus on the nature of health service and would neither be limited to one specialty nor infringe on any specialty. A second task was to establish the criteria for listing. In the few years since its establishment, the National Register has become recognized at the local, state, and national levels. Insurance companies and health programs look to the National Register as a source for identifying qualified providers for their systems.

Given the diversity in academic and experiential backgrounds of counseling psychologists, Wellner's commentary on the impact of the National Register is by subgroup within counseling psychology. Some individuals have found one or more of the criteria for listing to be a significant hurdle. It is a special burden for individuals who received their training in "counseling and guidance" or counselor education, particularly if that training was not primarily psychological in nature. Wellner concludes with a review of developments in the coming decade which will combine to have a very positive effect on the work of psychologists in the health field.

In Chapter 21, Patrick DeLeon describes an opportunity which counseling psychologists have to help reorient the nation's health care system. This opportunity is coming about because of two interrelated factors: 1) soaring costs which require a reassessment of our current health care delivery system and 2) the shift toward the areas of prevention and wellness in society's thinking. In DeLeon's view, counseling psychologists are so excessively concerned with intraprofessional issues that they are in danger of missing the opportunity which has presented itself.

DeLeon observes that the federal officials who are providing health care leadership do not distinguish among specialties within psychology when they debate the policy decisions behind such topics as reimbursement decisions and the allocation of clinical training funds. Further, important issues such as "scope of practice" have been left by the federal government to state legislatures and to the ethical standards of the professional specialties involved.

The balance of the chapter describes how responsibility for health care policy is diffused throughout many levels of the federal government. In a very valuable concluding section, DeLeon offers a number of practical suggestions on how to represent the interests of organized psychology more effectively to the federal government.

Section V, *The Perspective from Three Decades of Counseling Psychology*, consists of four chapters by individuals exceptionally well qualified to comment on counseling psychology from its founding to the present. Throughout long and distinguished careers, each of the contributors in this section has been very active in a number of the different roles of a counseling psychologist: scholar, practitioner, researcher, teacher, consultant, and administrator. While each individual has chosen to focus on somewhat different topics of interest, as a group they have a unique perspective from which to comment upon the shifting nature of concerns in counseling psychology as the decades have progressed since the founding of the specialty in 1946. This section, therefore, provides a special opportunity for the reader to gain a perspective on three decades of counseling psychology as we begin work on strengthening the profession during its fourth decade.

Donald Super, who was the first recipient of the Division of Counseling Psychology's highest honor, the Leona Tyler Award, is the author of Chapter 22. Throughout his outstanding career, he has been among a small group of pioneering researchers who set the standard for scientific inquiry in counseling psychology. His chapter begins with a characterization of counseling psychology at the time of the Northwestern Conference in 1951 as an applied specialty in search of an identity with no established name or theoretical basis.

The decade of the 1950s is presented as a period of time when counseling psychologists applied differential psychology to the world of work, and counseling processes to issues of vocational and occupational choice and adjustment. The seeds of a continuing identity

problem were sown during this period of time. By adopting the term "counseling" in its specialty name, the profession chose a process term which was then and is now used by many other professionals as well as lay people. For this and other reasons which have developed since 1951, many within and without organized psychology still view counseling psychologists in Super's words as "faint copies of clinical psychologists."

Turning to the future, Super does not see how it is possible for any greater uniformity to emerge within counseling psychology than exists now (which is not much). He sees the profession as more diverse than ever. Ambiguity of identity is an apt characterization. Super closes his chapter with a section on research priorities, including an explanation of the value of looking at what he calls the "sources of mechanisms" of research and theory in counseling psychology.

C. Gilbert Wrenn was the second recipient of the Leona Tyler Award from Division 17 and served as founding editor of the *Journal of Counseling Psychology*. Wrenn wrote Chapter 23 after reading the other chapters in the book and chose to make a unique contribution by sharing his personal reflections on what he has seen develop in this field since 1926 and what he sees happening now.

The first section of his chapter is devoted to a presentation of why the Northwestern Conference of 1951 was set in motion and to the detailing of significant events of the early 1950s. The second section of the chapter is a series of reflections on the increasing diversity of settings in which counseling psychologists work. He makes the point that the correct identification of counseling psychologists is by function, not by setting. Counseling psychologists stress the development of personal potential and the facilitation of decision making by the client, while they maintain a holistic perspective attempting to see the total functioning person.

He comments on the promising personality theories and counseling approaches of the past decade and the value of being eclectic in section three, and devotes section four to answering the question of why counseling psychologists so often question their effectiveness. The chapter concludes with sections on the importance of the person and reflections upon some things he has learned about life and people.

As an early President of Division 17, and the third recipient of the prestigious Leona Tyler Award, Harold Pepinsky is very well qualified to comment on the life span of counseling psychology. In Chapter 24, Pepinsky characterizes the Division of Counseling Psychology as having a career with three crises over its life span. The common focal point of the three crises he identifies has been the territorial issue of the profession's identity as differentiated from other applied psychological specialties, principally clinical psychology. The territoriality crises uniformly center around who is to get what types of jobs, who is to be trained and how, and who is to win what kind

of endorsement from the broader American Psychological Association, the federal government, third party payers, and allied health care professionals.

The three principal crises Pepinsky singles out are ones in which the Division involved many different individuals in the preparation of definitional statements on counseling psychology as a specialty. The three definitional statements which resulted from the crises are the report of the Committee on Definition (APA, 1956), *the Report of The Greyston Conference* (Thompson & Super, 1964), and the statement by the Task Force on Counseling Psychology—The Next Decade (*The Counseling Psychologist*, 1982). In each case the reports served to coalesce support around an identity statement for counseling psychology as an applied specialty in psychology.

In Chapter 25, Milton Schwebel begins by identifying the economic and political changes which established the conditions that led to the need for the types of services provided by counseling psychology. Our psychological specialty grew out of movements in social history rather than professional or scientific developments. Landmarks in the development of the profession can be related to significant social trends and events. A review of the early history of counseling psychology reveals the great extent to which the development of the field has been socially determined—not only in origin, but also in character and direction. A review of recent events in counseling psychology also indicates the extent to which historical forces still interact with the profession and how contemporary social and economic conditions influence definitions of role, the development of the substantive and scientific bases, and the marketplace for the services provided by counseling psychologists.

Schwebel identifies two “keystones of consciousness” which have affected the professional behavior of counseling psychologists. The first keystone consists of the theories of human development and behavior which have undergone modification, extension, and change in emphasis. The second keystone consists of the social attitudes which have been significantly modified as a result of the massive social change movements since the mid-1950s.

The development of counseling psychology as a specialty is delineated in terms of the impact of economic and political changes, movements in social history, and social trends and events as well as changes in such “keystones of consciousness” as theories of human development and behavior and shifts in social attitudes. After tracing this development, Schwebel referred to counseling psychology’s “socially prescribed role” as applying:

psychological and (other) social and behavioral science knowledge to the problems of normal development, especially including problems about those vital areas of education, careers, and interpersonal relations.

Despite the major shift in social attitudes and their cumulative impact on the profession, the basic definition of the role of the specialty has remained essentially the same. In the concluding portion of the chapter, Schwebel addresses the question of how present conditions affect counseling psychology's viability.

Section VI, *Commentary on the Coming Decade* (Chapters 25-29), reports the observations of four individuals who have been very active in organized counseling psychology but who are not part of the founding group. This closing section reflects four diverse views of the coming decade. Each author was given a very broad invitation to respond to issues they saw emerging, and to anticipate the fundamental concerns of counseling psychology in the 1980s.

In Chapter 26, David Mills employs the environmental "press" approach to focus on the pressures and splits within counseling psychology. Counseling psychology, in his view, is probably the least well defined of all the specialty areas within organized psychology. Among the presses on counseling psychology considered by Mills are the effects of an era of politics at the state and national level; internal disagreement about the relative importance of activities such as vocational counseling versus psychotherapy; the appropriate graduate degree for professional and scientific functioning; the acceptability of various types of doctoral degrees; the relationship between counseling psychology and the field described as "counseling and guidance"; and the wide variation in interests, activities, and training of individual members. Counseling psychology's source of strength is its inherent variability and diversity. The profession, however, seems to be emphasizing the discovery of new paths; it should focus as well on established knowledge and functions.

In Chapter 27, Norman Kagan provides a closing commentary on the Next Decade Project of Division 17. The strength of the project stems from the democratic, participatory process; collective wisdom is expressed in the recommendations. A comparable project should be repeated in 1990 to sharpen issues, clarify alternatives, and formulate recommendations. In the balance of the chapter, Kagan explores the potential benefits of the increased use of technology. As new ways are invented to share information, it will be possible to advance the knowledge base of our discipline at a staggering rate. He sees increased collaboration with social psychologists, anthropologists, and educational psychologists as an affirmation of the traditional interest of counseling psychologists in the non-pathological problems of ambulatory people. In the final section of the chapter he discusses the emergence of difficult ethical problems for the profession which are a natural consequence of the changes in how counseling psychologists earn their living.

In Chapter 28, Bruce Fretz notes that counseling psychology is not the only specialty in psychology plagued by identity and self-doubt issues. In this context, he observes that both counseling psychology and all of organized psychology are in a time of transition, a time presenting new

opportunities for growth and enhancement. Further, certain developments during the past decade have provided a foundation on which to build during the 1980s. The overall strategy he suggests is one of collaboration with a broad spectrum of other professionals. Already counseling psychologists are more active in the forums of organized psychology; this activity needs to be continued.

The training function needs continued attention. Three groups have grown to formal standing and deserve perpetuation: The Council of Counseling Psychology Training Programs, the Association of Psychology Internship Centers, and the Association of College Counseling Training Agents. Each is more effective in its task than the Division of Counseling Psychology can be with its rapid turnover in committee personnel and broad array of agenda items.

Another valuable approach for the coming decade is to continue the increase in the number of counseling psychology training programs which meet APA accreditation standards and are designated as counseling psychology programs by the National Register of Health Service Providers in Psychology. If such a strategy is followed, issues confronting counseling psychology which stem from candidates with ambiguous training qualifications in psychology will decrease in number and severity over the next decade.

Fretz discusses three groups which have been only marginally affected by the licensing and representational issues of the past decade: counseling psychologists in counseling centers, specialists in career psychology, and those with already well-established local and national reputations. The strengths of these three groups should be capitalized on by organized counseling psychology.

Fretz observes that the opportunity which counseling psychology has to respond to contemporary society's research and service needs will depend on the psychology profession's and the public's perceptions of what our specialty has to offer as unique, quality contributions. He closes with a range of thoughtful suggestions on how to influence the perceptions of others about our profession as well as substantive comments on enhancing the profession itself.

In Chapter 29, John M. Whiteley notes that counseling psychology has made substantial progress in the nearly four decades since its founding as an applied specialty within psychology. This progress has come principally in defining what it represents, in specifying training standards, and in establishing forums for scientific and professional communication.

Five areas of continuing concern, however, will persist throughout the 1980s: further defining of the specialty, specifying what constitutes the requirements for training; adapting successfully (economically) to the changing locations of work settings; responding to new or continuing institutions which affect the profession; and expanding the scientific base. Of all the areas of continuing concern, advancing the research mission of the profession will prove to be the most troublesome and difficult in which to make progress during the coming decade.

Whiteley is of the opinion that it is time to incorporate into the definition and role of our specialty a number of recent developments in two areas: 1) disciplines which have contributions to make and 2) new client problems or societal needs for services. Included in the disciplines which have a contribution to make to counseling psychology are: the health sciences, biology (psychobiology and neurosciences), and information and computer sciences. The traditional areas of the social and behavioral sciences still are basic.

Within the traditional service area of counseling psychology, involving general problems of normal development, attention should be expanded to systematically include: educational and career aspiration, decision-making, and progress; two-person partnerships and friendships; parenting; broader interpersonal and family relationships beyond the nuclear family (including networking and mentoring); the development and management of unique personal resources; effective participation in society; and general psychological and physical well-being.

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COUNSELING PSYCHOLOGY THE NEXT DECADE 1

Introduction

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The documents which constitute Section I are the product of a process begun in 1979 and supported by Division 17 Presidents Thoresen, Ivey, Blocher, and Borow. The Division's 1979 Executive Committee initiated the charge and participated in designing the project. The next three committees received progress reports and helped guide the work.

The project was begun as an attempt to deal with several issues facing the Division. The Executive Committee needed a long range guide for its major standing committees. Although membership on the standing committees is staggered to provide continuity of efforts, the purposes of these committees seemed to vary from year to year, and the changing nature of charges given to the standing committees by each year's new Executive Committee made effective long range action difficult. The standing committees needed a guide to increase the effectiveness of their efforts. The Division needed statements with which to communicate with state licensing boards and their national associations—statements which could be endorsed by much or most of the Division's membership. Documents about the future of the specialty were needed which might be of use to students and prospective students of counseling psychology. Documents were needed to communicate to other professions and to other specialties within psychology our role and our aspirations. Finally, a

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process was needed whereby the members of the specialty of counseling psychology itself could consider their roles, their aspirations, and opportunities in the next decade.

In the past such professional needs typically led to an invitational national conference. Ordinarily a grant was obtained and a carefully selected group met for a few days of intensive deliberation. Writing tasks were then assumed by individuals and a report published. We sought an alternative to the national conference model. This decision was made because funds are difficult to obtain for such purposes and, what is more important, because we wanted a process which would permit involvement by any interested member of the Division.

Our plan was to identify critical issues facing counseling psychology in the next decade, organize these into major themes, and then to identify members of the specialty who would be able and willing to address the themes. A select advisory panel would be created to serve as consultants to each of the working committees and to the project coordinator. To provide a forum for interaction with the membership as well as to serve as a non-negotiable deadline, large blocks would be reserved on the program at the next two national conventions for each of the panels. The person selected to give the annual invited address would be asked to use that occasion to introduce the project. Members of the select advisory panels would be asked to consult with the panel to which they had been assigned and to identify persons who might serve as critical reactors at the convention. A program on each of the major areas of concern would be presented at the 1980 American Psychological Association convention. Reactions to the papers from consultants and from the audience would guide the working committee during the following year. The revised documents would then be presented at the 1981 convention and once again feedback from reactors and from the floor would serve as a basis for final revisions of the documents for presentation to the 1982 Executive Committee and for publication in *The Counseling Psychologist* (Volume X, No. 2, 1982).

The project was carried out as planned. The reports which constitute Section I were created through a process of continuing interaction within each of the working committees, between the committees and the consultants, and with those members of the Division who offered suggestions from the floor or wrote to the panel chairs at the Montreal (1980) or at the Los Angeles (1981) Conventions of the American Psychological Association. John Holland's invited address at the 1980 convention was devoted to issues facing the specialty in the next decade. To determine the themes for the working groups, over 100 of the Division members who were in attendance at the New York (1979) convention were asked to list their concerns about the future of counseling psychology. It appeared that the concerns could be categorized under the same rubrics of the standing committees of the Division: Professional Affairs (the Marketplace), Scientific Affairs, and Education and Training. A fourth

category, Definition, was needed to encompass the remainder of the themes. In consultation with the Division's Executive Committee, chairs for the working committees were selected based on recent experience relevant to the theme. Psychologists from the membership at large were encouraged to volunteer for the working committees. Additional names were solicited at Executive Committee meetings. A select advisory panel of distinguished counseling psychologists, recognized as senior members of the specialty whose combined contributions span one or another of the wide range of areas in which counseling psychologists work was invited to participate in the project.

Once the process was set in motion, each working committee was given as much support and feedback as possible but as little interference as possible. The consultants to each group do not necessarily fully endorse that group's report. Also, each group chose its own format for reporting its conclusions.

John Holland served the Next Decade Project as one of its senior consultants. The "underview" was an introduction of the project to the membership at the Montreal convention. The chapter is not the result of a working committee; the ideas and humor are Holland's. The "Perspective and Definition" composed by Fretz's group stimulated considerable interaction among the group, the consultants, and the membership at large. Defining any existing specialty within psychology with precision and consensus would be difficult and controversial. Any definition composed would be perceived as too broad and diffuse by some and limiting by others; a denial of our professional "roots" by some and too parochial by others. One solution is to describe our "central theme," acknowledging the possible variations on that theme including the right of *any* psychologist to practice in any psychological realm for which he or she is qualified. After considerable deliberation and consultations the working committee concluded that a definition for the next decade must be based on what counseling psychologists do now and must be broad enough to encompass all of the major roles which counseling psychologists perform. Thus, the report on definition has as its broad frame the work which counseling psychologists actually do. The education and training group (Myers) took a very different posture, strongly urging emphasis on that which is unique to counseling psychology in the next decade. The scientific affairs group (Harmon) reminds the specialty that the uniqueness of psychologists among health care providers is their scientific approach to data. We must continue to develop a vital, dynamic base of scientific inquiry as the most fundamental characteristic of a counseling psychologist. The market (Tanney) is not a place of gloom and doom for counseling psychologists in the decade ahead. Nor need we abandon our traditional clientele who are ambulatory and whose "reality testing" is quite adequate. For instance, if we continue to serve people through their senior years, we will have a larger "market" than any other psychological specialty. Other potential markets are suggested. Should these new

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markets prove appropriate, then ultimately they will become a part of our education and training programs.

The impact of the project on the specialty will be known only in time. The final report has been received by the 1981-82 Executive Committee. The relevant standing committees will examine the document and make recommendations about its usefulness to the Division as a policy guide. Whatever its ultimate disposition, the process itself proved to be an exciting self-examination which provoked useful interactions among the membership. The model is one which may be worth repeating in the 1990s.

Chapter 2

*Planning for Alternative Futures**

JOHN L. HOLLAND
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The title of this chapter should be amended to read "Planning for or drifting into alternative futures." My goals are two-fold:

First, to provide an orientation to the symposia concerned with counseling psychology in the next decade. Without some structure, these discussions may continue to be amorphous and endless.

Second, to stimulate your thinking by providing a controversial synthesis of what we have written about counseling psychology, by interpreting these written documents, by making some recommendations to sharpen understanding, and by making some divisional conflicts more explicit for further examination.

METHOD

The data for this chapter came from a reading of *The Counseling Psychologist* issues on identity, research, history, and future status. I also read Goldman's (1978) *Research methods for counseling* and a collection of related materials, and I talked with 15 to 20 people to check my impressions of what has been going on.

In browsing through the written materials, I was reminded again that different people perceive the same events in divergent ways. There are at least two historical views: what our leaders have visualized and what practitioners and supervisors have experienced as they applied counseling psychology to clients. These groups are not dichotomous, but one group does much more applied work than the other.

*The section on the future is based almost entirely on Edward Cornish's article, "An agenda for the future," *The Futurist*, 1980, 14, 6-7, and is reproduced here by special permission.

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The reports of progress in research in books and journals show similar divergencies. The developmentally-oriented researchers have written most of the research history, and I am tempted to say that the differentialist and interactionist types have done most of the research.

To right this imbalance, I will use the "underview" orientation developed by an engineer at Johns Hopkins. Whenever the university administration presents an "overview" of some new ideas or a reorganization plan, my friend gives a talk called the "underview." The use of an underview is not more objective than an overview, but it does result in a more complete view of most controversies.

I have organized what you and I think about the future around four topics:

1. What are the current and future problems?
2. What are some of the alternative futures?
3. How can we approach the most desired future? A discussion of resources and strategies.
4. Some recommendations for dealing with present and future problems.

CURRENT AND FUTURE PROBLEMS

I will begin with an attempt to summarize the concerns and problems that some unknown proportion of counseling psychologists have expressed in written and informal reports. Some summary appears necessary in order to define the problem or problems, to decide if the alleged problems are life threatening or at least profession-threatening, and to decide whether or not we wish to take any concerted action.

My review of the written materials and my informal poll of counseling psychologists suggest that we have multiple kinds of worries: personal (shall I stick with this group?), intellectual (is the relevance, quality, and quantity of research OK?), educational (is our training suitable for the jobs that our students get?), economic (will I get my share of insurance payments?), professional (will this division disappear into another benevolent division?), and societal (what can my professional specialty do to minister to a distressed society?). These ideas capture the common worries expressed in our writing and conversation. To order these ideas, I have categorized them as: (a) worries about definition and identity, and (b) the logical consequences of ambiguous definitions or diffuse identities.

Definition and Identity

Our concerns about definition or identity appear well-founded. Since 1952 we have been talking and writing about who we are and what we should become. The key signs of discontent about our goals and roles are easily summarized:

1. There is a wide range of opinion about our goals and roles. They range from "there is no problem" to vague definitions that encompass large portions of clinical, school, rehabilitation, and industrial psychology. The official divisional definitions are usually unknown to the average member.
2. The label "counseling psychologist" does not cover the full range of work performed by counseling psychologists. In addition, the label lacks status in the eyes of psychologists and in the eyes of some counseling psychologists and clients.
3. Our publications mirror our confusion and disagreement. The *Journal of Counseling Psychology* creates the impression that the counseling relationship represents the main interest and function of our members. Articles about career assistance are in the minority, but surveys indicate that the demand for this kind of help is higher than it is for any other form of assistance (Carney, Savitz, & Weiskott, 1979). Several related or satellite journals have absorbed much of the research that properly, by some definitions, belongs in the *Journal of Counseling Psychology*. The related journals include the *Journal of Vocational Behavior*, the *Journal of Applied Psychology*, the *Vocational Guidance Quarterly*, *Measurement and Evaluation in Guidance*, and others. Our house organ, *The Counseling Psychologist*, suggests that counseling psychologists perform almost any kind of psychological work and that, most of all, they love to debate. The majority of issues focus on counseling and psychotherapy so there is little if any distinction between counseling psychology and clinical psychology. Like the *Journal of Counseling Psychology*, *The Counseling Psychologist* has devoted only a few issues to career counseling and related research. Still other publications (textbooks, Division 17 reports, APA publications) feed the ambiguities of definition by offering divergent views of our goals, roles, and history.
4. Finally, the distribution of counseling psychologists according to place of work, client or environmental problems dealt with, skills, techniques or special knowledge used, and client populations, stand in stark contrast to any old or new definition. A definition according to work performed would be as follows: We work anywhere, we use almost any technique (parenthetically, if you will provide a workshop, we will also add any new technique to our resources), and we will serve any and all populations. Counseling psychologists do not lack self-esteem.

Some Consequences

The positive and negative consequences of a diffuse professional identity have been multiple. For example, counseling psychologists are successfully engaged in a great range of settings and functions. A precise

and limited definition might have impeded our movement into roles and settings where we have become very successful. At the same time, the absence of a clear definition may have accentuated many current difficulties.

A clear statement of goals and roles is needed: to design more coherent and appropriate training programs; to decide and focus on what research to perform; to cope with the competition in the marketplace; to represent counseling psychology to the APA, related professions, clients, and funding agencies. Individuals and groups will continue to act on their stereotypes unless we make a concerted attempt to change them.

A clear statement of intent would also improve our interpersonal relations. Imagine a situation in which we were more supportive of our diverse interests and our journals more clearly reinforced our goals. If you are worried about the specter of consensus, the lively nature of *the counseling psychologist* would prevent any marching into a mindless conformity.

POTENTIAL SOLUTIONS

The solutions for these problems may be upon us. The next sessions on definition, training, research, and money may stimulate a consensus. We need better solutions because the older methods for coping with our concerns have failed. For instance, a few have turned the problem into a long term hobby; others have repressed the problem and gone their way into administration or research.

A more promising tactic is to consider the characteristics that a good definition should have. These might include an abstract statement that indicates the essence of counseling psychology, what distinguishes it from other specialties, and some concrete illustrations. Most definitions in the past are poor because they fail to distinguish counseling psychologists from other psychologists. In short, most definitions have been incomplete and formless. A good definition would not only resemble a good dictionary definition, but it would communicate clearly to everyone—clients, psychologists, and others—what we do and stand for.

I hope you take the time to read Milton Hahn's characterization of counseling psychology in his Presidential Address of 1954 to this division in *The History of Counseling Psychology* (Whiteley, 1980). Hahn's characterization of counseling psychologists according to a *pattern* of eight *concerns* or *emphases* still has some validity and suggests several criteria for developing a useful definition.

Another solution is to accept and communicate more widely the 1968 definition of counseling psychology (prepared by Jordaan, Myers, Layton, and Morgan, in Whiteley, 1980); namely, counseling psychologists assume three types of roles in practice: the remedial, the preventive, and the developmental. We could stop quarreling about the relative importance of these roles and learn to live with the ambiguities that are inherent in

divisional titles and functions. To obtain some perspective, I browsed through the 40 divisional titles in the APA directory. My conclusion is that a divisional title that clearly connotates what all of its members do may be nonexistent.

At this point, I would summarize our problems as follows: Because we lack a consensus on a definition, we lack a helpful structure for focusing research and training and for coping with many professional problems.

Alternative Futures

Another method for coping with this same set of problems is to imagine some alternative futures. Futurists are beginning to have some useful ideas. Perhaps the most important insight is that the future cannot be predicted. The future is not a world that lies out there quietly awaiting our arrival, but rather a world that we are creating. Many futures may develop out of the present moment. For that reason, we should explore a number of alternative futures, not just a most likely possibility. Again and again, experience has shown that something viewed as mildly improbable or even impossible turns out to be what actually happens. For instance, who would have predicted in 1950 that computers would be helping clients make decisions? We may lack the time to study all the possibilities, but experience suggests that we should look at more than one. Even if no possibility turns out to be precisely on target, the experience of considering several alternative futures keeps our minds open and ready for a wide range of contingencies.

The "alternative futures" approach opens the gateway to a future that we can choose and shape rather than one that is simply thrust upon us. To develop some alternative futures, we can develop a "standard" or "surprise-free" forecast based on the assumption that the trends in counseling psychology will continue. We can also develop "optimistic" and "pessimistic" forecasts. More scenarios could be developed, but these three provide a useful beginning. Here are three abbreviated scenarios for the 1980s:

Standard scenario. Many trends will continue. Counseling psychologists will continue to find jobs in an ever-increasing range of settings. The *Journal of Counseling Psychology* and *The Counseling Psychologist* will cease publishing articles about careers. The APA will reorganize Divisions 12 and 17 into a single division called The Division of General Practice. Recall that early in the 1970s, the APA stopped distinguishing clinical and counseling as classes of approved internships. Self-help materials, video cassettes, computers, and TV instructional programs will become a major threat to this new division. As hard times continue through the 1980s and as the call for accountability continues to increase, some counseling psychologists will leave and form the Division of Vocational Psychology and thereafter will proceed to get in jurisdictional fights with Division 17

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and the Division of Industrial and Organizational Psychology. The Division of General Practice will become saturated with so many social types that research activity as we know it may cease. The continuous identity talk will cease because the Division will have become very homogeneous. Counseling and psychotherapy will be the chief activity so that the focusing of training and research will be relatively easy. The integration of Divisions 17 and 12—and perhaps the Divisions of Rehabilitation and School Psychology—will result in more successful attempts to influence licensing and insurance payments.

Pessimistic scenario. The world economy will deteriorate badly in the 1980s due to a high population growth, the exhausting of natural resources, the failure of nations to curb inflation, and a soaring debt. The developed countries will face soaring unemployment, the developing countries will experience mass famines, and so on.

These conditions will hasten some trends already under way. The rate of informal and formal evaluation will accelerate. Counseling centers and therapeutic activities here and there with weak political support will be wiped out or vitiated in the same way that weak departments, school counselors, libraries and peripheral services have already been decimated. These trends will be most destructive in higher education as the number of students decline. Counseling psychologists who engage in one-to-one activities will be most vulnerable, especially those who are also engaged in private practice of any kind. Counseling psychologists who provide attractive forms of group work of any kind will be less vulnerable.

The practice of vocational assistance will be performed by multiple professions and entrepreneurs (with or without training) because we failed to recognize the values of vocational services. The proliferation of self-help materials and the "giving away of psychology" will have greatly reduced the influence of counselors. A decrease in research and development funds will make it especially difficult to devise more influential therapeutic treatments or to find new and radical approaches to dealing with human problems. The loss of research-oriented counseling psychologists to other divisions will also weaken the research and development effort.

Optimistic scenario. Major advances in energy conservation and production will free the world from its enslavement to petroleum and natural gas. New birth control methods will curb population growth in the developing countries, thus preventing starvation and making it possible for them to advance economically. These and other technological advances will solve most of the pressing problems. Inflation will then decrease, and the pace of accountability may slacken. The United Nations will actually function as the representative body of all nations. The United States will have a president whom 75% of the population admire and love.

Over in our corner of the new world, Division 17 will have learned to live with ambiguity and diversity. Counseling and mental health centers will be transformed into human service centers in which counselors,

therapists, physicians, learning specialists, social workers, and vocational experts will have finally learned to work as broad-based teams that provide a wide range of treatment and treatment chains. Some of these service centers will come in different sizes and degrees of complexity. A few will have active research and evaluation units. Others will have one or two persons who occasionally say, "A fascinating N of 1 does not a science make, although it helps some."

Counseling psychologists in academic settings will work in similar service centers that will be integrated with the vocational exploration and placement centers now rapidly multiplying. The service centers will devote most of their resources to group and self-selected self-help services and treatments. Personal counseling will be available, but it will be diminished because of its cost and the availability of other less expensive treatments.

Finally, counseling psychologists will realize that they need a vigorous research and development group and that most of the needed research and development work should not be left for academic researchers, testing agencies, and writers to shape and perform. These service centers will proliferate to serve people of all ages and extend their services to problems of lifelong decision making: aging, recreation, stress, and so on.

GETTING THERE

I assume that most people want some variant of the optimistic future, and, because any discussion of the future can be endless, a review of our resources may provide an orientation to reality. Such a review may also point to the strategies that have the most potential for effective action. I have also made two key assumptions: (1) the future will stress everyone's problem-solving abilities (sometimes called research), and (2) the need for interpersonal skills will multiply as we mass in urban areas all over the world. The future may be largely unpredictable, but it is unlikely that the stock of human problems will be depleted or that the world population will decline.

Collective Resources

I will begin with a brief summary of our collective achievements and resources. At this time, we have about 2,500 members working in varied settings but concentrated in higher education. That concentration is a mixed blessing. It gives us access to many intellectual and some financial resources that the average person does not have, but higher education is also a troubled business.

There is little unemployment among counseling psychologists, and our students are still finding jobs with relatively little difficulty. In general, our work is valued by clients and sponsoring agencies. Some of the research is going very well, especially the work concerned with careers. My poll of researchers engaged in counseling process research indicates that this work is on a plateau and in need of a stimulating integration.

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We operate a number of high quality training programs, and we have many and varied post doctoral programs for increasing the skills of practitioners. In *The Counseling Psychologist* we have an important journal for educating the membership and a forum for open, lively, and comprehensive discussion. By conventional criteria, we are in good shape.

Our deficiencies are easily summarized. We have only a small band of active thinkers, researchers, and developers to march against future problems. Let me roll out some facts. Garvey (1979) estimates that only 10% of social scientists produce one article a year for five years. For our division, 10% is about 250 members. Another investigator (Price, 1962) reports that the number of productive scientists in a particular profession equals the square root of the population. For Division 17, that number is about 50.

In short, we have a small group of people who write for publication on a regular basis. These estimates do not say anything about quality or content. These estimates are generous; anything counts. I interpret such estimates to mean that we should bend our backs to help those who are making any kind of contributions and that we should find ways to increase their number and to cultivate them.

If we have so few people engaged in problem solving of any kind, some declaration of relevant problems appears desirable if we seek more rapid progress. We lack the resources to investigate every appealing topic. Of course, we have a substantial core of people who perform other kinds of work as counselors, teachers, administrators. We need to find more effective techniques to communicate their achievements and ideas to the profession at large so that their contributions and those of researchers can be integrated into a common mission. An occasional issue of *The Counseling Psychologist* devoted to the work of administrators, teachers, and counselors seems in order.

Implied Strategies

This incomplete review of our limited resources, coupled with the ambiguous character of the future, implies a number of strategies for coping with future problems. I will summarize first some general strategies, and then some strategies for training and research.

General. I find some general strategies appealing. Work for a statement of goals, roles, and functions that is acceptable to the majority and communicate it widely. Emphasize the attainment of leadership in the application of psychology to everyday problems of living. Give up trying to produce enough people to do all the practitioner work and become, first of all, trainers of trainers, trainers of researchers, and trainers of administrators. With limited resources it is important to play to our strengths, not our weaknesses. In this regard, we should continue to promote the adaptation and development of normal people of all ages and in divergent settings.

Training strategies. The character of training must change. It seems helpful to think of future graduate training as a *potent liberal arts program* for psychologists. It is clearer than ever before that one cannot train people for all future contingencies. A re-examination of traditional training is in order. Some realignment of the traditional emphases should equip trainees for more successful careers. Courses and practica on interpersonal relations might include group processes, counseling, supervision, administration, and consulting. Counseling interview practica would no longer be the principal form of training nor the chief stimulus of career awareness.

Research training needs a similar reorientation. It should not be equivalent to statistics, data processing, and a thesis based largely on faculty ideas and worries. For a helpful reorientation, it is stimulating to ask students to think of research as problem solving or as detective work. In short, they should learn to solve problems by any means or find "what dunnit" rather than "who dunnit" by looking for whatever evidence can be located by a variety of methods, including some that are very sloppy and some that are very precise. One approach for achieving a more balanced orientation that might lead to a lifelong interest in research would be the early introduction of research practica whereby students are required to work on multiple, manageable projects of brief duration. An apprentice carpenter does not take several years of academic instruction and then proceed to build a house for certification. If carpenters followed this instructional plan, their dropout rate would be as high as the dropout rate for research activity after the thesis. Somehow the preparation for research needs to be revised so that more students find it satisfying and continue to develop and apply such skills on the job.

In the future, an ample supply of thinkers, researchers, and developers will be needed to increase the intellectual capital that we draw on, to evaluate programs and treatments, and to keep us honest. The recruitment and selection processes may be the most efficient methods for increasing the number of researchers, but the development of the counseling and psychotherapeutic image may militate against recruitment efforts. In this regard, it would be helpful to know the actual distribution of counseling psychologists according to current occupation and main role: practitioner, teacher, administrator, researcher, or whatever. I am assuming that the division is now practitioner dominated, and I am recommending some research and training shifts to improve our ability to cope with the future.

Research strategies. The character of the future implies the need to increase our problem-solving or research potential. The renovation of any training program will be more arduous than finding a definition. Between the lack of flexibility of universities and the reluctance of most professionals to change, I see little hope for this solution, but I still hope a few people will try.

A more promising strategy would be to improve the research

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environment for researchers, part-time researchers, and would-be researchers. After all, a few people have been trying to improve university environments for students. The same strategy appears applicable here. In short, a review of the work arrangements of researchers may reveal why so few people are interested in this role either full- or part-time. This examination should provide some ideas for cultivating research-oriented psychologists so that they flower early, bear fruit, and become perennial publishers rather than dying on the vine.

At any rate, the salient characteristics of the research environment appear to be as follows:

First, there are very few full-time jobs for researchers. So why train for unemployment?

Second, the typical educational institution, service agency, and employer usually give some lip service to research, but carefully allocate their resources elsewhere. Consequently, researchers, like rats, learn to follow one of three paths: (a) the covert path (neglect your main role and squeeze in research until someone complains); (b) the entrepreneurial path (spend large amounts of time seeking federal funds, the receipt of which will give you local power via overhead for the institution and more perquisites for yourself—the right to do less counseling or teaching and more research and grant seeking); and (c) the writing path (give up collecting data and write about other people's work. Most employers have plenty of pencils and paper).

Third, the research role poses a hazard to mental health. Journals have an 80% rejection rate, and the articles that make it are rarely read by anyone except Ph.D. candidates and specialists. The current questioning of traditional research methods probably makes matters worse. (Parenthetically, I reject the belief that any special method will save us or that a wholesale turning to applied problems will do the trick.) Instead, we need *more* problem solvers pursuing both fundamental and applied problems and using any method that produces useful results.

Finally, researchers, but especially new researchers, often find that their training has not prepared them to deal with repeated negative results, the opinions of journal editors, or the written word. Many careers begin and end with a failed experiment or the rejection of a first submission. Other careers end somewhat later because the person has acquired only a stereotyped approach to research problems. The odds are also high that as a student the researcher had little opportunity to observe an older researcher up close, whereas diverse counselor and administrative models were usually in abundance.

This review implies some possibilities for improving the research environment and consequently for multiplying our problem-solving potential. For example, we need to work toward the establishment of more research and development positions, or at least to restructure some

counselor positions so that research activity does not diminish in hard times. As long as research duties are secondary in most jobs or are only vaguely structured in the eyes of the incumbent and the supervisor, the quality and quantity of research will continue at the present low level.

These would be difficult tasks to accomplish. I have some easier tasks. Why not establish some regional consultation teams to assist troubled researchers with manuscript advice, editorial rejection shock, manuscript or research design repair, and emotional support. Although this kind of activity is done more expeditiously at the home institution, such assistance is often lacking. These unofficial consultations should reinforce what potential we do have and reduce the research dropout rate. I think we need to stop waiting for APA committees and start helping one another. In addition, informal unrecorded consultations might have more beneficial effects. The official APA evaluations guarantee defensiveness, if the program staff can agree on an interpretation of the evaluative report.

The research environment could also be improved by opening journals to more diverse opinion. If we want published research that represents the full spectrum of methodology, theoretical views, practical applications, editorials, and all sides of important controversies, then we need to do something about the journals in which counseling psychologists publish. I have thought about this problem off and on for many years, especially when I received another rejected manuscript, tried to console a colleague, or saw that the biases of a few editors equalled my own.

I have a partial solution. Why not ask that every editor and consulting editor serve only a single journal? This policy would mean that researchers could shop among diverse clusters of opinion. At this time, we have a situation in which authors cannot easily find diverse opinion. I am concerned about the overlapping waves of similar opinion among journals and related sources of opinion and power among consultants to book publishers and federal agencies. In inflammatory style, personal ambition should give way to the common good.

A final strategy would be to persuade the different subgroups within this specialty that they need one another's stimulation, resources, and support. We need more beneficial interactions among counselors, researchers, and administrators and between members interested in psychotherapy and career development. We are at a time when we might split to become two or more homogeneous divisions, or when we might achieve a more constructive integration. The counseling/career development split seems to be an echo of the academic/practitioner split within the APA.

Only an integrated effort will improve our problem-solving abilities. Researchers need to be sensitized to relevant and pressing problems. Much research is of little value, not because of its method, but because investigators receive too little feedback from practitioners and other researchers. Counselors are sometimes guilty of similar isolation when they fail to communicate ideas gained in practice and when they fail to

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support someone else's problem-solving attempts. Most of all, we need one another.

Let me illustrate what I mean with some research findings. In three experiments, vocational counseling clients rate the helpfulness of professional counselors versus two paper booklets equally (Avallone, 1974; Krivatsy & Magoon, 1976; Nolan, 1974). In two other experiments, a simple three-page form was rated as useful as the two paper booklets (Evans & Rector, 1978; Johnson, Smither, & Holland, 1981). Finally, two new experiments demonstrated that an interactive computer system for personal counseling produced positive effects that lasted for a month (Wagman, 1980; Wagman & Kerber, 1980). And some clients reported that they felt more at ease (42%) and more independent (45%) on the computer than if they saw a counselor.

The authors of these experiments usually say that therapists and vocational counselors are still needed and that the experiment in question had numerous flaws. I take another tack. These experiments are pointing the way to another revolution in treatment, a revolution in which computers, printouts, and instructional booklets will play a major role in counseling. The new treatments are cheap and easily administered. The new treatments are changing the character of vocational assistance now, and they promise to change the character of psychotherapy in the future.

As counseling psychologists, we can continue to stand off and ignore these developments as insensitive, simple-minded solutions for complex problems, or we can participate as *intelligent consumers, managers, developers, or researchers*. These recent developments illustrate why we cannot count on the counseling role to perk along forever and why such developments *require* a diverse division composed of interacting counselors, teachers, administrators, and researchers to produce services of high quality.

SOME RECOMMENDATIONS

Comments of this kind are reminiscent of Hawaiian music. You can't be sure of the ending and you can't remember the melody or what the music was about, but it left you with a pleasant feeling. I wanted to avoid this situation so I will finish by making nine specific recommendations.

First, I hope you participate in the next sessions, or at least agree not to complain if the Division goes south instead of north.

Second, I hope we will establish a permanent *Committee on the Future* to maintain the momentum and experience gained by the four study groups and to continue planning for a better future. The current committee chairs could form the initial committee.

Third, establish four regional *Research Consultation Teams* for the East, South, Midwest, and West. These teams could provide informal consultation by telephone or mail. They could provide opinions about research design or help researchers locate special assistance. They could

also provide support and manuscript rehabilitation. Every institution does not have a large group of counseling psychologists or other specialists.

Fourth, establish four *Regional Training Consultation Teams* to provide informal evaluation and program planning assistance.

Fifth, establish four *Regional Practice Committees* to provide support, training, and informal consultation for practitioners. These regional teams are intended to provide a more appropriate social technology for selected divisional problems. The current APA and Division 17 organizational plans are good examples of what Schumacher (1973) would call "inappropriate social technology." Both the APA and Division 17 are too large and too poor to meet the needs of members through frenzied annual meetings. The formation of regional teams would be a beginning. We should also consider more comprehensive organizational plans that would make Division 17 more influential vis-a-vis other groups and more beneficial for its members.

Sixth, establish a *Committee on Human Rights*. The Committee on Women has been a useful committee, but Division 17 should be equally concerned about Asians, blacks, gays, Chicanos, Cubans, the physically handicapped, the aged, etc. Separate committees are not financially possible. As other groups request a special committee, we will run out of funds or have three or four committees with very small budgets. A Committee on Human Rights would avert this financial embarrassment and would have some important virtues.

A Committee on Human Rights would encompass everyone and accentuate what we have in common rather than our differences. The experience gained by blacks and women in their work for equality would be beneficial for the new groups that are forming. Each minority and the two majorities (females and males) have something to learn from one another. Each new group should not have to start from scratch. Finally, a Committee on Human Rights should have more influence because sooner or later it would represent everyone (females, blacks, males, aged, handicapped, etc.).

Seventh, change the name of the Division to the *Division of Psychological Practice*. This proposal is for discussion purposes, but the term "Psychological Practice" connotes the diverse applied activities we perform. People who like the title "Counseling Psychologist" could continue to use it. Others could say they were practitioners or applied psychologists.

Eighth, establish *The Frank Parsons Award* to honor a great pioneer. Such an award would mean that a brochure would have to be written to inform most people about his work. His unread classic book in 1909 reveals that he clearly anticipated the self-help workbooks now in vogue.

Finally, ninth, take the pledge to do something constructive for your specialty. Write a letter, volunteer for a committee, conjure up a tentative solution, or engage in some other form of constructive activity. And remember that this chapter is an "underview" intended only to amend the numerous overviews of our specialty.

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Chapter 3

Perspective and Definition

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PERSPECTIVE

Counseling psychology emerged after World War II as a specialty within psychology. Its roots are found in the vocational guidance, mental hygiene and mental measurements movements of the first decades of the 20th century. The earliest organized counseling psychology services were in college, university, and school settings, serving clients who were experiencing difficulties related to interpersonal relationships, conditions of disability, life crises, and academic and career stress. Then, as now, counseling psychologists approached practice with a significant emphasis on positive aspects of growth and adjustment and with a developmental orientation. In the past decades this orientation led to services in an ever broadening array of settings.

Even though the variety of activities and settings has increased, the basic training and main strategies remain focused on helping people cope with personal-social problems, improving adaptability to changing life needs, and developing a variety of problem-solving and decision-making capabilities. Today these services are used by individuals and groups in populations of all ages to cope with problems of education, career, sex, marriage, family, health, aging, and disabling conditions of a social or physical nature. The services are offered by counseling psychologists in educational, rehabilitation, and work settings, and in health organizations in both the public and private sectors.

The earliest research in counseling psychology focused on the development of models and methods for studying and improving vocational decision making and life adjustments required by one's vocational role. In the earlier years, considerable research effort was devoted to designing and evaluating instruments to measure interests, abilities, and personality characteristics. Research, evaluation, and measurements have remained major components of counseling

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psychology training programs. This research was, and continues to be, rooted in the natural and social sciences, particularly psychology. Today, counseling psychologists are concerned with basic applied research in human growth and development as well as with developing tests and other assessment techniques. In recent decades, research emphasis has expanded to include counseling process and outcome, models of change, person-environment interactions, assessment of needs, and services for minority populations.

Counseling psychology is continually evolving as a specialty in response to changing needs of individuals and groups in contemporary society. The present definition is one that fits the profession's expertise in the early 1980s. The definitions presented in this document describe the discipline as it now exists and is likely to exist in the next decade. As a dynamic profession in a dynamic society, it is to be expected that a re-examination of the definition will be desirable as the decade unfolds.

DEFINITION

The Profession

Counseling psychology is a specialty whose practitioners help people improve psychological well-being, resolve crises, and increase ability to solve problems and make decisions. Counseling psychologists utilize scientific approaches in their development of solutions to the variety of human problems resulting from interactions of personal and environmental forces. Counseling psychologists conduct research, apply interventions, and evaluate services in order to stimulate personal and group development and to prevent and remedy developmental, educational, emotional, social, and/or vocational problems. The specialty adheres to the standards and ethics established by the American Psychological Association.

Training¹

Professional counseling psychologists have a doctoral degree from a regionally accredited university or professional school providing an organized, sequential counseling psychology program in an appropriate academic department in a university or college, or in an appropriate department or unit of a professional school. Counseling psychology programs that are accredited by the American Psychological Association are recognized as meeting the definition of a counseling psychology program. Counseling psychology programs that are not accredited by the

¹The sections entitled "Training" and "Services" are taken from *Specialty guidelines for the delivery of services*. Washington, DC: American Psychological Association, 1981, 16-17.

American Psychological Association meet the definition of a counseling psychology program if they satisfy the following criteria:

1. The program, wherever it may be administratively housed, must be clearly and publicly identified and labeled as a professional psychology program. A recognizable, coherent organizational entity must be responsible for the program.
2. The program provides an integrated, organized sequence of study.
3. The program has an identifiable body of students who are matriculated in that program for a degree.
4. There is a clear authority with primary responsibility for the core and specialty areas, whether or not the program cuts across administrative lines.
5. There is an identifiable psychology faculty, and a psychologist who is responsible for the program.

The professional counseling psychologist doctoral education and training experience is defined by the institution offering the program. Only counseling psychologists, i.e., those who meet the appropriate education and training requirements, have the minimum professional qualifications to provide unsupervised counseling psychological services. A professional counseling psychologist and others providing counseling psychological services under supervision form an integral part of a multi-level counseling psychological service delivery system.

Services

"Counseling psychological services" refers to services provided by counseling psychologists that apply principles, methods, and procedures for facilitating effective functioning during the life-span developmental process. In providing such services, counseling psychologists approach practice with a significant emphasis on positive aspects of growth and adjustment and with a developmental orientation. These services are intended to help persons acquire or alter personal-social skills, improve adaptability to changing life demands, enhance environmental coping skills, and develop a variety of problem-solving and decision-making capabilities. Counseling psychological services are used by individuals, couples, and families of all age groups to cope with problems connected with education, career choice, work, sex, marriage, family and other social relations, health, aging, and handicaps of a social nature. The services are offered in such organizations as educational, rehabilitation, and health institutions, and in a variety of other public and private agencies committed to service in one or more of the problem areas cited above. Counseling psychological services include the following:

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1. Assessment, evaluation, and diagnosis. Procedures may include, but are not limited to, behavioral observation, interviewing, and administering and interpreting instruments for the assessment of educational achievement, academic skills, aptitudes, interests, cognitive abilities, attitudes, emotions, motivations, psychoneurological status, personality characteristics, or any other aspect of human experience and behavior that may contribute to understanding and helping the user.
2. Interventions with individuals and groups. Procedures include individual and group psychological counseling (e.g., education, career, couples, and family counseling) and may use therapeutic, group process, or social-learning approaches, or any other deemed to be appropriate. Interventions are used for purposes of prevention, remediation, and rehabilitation. They may incorporate a variety of psychological modalities such as psychotherapy, behavior therapy, marital and family therapy, biofeedback techniques, and environmental design.
3. Professional consultation relating to 1 and 2 above, for example, in connection with developing in-service training for staff or assisting an educational institution or organization to design a plan to cope with persistent problems of its students.
4. Program development services in the areas of 1, 2, and 3 above such as assisting a rehabilitation center to design a career counseling program.
5. Supervision of all counseling psychological services such as the review of assessment and intervention activities of staff.
6. Evaluation of all services noted in 1 through 5 above, and research for the purpose of their improvement.

NOTES ON PROFESSIONAL DIVERSITY

As part of the specially commissioned Division 17 project, Counseling Psychology—The Next Decade, a committee of 10 culturally and geographically diverse counseling psychologists representing service, training, and research centers met in May, 1980 to draft an initial statement. The committee reviewed numerous earlier position statements and past and current literature defining counseling psychology.² After drafting and redrafting numerous sections, a consensual draft was achieved and presented to colleagues at an APA Convention session in Montreal, August, 1980. Many contradictory reviews were received: too long, too short; too psychodynamic, not enough therapeutic emphasis; too developmentally oriented, not enough developmental orientation; too historically bound, not enough recognition of our heritage.

²A 10-page bibliography of references prepared by Wayne Anderson may be obtained by writing to Bruce R. Fretz, Department of Psychology, University of Maryland, College Park, MD 20742.

The committee agreed to survey a random sample of Division 17 members as well as review all the comments received from convention attendees. From this random sample 30% replied. Of those responding, 75% saw no need to delete areas from the first draft; when asked whether they would add still more, 40% chose to add more emphasis to some areas. A very brief definition was suggested (similar to the final draft) and was acceptable with minor revisions (most now included) to all but one respondent. Eighty percent felt the definition should explicitly identify counseling psychologists as health service providers; 20% objected to this. Exactly half approved and half objected to acknowledging in the definition the kinds of overlap that counseling psychologists have with other professions. Eighty percent felt professional differences should *not* be explicated in the definition.

Almost all recent attempts to provide definitions of the profession of counseling psychology have evoked from some counseling psychologists an "it will cause more trouble than it resolves" reaction. From the beginning of the profession subspecialties in areas like career counseling, interest measurement, personal counseling, and psychological education have remained quite viable. Counseling psychologists well-established in a subspecialty seldom have any identity or job definition problems. Writing a definition that alienates no subspecialty requires so broad a definition that one is left with a statement that might be seen as equally suitable to "school psychologist," "counselor," "social worker," "community psychologist," or "clinical psychologist." Writing a narrow definition either forces the exclusion of some subset of counseling psychologists *or* forces those groups to assert their suitability when the definition is interpreted too narrowly by others. The profession thus far has not been willing to confront either of these choices.

A second concern expressed about considering identity issues, at least very publicly, is that such discussions (1) add to the insecurity of some neophyte counseling psychologists (and possibly scare off some prospective students) and (2) increase the armamentarium of those who challenge the credentials and privileges of counseling psychologists.

Further descriptions of the implications of identity issues are well described in the "Contrasting Themes" section of the report of the Committee on Education and Training and in the "Politics" section of the report of the Committee on Counseling Psychology in the Marketplace.

The only issue perceived by any number of psychologists that remains unattended to in the definition (or in the earlier *APA Guidelines for Service Providers in Counseling Psychology*) is whether the definition should include more explicit boundaries or differentiations with closely allied professions. Like the random sample of Division 17 respondents, the senior counseling psychologists serving as consultants to the committees' projects on "Counseling Psychology in the 1980s" were equally divided in number opposing and supporting such differentiation. Each attempt

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by a definitional committee member to draft such a differentiation resulted in strong objections.

This pattern has been exacerbated by the increasing range of positions held by counseling psychologists (*The Counseling Psychologist*, 1977, 7(2), 61-92); even more new roles are now recommended in the report of the Committee on Counseling Psychology in the Marketplace. The basic training in counseling psychology has been easy to apply and found valuable in an ever increasing array of settings. While "central tendencies" remain empirically identifiable (Goldschmitt, Tipton, & Wiggins, 1981), the range and variance seem to be ever increasing. There is considerable anecdotal evidence from counseling psychologists in the Veterans Administration hospitals that the more bounded definition of counseling psychology in that agency has resulted in significant limitations to counseling psychologists practicing some of the skills they have been trained for. Many counseling psychologists believe that citing "central tendencies" in practice is an invitation to have those "tendencies" cast into policy or laws by more numerically powerful allied professions as the acceptable role of counseling psychology.

DIFFERENTIATED DEFINITIONS OF COUNSELING PSYCHOLOGY

Many attempts have been made by individuals to define the specialty. An historical (Hahn, 1955) and a contemporary (Blocher, 1981) example of definitions with more extensive differentiations appear below. The reader is invited to consider both the costs and benefits of such specifications.

The following historical definition is provided by Hahn (1955):

This pattern, it is hoped, will show clearly that we are a legitimate and discrete group of practitioners. The pattern does not appear to be duplicated in large part by our colleagues in related fields.

First, the major concern of the counseling psychologist is with *clients*, not *patients*, from the mass of people who can support themselves and reasonably adjust to life in our society.

Second, our employment is in situations that do not place us professionally under the direction or supervision of related disciplines either as a matter of policy, law, or political or economic conditions.

Third, our tools and techniques of practice are based in general more on normative approaches than are those of related disciplines.

Fourth, we tend to emphasize learning theory at the cognitive, intellectual, and rational levels, although not omitting orientation to the content of psychodynamics. We help *clients* to change

attitudes and value systems, but we rarely attempt the major restructuring or rebuilding of a personality.

Fifth, we usually deal with anxiety states at the frustrating, interfering levels, not when disability or disintegration is indicated.

Sixth, and our most nearly unique single function, we are the most skilled professional workers in the assessment and appraisal of human traits for educational-vocational-social living; i.e., the casting of a psychological balance sheet to aid our *clients* to contribute to, and to take the most from, living in our society.

Seventh, we are obligated to follow our *clients* beyond the office door. Until there is client-accepted planning for such future action as formal education or training, vocational exploration, and social direction, the counseling process is not complete.

Eighth, and last, we stress positive psychological strengths and their personal and social use as opposed to a process of diagnosing and remedying psychopathies. (p. 282).

The following contemporary definition is provided by Blocher (1981):

Counseling psychology is a sub-discipline of the science of psychology and a specialty in the practice of professional psychology. As a discipline, counseling psychology particularly draws upon and contributes to psychological knowledge in the following domains:

1. Vocational behavior, including the development of vocational interests, attitudes, values, and aptitudes, and their relationship to vocational satisfaction and effectiveness;
 2. human cognition and cognitive development and their relationships to problem solving, decision making, and judgment;
 3. human learning and behavior change, particularly in their relationships to the acquisition, transfer, and maintenance of coping and mastery behaviors throughout the life span;
 4. human communication and interpersonal behavior, especially within family and other primary group settings that influence developmental processes;
 5. the nature of optimal person-environment fit, especially in family, education, work, and other community settings as these impinge upon the health, happiness, and continuing growth of members.
- (p. 45)

As a professional practitioner, the counseling psychologist draws upon the science of human behavior to help people in a variety of settings and situations. The counseling psychologist engages in individual and small group counseling around a variety of concerns involving educational and vocational planning, personal problem solving and decision making,

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family problems, and other activities related to the enhancement of personal growth and effectiveness. Such counseling also focuses on the prevention, removal, or remediation of obstacles to personal growth that exist in the interaction between the individual and the environment.

The counseling psychologist also engages in consultation with individuals, organizations, and institutions in the society to help enhance the quality of physical, social, and psychological environments that affect the growth of those who work, study, or live within them.

The counseling psychologist often engages in training a variety of people in basic interpersonal and life skills that can significantly improve their functioning in social roles. The counseling psychologist also functions at times as a psychological educator who shares with a variety of others important psychological skills and knowledge needed to function more effectively and to move to higher levels of personal and social development.

The definition above embraces a broad but finite set of roles, functions, responsibilities, and competencies. It represents a challenging, but not impossible, set of goals for the discipline and its professional practitioners as they seek to demonstrate both worth and uniqueness within the communities that they seek to serve (Blocher, 1981).

RECOMMENDATIONS

1. That the Division of Counseling Psychology adopt the present definitional statement along with the definitional material from the *Guidelines for Service Providers* as a statement to send to appropriate consumer, credentialing, professional, and training agencies such as the Veterans Administration, the National Institute of Mental Health, the Conference of Counseling Center Directors, the Association of Psychology Internship Centers, the Joint Commission on Accreditation of Hospitals, the American Association of State Psychology Boards, the National Register of Health Service Providers in Psychology, the Council of Counseling Psychology Training Programs, and pertinent divisions of the American Educational Research Association. The statement should be accompanied by an appropriate cover letter specifying the expectation that service, training, employment, funding, and credentialing guidelines of the agency would be in accordance with these definitions.
2. That the Division of Counseling Psychology prepare and distribute a brochure appropriate for reading by the nonprofessional public describing the services and training of counseling psychologists (see draft below).
3. That the Scientific Affairs Committee of the Division of Counseling Psychology encourage empirical investigations of the effects of perceived and actual professional definitions on the training, service, and credentialing of counseling psychologists.

*DRAFT BROCHURE FOR CONSUMERS**QUESTIONS AND ANSWERS ABOUT COUNSELING
PSYCHOLOGISTS AND THEIR SERVICES*

Have you ever: Been concerned about whether a step or decision you were contemplating was the right one? Felt that the information you had about yourself or some situation was inadequate? Wondered how you might use your interests, abilities, and personal assets to the best advantage? Felt the need to take stock of your goals and values, or to evaluate your plans for achieving them? Been compelled by some experience which you have had to question or revise your self-image? Become aware of an inadequacy in yourself which you felt you should do something about? Been disturbed by your inability to live up to your own or others' expectations? Been concerned about your relationships with other people? Had the desire to embark on a program of self-development?

If you have, you will know that unaided introspection and trial and error are not always the best or most economical ways of dealing with such situations and that a knowledgeable and understanding person can often be very helpful in arriving at a workable plan or solution.

There are professionally trained persons who specialize in helping individuals with these kinds of problems and needs. This pamphlet is about one such group of persons: counseling psychologists.

WHAT IS A COUNSELING PSYCHOLOGIST?

Counseling psychologists are specialists who provide services to promote individual and group well-being and to prevent and remedy developmental, educational, vocational, social and/or emotional adjustment problems. Counseling psychologists use interviews, observations of behavior, and standardized psychological tests to provide assessment and diagnosis for adjustment problems. Counseling psychologists also provide a variety of treatments (e.g., career and educational counseling, psychotherapy, behavior therapy, rehabilitation counseling, marital and family therapy) to help people cope more effectively with their present problems and circumstances. Still other counseling psychologists provide training programs in such areas as communication and mediation skills, time management, and effective parenting. Other counseling psychologists are continually engaged in research, teaching, and administration to develop more effective procedures and programs. Whether practitioners or researchers, counseling psychologists approach their work with a perspective that throughout their lives persons can improve growth and adjustment skills by emphasizing their present personal strengths.

WHAT TRAINING DO COUNSELING PSYCHOLOGISTS HAVE?

There are several specialties in psychology, each with somewhat different training. After four years of college, counseling psychologists attend a graduate school for an average of five or more years to study and research how people develop, how life problems can be prevented or most effectively handled, and how individuals and groups can use their strengths to develop most effectively. Counseling psychologists must complete an academic year of supervised internship in a counseling center, clinic, hospital, or other organized service setting. Most states require an additional year of supervised postdoctoral experience before licensing or certifying the counseling psychologist.

WHAT STANDARDS DO COUNSELING PSYCHOLOGISTS OBSERVE?

Counseling psychology is one of the specialties recognized by the American Psychological Association. Its members follow all the ethical and service standards of the American Psychological Association. As permitted by state laws, these standards provide for strict observance of the confidentiality of any information shared with counseling psychologists. Records of any contacts are sent or shown to others only with a release signed by the client.

HOW WOULD I FIND A COUNSELING PSYCHOLOGIST?

Most university counseling centers and many community mental health centers and medical hospitals include counseling psychologists on their professional staffs. Counseling psychologists offering their services to individuals are often listed under the heading "Psychologist" in the Yellow Pages of the telephone directory. The *National Register of Health Service Providers in Psychology*, available in many libraries, lists those counseling psychologists whose services may be paid for by health insurance policies, provided the client has health insurance that covers mental and behavioral health services. Most state and federal health insurance programs provide payment for psychological evaluation and treatment. Counseling psychologists' services such as stress management, weight control, and parent effectiveness training are often sponsored by community agencies and organizations. Information about such programs may usually be found in local newspapers.

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Chapter 4

Counseling Psychology in the Marketplace

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A marketplace is where people exchange products for other products, services for products, or, more commonly, money for services or products. This chapter attempts to analyze the conditions of the marketplace for counseling psychology in the next 10 to 20 years.

Counseling psychology's role in the marketplace is affected by the changing demographic characteristics of the populations that counseling psychology serves (e.g., fewer college age students, an increasingly aged population), the political and quasi-political influences (state licensing laws, insurance reimbursement), the interest in illness-prevention programs in industry, and the growing health care industry.

Competition, both within and without organized psychology, also affects counseling psychology's role in the marketplace. The diversity of counseling psychologists' employment settings and training experiences has been both an advantage and a burden. Efforts to coherently describe the differences between Ed.D.'s and Ph.D.'s who are both counseling psychologists may elude the most devious semanticist. Yet the consequences of such determinations may well affect employment. By our name and historical tradition, counseling psychologists bump against guidance and *counseling* specialists, mental health *counselors*, vocational *counselors*, rehabilitation *counselors*, etc. One of the consequences of this titular overlap is that counseling psychologists often deny their title. "Counseling" may sound too educational for health based employers, too educational for industry, and too general for many other employment locations.

ORGANIZATION

The "marketplace" is divided into four basic sections: health care, college and university/industry, populations, and interorganization issues. "Health care" consists of descriptions of the future of counseling psychology in community mental health centers (CMHC), health

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maintenance organizations (HMO), the Veterans Administration (VA), and private practice. "College and University/Industry" includes the employment settings within college and university counseling centers and corporations. "Populations" consists of the non-VA aged, the terminally ill, minorities, and the handicapped, while the section on "Interorganization Issues" includes problems with parallel groups of psychologists within APA and professionals traditionally affiliated with Division 17 as well as other organizations and economic entities (e.g., third party payers). The final section of the chapter includes the recommendations for the Executive Committee of Division 17 which stem from this chapter.

Health Care

Community Mental Health Centers (CMHCs). Counseling psychologists are currently quite involved in CMHCs, and more graduates of counseling psychology training programs are likely to enter CMHCs in the 1980s. Recent data collected by Banikiotes (1980) indicate that 30% of the internship placements of counseling psychology programs in 1979 were at CMHCs, compared to 20% from 1973 to 1975. Job placements in CMHCs for recent graduates increased from 13.6% to 18.2% in the same period. Thus, there is clear evidence that it is already a job setting to which counseling psychologists migrate.

There are many questions regarding the long term survivability of CMHCs in the face of decreased federal support and the status of the economy. The recent fate of the Mental Health Systems Act, the slashing of mental health training funds, etc., does not bode well for CMHCs as possible employment centers. Yet what will perhaps take place is an increase in the assumption of fiscal responsibility for CMHCs on the local governmental level. There are also a number of questions currently being raised about the actual range of services to be offered through CMHCs, with the probability that the services will be much narrower in the 1980s than through the earlier years of the CMHC movement (Morris, 1980). Therefore, despite the solid positioning of counseling psychology currently in CMHCs, the questionable future of these service delivery systems would not indicate that a headlong rush toward community mental health would be auspicious at this time.

Health care settings. There are also potentially appropriate positions for counseling psychologists in the health care field. Currently, however, the presence of counseling psychologists in this area has hardly been noticeable. An increasing number of recent graduates, however, have had initial job placements in health care settings. Based on survey results, counseling psychology program students have increased internship placements in hospital settings between 1976 and 1979 (Banikiotes, 1980). At least 11% of the 1979-1980 counseling psychologists had internships in health settings, and this excludes the 18.2% in CMHCs. In all

likelihood, this 11% is an underestimate of the total because the category system for placement includes categories such as: rehabilitation, federal, state, and local agencies, which may include health care settings. Internship placements in 1979 include not only 11% in medical center settings, but another 10% in VA hospitals. These figures are probably a reflection of both interest and opportunities available for counseling psychologists.

Health Maintenance Organizations (HMOs). Health Maintenance Organizations (HMOs) combine health insurance and health care delivery by providing health care services to subscribing members for a prepaid fee. There are approximately 240 HMOs (Saward & Fleming, 1980) servicing nine million people or 4% of the population. Currently, just over 450 psychologists are employed in HMOs.

The employment picture for counseling psychologists in HMOs, when contrasted with other health care settings, is quite unclear. There are not specific data on counseling psychologists in these settings. The HMOs, even more than the medical school or VA health settings, have expressed very strong concerns about the licensing of professionals and the continued availability of third party payment for psychologists who work in health care settings (Dorken, 1976). Already there are issues being raised within and outside of psychology as to the necessary qualifications for health care psychologists. It is by no means clear that those psychologists generically licensed will be accepted in HMOs or other health settings during the next decade (Dorken & Rodgers, 1976). Counseling psychologists will need to be more aware of and involved in these definitional issues if they wish to remain professionally involved in HMO settings. Unless counseling psychology training programs actively pursue internships and training placement opportunities in HMOs or in similar organized health care settings, there will be limited access to HMOs in the future.

On another level, some professional psychologists see the structures utilized by HMOs as inherently destructive to psychologists. HMO providers are predominantly physicians, with the result that the medical model is often the ruling orientation. Psychologists often experience less freedom to function independently of a medical hierarchy, receive comparatively lower salaries than physician colleagues, and are excluded from being able to buy into the organization as a partner. For proponents of this view, psychology's only role vis-à-vis HMOs should be that of a legislative adversary, not of a potential employee.

The Veterans Administration. The Veterans Administration (VA) prides itself on being the largest single employer of psychologists in the United States. VA traineeships have supported psychologists-in-training and provided a source of future employees to the VA. Counseling psychology has been useful to the VA either as a source of staff psychologists, whose duties make them interchangeable with clinical psychologists, or as counseling psychologists who emphasize the vocational adjustment

problems of the veteran. Within the VA, the distinctions between clinical and counseling psychologists have tended to blur. Employed psychologists are eligible to select their titles; as most of them are employed through the medical-surgical unit (where the guidance counselor-counseling psychologist confusion may lower the respect given to their title if they choose counseling psychologist), most of them select clinical psychologist or clinical-counseling psychologist as their title. The future of counseling psychologist as a title in the VA is uncertain, although it does not appear to have imminent implications for employment.

There is one area of the VA in which counseling psychologists' skills in working with the normal population could be extremely valuable in the next 15 to 20 years. The VA population is rapidly growing older (VA, 1977); most of the veterans from the World War II are currently in their 50s and 60s. By 1990 there will be approximately seven million veterans over 65 (currently there are approximately three million veterans over this age). Gerontological problems of the veteran, the impact of aging on the veteran's family, and consultative functions to the homes, domiciliaries, and group homes, which will house these people, could present a tremendous opportunity for counseling psychologists. Research opportunities and support for studying the problems of this population are also available for counseling psychologists. This is an area of tremendous need in which counseling psychology could offer services. Additionally, this is one population and service-research area which has not been dominated by any other specialty. Literally hundreds of psychologists could be needed with the specific training and/or research background to assist this population in the next 20 years.

Private practice. According to the Mills, Wellner, and Vandenbos (1979) report, less than 100 members of Division 17 are in full-time health service related private practice. Nearly 500 other Division 17 members engage in private practice on a part-time basis, and many others contemplate private practice as an alternative to their current employment setting.

The number of counseling psychologists currently involved in extensive private practice is not very significant. Why then give this group any attention?

It appears that those counseling psychologists who seek this employment option are the younger members of the profession, perhaps suggesting a wave of the future. More certainly, the battles they encounter with regard to licensure difficulties, third party reimbursement, and freedom-of-choice legislation, may also affect counseling psychologists who work in institutions (CMHCs, HMOs, etc.) or who only dabble in independent practice.

The employment future for counseling psychologists who aspire to this location, perhaps more than any other setting, depends on the vigilance of the leadership of Division 17. Trends in the training requirements for licensure, awareness of policy statements evolving through APA, and state and national legislatures, often affect the

independent practitioner first. The impact of such regulations, however, does not stop with the counseling psychologist in private practice who is the bell-ringer for employment trends in many health-related fields. Here, too, the employment picture is difficult to predict with the possibilities (however remote) of national health insurance clouding the scene. It is one of the few employment situations in which individual entrepreneurial efforts can be evaluated so quickly.

College and University/Industry

Counseling centers. A recent survey (Magoon, 1980) reports that the "proportion of counseling psychologists' time invested in one-to-one interviewing has decreased, group work has increased, consultation functions have sharply increased . . . as has research productivity . . ." (p.27) among counseling psychologists employed in college counseling centers.

Combining this information with that provided by a recent Carnegie panel (Scully, 1980) which cites the declining pool of traditional college-bound students and a "struggle for survival" for many universities, one realizes that the future for counseling psychologists in counseling centers is indeed a complex one. A more diverse student population (including more older students, minorities and women), a general lowering of admission standards with a concomitant increase in student retention efforts, and a more career-relevant curriculum are all predicted for the next 20 years.

According to Gauthier (Chapter 7), the ideal role for the counseling psychologist to take in counseling centers is one which articulates values for the university community, describes the current state of the university community, interprets the information about the university to the university in a useful and meaningful manner, and shapes the evolving university institution through participation in planning and policy making. Borrowing the analogy from Tyler (1980), Gauthier states that counseling psychologists should operate in capacities similar to medical public health positions. Among the things we might adopt from a public health model are:

1. an interactive view of the community;
2. active participation in shaping community mental health policy;
3. attention to primary prevention as well as to the provision of adequate remedial treatment facilities;
4. the promotion of high level wellness;
5. an emphasis on personal responsibility for health maintenance;
6. the use of mass media for education;
7. attention to symptom clusters as well as to disease entities; and
8. techniques of monitoring health needs in the population through descriptive and inferential data.

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What changes might the implementation of this role imply for the doctoral level counseling psychologist's daily work in the university counseling center?

They will spend more time designing programs and training paraprofessional facilitators and less time working with the groups themselves. They will less often plan programming only in the context of the counseling center and more often consult with interdisciplinary task groups and train other staffs in facilitation skills. They will generally spend less time in their own agency and with other counselors and more time establishing working relationships with other faculty, staff, and student teams.

Gauthier expects a rapid increase in use of mass communication, learning the technical aspects of film, radio, audio and video tapes, and developing educational material for these media. In this and other prevention and programming activities, counseling psychologists must provide a sophisticated level of content and appeal to combat whatever is lost by impersonal instruction.

There will be people for whom professional psychological attention will be necessary. What will become of the clients under the new definition of the counseling psychologist's role? The first task would be to determine a workable and humane policy on the institution's ability to provide counseling for individuals. Most centers will probably provide initial evaluation and referral services and some short-term counseling. However, those who need long-term counseling, or those who are in the community but not eligible for student services, will be increasingly referred outside the counseling center. Counseling psychologists can be instrumental in facilitating this process through establishing a smooth referral network, advocating student and staff insurance plans which include coverage for private therapy, and initiating administrative action to deal with serious gaps in the community's resource pool.

The corporate role of the counseling psychologist. In addition to providing direct counseling services in the familiar one-to-one format for employees and executives in distress, there are many roles for counseling psychologists in industry. Some of these roles include:

1. assessment - there is a marked increase in the use of psychologists to help management assess the skills and abilities of current employees and employment candidates in order to assist in placement and development;
2. assisting with the supervisor-supervisee relationship - particularly important contributions can be made in strengthening the performance review procedures and clarifying the company's progression patterns;
3. career planning - career guidance, in general, is being emphasized in many companies as a result of the emphasis put upon promotional opportunity for minorities and women. Beyond these

- groups, however, the counseling psychologist in industry assists people through various life and career crises, optimizing career alternatives and coping with the pressures of achieving in an often highly stressful milieu;
4. stress - the psychologist is called upon in some cases to help directly with the problem individual. In other cases the psychologist promotes prevention of stress problems through policy programs or systems design;
 5. quality of worklife - counseling psychologists can assist in conceptualizing the issue of the meaning of work as subjectively experienced by the individual;
 6. productivity and system design - the psychologist can focus on total system performance including the impact of technological changes on workers in order to avoid "future shock" reactions; and
 7. job design - psychological job analysis techniques discover the salient variables in assigning tasks and responsibilities to individuals.

These are all ways industrial organizations call upon counseling psychologists for assistance in fathoming and managing the interactions of individuals and the organization in order to produce solutions that optimize individual satisfaction and organizational productivity. Within this field the range of counseling psychologists' possible efforts is expanding. With the likely emphasis on private sector employment, counseling psychologists' skills would seem to find a market with corporations.

Populations

The aged. In addition to the numerous opportunities for service and employment among the VA population (predominantly aged), the civilian or non-veteran aged population will also provide a market for the skills of counseling psychologists in the next 15 years. There will be approximately 26.5 million adults of 65 years of age or older in the late 1990s (Smyer & Gatz, 1979). These older citizens will be the individuals in their late 40s in the 1980s who, increasingly, have sought professional help to deal with their developmental problems (Birren & Sloane, 1977):

One implication is that today's adults of 29-49 years old, of whom about 44% defined problems in mental health terms, will be seeking assistance during their later lives at a much higher rate than today's 65+ cohort. While one cannot predict confidently the form that future demands for help will take, it seems reasonable that those forms that adults are now familiar with, traditional psychotherapy, self-help groups and so on, will account for some of the help demanded. (p. 5)

The prospect for providing service to the older population is quite encouraging. Demographic and cultural trends suggest that there will be greater demands for service, with more of the elderly seeking the types of psychological assistance counseling psychologists could readily provide. By several traditional indicators of deprivation associated statistically with greater mental health risk, the percent of older adults needing treatment or assistance will probably also increase. The single person household is on the increase, and with the sex difference in mortality also still increasing, an inordinate number of the elderly will be female.

Very few programs provide sufficient training to deal with the problems of the aged. Only 28 of the 25,510 psychologists in the *National Register for Health Service Providers in Psychology* (1979 edition) reported that over 75% of their clientele were age 65 or older, and these practitioners were significantly older than their peers. Birren and Sloane (1977) have suggested that by the year 1988 we will need a minimum of 2000 (clinical) psychologists with training in aging (parentheses mine). They go on to state that the psychologists of the 1980s interested in the problems of the aged should focus on mental health consultation in a wide range of community-based and institutional sites currently staffed by a variety of paraprofessionals and professionals from other disciplines. Psychologists should infiltrate such settings as senior centers, and concentrate on housing and apartment buildings with large numbers of older residents, rape hotlines, social service agencies, and prisons.

The problems of the aged are particularly within the range of the skills of counseling psychologists. Aging is a normal process; if the counseling psychologists' perspective on developmental processes within the normal range were stretched just a bit from the newly embraced adult population to that group above the middle-aged (the aged) we could offer our services. Some additional training (e.g., to be able to differentiate those reversible, neurological disorders caused by overmedication and depression from those caused by a bona fide organic problem) slightly adjacent to the regular, traditional curriculum would be required. This training would be well worth the effort if counseling psychologists are not to abandon this population to the clinicians.

The handicapped. With the advent of Section 504 of the Rehabilitation Act of 1973, P.L. 94-142, and mainstreaming, clients with physical handicaps and/or terminal illnesses began to matriculate in colleges and universities and to seek employment. No longer could employers and universities turn these people away, nor would these people beg to be admitted: they had a legal mandate for education and jobs.

Counseling psychologists' dual roles as facilitators of normal development and experts on career development (Osipow, 1977) are our most distinctive contribution to these clients. The handicapped have now been legally defined as individuals with problems in living. Counseling psychologists are trained to assist people with problems in living and to enhance and enrich a normal life. The training of the counseling

psychologist emphasizes giving the client awareness of personal control (Hill, 1977), a vital focus in the life of a handicapped person.

Additionally, the consultative roles which Tyler (1980) depicts as "ones analogous to medical public health positions" enable us to interact in the medical, university, and industrial communities to provide the awareness, testing, and interview techniques that they currently lack to properly assist these individuals. Our knowledge of staff training and development enables institutions to serve themselves and these clients in a consistent growth-producing way.

In this area we interface with rehabilitation counseling. The skills and orientation we have to deal with the problems of the handicapped as difficulties to overcome (personally, institutionally, and, if necessary, through political action) may well differentiate the services we can provide from those currently available.

Cross-cultural counseling. The problems that ethnic minorities bring to counseling psychologists are often those that they have experienced in the everyday world of racism, human courtship, mating, family, youth, middle age, old age, and death. The problems of ethnic minorities are like the problems all humans experience. Little attention, however, has been focused on their panhuman experiences.

Counseling psychologists have a powerful role as the interpreters and suppliers of the ethnic minorities' demand for counseling services. Similarly, ethnic minority clients have a stake in the definition of relevant issues, the delivery of counseling services, and the intangible/tangible values that surround the delivery of counseling services to minority clients. To help the members of ethnic minorities, counseling psychologists will need to become familiar with the status of these individuals within the helping professions both as clients and as fellow professionals (Atkinson, Maruyama, & Matsui, 1978; Cannon & Locke, 1977; Cole & Pilisuk, 1976; Griffith & Jones, 1979; Jones, 1974; Karno, 1966; Krebs, 1971; Mayo, 1974a; 1974b; Padilla & Ruiz, 1973; Padilla, Ruiz, & Alvarez, 1975; Peoples & Dell, 1975; Rudov & Santangelo, 1978; Smith, Burlew, Mosley, & Whitney, 1978; Sue, 1977; Sue & Kitano, 1973; Sue, McKinney, Allen, & Hall, 1974; Sue & Sue, 1977; Stang & Peele, 1977; Yamamoto, James, Bloombaum, & Hatten, 1967; Yamamoto, James, & Palley, 1968).

Reviewing these articles will confirm that the number of members of ethnic minorities who seek psychological help is quite high; that the type of services they receive may not be according to their cultural style, and therefore, not very useful to them; that they are frequently treated by the less trained professional; and that although they (Blacks, Asian, Hispanic, and American Indian) account for approximately 17% of the total American population, they comprise only 2.1% of all the doctoral-level health service providers in psychology.

This rather alarming array of information regarding the demographics of the relationship between counseling psychology and members of ethnic minorities can point the way to new opportunities. This

population is a fertile ground for innovative services which may require that counseling psychology continue to move outside the college bailiwick. Additionally, the paucity of members of ethnic minorities who are counseling psychologists requires us to develop attractive and relevant training packages to appeal to these individuals. Programs which seem irrelevant to the service needs of ethnic minority members seem unlikely to draw them as students. Career counseling that emphasizes the particular nuances of life in the United States that the member of the ethnic minority is likely to encounter is one of the many ways counseling psychologists can aid this population. Women entering certain occupations have similar counseling needs.

Interorganization Issues

Interorganizational issues. Ties with the American Association for Counseling and Development (AACD) (formerly APGA), especially with ACPA, ACES, and NVGA, are as strong as ever, especially in the sense of dual memberships in Division 17 and one or more of those key divisions of AACD. However, there are changes, currently apparent and others beginning to surface:

1. Definitions and battles of principles and "turf" increasingly cause dissonance. One example is that of counselor licensing (see above). Some counseling psychologists believe that counselors should be licensed; another group that they should not; and a third group considers them another profession (albeit unspecified) that should decide such issues on its own. The issue becomes compounded when AACD moves to take an opposite policy. We will probably see more of this in the next few years.
2. New groups within counseling psychology composed of many Division 17 members have developed, and older groups have been regenerated and strengthened (e.g., Counseling Psychology Program Training Directors, Counseling Center Training Directors, Counseling Center Directors). One reasonable interpretation of this development is that it has moved us farther away from AACD and made us less dependent on that organization. Those who formerly might have found a home in ACES and who were identified as counselor educators are now becoming active in the Counseling Psychology Program Training Directors. Those who formerly would have looked for collegueship in ACPA now look to the Counseling Center Training Directors.
3. Counseling psychologists are finding positions, and thus identities, in many more diverse settings beyond the traditional "home base" in colleges and universities (e.g., medical schools, business and industry, private practice). They naturally do not

see much relevance in the traditional tie with AACD and its divisions and look elsewhere for dual memberships.

4. AACD's image, perhaps never as bright as might be hoped by many counseling psychologists, is further dimmed as its focus is shifted to issues counseling psychologists believe they have dealt with for themselves in APA program accreditation.

"Third party payer" issues. Many counseling psychologists do receive third party reimbursement; many more, however, want to be recognized as eligible to deliver the types of services that are reimbursable under most third party programs. Evidence of this interest comes from a 1977 national survey (N = 25,000) of all licensed or certified psychologists (Mills, Wellner & VandenBos, 1979). Of the 18,706 who responded to the survey, 13,857 said they were active health service providers; 11.45% identified their specialty as counseling psychology. Nine hundred and ten respondents reported being Division 17 members and health service providers; 59.2% reported at least some private practice (8.5% were in full-time private practice). Significantly, however, the remaining 34.3% saw the possibility of leaving a salaried position to enter private practice.

Third party payers operate from within the medical model. Although we may observe that mental health delivery services are moving away from this model, at this time and in the foreseeable future, insurance companies recognize no alternative models for defining reimbursable services required for "sick" people to get well; that is, for the *restoration* of patients who have a *diagnosable illness* (hence the requirement for a *Diagnostic and Statistical Manual (DSM)* or *International Classification of Diseases (ICD)* diagnosis on insurance claim forms). It follows, therefore, that these companies would not pay for therapy delivered with the intent of individual "growth" or "development." Further, they specifically exclude "counseling" (except marital and family counseling done by a qualified marital and family counselor under a physician's supervision).

Herein lies the major issue for the profession. It is exemplified by the words of Allen Ivey:

Counseling psychology has a long history of emphasis on positive mental health with accompanying stress on assisting individuals, groups, and organizations develop their full potential. Rather than search for pathology, counseling psychology seeks to build on assets. . . . Counseling psychology is not just counseling; it is many things, all concerned with human growth and positive person-environment transaction. (Ivey, 1979, p. 5)

Contrasting Guidelines for Clinical and Counseling Psychologists

The contrast between this view of our profession and the view held by our clinical colleagues about themselves and their areas of expertise

is starkly highlighted by the differences in the current versions of the American Psychological Association guidelines for counseling and for clinical psychology. The counseling specialty guidelines presentation of the profession is consistent with the view put forth by Ivey in that the term "counseling psychological services"

... is used for services by counseling psychologists that apply the principles, methods, and procedures for facilitating effective functioning during the life-span developmental process. In providing such services, counseling psychologists approach practice with a significant emphasis on positive aspects of growth and adjustment and with a developmental orientation. They are intended to help persons acquire or alter personal-social skills, improve adaptability to changing life demands, enhance environmental coping skills, and develop a variety of problem-solving and decision-making capabilities. These services are used by individuals, couples, and families in populations of all age, work, sex, marriage, and family groups to cope with problems in connection with education, career choice, work, sex, marriage, family, other social relations, health, aging, and handicapping conditions of a social or physical nature. (APA, 1981, p. 17)

By contrast "clinical psychological services"

refer to the application of principles, methods and procedures for understanding, predicting and alleviating intellectual, emotional, psychological, and behavioral disability and discomfort.

With assessment being,

directed toward diagnosing the nature, causes, and predicting the effects of subjective distress, personal, social and work dysfunction, and the psychological and emotional factors involved in and consequent to physical disease and disability.

Further, interventions are:

directed at identifying and correcting the emotional conflicts, personality disturbances and skill deficits underlying the distress and/or dysfunction of the person(s). (APA, 1981, p.5)

A naive observer might say that it sounds as if counseling psychologists do *counseling* and clinical psychologists do *restorative therapy* (with only the latter being covered by insurance carriers). Although the terms "remediation" and "rehabilitation" are used in the *Specialty Guidelines*, some individuals (Shueman, Note 1) maintain that the

Counseling Psychology Guidelines do not emphasize these efforts. Further, many among us see in our specialty's unique focus on growth and prevention the source of its strength and its very legitimacy. In identifying clients' *options* we largely obviate the need for a medical model. Hence, the following irony: If a counseling psychologist wishes to have services reimbursed, he or she must give a DSM or ICD diagnosis for clients. He or she must use the classification traditionally used by the medical profession, rather than merely relying on his or her own training, in defining a client's problem in functional behavioral terms. That this is not only a problem for counseling psychologists wishing to enter private practice is evidenced in the hiring policies of many mental health centers. Severely strapped for funding from governmental sources, they often pose as a condition for hiring that all staff psychologists are insurance eligible.

RECOMMENDATIONS

The diversity of employment settings and possible populations which are appropriately served by counseling psychologists is quite impressive. This report was not meant to be exhaustive, but to convey (with documentation) some of the settings in which counseling psychologists are or can be employed and to highlight some of the problems which, either directly or tangentially, affect our specialty. The following recommendations are submitted:

1. Faced with the political and economic uncertainties (funding sources, population variables, legal questions), counseling psychologists should prepare themselves for a pattern of employment, and not merely for a specific setting.
2. Counseling psychologists should familiarize themselves with the credentialing requirements of all relevant review panels (American Association of State Boards of Psychology (*AASPB*), National Register, etc.) and should insure that they meet the requirements of these groups to guarantee their employment flexibility.
3. Training institutions of counseling psychologists should assure that their programs are in keeping with the requirements of the accrediting bodies listed above and should apprise their students of the potential necessity of meeting these groups' standards (e.g., the requirements for the environments purporting to train psychologists providing health care demand that the trainees be exposed to a multidisciplinary professional staff, not just one composed of psychologists).
4. Training institutions of counseling psychologists should provide course work which prepares students to engage in the political action they must perform. Alterations and/or additions to a professional issues course is one such vehicle for this orientation.

5. Counseling psychologists should emphasize the health care arena as an employment perspective. Occupational mental health, the stress of the workplace, physician training, etc., are fields of interest in which counseling psychologists have already made important contributions. This perspective should be expanded to include the consultation and counseling services we traditionally perform.
6. The Guidelines for Providers of Psychological Services should be amended to insure that the psychotherapy skills of counseling psychologists are emphasized.
7. The training requirements included in the Accreditation Standards should be amended to insure that the hours of internship training required for counseling psychologists are equivalent to those required for other professional specialties (especially clinical psychology). This may require negotiations with academic institutions which provide training on an academic year calendar, but the effort to provide predoctoral training equivalent to that required for other specialties is worth the effort.
8. Counseling psychology should monitor the changing demographic situation in terms of shifting population bulges to determine the focus of needed services. Gerontological work, for example, is anticipated to be a high demand area both in the VA and among the nonmilitary dependent population (also handicapped, etc.).
9. Counseling psychologists who wish to work in counseling centers should be aware of the shifting demands on their work. Less direct service and more consultative, program development work is demanded.
10. Industry-oriented counseling psychologists should be aware of the variety of tasks (in addition to direct service) modern commercial operations require of psychologists and be prepared to provide them.
11. Counseling psychology needs to make a renewed commitment to the recruitment and retention of minority students to assist the specialty in serving the needs of this population.

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Chapter 5

Scientific Affairs: The Next Decade

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During the spring of 1980, a task group of five individuals agreed to work on a statement regarding the scientific affairs of counseling psychology in the 1980s. Four of them, Barbara Gronsky, Clara Hill, Samuel H. Osipow and John M. Whiteley, wrote papers which were presented at a symposium in Montreal at the 1980 APA convention and which appear as Chapters 12-14 of this book. Harold Pepinsky served as discussant, and Lenore Harmon as chair. Subsequent to that meeting, drafts of the papers were sent out to officers and committee chairs of Division 17, to members of the audience from the APA symposium who volunteered to read and comment upon the papers, and to others who were believed to have an interest in the topic. In response to 100 requests for substantive comments, sixteen responses were received. These 16 were valuable in shaping the current statements and most of them appear in Chapter 15.

There is general dissatisfaction among counseling psychologists with the scientific underpinnings of our psychological specialty. As our own most sophisticated critics, we point to the lack of comprehensive theory building, the lack of integration of our piecemeal attempts at research, and the lack of application of either theory or research to current counseling practice, let alone to expanding conceptions of practice in the future (Tanney, Chapter 4). While most counseling psychologists would not argue that we are totally devoid of comprehensive theory, integrated research, or applications to practice, few express satisfaction with our collective accomplishments in these realms.

THE SCIENCE OF COUNSELING PSYCHOLOGY AND THE ROLE OF THE COUNSELOR

The scientist/practitioner model adopted in the Greyston Conference (Thompson & Super, 1964) has been generally accepted by

those who train counseling psychologists. The definition of the profession developed for the Next Decade Project (Fretz, Chapter 3) reflects the use of scientific approaches by counseling psychologists in developing solutions to human problems. Nevertheless, we submit that in the minds of many counseling psychologists and the public, "the scientist/practitioner model" is translated into "the researcher/practitioner model," and the elements "researcher" and "practitioner" are seen as mutually exclusive, at least in the temporal sense that one cannot research while one is providing service. Research and practice are also seen as activities which require different skills. The comments of some of our contributors illustrate this point:

I suspect the motivation for many people coming into counseling psychology is the desire to help others, and they see it as a people-oriented occupation with little concern for scientific rigor. (Eberlein, Chapter 15)

Most of us subscribe to the scientist/practitioner model but that seems to translate as viewing practice from the vantage point of the scientist. What would happen if we had a practitioner/scientist model, looking at the research, or science of psychology from the vantage point of the practitioner? (Sequist, Chapter 15)

Hackett (Chapter 15), suggested an explanation for the practitioner-researcher split:

I wonder if the lack of participation in, or consumption of, counseling research is related to basic differences between the scientist as defined in this field and the counseling practitioner? Despite the scientist/practitioner ideal in the field, the reality seems to be more of a conflict, i.e., the values of the scientist *vs.* the values of the practitioner. This phenomenon needs to be studied in much more depth, but there are writers in other fields whose work may be heuristic. For example, Mitroff and Kilmann (1978) have presented a classification of scientists based on Jungian personality types. They hypothesize that one's orientation toward different types of inquiry is related to personality variables. Since in counseling psychology the dominant paradigm is quantitative/experimental, the average scientist or researcher in our field may be very different on a fundamental level from the average practitioner simply because of the definition of what constitutes science. However, if we broaden our definition of a scientist, the scientist/practitioner rapprochement may be more easily realized.

Lest we appear biased, let us suggest that a scientific viewpoint has often been neglected in both practice and research in counseling psychology. Whiteley (Chapter 13), in reviewing the history of counseling

psychology, noted that "advancing the scientific basis of our profession has not been a priority historic undertaking of counseling psychologists. Further, the applied aspect of the professional requires many service demands in settings which mitigate against basic research."

Osipow says (Chapter 14),

I don't think counseling psychologists in the main, and possibly psychologists in general, have a very significant commitment to scholarly inquiry. There are a lot of counseling psychologists. I think the majority of them are people dedicated to providing professional service of one kind or another when they enter the field. The scholarly aspects are peripheral. Some find them objectionable; others can give them lip service; others find them acceptable for other people to engage in, but not for themselves. Many do not find the products of scholarly inquiry in psychology and in counseling psychology to be of practical use to them in their own professional work.

Hill and Gronskey (Chapter 12) point out,

Evidence of this is the statistic that the modal number of publications post Ph.D. is zero. Motivation to do research also appears to be increasingly tied in with getting through graduate school, gaining tenure or promotions, or just plain getting ahead rather than for the sheer excitement of finding answers to difficult questions or nurturing one's curiosity about human behavior—which is why many of us chose the field to begin with.

Instead of this divided image of researcher/practitioner with the scientific aspects of our role often left out of each, we call for reaffirmation of the primacy of the scientist's role in all the endeavors of the counseling psychologist. Hill and Gronskey (Chapter 12) also note:

The scientist/practitioner model makes some basic statements about who we are. It implies that it is not enough, as a practitioner, to blindly follow one's gut feelings and intuitions. It states that we must bring a critical, thoughtful attitude—a researcher's posture—to whatever we do. The other major contribution of the scientist/practitioner model to this discussion is the notion that research and practice are interdependent and complementary. Ideally, the two activities are mutually enhancing in that information gained in each sphere can be tested and verified in the other.

To reaffirm the primacy of "scientist" in the counseling psychologist role, the following recommendations are offered:

1. That counseling psychology define itself as a professional specialty bringing scientific thinking to bear on human problems, stressing analytical and critical thinking equally with formal research activities.

2. That the Division 17 Scientific Affairs Committee spell out and publicize the several ways in which the scientist/practitioner model is implemented by counseling psychologists and show the importance of scientific thinking in each model (practitioner, researcher, policymaker).

3. That Division 17 devote itself to promoting communication among individuals in each mode encompassed by the scientist/practitioner model, with the goal of enhancing both the practice of counseling psychology and research. (See more specific Recommendations, 5, 7, and 10.)

4. That the Division 17 Educational Committee discuss with the APA Education & Training Board the importance of study in the philosophy of science as well as in research methods and statistics.

THE SCIENCE OF COUNSELING PSYCHOLOGY AND DEFINING RESEARCHABLE PROBLEMS

Several counseling psychologists have recently described the narrow focus of research in counseling psychology and the lack of relationship to counseling practices (Gelso, 1979; Goldman, 1976; Krumboltz & Mitchell, 1979; Resnikoff, 1978). In attempting to explain this phenomenon, Osipow (Chapter 14) suggested,

As we as individuals mature professionally, we find the need to publish our thoughts and research activities for job advancement, for visibility, for tenure, for promotion, for ego gratification, and, of course, for positive professional scientific motives as well. The result of those motives, however, is not to produce scholarly work of consistently high quality or high utility.

Whiteley (Chapter 13) suggested the importance of a sustained line of inquiry. "It is my belief that the most effective way to advance the scientific basis of counseling psychology is to reward those who focus their efforts on frontier problems in a specific content area and pursue that line of inquiry systematically."

Gottfredson (Chapter 16), in a paper written in response to the original papers written for this project, has argued that even the criterion of fulfilling the demands of practitioners for knowledge is not stringent enough since practitioners may be motivated by interest in protecting professional turf and a need to maintain the status quo. She suggests that neither researchers nor practitioners define problems very well; otherwise the problems we consider important would not be so far removed from pressing human problems such as unemployment and discrimination. She suggests that the criteria to apply in problem definition are: "(1) Is the problem important relative to others? and (2) Will the results of this

research make any difference in solving the problem?" If the problem is not important or cannot be solved, it is not a candidate for further attention. Gelso (Note 1), in his statement as editor of the *Journal of Counseling Psychology*, makes the point that the research most likely to be published during his editorial leadership will have implications for counseling interventions.

These criteria do not, of course, imply that no basic or theoretically relevant research will be done. For example, reaching the moon was a practical problem which could not be resolved without solving many basic problems of theoretical importance. It is clear that we must define our priorities in conducting research. This will not be easy in a field where research which explores theoretical formulations, research which explores the complex interaction between individuals that fosters personal change, and research which explores the experience of specific groups of clients such as minority group members and the aged are all possible and important.

Whiteley (Chapter 13) suggested that,

Counseling Psychology must broaden the basis of the problem areas it researches. The reason is that over the remaining two decades of the twentieth century, practitioners in our field will be involved more in problem areas other than those traditionally covered by our profession. Many of the traditional definitions of the limits and role of the counseling psychology profession have been in terms of the remedial, the preventive, and the educative/developmental role models. There has been a continuing debate (Whiteley, 1980) over which role has primacy in counseling psychology.

The list of new areas suggested by Whiteley (Chapter 13) for future inquiry makes two assumptions about the future of these roles. The first assumption is that all three role definitions are important within counseling psychology and will remain so. The second assumption is that counseling psychology can enhance its impact on society and its members by expanding the areas of human endeavor on which it does scientific research. Practitioners will be able to draw on the results of that expanded inquiry to offer services to a greater range of people and their institutions.

The problem clearly is to set priorities among such a wealth of possibilities. Not only do we need a mechanism for setting priorities in defining the problems we study, but we also need to ensure that the mechanism allows for maximum communication between scientists in counseling psychology who practice and research. Whiteley (Chapter 13) suggested considering models used by the Bromwoods Conference (Whiteley, 1967) and American Institutes for Research (Mitchell, Unruh & Jones, 1975) for setting research priorities and for providing communication across disciplines as well as within counseling psychology.

We reaffirm the need to define important problems for research and to set priorities. Consequently, we recommend:

5. That Division 17 plan a preconvention or convention invitational workshop in 1982 which will solicit papers and discussion on *the problems* counseling psychologists face in their work which might be resolved by research. The goal should be to develop a long-term (10-year) priority list. Both practitioners and researchers must participate as well as representatives of other areas of psychology and other disciplines.

6. That Division 17, through its Education Committee, stress the importance of problem definition in training counseling psychologists to identify significant problems as well as to apply statistical analysis. Selecting students who show promise of developing these skills must also be stressed.

7. That the Scientific Affairs Committee of Division 17 compare the list of research priorities with recent publications in relevant journals such as the *Journal of Counseling Psychology* and *The Counseling Psychologist* and make their findings available to journal editors in an attempt to identify neglected areas.

8. That the Scientific Affairs Committee of Division 17 arrange yearly APA convention programs designed to present exemplary research in the high priority areas in a way which responds to the needs of the practitioner.

9. That the Scientific Affairs Committee attempt to influence psychological indexes such as Psychological Abstracts and PASAR to provide entry terms which meet the needs of counseling psychologists more adequately than they currently do.

THE SCIENCE OF COUNSELING PSYCHOLOGY AND RESEARCH METHODS

If importance and potential change in practice are basic criteria in determining the direction in which our scientific energies are expended, it follows that the selection of methods can only be made after the important problems have been defined. Many critics (Goldman, 1979; Resnikoff, 1978) have decried the narrowness of our methods; this was an area of significant concern to our contributors as well. For instance, Biskin (Chapter 15) wrote,

Our limited methods lead to, *of necessity*, a misperception of the nature of counseling psychology issues. Group designs can give us a perspective of group commonalities and differences; we learn relatively little about specific individuals. It is how these commonalities and differences fit for a given individual that is rarely researched, therefore making the counseling process an art rather than a science. How can counseling research be relevant when the research which is done *almost exclusively* involves methods that *cannot* apply to the interests of the practitioner? I believe it cannot be of much value to them. However, methods developed or honed by other disciplines (naturalistic observation-biology, anthropology;

structural models—economics, biology, sociology; logical analysis and argument—law; etc.), if *allowed* their rightful place in our discipline, would make the model that counseling psychologists have of the world more full, complete, and *real*. This would benefit both research interest (population and consumption) and the utility of research in practice. We must lift our restrictions on what is acceptable research and expand our horizons. We must encourage creative thinking and creative approaches to problem solving; or else the exodus of quality researchers will continue until the field is barren.

Hill and Gronsky (Chapter 12) have outlined the assumptions underlying our traditional research practices and suggested some new ones which will serve to enlighten our conceptualization of research.

For a new model of inquiry, they outlined five overlapping assumptions which seem appropriate:

1. *There is no truth; rather there are multiple realities which are dependent on the vantage point, psychological filters, and predefined contours of the mind.*
2. *Clinical phenomena are elusive and reactive.*
3. *Clinical problems are often intractable.*
4. *Human behavior should be studied holistically rather than in a piecemeal fashion.*
5. *Cause and effect relationships or linear causality concepts may not be useful at this point in our understanding of human behavior.*

Hill and Gronsky (Chapter 12) seem to believe that our overconcern with "good" design has led us to look at our clients and their problems from a point of view that is so objective that it becomes trivial.

They call for new models to use in studying human behavior. Osipow (Chapter 14) challenges counseling psychologists to design their interventions in ways that would allow for evaluation. To implement these suggestions requires that we go beyond the application of old models or paradigms (Kuhn, 1976) to new situations, paying careful attention to what we are trying to study and using methods which are appropriate to our problems. As Gibb (1979) suggests, we must stop putting so much energy into confirming self-evident hypotheses and more into the formulation of novel hypotheses. To do so may well require different research models or paradigms.

As one example, Hill & Gronsky (Chapter 12) suggest that we need to examine qualitative methodologies. They say:

As researchers, we typically begin with exciting and innovative ideas culled from interesting personal experiences. However, in translating these ideas into designs, we often get locked into conceptualizing our questions with our traditional research

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strategies. Hence, we often tailor our questions to our designs rather than the reverse.

Several techniques have been delineated under the general rubric of qualitative research. The first two approaches were suggested by Resnikoff (1978) in the last Scientific Affairs Committee project examining the role of research in counseling psychology.

1. *The participant and non-participant* observation model is derived from anthropological research strategies and draws upon observational skills and interpretations of behaviors.
2. *The legal model* seems more of an adjunct to existing approaches and is useful in helping to understand data and minimize biases.
3. *The case study approach* studies regular counseling/psychotherapy in a naturalistic setting. The treatment is not manipulated or necessarily described in advance, but rather is applied in response to the needs of the situation as is typical in our practice.
4. The fourth approach, *interviews*, is derived from sociological research. Perhaps the most familiar examples of this type of research are Kinsey's and Hite's examinations of human sexual behavior.

We affirm the importance of identifying research methods which answer important questions in counseling psychology rather than using the inverse-finding questions which fit certain methods. We recommend:

10. That Division 17 plan a preconvention or convention invitational workshop in 1983 which will address the question of research designs appropriate to the problems posed at the 1982 workshop on problems and priorities. Careful attention should be given to choosing an impartial, facilitative chair and participants with wide expertise in methodology.

11. That Division 17 give two research awards for research which suggests how to resolve important questions in counseling psychology: one award to a study using qualitative research methods, the second to a study using quantitative research methods.

12. That Division 17 encourage the editor of *The Counseling Psychologist* to devote some space to a Research Forum focused on methodology, giving adequate attention to all methods. (This recommendation is being implemented currently.)

CONCLUSIONS

We believe the starting point is to give more careful attention to explicating the scientist/practitioner model and to problem definition. Once we can better define important problems, we will know or will learn how to study them.

To enhance this process we recommend:

13. That yearly or bi-yearly follow-up conferences be sponsored by Division 17 for purposes of: a) assessing progress toward resolving prioritized problems; b) revising the priority list; c) exploring new methods applicable to the priority problems; and d) recognizing research which has had significant impact on practice.

14. That Division 17 commission the Scientific Affairs Committee to initiate discussions with funding agencies no later than 1983 in the interests of making the scientific priorities of counseling psychologists known to them and soliciting support for needed research.

15. That Division 17 find means (publications or other communications) to encourage service agencies to cooperate with researchers in gaining access to client and counselor populations and to encourage researchers to make the value of their research clear to cooperating agencies.

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Chapter 6

Education and Training: The Next Decade

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Though individual efforts to assess and improve the conceptual basis for the education and training of counseling psychologists are more or less constant, a concerted attempt to recommend courses of action has not been undertaken for 17 years (Thompson & Super, 1964). The time since the Greyston Conference provides a persuasive argument for deliberation by itself, yet the current state of professional psychology dictates a certain degree of caution and tentativeness. This faintness of heart cannot be attributed to a weakening of conviction among counseling psychologists, nor even to a lack of consensus as to what is the proper path to the future. It issues instead from the recognition that the dilemmas of the immediate future are more social and political than psychological in nature. It is intensified by the knowledge that, like the members of other psychological specialties, counseling psychologists tend to overstate their roles and their impact in shaping both the society they presume to serve and the politics of organized psychology (Mills, Chapter 25).

CONTRASTING THEMES

Throughout psychology and, indeed, among all enlightened communities, awareness increases steadily toward the insight that our population is changing in ways that severely challenge our systems and procedures for delivering helpful services. Perhaps the numerical growth and heightened visibility of ethnic minorities best illustrate these changes.

The number of Hispanic Americans living in the U.S. ranges anywhere from a conservative estimate of 11.2 million to 23 million. This larger estimate takes into account the so-called "undocumented workers." Working from this larger estimate, by the year 2000 the total of Hispanic Americans could reach 55,300,000. Eighty percent of them report Spanish as their mother tongue, and 20% have difficulty speaking and writing English. Black Americans, our largest minority group, continue to

experience discrimination in most sectors of life. The National Urban League estimates that 24% of black heads of households are without work; in certain large population centers, 50% of the blacks between 18 and 25 years old are unemployed (*Los Angeles Times*, August 24, 1980). Though Asian Americans are often looked upon as the model minority, they too continue to experience significant prejudice and discrimination (Sue & Associates, 1982). Furthermore, the Asian American group is growing in diversity and complexity as 14,000 Laotians, Vietnamese, and Cambodians enter the U.S. each month.

Counseling psychology has not been blind to such changes. Brief mention of ethnic minority (misnamed culturally disadvantaged) was made in the report of the Greyston Conference (Thompson & Super, 1964), and two of 18 contributors to *The Counseling Psychologist* (1980) issue on *Counseling psychology in the year 2000* made reference to ethnic minorities. Nevertheless, there are strong indications that professional psychology has not adapted quickly or earnestly enough to meet the challenge of cultural diversity. Minority persons remain underrepresented in counseling psychology and especially in training programs (Bernal, Note 1; Sue & Associates, 1982). Curricula do not include significant substance about minority persons (Bernal, 1980). Research on ethnic minorities, except for blacks, is scarce. Worse yet, minority persons do not use mental health services at the expected rate, despite the social and economic conditions which render a large majority of them vulnerable to emotional stress. When they do use them, they frequently are provided with services which are rendered in inept and inappropriate ways (Sue & Associates, 1982).

Though cultural diversity is best illustrated by reference to ethnic minorities, the systems which deliver helping services fail as notably with other classes of clients. In 1978, the *Report to the President from the President's Commission on Mental Health* asserted:

a substantial number of Americans do not have access to mental health care of high quality and at reasonable cost. For many, this is because of where they live; for others, it is because of who they are—their race, age, or sex; for still others, it is because of their particular disability of economic circumstances. (1978, pp. vii)

Counseling psychology cannot bear total responsibility for the failures of the mental health structure to meet the needs of Americans. As a significant portion of organized psychology devoted to promoting human welfare, however, counseling psychology must be oriented toward more flexible, diverse, and innovative styles of helping others.

In direct contrast to the theme that describes the need for increased flexibility, diversity, and innovation in constructive action for the immediate future is a clearly identifiable theme that runs throughout organized psychology. That theme is defined by psychology's efforts to grow more conservative, to suppress innovative styles of rendering

service—perhaps unwittingly—and to limit the number of helpers who may, with full entitlement, render service to an underserved clientele.

Driven by the exigencies and the intricacies of an economic device in which a third party pays the helper to try to intervene in the life of a needy person, organized psychology has conscientiously attempted to advise the third party who the helpers worthy of being paid are. Nourished by the noble (and sincere) intent to protect the needy persons from incompetent helpers, psychologists have used political talent and energy to erect criteria by which the competent might be identified. The mechanisms which support these actions are familiar to most: the state boards of psychology and their organization, the American Association of State Psychology Boards; the National Register of Health Service Providers in Psychology; the Task Force on Education and Credentialing; and the Committee on Accreditation of the American Psychological Association. The governing concepts which issue from these mechanisms are thoughtfully arrived at, tested in open debate, subjected to extensive reviews, and instituted with due humility. For all of that, the governing concepts represent rather advanced forms of professional guild behavior and exert an influence on organized psychology which is: (a) *conservative* in that it overemphasizes the value of past training practices; (b) *suppressive* in that the curricular offerings required are so numerous and so specific that less and less time is available for innovative practices and topics; and (c) *limiting* in that only the “properly qualified” can participate in charting the new directions for knowledge and practice.

In this context, it does not help the argument to recognize that this conservative theme can be viewed as a rational response to potent threats from outside organized psychology. Nevertheless, that recognition must be served. First among those threats are highly organized professions with more political power than psychology which strive to exclude psychology from participating in the enterprise of helping help seekers. Second in the ranks of enemies are those who have studied psychology without having earned a doctorate. Third in rank are those who have studied psychology or courses “psychological in nature” to the doctoral level, but who were not the intellectual wards of psychology departments during their learning periods and were not given the approval of psychology departments at the completion of those learning periods. Counseling psychologists will, no doubt, recognize many of their friends in the second and third ranks. In fact, many members of the Division of Counseling Psychology will recognize themselves among the third, a predicament which may make us unique among divisions of APA.

The response of organized psychology to these threats, rational as it may be viewed, has served to narrow the base of legitimacy for all helping professions. As psychologists strive to protect their vocational identity and the prerogatives of their titles, they march under the banner of defining competence in helping others. Simultaneously they openly admit, with a few dissenters, that competence in helping others cannot be assessed.

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In part the lack of enthusiasm for assessing competence stems not from the difficulties of developing competence measures per se, but from the difficulties of developing competence measures which would distinguish us from other help givers who are not psychologists. Since legal recognition and eligibility for third party payments are linked to our vocational titles, there is not likely to be much motivation among psychologists to confuse the outside world with measures that confound entitlement with competence. The best that can be accomplished, goes the reasoning, is the careful evaluation of selection procedures, curricular rigor, exposure to approved role models, and compliance with traditional styles of intervention and inquiry.

The trend in this direction is unmistakable and can easily be seen by a comparison of the 1973 version of the Criteria for Accreditation with the 1979 version. While other aspects of the criteria are equally convincing, especially striking is the specification of required course offerings. The fact that the American Association of State Psychology Boards and the National Register of Health Service Providers in Psychology use criteria nearly identical to those of the Committee on Accreditation to judge acceptability for candidacy further illustrates the strength of the current consensus within organized psychology.

COUNSELING PSYCHOLOGY'S RESPONSE: THE PAST DECADE

In many ways, the recognition of the increasing diversity of our population and the associated need for helping styles that transcend psychotherapy for the purpose of alleviating emotional stress (the medical model) have reinforced the traditional rhetoric of counseling psychology. The earliest official definition of the specialty noted the balance among the development of inner life, the achievement of harmony with the environment, and the influencing of society to recognize individual differences.

Because it aims to contribute to the personal development of a great variety of people, counseling psychology does not concern itself only with the more extreme problems presented by individuals who are in need of emergency treatment . . . counseling psychology . . . leaves to others the major responsibility for the emergency treatment of psychological disasters. (APA, Division of Counseling Psychology, Committee on Definition, 1956, p. 284)

Twenty-two years later, Ivey characterized the specialty as follows:

Counseling psychology has a long history of emphasis on positive mental health and accompanying stress on assisting individuals, groups, and organizations develop their full potential. Rather than

search for pathology, counseling psychology seeks to build on assets Counseling psychology is not just counseling; it is many things, all concerned with human growth and positive person-environment transaction. (1978, p.5)

So goes the rhetoric; what of the reality?

Schueman and Troy (Note 2) have alerted us to the dilemma created by a service delivery economy based upon third party payers. Though movement away from the medical model is evident in professional psychology, no such movement is apparent or predictable among third party payers. Their policy is to pay for services which are designed to make sick people well. Talk of growth, development, and modifying society on behalf of individual differences might yield applause, but certainly it will not yield compensation. The question is: How much should counseling psychology be shaped by this major economic influence?

Mills, Wellner, and VandenBos (1979) reported a survey of 25,500 licensed or certified psychologists. Of the nearly 19,000 respondents, about 1,600 identified themselves as both counseling psychologists and health service providers. Nine hundred and ten were members of Division 17, approximately one-third of the membership of the division. Of the 910, 537 were engaged in some private practice and 77 were in full-time private practice. Four hundred of those were receiving third party payments.

On the one hand, one must ask whether 400 members of Division 17 who are engaged in private practice and who collect third party payments represent a sufficient force to define the present and shape the future of the specialty. Perhaps the specialty can at times tolerate this number of deviants from the mainstream who do psychotherapy for restorative purposes without losing a sense of shared purpose; on the other hand, these 400 might be seen to represent hundreds more who should not be deprived of a livelihood or an income supplement by the policies and practices of counseling psychology.

On either side of the argument, it is clear that our numbers are small. Only 1,600 of the 19,000 respondents (8%) called themselves counseling psychologists; only 910 (5%) belonged to Division 17. Such numbers do not suggest a potent political threat to the viability of the medical model or to the continuity of insurance company business strategies.

In the extent of training activities within organized psychology, the same issue of size pertains. Of the 186 APA-accredited training programs, only 30 are in counseling psychology. The growth from 1972 to 1979 was from 21 to 25 programs, with 7 programs being added and 3 being dropped (Banikiotes, Note 3). During the same period, the number of clinical psychology training programs grew from 79 to 117. Though applications for accreditation of counseling psychology programs are increasing, it seems unlikely that the number will grow to become a substantial portion of accredited training programs in the next decade. The consequence is that counseling psychology, should it care to, is not

likely to be powerful enough to modify the trend toward conservatism which is evident in education and credentialing.

Banikiotes (Note 3) studied 45 counseling psychology training programs and presented data which suggest that curriculum design in counseling psychology has been responsive to the general conservative trend. He classified offerings as "always or frequently included," "sometimes included," and "occasionally included." The "always or frequently" category is filled with courses, with the exception of vocational development, which reflect the accreditation criteria and are indistinguishable from courses included in training programs for other applied specialties. The "sometimes" category includes some radical entries such as behavior modification, marriage and family counseling, and outreach and consultation. The "occasional" category includes highly risky ventures such as human sexuality, community psychology, psychology of women, and rehabilitation counseling.

What is striking in these listings is the obvious compliance with the APA accreditation criteria and the lack of deviance—excepting, of course, that hoary maverick, vocational development—from the courses expected in all professional psychology specialties.

Banikiotes also reported on internship settings used by counseling psychology students and on initial job placements of graduates. In the data from 1973 to 1975, 43% of counseling psychology internships were in college or university counseling centers; in 1980, 34% were in such settings—the difference being mostly due to an increase in the use of community mental health centers, from 20% in 1973 to 27% in 1980. Among recent graduates, 55% found initial placements in health service settings (community mental health centers, hospitals, private practice, etc.), while 45% began their post-doctoral careers in educational institutions (colleges, universities, and schools). This last datum is interesting to compare with Samler's (1964) analysis of where counseling psychologists worked. He found that 62% worked in colleges and universities.

Given the contrasting themes of increasing diversity—calling for bolder initiatives which depart from the medical model—and increasing conservatism—pressing for more traditional concentrations and less uniqueness for the specialty—the response of counseling psychology in the last decade has been mixed at best. The official pronouncements intended to describe the uniqueness of the specialty have remained strong and consistent with our past. The number of counseling psychologists who have elected private practice and a treatment style dictated by insurance companies is relatively small. There has been no rapid increase in the number of training programs, and those that exist seem to be responding to the conservative influence of organized psychology. Students in their internships and graduates in their initial placements seem to find themselves more often in health service settings and less often in educational settings, though the changes from the past are not dramatic.

THE DECADE AHEAD: EDUCATION AND TRAINING

For counseling psychology it is safe to assert that many changes are likely to occur over the next decade. Because dramatic changes are taking place now, we cannot predict what the future will hold for the specialty

It is our conviction that counseling psychology is still evolving as a specialty area. Although there are discernible trends toward communality among the present psychological specialties, it is important to underline the remaining differences among them. Regardless of ultimate trends, the present accentuation of differences should permit new functions to develop. By attempts to define these specialty areas, we can help to insure that the unique contributions of different kinds of functions will be recognized. The present organization and structure of the specialties, however, should not be regarded as permanent.

The primary concern among all participating psychological specialists ought to be the building of a more effective applied psychology. In counseling psychology, we must not lose the present opportunity to make our unique contribution to psychological science and practice because of spurious pressures to merge with other groups. Neither should we fight assimilative trends

The problem of convergence may be resolved by simplification of the existing specialty structure. (APA, Division of Counseling Psychology, Committee on Definition, 1956)

These quotations from the 1956 statement of the Committee on Definition illustrate the task of those who choose to recommend action for the decade ahead. Will the next ten years convince us all that the boundaries of clinical psychology have broadened sufficiently so that the concerns and the contributions of counseling psychology can come to rest comfortably within them? Should our creative talent and political energy be devoted to a revision of the present specialty structure so that the new specialties will have more differences among them than within them? Or should counseling psychology assume that it will exist as a separate specialty for the next decade and seek to shape itself in the best fashion contemporary wisdom can design?

Our answer is the last: that counseling psychology will persist through the decade ahead, will continue to grow at a modest pace, and should therefore focus on education and training issues which will strengthen the specialty and increase its influence. We regard the issue of defining the specialty as a continuing developmental task and a difficult one. The core of our specialty, defined as it has been by our historical roots in vocational guidance, individual differences, and mental health, still provides a comfortable structure for most of our members. That some have added

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to that core or have departed from it to produce a specialty with variations within it does not represent a rationale for dissolving. Nevertheless, our recommendations for education and training are tempered by the knowledge that the other courses have probabilities greater than zero.

RECOMMENDATION I: Training programs in counseling psychology should rediscover the importance of work (and workplace) as an influence on human well-being and seek to stimulate student interest in the psychological aspects of work. The statement on "Perspective and Definition" (Fretz, Chapter 3) accurately reports, "Today these (counseling psychology) services are used by individuals and groups in populations of all ages to cope with problems of education, career, sex, marriage, family, health, aging, and disabling conditions of a social or physical nature." This recommendation, and its order in our list of recommendations, is an argument for the proposition that *education* (i.e., an early portion of career) and *career* deserve a somewhat higher beta weight than the other loci in that series. The concentration on work as an environment in which clients enact their futures has always been a unique contribution which counseling psychology has made to applied psychology. Increased national attention to the problems of making a life while making a living argues strongly that counseling psychology should reverse the trends that have enticed it away from vocational psychology, rediscover its history, and become an influence on where psychologists direct their attention. Some specific suggestions follow.

1. Programs should admit that educational and vocational counseling are indeed more difficult than personal adjustment counseling and should order the practicum experiences so that the latter is preparatory to the former.
2. Required learning experiences in the history and systems of psychology should include, or be supplemented with, the study of the history and systems of vocational psychology.
3. Programs should seek colleagues in organizational psychology to the end of exploring mutual concerns, fostering joint learnings for students, and stimulating collaborative research.
4. Curricular attention should be devoted to the psychosocial characteristics of the workplace, the influences of the workplace on human development, and ways of intervening in the workplace for the benefit of clients.
5. Visible attention should be paid to preparation for work (education and choice making), to participation in work, and/or to reflection upon work (retirement) whenever counseling psychology trainees engage clients.

RECOMMENDATION II: Training programs in counseling psychology should recognize that some of their graduates will work in settings designated as mental health delivery systems and should orient their students accordingly. While emphasis on

other work settings (colleges and universities, business and industry, government agencies) must not be diminished, the events of the past decade cannot be ignored. Large segments of our society understand constructive action on behalf of clients best under the rubric of mental health services. It is unlikely that the language counseling psychologists prefer will succeed in moving society away from thinking which is tied to the medical model. Therefore, energy must be spent in making counseling psychology's contributions to mental health services more visible and better understood. Some specific suggestions follow.

1. Students should be informed in depth about the various settings in which graduates work.
2. The psychosocial context of the nation's mental health delivery systems should be given as much curricular attention as the context of colleges and universities, rehabilitation agencies, and business and industry.
3. The intra- and inter-profession politics of mental health delivery systems should receive early and frequent focus in the learning experiences of students.
4. Training programs should insure that all students and faculty know and understand the specific credentialing requirements of the APA Committee on Accreditation, the state psychology boards, and the National Register of Health Service Providers in Psychology in order to facilitate the entry of graduates to mental health service systems with full entitlement.
5. Faculty and students should seek to understand and explain how the concepts and techniques of counseling psychology (those which we share with other specialties and those which are our unique contribution) fit with and enhance those activities which the outside world thinks of as making sick people well.

RECOMMENDATION III: The social efficacy of mental health delivery systems should become a topic of importance in training programs in counseling psychology. The adequacy of mental health services needs concentrated critical attention. Those who routinely go without such services need to be identified, understood, and accommodated. The array of services necessary to meet the needs of all citizens needs to be defined. Curricular offerings which equip graduates to engage in this kind of activity should be created and required. Some specific suggestions follow.

1. Learning experiences which focus on the various forms in which mental health services are delivered and on how effective they are should be created and required.
2. Evaluation research which assesses the effectiveness of mental health services, especially their effectiveness with traditionally underserved groups, should be encouraged.

3. The intervention styles which are relatively unique to counseling psychology and those which we share with other specialties should be evaluated in the context of their efficacy for use with the traditionally underserved groups in our population.

RECOMMENDATION IV: Training programs in counseling psychology should give explicit emphasis to the value of individual counseling and psychotherapy as methods for developmental, preventive, and remedial intervention and give equal emphasis to their limitations. It is important to recognize that most constructive actions psychologists take are based in part on good individual counseling and psychotherapy technique. It is equally important to recognize that individual counseling and psychotherapy are often inefficient, ineffective, and/or irrelevant for certain clients and certain client groups. Therefore, well-prepared psychologists must be equipped to select from a variety of intervention styles, including those which are intended to change the environment rather than the client. Some specific suggestions follow.

1. Faculty and student research on the outcomes of individual counseling and psychotherapy should be continued, but more emphasis should be placed on the failures to achieve the desired outcomes and the reasons for those failures.
2. Training programs should continue the already strong emphasis on intervention styles other than individual counseling and psychotherapy. Students should be required to master an array of possible intervention styles, not just to be familiar with them. Theory, technique, and practice in training others to help, helping in a consultant's role, structuring programs and materials that help, and helping by changing the client's environment should be part of every student's experience.
3. Students should be encouraged through curricular requirements to learn about how various environmental circumstances influence human well-being, growth, and development. Faculty and students should do research designed to increase what is known about that topic.

RECOMMENDATION V: Training programs should deliberately acquaint students with the variety of human service providers who seek to contribute to the psychological well-being of others and should seek to foster collaboration with the various providers of mental health services. Whatever the justification for the heightened level of credentialism, organized psychology's attempt to exclude competent mental health service providers at a time when millions of clients do not have access to mental health care cannot easily co-exist with the professed values of counseling psychology. Some specific suggestions follow.

1. Training programs should seek to learn about the total array of human service providers, including those who are not included

in psychology. Once that array is known, students should be encouraged to learn what such helpers do and the relative value of their efforts.

2. Training programs should acquaint students with the inconsistency that results when counseling psychology decries the lack of adequate mental health services on the one hand, and on the other hand supports and encourages activities which are designed to preempt the efforts of other human service providers. All occupations have their dilemmas; this is ours. Scholars of occupations should not hide it from their own.
3. Students should be acquainted early on with the predicament inherent in the fact that many members of Division 17 are also members of the American Personnel and Guidance Association. The goals of that organization do not always coincide with the goals of APA. Students should be encouraged to ponder this predicament and its meaning for their professional identity.

RECOMMENDATION VI: Training programs should advocate the assessment of competence as the primary criterion for entitlement (i.e., licensure, certification, third party payment), both with their students and in public forums. Placing a high value on competence is not new to training programs. Advocating competence instead of qualification (i.e., doctoral degrees from the proper departments, with the proper courses, approved by the proper state board, and recorded in the proper registry) can work toward eliminating the errors of organized psychology and reducing accusations of self-serving motives.

This recommendation grows more from a sense of the need to exert an influence for change in the decade that follows "the decade ahead" than from a hope of affecting the immediate future. As noted earlier, counseling is not a potent political force within organized psychology, and organized psychology is hell-bent on a course of entitlement via qualification. Our advocacy of competence evaluation is not likely to produce immediate effects. Worse yet, it is likely to intensify the dilemma we already face (see Recommendation V). Nevertheless, we encourage training programs to press on behalf of the Division's superego in the hope that the dilemma will be resolved in some remote future, if not sooner. Some specific suggestions follow.

1. Faculty and student research should continue to refine the existing means of assessing competence in helping others, and those refinements should be disseminated widely.
2. Faculty evaluation of student competence should be scrupulously based on the explicit assessment of competence, whatever the state of the art, and be visibly represented as such.
3. The assessment of competence in helping others should receive specific curricular attention using the best of what is currently

available and searching for the paths that lead toward improving what is available.

4. Training programs should sponsor lectures, symposia, and other public events which seek to inform all psychologists and all psychology students of the progress made by others in assessing competence.

RECOMMENDATION VII: At a time when the efficacy of the scientist/practitioner model is being questioned, training programs should reaffirm their belief in disciplined inquiry as a necessary concomitant of competent practice. Training programs should examine their selection practices as well as their research in light of the low percentages of graduates who subsequently do research. Specific recommendations are included in Chapter 5.

RECOMMENDATION VIII: Training programs should add substantially to the amount of attention they pay to the increasing diversity of our society. Deliberate action should be taken to increase the diversity of students and faculty within the training programs and to expand the number and the variety of learning experiences devoted to diverse client groups. To the noble goal of increasing opportunities for previously disenfranchised groups should be added the specific intent to influence the nature of the specialty and its technology. Programs should strive to exploit the accreditation criteria in service of increasing attention to and knowledge of the culturally different. Some specific suggestions follow.

1. Training programs should include sections about their attention to cultural diversity as a prominent part of the descriptive brochures sent to inquirers and applicants. Such sections should describe the gender, ethnicity, age, life style, and handicapped vs. non-handicapped distributions of the faculty and the students.
2. Program admissions and employment practices which promote cultural diversity should be prominently displayed to the public.
3. Curricula should require the best of the courses which provide insight into cultural diversity, wherever they are offered in the university.
4. Programs should insure that all existing courses and learning experiences include attention to the culturally different and to the differential meanings of the insights and skills taught to the various segments of our society.
5. Programs should vary their training models to permit part-time doctoral students and to attract students with atypical educational histories in order to incorporate more representatives with culturally diverse backgrounds into the specialty.

CONCLUSION

Despite the increased conservatism in organized psychology and the relatively weak position of counseling psychology within it, ample opportunity remains. The core values of the specialty, if intelligently implemented, can help shape the future for ourselves and for our colleagues. We believe: that work is a sector of human activity which exerts a strong influence on psychological well-being; that there is value in our emerging cultural heterogeneity; that there is an urgent need for variety in helping styles and in helping agents; and that competence in helping others can and must be assessed. If these beliefs can be made more explicit in our training activities, the best of counseling psychology will endure regardless of the future course of specialty definition within applied psychology.

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PRACTICE IN THE 1980s: RESOURCE PAPERS 2

The purpose of this section is to develop further the themes which were identified by Faith Tanney in Chapter 4, *Counseling in the Marketplace*. Each of the five chapters which comprise Section II serves to provide an underpinning for the recommendations which appear in Chapter 4.

The "marketplace" for counseling psychologists is a topic of renewed interest and consideration in the professional literature. The reason for this circumstance is that previous employment environments were largely restricted to academia and public sector institutions. The shift in work settings for counseling psychologists and consequently client populations is a relatively new phenomena.

Chapter 7

University Counseling Centers in the '80s: Doing More With Less

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The university counseling center has been the traditional territory of the counseling psychologist. While counseling psychologists practice in many other settings and members of other professional specialties work in university counseling centers, there is nevertheless a special sense of identification that our profession has developed in college counseling. From our early focus on vocational and education issues, through an expansion into working with students' personal and interpersonal problems and into the more recent emphasis on person-environment interventions, the work of counseling center psychologists has outlined the evolution of counseling psychology itself. The challenges facing counseling centers, and the directions we take in meeting those challenges, may provide valuable insight into the future role and priorities of our profession in a variety of settings.

The purpose of this chapter is to highlight recent trends in counseling psychology, assess current and future trends in higher education, then to propose an integrative model of the counseling psychologist's role in the university counseling center setting. As this model is developed, implications for training will be discussed as well.

RECENT TRENDS IN PROFESSIONAL IDENTITY

Much has been written over the past decades attempting to define what counseling psychology is and does (Hurst & Parker, 1977; Krumboltz, 1977; McKittrick, 1977), and that process is likely to continue. Within this evolving professional identity, there are certain themes which emerge consistently and which deserve to be reviewed and reaffirmed.

As psychologists, we are trained in the tradition of scientific method and inquiry, focusing that inquiry on the study of human behavior and applying the resulting knowledge to the improved quality of life for persons and society. As counseling psychologists, we focus on those basic issues

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of living which are common to a large population of "normal" adults. Much of our professional research and practice is in the service of helping people with their work and their relationships, managing their personal habits, and developing greater self-understanding and acceptance.

In pursuing research and delivering services in this arena of "getting on with life," we take a perspective that reflects humanistic values, developmental goals, and a contextual understanding of problems. Let me illustrate these three dimensions of the counseling psychologists' perspective briefly.

Practicing psychologists have long ago given up the notion that our work can or should be value-free. The values that do influence a profession can be discovered by examining its formal statements of value and commitment as well as reviewing the content of its research and practice literature. The ethics that pertain to the practice of counseling psychology reflect a humanistic concern for the protection of individual rights as well as the use of knowledge and skills for the enhancement of individuals' lives. These values are also reflected in our publications. For example, there is much more emphasis in vocational research on personal choice and the individual's satisfaction than on employee compliance and productivity (Krumboltz, Becker-Haven, & Burnett, 1976).

Our humanistic value orientation is also reflected in our work within institutions. In university settings, for instance, we often engage in educational activities which encourage a caring and supporting response to persons experiencing stress, and challenge activities which isolate or reject people. This process of sensitizing an institutional community to the emotional needs of its members demonstrates our humanistic bias toward interdependence and involvement as components of healthy group living. We share, then, with many other helping professions a humanistic value base which demands that our knowledge and skills be used to protect and enhance the integrity and individuality of human beings rather than to exploit or manipulate.

In implementing these humanistic values, we take a developmental perspective. That is, we see people as individuals who are striving throughout their lives to achieve greater freedom, understanding, and effectiveness. The literature on human development looks at people as having certain developmental tasks in common, but quite individualized styles of mastering those tasks. The developmental approach brings with it an interest in how people can face these challenges not just adequately, but optimally, leading to greater levels of personal integration and life skills. The developmental literature, particularly in recent years, has demonstrated that this growth process continues throughout the life span (Baltes, Reese, & Lipsitt, 1980). The developmental approach has long been a basic aspect of university counseling, since the college years present many specific demands for choice, growth, and self-definition. The writings of Chickering, (1969), Erikson, (1968), Loevinger, (1976), Perry, (1968) and others address the particular developmental changes that occur

in young adulthood. These theories provide the bases on which we build interventions to assist in preparing people for the predictable challenges they will face, both by creating realistic expectations and by building appropriate coping skills.

The goal of developmental counseling is not to remove all the stress and pain involved in personal growth, but rather to prevent that stress from becoming so severe as to overwhelm and stultify the person. The question is often one of the minimal intervention or support that will allow the person to actively engage in life. In the same vein, a focus on developmental interventions should not lead us to push people to develop at faster and faster rates. Rather, our goal is to provide the opportunities for supportive reflection which can lead to the greatest personal learning as the growth takes place. A developmental focus, which seeks to offer a balance of challenges and supports, has been summarized by an anonymous colleague as an effort to "comfort the disturbed and disturb the comfortable."

Many of the most creative programs produced in recent years by counseling psychologists have to do with developing higher levels of skills in areas of self-management and relating to other people. Examples include assertiveness training, anxiety reduction, life planning and decision making, control of smoking and eating behaviors, and relationship enhancement. These programs are often designed for well-functioning persons as part of the focus on developing a wide range of skills. They utilize cognitive/behavioral approaches which put the management of the behavior and affect in more conscious control of the client. This in itself represents a humanistic value, that of minimizing the power differential between the professional and the client which develops greater autonomy in the client.

The contributions of counseling psychologists to the literature on peer and paraprofessional training (Danish & Hauer, 1973; Egan, 1975; and Ivey, 1971) additionally demonstrate the profession's interest in building higher levels of interpersonal skills in well-functioning people. In creating these additional levels of human service providers, we expand the actual number of persons who can be served, demystify the helping process, and disseminate the principles of positive mental health throughout the general culture.

The third element of the counseling psychologist's perspective is that we view persons in the context of their environment. This affects both how we view individual clients and how we choose to intervene for change. In assessing a client requesting help with some difficulty, a contextual assessment requires that we look at what is going on in this person's current environment. It may be that the difficulty is stemming from some need or deficit in the person, that the best change strategy is to work on a remedy by working with the individual. In doing so, there may be situations in which we ally with significant persons or systems in the person's environment to assist in the strategy. However, it is also important to assess

whether this person is in conflict with the environment because the environment is operating from assumptions or values that violate the individual's; or whether the demands the environment is making on the individual are not developmentally appropriate or sufficiently balanced. If the stress seems to be the result of inappropriate environmental demands, the preferred change strategy may be to intervene in the environment directly or to coach the individual in skills to change the environment, even consider leaving that setting. This contextual approach to both assessment and intervention represents a significant shift away from the traditional focus on the individual as the locus of change, moving the counseling psychologist at times into the position of advocate and social change agent. Again, the bases of this type of decision are the humanistic value stance and the developmental understanding of human growth.

These persistent trends in our professional orientation have led over the recent years to an expansion: from purely individual counseling into group work and paraprofessional training; from defining our clientele as just those persons coming into our offices to request service and toward viewing the entire university as our client; and from remediation or adjustment goals toward prevention, development, and enhancement goals.

These trends in our professional identity are certainly congruent with the stated goals of higher education at most institutions. There is the threat, however, in education as well as in community social services, that these humanistic and developmental programs will be seen as dispensable when resources are scarce. If this happens, the price will be paid not only by those individuals who would have received personal services: The society will also be cheated of having a large segment of our population educated and practiced in the specific skills of living more effective lives as individuals, as members of families, and as members of organizational structures of all kinds. We must translate these values and theories into a role that will make the counseling center a useful, effective, and fully integrated aspect of the university community.

TRENDS IN THE UNIVERSITY MARKETPLACE

The economic pressures and shifting demographics of our country are well known to us all, and their implications for higher education project major changes in the near future.

A recent Carnegie Panel (Scully, 1980) looks at trends in higher education over the next 20 years and, citing the declining pool of traditional college students, predicts a "struggle for survival" for many institutions. Probable effects of this struggle are a more diverse student population, with a larger proportion of older students, women, and minorities; a more flexible admission process; increased emphasis on retention of students; expanded continuing education programs; and an emphasis on career-relevant curricula.

The fact that our campuses will be populated by a more diverse student body means that the university will be faced with a wider range of service needs. This heterogeneous student population will bring a wide variety of life experiences, strengths, and expectations to their college experience. As inflation continues, almost everyone in the campus community will have less discretionary income available. As individuals are less able to afford amenities such as travel, entertainment, child care, and personal growth experiences in the private practice sector, we are likely to see increased stress and greater reliance on the institution to provide appropriate support services.

Internally, universities and colleges are being hit with soaring costs of fixed services such as physical plant, energy, and utilities. The Carnegie Panel also predicts higher faculty salaries as the academic market freezes and professors stay in one place for longer periods of time, retire at a later age, and thus accumulate higher salaries. These internal conditions will leave funding for staff salaries and student services more vulnerable to cutbacks.

Most institutions are facing a decade of decreased financial resources, an increasing range of demands for student services, and an atmosphere of competition within and without. The attitude we take in the face of this situation is critical. The simplest reaction to decreased resources is to lower our expectations. A more challenging reaction, however, is to maintain our high expectations of ourselves and to redefine our role in the process of achieving them.

The Carnegie report addresses this question of appropriate administrative response to the crunch with a series of suggested "imperatives." Among their recommendations are three which are of particular relevance to this discussion. They advise university administrators to:

- insist on institution-wide or system-wide planning;
- encourage innovation and flexibility; and
- strive for most effective use of resources.

These are skills that counseling psychologists have recently claimed to possess. McKittrick (1977) has asserted that "that which distinguishes counseling psychologists is . . . their ability to apply their knowledge and services flexibly and innovatively to an expanding range of issues of human behavior." Super (1977) adds that "our peculiar knowledge and skills lie in using institutional resources to further individual development." Both of these descriptions coincide directly with the skills and activities most needed by the university in the next decade. If we can live up to these optimistic self-descriptions, the counseling psychologist in the counseling center of the '80s faces a unique opportunity to become a central participant in institution-wide planning, innovation, and implementation.

THE COUNSELING PSYCHOLOGIST AS INSTITUTIONAL INTERPRETER

The role I propose is one in which the counseling psychologist interprets the university to itself in such a way that our feedback simultaneously shapes the community toward its educational and humanistic ideals. There are four functional aspects of this role. The first is to articulate our values for, and our vision of, the university community. We must reaffirm this perspective for ourselves, clarify it for the community we serve, and actively incorporate it into the goals and priorities of the institution.

A second function is to describe the current state of the university, particularly along those dimensions most directly related to our articulated goals. In this descriptive effort, we may conduct our own data collection as well as review data that already exist in other segments of the university.

As we gather descriptive information about the institution, we must make that information meaningful. Our next step is to interpret what we previously described in the context of our institution's goals, our specialized knowledge of human development and person-environment interaction, and our stated professional values. Qualitative and quantitative interpretations of descriptive data are always complex and often risky. We must take the risk to make meaning out of our findings, however, and in that process can collaborate in this effort with professionals from other specialty areas in the university.

The culminating function in this process is to shape proactively the evolving institution through participation in planning and policy-making. The previous work we've done in articulating, describing, and interpreting prepares us to initiate a consultative/advisory role in institutional decisions which directly affect the learning and development of students.

The role outlined here is one that counseling center directors have often taken on. I am suggesting that we incorporate these activities into the broad practitioner role of the counseling psychologist in the university, rather than seeing it as an exclusively administrative function. I believe that such a model represents the scientist/practitioner ideal in a specific applied setting.

THE PUBLIC HEALTH MODEL

One of the most interesting aspects of university counseling is that we are working in a clearly delineated community. While that community has multiple groups of persons performing interdependent tasks, it is usually possible to develop a reasonable grasp of the flavor of the community. Tyler (1980) has suggested that counseling psychology look at its role as analogous to public health, and that may be a fitting model for university settings in particular. Among the principles we might adopt from a public health perspective are:

an interactive view of the community;
 active participation in shaping health policy;
 attention to primary prevention as well as remediation;
 the promotion of high-level wellness;
 an emphasis on personal responsibility for health;
 the use of mass media for education;
 attention to symptom clusters as well as diseases; and
 monitoring health needs in the population through descriptive and
 inferential data.

In adopting this community public health model, the counseling center is one of many resources. It is necessary for us to be engaged in training, programming, consultation, and institutional research as well as direct client services. But we must not allow ourselves to be viewed as the responsible or even preferable campus resource for meeting all the needs we identify in our institutional description. This is where the importance of collaborative planning, innovative use of resources, and skillful consultation with our colleagues in the university emerges in very concrete terms. If we work in isolation, we are liable to an implied assumption of responsibility for more tasks than our resources can sustain. Rather than take on more, we need to look around us and use our skills to ally with existing resources and develop potential ones.

IMPLEMENTING AN INSTITUTIONAL ROLE

What changes might the implementation of this role imply for the psychologist's daily work in the university counseling center? In summarizing the results of a survey of counseling center staff, Magoon (1980) reports that "the proportion of counseling psychologists' time invested in one-to-one interviewing has decreased; group work has increased; consultative functions have sharply increased; and teaching, training, and supervision functions have expanded, as has research productivity" (p. 27).

These trends are likely to continue with some specific refinements. As we spend less time seeing clients and more time supervising, those few clients we do see may be selected on the basis of their value as teaching cases in our supervisory work.

We will spend more of our time designing programs, workshops, and group models, and training paraprofessional facilitators to deliver them than working with these groups ourselves. We will less often plan programming only in the context of our counseling center, working more often with interdisciplinary task groups. We will generally spend less time in our own agency and with other counselors and more time establishing working relationships with faculty, staff, and student teams.

I expect a rapid increase in our use of mass communication as we learn the technical aspects of film, radio, audio- and video-tapes

and develop educational content for these media. In this and other prevention activities, I expect us to be presenting a more sophisticated level of content, better integrating life cycle developmental concepts with a person-environment perspective and interpersonal skill acquisition. Computer technology is another area where we will need a working familiarity to facilitate our needs assessment and descriptive work.

We will spend more time on institutional research and less time on research of a purely theoretical nature. Krumboltz's "test of relevance" (1968) in which he suggests we ask ourselves "what will counselors do differently if the results of this research come out one way rather than another?" may be revised to ask instead what the university will do differently as a result of our research.

As our consultation role expands, we will need to refine our procedures for contracting and evaluating those activities. The discrimination between expert and process consultation, and our individual skill levels for providing each, should be rigorously examined among ourselves before moving outside the agency. This internal assessment of consultation skills may lead to various models for structuring the agency.

Will consulting be done by individuals, by project teams, or by specialized skill teams? Is consultation done primarily in response to requests or by initiating projects? How does the agency build validity as an internal consultant within the university? These questions may have very different answers in different institutions.

I hope that by 1990 we will have some solid research on the nature of the consultation relationship. For instance, are there identifiable "core conditions" for an effective consulting process? If so, how are they similar to or different than the counseling process?

But what about our clients? As these educational, administrative, research and consultation activities take more of our time, who will be seeing students who request counseling? Peer counselors and interns will become more relied upon as direct service providers. The predicted increase in the number of older students on campus will increase the pool of mature students available to be trained as peer counselors.

As we implement various human relations skills training throughout the university, we may be able to reduce some of the stress people experience as we also increase their effectiveness in helping one another. Thus, the natural support networks will operate at higher levels of effectiveness and perhaps absorb some of the needs previously brought to professional staff.

We can also strengthen the formal networks' effectiveness through training and consultation. Academic advisors, residence hall staff, managers, and clerical workers can be key persons in fostering a caring community. We need to build the general level of interpersonal skill in these settings as well as identify individuals with particular talent as helpers. It might be possible, for instance, to have one or two people in

each departmental office go through peer counselor training in order to serve as resources and models for their colleagues.

There will be those people, however, for whom professional psychological attention is necessary. Our first task is to determine a workable and humane policy on the institution's ability to provide counseling for individuals. Most of our agencies will continue to offer initial evaluation and referral services for students and some short-term counseling. However, those who need longer-term counseling, or those who are in the university community but not eligible for student services, will be increasingly referred outside the counseling center. We can be instrumental in facilitating referrals through establishing a smooth network with other resources, advocating student and staff insurance plans which include coverage for private therapy, and initiating administrative action to deal with serious gaps in the community's resource pool.

Many of us became psychologists because we enjoy working with individuals in a helping relationship. Spending less of our time in direct counseling means we will have fewer opportunities to enjoy the special rewards of that unique human relationship. We may also have to struggle with our consciences when we refer people outside of the agency. This general shift away from traditional counseling presents many personal and ethical dilemmas, and we must actively struggle with these questions. Nevertheless, if we can initiate action which promotes a more humanely responsive community in all areas, then we will have made the optimal use of ourselves.

IMPLICATIONS FOR TRAINING

The shifting focus in counseling center work has implications for the selection of students, curriculum, practicum and internship experiences, research topics, and continuing education. How do we train our graduate students and ourselves to be effective in these changing roles? At the time of selection, we need to inform our potential students of changing career trends so that they can make realistic choices. We must attract students who are flexible, creative, articulate, personable, and who enjoy working in groups. The capacity to move with agility between theory and practice and the temperament to work with organizational systems are of increasing importance.

In the area of curriculum, the traditional core areas of counseling theory, career development, assessment, and group process will continue to be central. Hurst (1977) points out the need for our training programs to "have courses available in the theory and process of consultation, program administration, media production, environmental modification, and psychological education." I would add life-span development, computer utilization, and epidemiology. While this is an ambitious menu for a counseling psychology program, we can at least encourage liaisons with other departments such as organizational psychology, communications, and public health.

Most of our early practica focus on individual counseling, possibly expanding into small groups at the advanced level. Interns generally do individual counseling, group facilitation, and perhaps training and consultation. I would encourage the development of additional experiences before the intern level which would involve the student in small task-focused groups. This would provide initial exposure to group process, problem solving, and leadership skills. The internship should provide an active exposure to the wide range of agency committee work and collaborative task forces. The internship should provide experience in at least one of the following: program design, delivery, and evaluation; training and management of peer counselor programs; training or consultation with colleagues outside the agency; or administrative functions such as needs assessment, accountability studies, long-range planning, or grant proposal writing.

In regard to graduate level research, we need reasonable flexibility in the type of project considered legitimate for the thesis or dissertation. Collaborative projects should be encouraged, particularly those in which the student's research is part of a counseling agency's larger research or evaluation efforts. We also need to give consideration to studies which assess population needs through survey research, evaluate the effectiveness of programming, and attempt to quantify the outcome of prevention efforts. By expanding our concept of what is appropriate research, we can use the dissertation to develop collaboration as well as research skills.

This model also suggests some directions for continuing education. Given the generalist training we offer and the broadening role we are defining for ourselves in the university, graduate training alone can not adequately equip us. Each of us needs to plan carefully our ongoing education, establishing clear career goals and assessing competencies and deficits. This process may be formally initiated at the time of doctoral exams during which the student would do a personal assessment of skills and develop a plan for continuing training. As we work in our agencies, we can use our colleagues as sources of feedback and evaluation to help us identify learning needs. We must insist on the time and resources for inservice education, and we can use our skills to develop an optimal climate for further learning and risk taking.

SUMMARY

The convergence of economic gloom in our universities and the expanding role aspirations of our profession make the '80s a critical decade for the university counseling center psychologist. This is the decade in which we must achieve our maturity as effective community consultants and institutional interpreters. If we fail, we may be hard put to justify our existence to institutions struggling for survival. But if we are successful, we can help shape university communities which both support and

challenge its members, bringing alive the values espoused in the prefaces to college catalogues everywhere. The process of becoming an educated person and the process of becoming a healthy person are intricately bound together in the process of human development. We strive to contribute to both.

That only is true enlargement of mind which is the power of viewing many things at once as whole, of understanding their respective values, and determining their mutual dependence. To have even a portion of this illuminative reason and true philosophy is the highest state to which nature can aspire in the way of the intellect; it puts the mind above the influences of chance and necessity, above anxiety, suspense, unsettlement, and superstition, which is the lot of the many. (Newman, 1959, p. 158)

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Chapter 8

The Counseling Psychologist in Community Mental Health Centers and Health Maintenance Organizations

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This chapter will provide you with an overview of Community Mental Health Centers (CMHCs) and Health Maintenance Organizations (HMOs), including the opportunities and limitations of each for counseling psychologists. This will be followed by the implications of this description for counseling psychologists as individuals and as a profession. Lastly, the summary of issues for counseling psychologists which underlie this discussion of the marketplace will be presented.

COMMUNITY MENTAL HEALTH CENTERS

The original Mental Health Centers Act in 1963 stressed that mental health care would be delivered to everyone regardless of age, income, or other status through a regional community mental health center serving populations of between 75,000 and 200,000 persons. The original vision had anticipated as many as 2,000 CMHCs across the country. In 1979, 763 CMHCs were in existence covering 50% of the population (Morris, 1980). The work of CMHCs is predominantly remedial direct service that stresses outpatient care, replacing the work of the state mental hospitals, which at one time were the predominant means of delivering care to the mentally ill. Now more than ever CMHCs emphasize a range of medication and psychotherapy services for the treatment of people in crises and for many individuals who ordinarily would not be able to avail themselves of mental health services.

In 1978 the Commission on Mental Health (established by President Carter) recommended that CMHC programs be redesigned to emphasize services to "groups with particular needs"—children, blacks, aged, and other groups which the Commission found were not yet being served. It

also suggested that more resources be directed toward the chronically mentally ill. The Commission suggested that the CMHCs were serving too broad a range of the community at the expense of more focused programs for those most in need. At the same time, the Commission also emphasized the need for expansion of services and financial support for preventive services.

Recent public policy and fiscal policy changes in the federal government mean that the states will in all probability have a much greater share of responsibility for local CMHC programs throughout the 1980s. It is ironic that with fewer and fewer federal mental health dollars available the states will be given a larger say in how to spend these federal dollars to insure the integration of local, state, and federal programs for mental health services. The state governments and local CMHCs thus will be more involved in deciding which CMHC programs are most needed and economically viable, with less real pressure or direction from the federal government. This is a dramatic shift from the beginnings of the CMHC Act in 1963 when it was assumed that it was the state governments which were opposed or uncommitted to community based mental health services.

More and more CMHCs rely on nonfederal funds, with larger portions of the funding coming from locally raised monies, including fees for service. In new centers there are 1.7 nonfederal dollars for each federal dollar, and 5.2 nonfederal dollars per federal dollar in centers in the eighth year of funding (Bazar, 1980). One thing this means is that the most needy are served to the extent that CMHCs can afford, primarily through a sliding fee scale supported fiscally by state and local funds and by Medicare and Medicaid.

Administrators of CHMCs work ever harder to develop programs which are fiscally self-sustaining and to convince those responsible for financing that the CMHC is meeting important local needs. A leading mental health spokesman recently described the liberal administrator of the 1960s as "insidiously giving way to the director who wants to be perceived as efficient . . . the dominant ethos of mental health professionals [in the 80s] seems to be IBM 360s and cost containment" (Feldman cited in Swartz, 1980, p. 6). There has been a dramatic decrease of verbal discussion about the CMHC as an institution aiding social change or "positive mental health."

HEALTH MAINTENANCE ORGANIZATIONS

In April of 1974, a year after the passage in Congress of the Health Maintenance Organization Act, the New York Times published an article titled, "Health maintenance: It works." At that time, the first HMO, the Kaiser Foundation Health Plan, had 2.65 million members (Johnson, 1974). The HMO is a medical plan which provides both outpatient and hospital services for members. Members prepay a fixed annual fee which

covers a range of services. HMOs are distinguished by (1) prepayment; (2) voluntary enrollment; (3) group practice by a closed-panel professional staff; (4) integration of educational, outpatient, and inpatient health services; and (5) emphasis on prevention.

Since the providers of services through the prepayment plan have a known quantity of money with no incentives for extending services beyond what is most efficient treatment, the motivation for economical services is enhanced. Thus, in theory, the provider has an incentive to keep the member population healthy. The Kaiser Plan has on its membership card a quote by its founder, Dr. Garfield: "dedicated to achieving positive health and prevention of illness." This is presumably the primary purpose of an HMO. In 1973 there were 80 HMOs in operation, and in 1975 there were 179 operational HMOs. In October 1979 the Department of Health, Education, and Welfare released a plan to "stimulate the growth and development of HMOs and more than double, to 422, the number of programs by 1988" (Morris, 1979). Current enrollment is now 7.4 million, with expected growth to 19.1 million over the next decade.

Independent Practice Associations (IPAs) are an alternative model plan of HMOs. Often referred to also as Foundations for Medical Care (FMCs) IPAs consist of fees-for-service practitioners organized into a federation which can contract to provide designated services on a prepaid basis. As noted by Dorken (1976), since IPAs can engage in capitation forms of payment (e.g., a fixed amount of annual prepayment by a subscriber) while at the same time retaining an incentive reimbursement to the provider (e.g., a fee per visit), they can be quite flexible in handling group and individual health problems. These associations strongly emphasize peer review and quality control. Psychologists within IPAs can become cooperating members, with the IPAs establishing rules of membership.

The roles of counseling psychologists in HMOs and health care organizations may vary tremendously. Usually the psychologist provides short-term therapy; in only a small percentage of plans do all members receive mental health benefits as part of their basic health benefits (Health Services Administration, 1974). Many of the HMOs that offer mental health benefits do so on a limited basis (e.g., 20 outpatient mental health visits, 45 days hospitalization, and 90 days partial hospitalization). The more ideal health setting will offer a much broader range of health service and educational programs. For example, Cummings and VandenBos (1979) describe how psychology can have a major impact on health care. Their case example of helping an individual client in an HMO included psychology staff devising and directing a home detoxification program; brief individual therapy for four sessions; group therapy for drug users, emphasizing a semi-structured program; six individual sessions one year later to help the individual client prepare for fatherhood, two other brief interventions in succeeding years dealing with parenting, marriage and work; two years later the client returned for stress management, involving

the use of biofeedback; and other individual sessions over the next three years. Thus, several psychologists with an array of specialized skills and interests were involved. Cummings and VandenBos (1979) describe their model as "designed to ameliorate the presenting life problem, using a multimodal group practice This general practice of psychology postulates that throughout the life span the client has available brief, effective interventions designed to meet specific conditions" (p. 430).

IMPLICATIONS FOR COUNSELING PSYCHOLOGISTS

Three major issues emerge from the description of CMHC and health care settings. These are: (1) the job market outlook for counseling psychologists in these settings, (2) potential roles of counseling psychologists in CMHCs and HMOs, and (3) professional and legal issues counseling psychologists face in entering and maintaining themselves in these settings.

The Job Market

Counseling psychologists are already involved in CMHCs, and more graduates of counseling psychology training programs are likely to enter CMHCs and health care settings in the 1980s. Recent data collected by Banikiotes (1980) indicate that 30% of the internship placements of counseling psychology programs in 1979 were at CMHCs compared to 20% from 1973 through 1975. Job placements in CMHCs for recent graduates have increased from 13.6% to 18.2% in the same period. Thus, there is clear evidence that it is already a job setting to which counseling psychologists migrate.

There is no complete set of data on how many counseling psychologists do work in CMHC settings or in health care settings. Nor is there any statistical information on what kinds of activities counseling psychologists engage in while working in these settings. There is no clear information on what forces, both internal and external to our professional group of counseling psychologists, increased our entry into this setting. Were there any limiting forces in the earlier years of the CMHC movement which may have dissuaded counseling psychologists from entering this area? Ironically, though counseling psychologists have strong interests in vocational and career development, we know relatively little about the postgraduate vocational history of our own group.

In a recent issue of *The Counseling Psychologist* (1980) on the future of counseling psychology, several authors suggest that this apparent influx of counseling psychologists into CMHCs is due to the structure of the job market itself and the relative distribution of current job opportunities in health and mental health settings, vis-à-vis educational settings. Whatever the reasons for this relatively recent increase, there is little reason to suspect it will diminish in the 1980s. It would seem that we can gain entry into

the CMHCs, although there are several reasons to doubt whether we will have leadership roles in the movement. These include:

1. the long-term involvement of medical personnel in leadership roles, with many CMHCs having a psychiatrist as director;
2. the increased emphasis in CMHCs on the treatment of the "chronically mentally ill" and the former state hospital population—not a population which counseling psychologists have previously been involved in; and
3. lack of involvement of counseling psychology training programs in CMHCs.

There are also questions about the long-term survivability of CMHCs in the face of increased mental health services within health settings and with the spectre of national health insurance in the next decade. There are also a number of questions currently being raised about the actual range of services to be offered through CMHCs, with the probability that they will be much narrower in the 1980s than during the earlier years of the CMHC movement (Morris, 1980). Given the questionable future of CMHCs, it is an inauspicious time for counseling psychologists to be moving headlong toward community mental health. The role of CMHCs in the mental health system and in the overall health care system which will be developed in the 1980s is very unclear.

Despite this lack of clarity, it would appear that there is some agreement among congressional staff members and the Presidential Commission on Mental Health that preventive mental health services should be continued within CMHCs. One potential avenue for increased employment opportunities of counseling psychologists in CMHCs is the expansion of CMHCs into industrial settings in order to offer counseling, consultative, and educational services.

There are also potentially appropriate positions for counseling psychologists in the health care field. In this area, even more than in community mental health settings, the presence of counseling psychologists has been hardly noticeable historically. However, an increasing number of recent graduates have had initial job placements in health care settings. Based on 1976 and 1979 survey results, counseling psychology students increased job placement in medical school settings from 2.2% to 3.7%. There is also a noticeable increase (from 2 to 7.1%) in job placements in hospital settings between 1976 and 1979 (Banikiotes, 1980). At least 11% of the current counseling psychologists have internships in health settings, and this figure excludes 18.2% in CMHCs. This 11%, in all likelihood, is an underestimate of the total because the category system for placement includes rehabilitation, federal, state, county, and local agencies which may include health care settings. Internship placements in 1979 include not only 11% in medical center settings, but another 10% in VA hospitals. These job and internship

placement figures probably reflect both interest in and opportunities available for counseling psychologists.

Fretz, (1980), Osipow (1980), and Wrenn (1980) agree that counseling psychologists will be involved in significant ways in both community mental health and health care settings in the 1980s. Perhaps Tyler (1980) made the most dramatic statement on what counseling psychologists might be doing by the year 2000:

With the passage of national health legislation and the setting up of hundreds of HMOs responsible for promoting mental as well as physical health, the need for specialized agencies—such as agencies serving only college students, veterans, industrial accident victims, or the aged—will have disappeared. The point of contact for all of these kinds of people will be the HMO, the staff of which will include professional persons with a wide variety of specialized skills. (p.20)

A number of authors in a recent issue of *The Counseling Psychologist* (1980) on the future of counseling psychology are certain there will be a separately defined specialty of counseling psychology within 20 years, and a smaller number aren't certain they want the counseling psychology specialty to exist in 20 years. Yet there is converging agreement among them that larger numbers of counseling psychologists will be employed in health and mental health settings in the decades ahead.

The employment picture of counseling psychologists in HMOs and IPAs, specifically when contrasted with other health care settings, is less clear. Again, as stated previously, there are no specific data on counseling psychology in these settings. The HMOs, even more than the medical school or VA health settings, have expressed very strong concerns about the licensing of professionals and the continued availability of third party payment to psychologists who work in health care settings (Dorken, 1976). Already there are issues being raised within and outside of psychology as to the necessary qualifications for health care psychologists. It is by no means clear that those psychologists generically licensed will be accepted in HMOs or other health settings during the next decade (Dorken & Rodgers, 1976). Counseling psychologists will need to be more aware of, and involved in, these definitional issues if they wish to remain involved professionally in HMO settings. Unless counseling psychology training programs actively pursue internships and training placement opportunities in HMOs, we may have unnecessarily limited access to HMOs in the future.

There are an increasing number of HMOs and IPAs being developed which, at this time, have no set exclusionary policy towards counseling psychologists. Many of the HMOs developed in the next 10 years will need help starting their mental health and preventive health services. Thus, the HMO is a politically complex yet professionally appropriate and exciting

job setting for an increasing number of counseling psychologists if, as a profession, we do not wait too long to become involved.

Potential Roles

Within CMHCs and HMOs the likely primary role for any psychologist is that of a direct service provider. In a survey completed in 1976 which compared the attitudes and activities of HMO and CMHC psychologists, direct clinical service time was reported to be 55.4% for CMHCs and 87.5% for HMOs (Budman & DelGaudio, 1979). In comparison with CMHCs there was relatively little time given to training and supervisory functions in HMOs. HMO respondents described their primary direct service activity as individual therapy, with CMHC respondents spending somewhat more time involved in group therapy. None of the psychologists appeared to be spending much time engaged in preventive mental health or research activities.

The study mentioned above was a preliminary attempt to find out in what types of work psychologists in HMOs and CMHCs are engaged. There are almost no statistical data available on the roles psychologists play in HMOs and, not surprisingly, there are no data on what counseling psychologists do in HMOs and CMHCs. There is obvious need for an employment survey of counseling psychologists who are working in these settings. There are some statistics based on a National Institute of Mental Health (NIMH) survey that give an indication of the potential quantity of time devoted to these activities in CMHCs. The consultation and education (C&E) activities of CMHCs would appear to be activities where much of the psychoeducational theory and skills of a counseling psychologist might be well utilized. However, there has been only a very small part of CMHC attention devoted to this activity. A 1970 NIMH survey showed that less than 6% of the center's total work week was devoted to C&E activities (NIMH, 1971). Psychologists, however, devote more time to C&E than other professionals, although it is still a small part of their total time. In 1974, 5.7% of all staff hours reported by CMHCs were allocated to consultation and education activities (Ozarin, 1977). Thus, there is currently no indication that there is any shift in staff time toward C&E activities, nor can it be anticipated that large increases in staff time will be devoted to consultation and education services during the next decade.

Based on observations of several CMHCs and an examination of CMHC history, C&E activities will expand only to the extent that those who direct them have an assertive entrepreneurial talent as well as specific skills. During the past few years the mental health centers have accepted the idea of self-supporting cost centers, and this is especially true in consultation and education activities. There is little reason to believe that there is any growing acceptance of human growth and development activities within mental health services. It is the exceptional mental health

service which will have an array of programs for topics such as stress reduction, child management, or assertiveness training. Thus, the C&E area requires an individual who can outline a program, plan for it, train others, and sell it both inside and outside of the mental health centers; it also requires professionals with knowledge of small group dynamics, educational program design, psychometrics, normal development, and developmental learning patterns as well as ability to train counselors and educators in facilitative skills. It is my belief that counseling psychologists are among the best qualified professionals yet to offer to do this.

There are many activities that counseling psychologists can and will engage in at work and in CMHCs including research, direct service, teaching, and administration. We are probably among the helping professions best qualified to offer consultation and education services. However, given that the majority of professional time at a CMHC is spent in direct service, it is likely that counseling psychologists who enter a CMHC will, in the main, be involved in offering counseling and therapy.

In contrast to CMHCs, the HMO setting, although currently emphasizing direct service, has great potential for highlighting educational and preventive mental health roles and programs.

Several examples of roles played by psychologists in HMOs will make it clear that these are not new tasks for us. Roles such as organizational consultant, teacher of medical providers on such topics as "how to recognize and assist patients with mental problems," doing research, and conducting short-term individual and group therapy (often 10- or 20-session limits, structured in nature) are not totally new. Groups are offered by HMOs for weight control, anxiety reduction, smoking control, sexual problems, and relief of depression (Sank & Shapiro, 1979). Many of these roles fit within an expanded view of traditional roles of counseling psychologists. Much of the literature and research base used to build services in an HMO is part of the counseling psychologists' curriculum. Work on developmental theory and life-span development is being discovered anew by our colleagues in health care settings which have also become part of the counseling psychologists' educational and training experiences; in fact, there are many insights on young adulthood and vocational development from the literature that we could add to the health care setting. Given appropriate exposure, counseling psychologists clearly have the training and knowledge which allow them to function effectively in many HMO-type organizations.

A developmental and less traditional psychotherapy-oriented role for psychologists in health care settings is proposed by Stachnik (1980) and Thoresen (1980). Thoresen emphasizes applied counseling research into health problems by an interdisciplinary team of health care providers. Stachnik also emphasizes the need for psychologists to move toward research and practice on modifying behavior to help people alter deleterious health habits and move away from activities emphasizing mental health variables such as "rigidity" or "authoritarianism." In

developing programs for change that are target-focused and new educational/therapeutic programs, counseling psychologists have some unique qualifications. As a discipline we come to this task less encumbered by the narrow confines of a mental health/psychotherapy model than some of our colleagues. For years, we have offered in various settings, but especially in colleges and universities, programs and services which are theme centered and cost effective (e.g., Drum & Knott, 1977). These programs bear both direct and indirect applicability to the health field.

The preventive philosophy of HMOs, however, may well be honored more in the breach than in practice, limiting, in fact, the roles of counseling psychologists. A recent review of mental health coverage in HMOs (Levin & Glasser, 1979) noted that there is great variation in the extent and type of mental health benefits offered and used. It is only since the 1973 HMO Organizational Act that minimal mental health coverage is provided to enrolled members. The majority of HMOs provide for 20-29 ambulatory mental health visits. There was no review done of supplemental preventive services. There appears to be limited "preventive" services (e.g., specialty groups—smoking cessation, weight control, biofeedback) at most HMOs. It is evident that CMHCs are federally mandated to provide a diversity of services which are not mandated for the HMO, and this can substantially change the tasks of psychologists in these two settings. This lack of developmental and preventive services is partly due to lack of evidence proving the utility of these services as an aid in reducing the total costs of providing health care service. Equally important, the persons in positions of leadership are often not attuned to nontraditional services, having more knowledge and comfort in dealing with efficiency strategies within traditional health and mental health services. It is doubtful that functional problems in living will be regarded as health problems by insurance companies (Dorken, 1976). Consumers of services are also divided and uncertain as to whether they want programs developed to deal with "life stressors" and problems in living if it results in increased health care costs. Unless there is more conclusive evidence of the effective impact of alternative services, the direct services, especially brief psychotherapy, will continue to be highlighted at HMOs.

Professional Issues

As a profession and as individuals we need to evidence a more vigilant and advocative attitude with regard to laws and regulations affecting counseling psychologists' employment in appropriate work settings. Recently, the state of Virginia passed a law that requires anyone working in a CMHC to be eligible for licensing as a clinical psychologist. As Fretz (1980) noted, if this type of law is passed in other states, it would eliminate "what has been one of the most frequent sources of employment for recent graduates of counseling psychology programs" (p. 10). Division 17 must be both proactive and reactive to such events. We need to foster

a dialogue with CMHC and mental health employers to inform them of the counseling psychologists' roles in these settings. Most health administrators and CMHC directors don't know what a counseling psychologist is, nor do they have any idea of the skills and background we can bring to various jobs within these settings.

Counseling psychologists' roles in the concerns of professional psychology about the health care system have been miniscule. Other psychologists have been involved more actively in attempts to alter laws and regulations affecting the participation of psychologists in the delivery of health care services. A number of laws and regulations have excluded or omitted psychologists as health care providers, leading to difficulties in being accepted as independent service providers within HMOs and raising concerns about our eligibility for third party payments. Constraints on the practice of counseling psychologists here have implications for similar constraints under future health policies and programs. HMOs and IPAs are a prelude to national health insurance models. If we don't let our colleagues in APA know now that we have an interest in health services, then they will have little reason to think of us in the future. We also need to be more vigilant and, at times, confrontative with our colleagues in psychology who are too ready to write amendments, laws, and regulations which would harm our position in the marketplace. Specifically, for example, we need to have laws which do not refer only to clinical psychologists or psychiatrists in reference to third party reimbursements.

As noted previously, the counseling psychologists who work in health care settings, and specifically in HMOs, will have to become more aware of definitional issues. As a profession we are being pressured to exact specialty certification in order to be accepted by the insurance industry, government, and medicine. Although there are no data available to tell us whether discrimination has taken place in the hiring of counseling psychologists, there is increasing pressure for a rigid, if not narrow, definition of "practicing psychologist" in health care settings. For example, the BC/BS administration for the Federal Employees Program advised its offices that "psychologists" in the National Register of Health Service Providers in Psychology do qualify as "clinical psychologists" (Dorken, 1976, p. 266). The Register is fast becoming the accepted means by which to designate oneself a health care provider and is often interpreted by psychologists and by those outside the profession as the legitimate clinical psychology entrance into health care. Although there would seem to be a fair opportunity for counseling psychologists to enter the Register, there have been reports by individual counseling psychologists of difficulty becoming registered due to a narrow interpretation of their background as inappropriate to health care settings. To add insult to injury, when acceptance is gained it is often necessary to define oneself to insurance agents and medical personnel as a clinical psychologist since some insurance carriers define only psychiatrists and clinical psychologists as eligible for third party payments.

Division 17 of APA needs to be much more actively involved as an advocate for counseling psychologists in these settings, supporting the acceptance of counseling psychologists in appropriate roles within HMOs and CMHCs. Without this support, individual counseling psychologists are likely to move away from involvement in APA or to affiliate themselves more closely with other divisions. Already there is evidence that large numbers of counseling psychologists affiliate themselves with other applied psychology divisions of APA and, where they do, that they are more like members of other divisions than members of Division 17 (Osipow, Cohen, Jenkins, & Dostal, 1979). Unless Division 17 can support counseling psychologists who work in settings such as HMOs and CMHCs, there is little reason for counseling psychologists to belong to Division 17. There is already a substantial number of counseling psychologists working in CMHCs so it should not be too difficult to engage them in pursuing professional concerns related to their activities and work settings.

As individuals, counseling psychologists involved in HMOs and CMHCs will have to become more knowledgeable about both state and federal laws. The formation of regional and state associations of counseling psychologists can provide a vehicle for them to become more involved in and knowledgeable about professional and legal issues which affect them. It is likely that counseling psychologists will become professionally involved in HMOs and CMHCs. Whether they do so as counseling psychologists may well depend on the actions and reactions of Division 17 members.

CONCLUSIONS

1. There are direct service roles for counseling psychologists in CMHCs and HMOs that are appropriate and have potential for expansion. Whether or not we as counseling psychologists involve ourselves, it is quite evident that other applied psychologists have and will continue to do so. The health industry is an expanding market in which our contributions can be significant.
2. We need to know a great deal more than we do now about the interests and involvements of counseling psychologists in CMHCs and HMOs. Banikiotes' study is a beginning from which counseling psychologists and Division 17 as an administrative unit can and should expand. The lack of any solid data base dramatically hampers our ability to effectively consider the issue of counseling psychologists in health care. There is a need and a fertile opportunity to study the career development of counseling psychologists in CMHCs and health care settings as well as in other job settings.
3. We have to be increasingly vigilant and active in the struggle for professional rights both within and outside of APA. Division 17, again, has a major leadership role to play in educating its

members and convening concerned counseling psychologists to deal with the counseling psychologists' place in the health service system. There are specific guild issues which we need to be aware of, and we need not be too embarrassed or timid to pursue appropriate recognition as professionals both in the legislative and administrative areas where such things take place.

4. We need to be aware of the limits which are likely to exist for counseling psychologists in health care settings. To the extent that our role is direct service, we will be a very small minority within a minority—psychologists—of health care professionals. It is likely that we will be identified by others, if not by ourselves, as clinical psychologists. There is some potential for unique professional roles as direct service providers in either the CMHC or HMO. To the extent that we can be involved in other nondirect service activities—developmental programs, C&E, etc.—we may be able to use our education and training to develop some unique application to health care.
5. Some roles of counseling psychology are not likely to be emphasized within the health care setting. The specific expertise of the counseling psychologist in vocational development and vocational counseling, for example, is not likely to be employed in organized CMHC or HMO settings.

As initially noted in a broader context, we can “derive strength from variety and achieve unity in diversity” (Thompson & Super, 1964, p.26) in the health care field. In order to do this, we will have to remain attractive as a professional group to our new PhD's in counseling psychology. We can do this by vigorously modeling our involvement in the scientific and professional affairs of counseling psychologists primarily through Division 17. This is most applicable to our increasing involvement in the HMO and CMHC marketplace.

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Chapter 9

New Client Populations and Techniques for the Decades Ahead

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When counseling psychologists assess their theoretical and applied experience using sports psychology as a therapeutic tool, it may appear there is little to assess. Previously physical education and physical rehabilitation majors studied sports. Their course work was geared to developing school populations, especially male "star athletic teams," or helping physically handicapped patients regain such mobility as was possible.

Recently, the psychotropic utility of sports has been researched and reported in scholarly journals such as *Sports Psychology*, *The Journal of Sports Medicine and Physical Fitness*, *Journal of Leisure Research*, *Medicine and Science in Sports*, and popular magazines such as *Jogging Magazine*, *Runners' World*, *Track & Field Quarterly Review*, *Running Times*, *Field & Stream*, and *Psychology Today*. Initially, psychological research in sports psychology was directed toward discovering and then maximizing salient attitudinal and motivational factors in professional or olympic athletes (Morgan, 1974; Morgan & Costill, 1972). Serendipitous results of this research for counseling psychologists included documentation of the attitudinal and motivational benefits of sports, the effects of sports on endorphin and serotonin levels, and the initiation of a noncrisis, psychological dialogue with athletes (Beilefeld 1978; Tinsley & Kass, 1978; 60 + and physically fit, 1977; Gacsaly & Borges, 1979). Thus, a new counseling population, athletes, and a new reservoir of partially explored techniques, sports, were added to counseling psychology. However, the psychological demographics of this new population were unknown. Simultaneously, Section 504 of the Rehabilitation Act of 1973, P.L. 94-142, mainstreaming, and medical research added three other client groups to counseling psychology: the aged, physically handicapped, and terminally ill.

As with sports psychology and athletes, in earlier years the physically handicapped population was served by rehabilitation counselors. The aged

and terminally ill were as yet undiscovered as a client population. Legal mandates governing the opportunities for the aged, physically handicapped and terminally ill were being newly written, or, if written, newly interpreted. Counseling psychologists were unprepared academically and experientially for these clients. Coupled with a lack of mentors, counseling models, and information were the prejudices counseling psychologists share concerning members of these populations. Becoming aged, physically handicapped, or terminally ill is frightening. Clients in these populations are reminders of our mortality and frailty. How to manage with their problems? What *are* their problems? Colleagues in rehabilitation counseling had little to offer since they worked predominantly in closed settings. Counseling psychology's vocational information resources lacked the flexibility to include accurate and meaningful assessment of these populations.

However, counseling psychology's literature provided direction and role definition. Counseling psychologists are facilitators of normal development and experts on career development (Osipow, 1977). These client populations are normal people with problems of living. Certainly the Gray Panthers, Crip Libbers, members of Make Today Count, and many state and federal laws define them in this way. Since they look at the strengths in the normal person and use counseling models that deal with everyday problems in living as well as enrichment of personal life (Hill, 1977; Nathan, 1977), counseling psychologists are by definition the most appropriate practitioners to serve these new client populations. In addition, as Wrenn declared in "Landmarks and the growing edge":

One strength of counseling psychology is that it is seen as serving the full range of psychological needs of the normal population. As new needs are recognized, new "kinds" of counseling are developed and perhaps a new kind of client is served. Because the range of normal behavior is wide, clients vary in their nature and need and new approaches and methodologies must be developed. (1977, p. 12)

Thus, counseling psychology brings competencies to members of these populations and must develop "new approaches and methodologies" as well.

COMPETENCIES IN COUNSELING PSYCHOLOGY

Since these are normal clients, they have need of all counseling psychology's skills—but especially those in dealing with obsolete roles, the concomitant obsolete self-image, and grief. The aged, terminally ill, physically handicapped, and athletes must all change roles for different reasons. The aged retire, as do some terminally ill. People with physical handicaps who were once encouraged to live in custodial roles are now being encouraged to enter the mainstream. Athletes know that their sports

careers are short lived. All groups grieve their former life style and the health that accompanied it. They need to search for suitable, self-actualizing alternatives. Counseling psychologists have much expertise in this area.

Counseling psychology's knowledge of personality theory, individual, family, and group counseling, and conflict resolution is invaluable. In addition, the emphasis in counseling psychology on giving clients awareness of personal control (Hill, 1977) and on methods of gaining more personal control is a necessity for these clients. This factor is emerging as the most positive and unifying variable in these populations (Kubler-Ross, 1975; Frankl, 1963; Richman, 1977; Goddard & Leviton, 1980).

Of equal value to these clients are the consultative roles (Tyler, 1980) developed by counseling psychologists. Because these populations deal with a preponderance of government and private institutions, a significant change for them is frequently accomplished through changing these institutions. Our skills in staff training, developing staff support groups, teaching awareness, testing, and interview techniques are needed and often greatly appreciated. Hospices, nursing homes, and extended care unit personnel frequently are aware of the stresses they have. They seek and welcome consultative interventions.

INNOVATIONS THROUGH INFORMATION

As with sports psychology and athletes, serving aged, physically handicapped, or terminally ill clients requires counseling psychologists to familiarize themselves with new literature sources such as *Journal of Gerontology*, *Gerontologist*, *Journal of Rehabilitation Counseling*, *Omega*, and *Death Education*. These offer scholarly research of both a theoretical and applied nature. A medical dictionary is most useful because the technical terminology used so facily by clients and consulting agencies is usually unknown by counseling psychologists. Knowledge of legal precedents regarding members of this population, especially a working knowledge of Section 504, P.L. 94-142, and state requirements vis-à-vis living wills, passive and active euthanasia is also important. In addition, familiarity with the various legal and psychological self-help groups used by these clients is helpful.

Specific consultative needs of hospices, gerontologists, and oncology unit personnel as well as the relatives and friends of these clients need to be assessed and appropriate interventions developed. Stress reduction techniques and burnout prevention/intervention strategies (Dailey, 1983; Dailey & Jeffress, 1983; LaGrand, 1980) are usually requested along with the topics suggested by the more traditional units which counseling psychologists serve.

As counseling psychologists become more familiar with these client populations, they may develop appropriate testing protocols and revise the norms, timing, and directions of traditional tests. The area of testing

regarding career counseling and placement is especially vulnerable. Section 504 of the Rehabilitation Act of 1973 is specific about the misuse of tests regarding physically handicapped clients. This information needs to be communicated to industrial personnel seeking evaluation of potential handicapped employees and considering promotion of those already employed.

In order to enrich the personal lives of these client populations, recreation information is another area wherein counseling psychologists may need to develop expertise (Hill, 1977). For example, the magazine *Sports 'n Spokes* is a bimonthly magazine for wheelchair recreation and sports. There are magazines and newsletters on death and dying, the special concerns of the aged, and those with specific physical disabilities. Familiarity with these publications enhances counselor resources and flexibility while building counselor confidence. Not only must counseling psychologists update their knowledge, skills, and measurement instruments regarding sports psychology and clients in these populations, they must also adjust graduate programs to reflect the information and skills needed by future counseling psychologists.

EDUCATIONAL IMPLICATIONS

Educational implications involve selection of graduate students and curriculum, practicum, and internship programs. Because client populations have expanded, counseling psychology trainers should accurately inform potential candidates about these opportunities. Students must enjoy working with diverse client and consultative populations. They should be open to innovations such as developments in sports psychology and be flexible and responsive to various organizational systems.

Regarding curriculum, the core areas of counseling theory, assessment, career development, and group process should expand to include existing information on physical handicaps, gerontology, terminal illness, and athlete self-image. To these, courses in medical-computer technology, life-span development, physiological/emotional interactions, and bio-medical ethics would be added. The above courses would encourage liaisons with university departments of rehabilitation, gerontology, physical education, philosophy, public health, and computer science. Having established the above liaisons, practicum and internship opportunities might be available in these nontraditional areas. Thus, prior to the intern level students would be involved in small task-focused groups with members of divergent disciplines and commence group problem solving based on various areas of expertise.

Since individual counseling constitutes our initial practice experiences, clients who are athletes and those with physical handicaps, terminal illnesses, and advanced age should be included. The client population could also include members of the community who care for or work with members of the above populations. Group work would also

include members of the above populations and their families. Initial counseling experiences with these populations as well as members of more traditional populations would sensitize students to the similarity of problem areas across all populations while developing competence in dealing with problem areas specific to each subgroup.

Since much individual and group experience would be completed at an earlier level, interns could select a variety of agency experiences. These must include committee or "team" work so that interns would increase their awareness of the impact agencies have on these client populations. Specifically, interns should work in client and staff program design, development and evaluation, training and supervision of peer and volunteer counselors, and consultation with colleagues in other disciplines.

Research must expand to include athletes, aged, physically handicapped and terminally ill clients, and sports psychology. Assessment of population needs, and the quantification of institutional and cultural, environmental and psychological factors, is suggested. Collaboration in agency research and evaluation would enhance experiences as well as leadership and consultative skills.

Counseling psychologists must be committed to continuing education in expanding client groups and techniques. Clients and colleagues will provide feedback to aid in charting individual directions in professional development. However, counseling psychologists must demand the time and resources for excellent continuing education as well as opportunities to develop the career and testing materials that these populations need.

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Chapter 10

Counseling Psychologists in Private Practice

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Private or independent practitioners are those psychologists who operate without the assistance or encumbrance of an institution or employer. They are the psychologists who undoubtedly have a prominent "E" in their Holland scale and choose to make their living by selling their psychological expertise directly to the consumer. Sometimes the consumer is a system (e.g., the middle schools in Dade County, Florida) or an institution (e.g., Xerox Corporation), and quite often, the consumer is an individual, family, or couple.

The independent practitioner typically makes the contracts or agreements with the consumer for a specific task (e.g., therapy, consultation) and often, although not always, for a specific amount of time. Following the delivery of the service or the expiration of the time agreed to by the consumer and the practitioner, the contract expires. The remuneration to the practitioner ceases and additional clientele must be found. Those in independent practice are the "piece workers" of psychology.

Counseling psychologists are also drawn to the different modalities of independent practice, either as a part-time or a full-time activity. Many counseling psychologists who work in university counseling centers also see clients privately. Many administrators are consultants to agencies parallel to those which provide them with full-time employment. Academic psychologists often have a career in addition to their teaching, advising, and research work which may provide them with additional outlets (and markets) for their scholarly products (e.g., books, tests). The more famous counseling psychologists discover that the world is eager for their knowledge, or at least their reputation and name on panels and at workshops, and "get on" a modified version of a lecture circuit.

In addition to these part-time independent practitioners, there are a number of counseling psychologists in independent practice on a full-time basis. The 1977 survey of all licensed or certified psychologists

conducted by the *National Register of Health Service Providers in Psychology* (Mills, Wellner, & VandenBos, 1979) indicated that approximately 100 counseling psychologists were in independent practice and that another 300-400 were considering going into full-time private practice at some time. These data, of course, are only for counseling psychologists in the health-related field. It seems reasonable to assume that there are other full-time independent practicing counseling psychologists not in the health-related field, but licensed in their states (and therefore recipients of a *Register* survey) who did not reply to a questionnaire conducted by an organization in which they have no particular professional interest. Consultation, grant writing, and grant responding are also tasks that counseling psychologists in independent practice perform. Therefore, if one considers all the counseling psychologists in part-time and in full-time practice, in health-related and nonhealth-related areas, a large number of counseling psychologists would be counted.

How does the marketplace look for this large group of qualified professionals? How does the independent practitioner who is a counseling psychologist "make it" in the marketplace that exists today and likely will exist tomorrow?

TYPES OF PRIVATE PRACTICE

Let me divide the tasks of the independent practitioner into a few categories to answer that question. The first grouping would be the remediation area: nonvocational counseling/therapy. Into this grouping would fall the traditional "office practice" territory, the Alsace-Lorraine of the war between the psychiatrists and psychologists (and social workers, marriage and family therapists, and "counselors," ad infinitum). Individual, group, family, and couple therapy accomplished in a practitioner's office with a client/patient seeking help with a life-inhibiting problem would fall into this category.

Another category would consist of the "consultants to systems." This is the type of work whereby a psychologist may advise a small company as to how to set up an in-house employee assistance program or arrange within a community for a group of therapists to be available to the company employees. A lecture/training program could be arranged for employees who, because of their job, are often subjected to professional and personal stress (e.g., airline stewards and stewardesses). The consultants may well draw on their organizational skills and training as trainers more than on their organizational skills in this setting.

A third grouping could be those psychologists (particularly, although not exclusively, popular in Washington, DC) who attempt to be selected for governmental contracts. Although the larger grants almost always involve the arrangement, at least for the time of the grant, of a quasi-corporation, often these arrangements are solely for the duration of the grant; no permanent business arrangements are entered. This type of

arrangement is particularly popular with some academicians who draw on their national contacts to bolster the personnel list of the grant application. The counseling psychologist's research skills are predominantly used in this setting.

The fourth grouping would be that involving the vocational psychology and career development training of counseling psychologists. Individual counseling, assessment, and life planning are all skills that are drawn upon in this arena. Additionally, the training of counseling psychologists to give expert testimony in courts deciding the vocational impairment of workers (e.g., the Social Security Administration's Vocational Expert program) would be in this category.

I am certain that other tasks are now performed by counseling psychologists in private practice. This listing was not meant to be exhaustive, but merely representative of the range of services independently functioning counseling psychologists perform.

ATMOSPHERE OF THE MARKETPLACE

So . . . how does the marketplace look to the independent practitioner? Generally, across the categories, not very good. Unless . . .

First, the not very good part. All of us have some information regarding the difficulties counseling psychologists are experiencing in getting licensed or certified. Sometimes, depending on the name of the program in which a person received a degree, a counseling psychologist may not be eligible to sit for a licensing exam. Some states (New York comes to mind) do not have equivalency clauses in their state laws regarding licensure of psychologists. Therefore many counseling psychologists who graduated from programs without that name may not be eligible for licensing in their states. Other states have a licensing format which may prevent the licensing of counseling psychologists as full independent health service practitioners with the ability to collect from third party payers.

The designers of these laws and others like them did not feel the granting of license eligibility would be served if equivalency clauses were part of their construction. The matter becomes even more complicated for the counseling psychologist licensed in one state who attempts to move; a license may be impossible to attain in a neighboring state. Counseling psychologists may have been sleeping when the state laws were enacted or far too impotent to have effected the type of regulation which would have recognized the nature of training as the critical element in licensing for independent practice.

Some insurance companies specify "clinical psychologist" or "included in the listing of the *National Register of the Health Service Providers in Psychology*." State licensure is required for listing in the *Register*. Additionally, the *Register's* definition of supervised training may bode ill for those counseling psychologists trained in a different era. Several

departmentally acceptable internship experiences are not acceptable to the *Register*. Many members of our profession, unsuspecting of the *Register's* eventual importance, did not apply during the earlier days when internship criteria were more flexible. Unless they are willing to complete training experiences today, they may never become eligible for the *Register*.

All of the categories of independent practice are affected by the economic climate and the political temperature. A company needing to "lay off" workers is not going to be able to be concerned about their psychological well-being. Nor is a government suspicious of the contributions versus the cost of research likely to be supportive of psychology's offerings. Even the "Vocational Expert" role of counseling psychologists is being challenged by those who either disagree with the allocation of the responsibility to counseling psychologists or who have some genuine concerns regarding the procedures involved in judgments of vocational disability.

The picture I have painted is not a very cheerful one. On almost all fronts, counseling psychologists in independent practice are buffeted. Some of the harsh winds are blowing on us all—the economy, for example. Some of them are more selective and more damaging to counseling psychologists. The licensing battle, the struggle with the *National Register*, and the "Vocational Expert" situation are all battles that are very serious, perhaps ominous, for counseling psychology.

NEEDED INTERVENTIONS

Here is where the "unless" comes in. Counseling psychologists must become more involved with the political processes that are affecting them as independent practitioners, full or part-time. State psychological associations must be made aware of the concern and clout of counseling psychologists, particularly as the state associations prepare for legislative review of certification/licensing laws.

In addition, there are steps on a national basis that counseling psychologists should take. They should join the Association for the Advancement of Psychology (AAP) to encourage that group in its growing responsiveness to counseling psychology's needs in federal legislation. Efforts should be made to recognize the flexibility the *National Register* has shown in removing the penalties which some of our colleagues have suffered. Both of these organizations have shown much more cooperation with counseling psychology's concerns. Counseling psychologists in independent practice need ample representation on these organizations' policy-making boards. That can only occur if there are many counseling psychologists within the membership and if those members are informed and active.

The Psychology Defense Fund has had a history of generosity from members of Division 17. This generosity needs to be continued, and contributors need to be aware of how this money is used (perhaps

corresponding with the Board of Governors of the PDF). Where internecine struggles within APA divisions are concerned, the PDF should not use counseling psychologists' monies to support legal action which would be inimical to our interests. The recent court victories in Virginia are a case in point. APA and the Virginia Academy of Clinical Psychologists have won a tremendous victory for freedom of choice and the right of psychologists to practice independently of physicians . . . clinical psychologists, that is. Counseling psychologists need to make certain that this type of sponsorship of psychologists' legal battles by APA and the PDF will benefit all of psychology (e.g., with state licensing laws giving support to the state psychological association, etc.).

A little-known and little-supported offshoot of AAP is the Psychology Legal Action Network (PLAN), an organization which attempts to provide financial support to political candidates who are responsive to psychology's perspective. One of the key ways to influence federal legislation to include the potential contributions of psychological services (research or direct treatment) is to elect candidates who are sensitive to what psychology has to offer. Counseling psychologists in independent practice would do well to contribute to PLAN.

Counseling psychologists in part-time independent practice, whose primary identification is with a training program (academic department or internship site), need to include courses in their training which would inform counseling psychology students of the political realities they are going to encounter as professionals. The sometimes overwhelmingly complex, interlocking world of state legislation, federal regulations, *National Register*, AAP and the boggling world of the political system of APA itself need not be so foreign to the newer generations of counseling psychologists. Laws regarding course work and the composition of the staff of a "health care system" should be well known to those who are producing counseling psychologists so they will not be excluded from any of the alternatives their mentors were afforded.

Traditionally, individuals trained in counseling psychology have had a wealth of opportunities presented to them. Part- or full-time private practice has been one of them. To insure the continuation of these possibilities, counseling psychologists will need to become as politically aware and active as are other members of the psychology profession who were so instrumental in getting licensing/certification, direct recognition, etc. It is critical for counseling psychologists to do this now. Time is running out.

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Chapter 11

Counseling Psychology in the Marketplace

The Status of Ethnic Minorities

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The status of ethnic minorities in psychology has become a major concern of those involved in the profession. Increasingly, researchers have addressed themselves to the representation of minorities in psychology (Fisher & Stricker, 1979; Garcia, 1980), the delivery of counseling services to them (Sue, 1977), and the need for cross-cultural counselor training (Pedersen, 1978).

Concerns about the status of ethnic minorities in psychology and the human service professions have been based on a number of issues. Ethnic minorities constitute a significant proportion of the marketplace for psychologists. More ethnic minorities than whites (in this instance, primarily blacks) have proportionally higher admission rates in inpatient and outpatient psychiatric facilities, public mental health hospitals, and community mental health centers (Cannon & Locke, 1977). According to Garcia (1980): "There is mounting evidence that mental health needs in black communities throughout the country are not being met adequately by competent practitioners" (p. 812). It has been suggested that one way to combat this problem is to increase the number of ethnic minority psychologists.

This chapter examines the status of ethnic minorities in psychology and in the broad purview of the helping professions. Emphasis is placed on analyzing the theoretical concepts that underlie much of counseling theory, the delivery of counseling services to ethnic minorities, and the implications of the research that has been conducted. Among the questions raised are: Are we doing what matters in counseling ethnic minorities? Are we addressing their real-life concerns? Does equal treatment of ethnic minorities in counseling necessarily mean that we will have good counseling outcomes? What future directions might the profession take in relationship to ethnic minorities?

MINORITY REPRESENTATION IN PSYCHOLOGY

The underrepresentation of ethnic minorities in psychology has been cited as a major factor that adversely affects their status in the profession (President's Commission on Mental Health, 1978). According to a recent publication by the American Psychological Association's (APA) Minority Fellowship Program (1979), ethnic minority psychologists are underrepresented among: psychology graduate students, psychology faculties, mental health service providers, social and behavioral researchers, community mental health providers, and membership in the APA. Citing a survey conducted in 1972 by the APA, Cannon and Locke (1977) reported that of the 26,741 APA members and nonmembers who responded to the question on race/ethnicity, only 396 or 1.5% were black. Smith, Burlew, Mosley, and Whitney (1978) have noted that, based on the contact files of the Association of Black Psychologists, there were approximately 500 black psychologists in the United States in 1978.

The numbers of Asian American, Spanish surnamed, and American Indian psychologists are also quite small. In 1976, Sue and Chin (Note 1) estimated that there were approximately 170 "Pacific/Asian" American psychologists. The President's Commission on Mental Health (1978) also cited an APA survey that shows that of all the doctoral-level health service providers in psychology, 0.9% are black, 0.7% are Asian, 0.4% are Hispanic, and 0.1% are American Indian. Although these ethnic groups constitute approximately 19% of the total American population, they comprise only 2.1% of all the doctoral level health service providers in psychology.

Recent surveys conducted by Kennedy and Wagner (1979) show that the number of minority students in clinical psychology programs has doubled since 1972. However, Suber (1977) has expressed concern that past gains of minority graduate level students in psychology departments were "peaking" rather than looking up.

A study by the National Research Council (1978) on individuals who earned their doctorates within the 42-year span from 1934 to 1976 found that although racial minority groups comprised slightly over 6% of the total population of doctoral scientists and engineers, the field with the smallest proportion of minority group members was psychology. Over the 42-year period, only 2.7% of ethnic minorities had earned their doctorates in psychology, compared with 12.2% in engineering, 11% in computer sciences, and 8.8% in the medical sciences.

Recently, Garcia (1980) conducted a survey of 33 institutions in the Southeastern Psychological Association that offered the Ph.D. degree and a random sample of another 150 universities that offered Ph.D. programs in psychology. Reporting only a 23% response rate from the institutions surveyed, Garcia observed that the low response rate "may reflect widespread indifference to the involvement of blacks in psychology graduate programs" (p. 813). Although the low response rate precluded

an in-depth regional analysis, the data obtained indicated that "an acute shortage of black students and faculty exists in most Ph.D. programs throughout the country" (p. 813).

Parham and Moreland (1981) conducted a survey of 33 doctoral programs in counseling psychology. These investigators found that part of the low representation of ethnic minorities in psychology could be attributed to the low application rates of ethnic minorities to such programs. Parham and Moreland observed that minority students hesitate to apply to graduate counseling psychology programs, particularly American Psychological Association-approved ones, because they anticipate being rejected and view the lack of course offerings that provide a nonwhite perspective and the underrepresentation of blacks and other nonwhites on the faculties of graduate psychology programs as evidence of an unsupportive environment.

Several studies have focused on the consequences of the low representation of ethnic minorities in psychology. According to the APA Minority Fellowship Program (1979): "The underrepresentation of ethnic minorities in psychology has important implications for the credibility and utility of developments within the field When ethnic minorities are not involved in asking the questions, framing the hypotheses, and interpreting the results, the body of knowledge is truncated because the full range of possibilities has not been considered" (p. 2).

Citing the disproportionately high numbers of minorities in institutionalized settings, the President's Commission on Mental Health (1978) stated: "Clearly, therefore, one must question whether the disproportionately high numbers of minorities in institutionalized mental health settings does not reflect more the fact that the 'gatekeepers' of these institutions possess different value systems and are of different racial/ethnic backgrounds, rather than the inherent pathology of the institutionalized" (p. 840).

It would seem, then, that the presence of more minority psychologists would have several benefits. Their increased representation might: (a) serve to counterbalance the forces of misinterpretation and stereotyping, (b) reduce the credibility gap of graduate-level training programs and professional organizations, and (c) present viable role models to minorities interested in pursuing psychology careers.

According to Kennedy and Wagner (1979), the retention of mostly untenured minority faculty in psychology departments is another critical issue in the representation of minorities in psychology. These investigators have observed that without tenure, minority representation may return to previous levels, leaving fewer success models for minority students and thereby completing an unfortunate cycle. Kennedy and Wagner's conclusions are supported by Padilla, Boxley, and Wagner (1973). Although these latter investigators found significant gains in the numbers of graduate-level minority students in clinical psychology programs, they found no appreciable increase in minority faculty.

Clearly, ethnic minority representation in psychology is an important issue that should be addressed from the perspective of graduate-level students, faculty members, and service providers. The recent progress noted in the increased representation of minority students in graduate-level programs gives some cause for hope. The case for minority faculty representation in psychology departments does not appear as promising.

THE NATURE OF THEORETICAL CONSTRUCTS AND COUNSELING MINORITIES

Problems in counseling ethnic minorities are frequently exacerbated by our paradigms and theoretical constructs. On the whole, much of what psychologists do is controlled by paradigms of the person—paradigms which tend to view most things in terms of individuals and their adjustment to a single standard of mental health.

For example, Warnath (1975) has challenged the utility of vocational theories and the "gatekeeper function of counselors as maintainers of the status quo." According to him, "vocational theorists have concentrated their attention almost exclusively on those characteristics of the individual that can be exploited in the individual's search for self-realization" (Warnath, 1975, p. 425).

Warnath's (1975) comments have particular significance for ethnic minorities. All too often the career literature leaves us with the impression that if we could only change the attitudes of minorities, all would be well with the world—more minorities would have self-fulfilling jobs, more minorities would have jobs. Economic facts like recession and high unemployment rates are cast aside. Clearly, in encouraging ethnic minorities to search for the source of their job problems primarily in themselves rather than in the prevailing economic and social conditions, vocational psychologists may be discouraging ethnic minorities from examining other sources of their problems.

Likewise, a number of writers have objected to the ethnocentrism of counseling theories. Bryson and Bardo (1975) and Gunnings and Tucker (1977) have noted that many theories were based on theorists' interactions with primarily white populations; as such, observations regarding personality development, mental health, and the counseling process itself are not only culturally-laden, but also oriented mainly toward whites.

Similar arguments have been raised against the intrapsychic model of counseling. Researchers (Ryan, 1971) have noted that the intrapsychic counseling model assumes that client problems are the result of personal disorganization rather than institutional or ineffectual societal processes. The tendency is to look for the source of the problem within the client rather than in other forces. Much of this leads to victim-blame counseling (Ryan, 1971). According to Caplan and Nelson (1973): "Person-blame interpretations reinforce social myths about one's degree of control over his own fate, thus rewarding the members of the great middle class by

flattering their self-esteem for 'having made it on their own.' This in turn increases public complacency about the plight of those who have not 'made it on their own'" (p. 210).

Self-disclosure is another construct that merits revision in light of various minorities' cultures. Sue and Sue (1977) have noted that self-disclosure is in itself a cultural value and that counselors who "value verbal, emotional, and behavioral expressiveness as goals in counseling are transmitting their own cultural values" (p. 425).

The delivery of counseling services to ethnic minorities may be limited by the weaknesses of the paradigms and theoretical constructs used within the profession. Counseling psychologists need to examine norms taken for granted as signs of mental health and to analyze how such norms might themselves contribute to the development of problems.

DELIVERY OF COUNSELING SERVICES TO ETHNIC MINORITIES

The status of ethnic minorities in psychology and in the helping professions in general is also reflected in the types of counseling services minority clients receive, the attitudes and therapeutic treatment of helping professionals toward ethnic minorities, and the tendency of minority clients to remain in or terminate treatment.

Racial similarity/dissimilarity and counseling. The differential effectiveness of white and black counselors with clients of the same or another race has sparked considerable controversy and debate in the counseling literature. Researchers have asked: Can a counselor of a different race counsel effectively? How do clients respond to counselors of the same race? Of a different race? According to Vontress (1971), racial differences between blacks and whites constitute formidable barriers in the counseling relationship.

The majority of the studies have likewise found that black clients, disadvantaged or not, prefer black counselors (Banks, Berenson, & Carkhuff, 1967; Butler, 1976; Gilsdorf, 1976; Sattler, 1977; and Wolkon, Moriwaki, & Williams, 1973). Moreover, Heffernon and Bruehl (1971) found a higher return rate of black clients to black counselors. Bryson and Cody (1973) found that black counselors showed a greater understanding of black clients. Black counselors have also been found to encourage greater depth of self-exploration among black clients (Carkhuff & Pierce, 1967).

Although research seems to indicate minority-client preference for a counselor of the same race, Silver (1972) found that counselor style and Cimboic (1972) found that counselor level of experience were more important variables than counselor race. Harrison's (1975) and Sattler's (1977) reviews of the literature have found that blacks prefer the professional who is competent or who displays greater empathic understanding regardless of the counselor's race.

While many studies have suggested positive benefits of same-race counseling, researchers have also observed some pitfalls. Jackson (1973), Smith (1973), and Sue (1975) have noted that minority clients may respond with anger when confronted with a minority counselor of the same race. Such anger is often based on the client's feelings that a minority counselor of the same race is inevitably inferior to white professionals (racial group self-hatred) or on the client's jealousy that the minority counselor was able to transcend a repressive environment, while the client was unsuccessful in doing so. As Jackson (1973) has stated, the minority counselor might be viewed by the minority client as "too white in orientation to be interested in helping, as less competent than his colleagues, as too far removed from problems that face the patient, or as intolerant and impatient with the patient's lack of success in dealing with problems" (p. 277).

Moreover, Calnek (1970) and Gardner (1971) have suggested that minority counselors may over-identify with members of their own race and assume greater similarities in beliefs, attitudes, and experiences than is warranted by the situation.

Racial differences between client and counselor do constitute formidable, but not insurmountable, barriers in the counseling relationship. Differences in race per se should not preclude the possibility of ethnic minority clients and majority counselors working together effectively. The really important factor is how people feel about racial differences.

Ethnocentrism, length, and type of counseling treatment. Researchers have found that the ethnocentrism of counselors may have a negative impact on the counseling relationship. Yamamoto, James, Bloombaum, and Hattem (1967) found that high-prejudiced counselors tended to see both male and female black clients for a fewer number of therapeutic interviews than did low-prejudiced counselors. Yamamoto, James, and Palley (1968) found that black, Asian American, and Mexican American clients were assigned to the least intensive therapy and tended to be discharged more rapidly than whites. Karno (1966) found that black and Mexican American clients were less likely to be accepted for treatment and received less and shorter psychotherapy than nonethnic clients of the same social class characteristics and that clinic personnel tended to avoid dealing with the issue of ethnicity.

Cole and Pilisuk (1976) also found that blacks and Chicanos received psychotherapy less often than whites, that ethnic minorities were more likely to be diagnosed as psychotic or more seriously ill than whites, and that white workers viewed cultural differences in clients' behavior as pathological, when in fact, such client behavior was realistic and adaptive. When staff were asked: "If poor, Third World people do get to the clinic, is there something about their attitudes or problems which makes them difficult to treat," staff stressed that minority clients expected direct advice and that they (the therapists) preferred to deal with "intrapsychic problems

that involved a minimum of environmental stress contributing to them."

Several studies have shown that therapists prefer treating clients similar to themselves. Lowinger and Dobie (1968) found that white psychiatric residents viewed white clients as more acceptable for treatment and as more similar to themselves than black clients. Jones, Lightfoot, Palmer, Wilkenson, and Williams (1970) have reported similar findings. Individuals who were considered good treatment cases were usually young, introspective, majority clients—students, suburban housewives, or upwardly mobile junior executives. Mayo (1974) reported that therapists' unwillingness to accept sociocultural and economic variables as therapeutically relevant has served to exclude ethnic minorities from therapy.

Smith et al. (1978) have noted the possible dangers in the increased use of minority paraprofessionals to help bridge the cultures of minority clients and majority psychologists: "Placing minorities in symbolic inferior roles as paraprofessionals does nothing more than further reduce the number of highly trained, competent professionals responsible for the delivery of mental health services to minority communities" (p. 137).

Therapists' ability to deal with race appears to be an important issue. Krebs (1971) has noted that therapists who discussed racial differences with ethnic minority clients had fewer therapeutic failures than did therapists who ignored racial differences. Cole and Pilisuk (1976) also observed that in none of the cases reviewed in their study did the majority therapists initiate discussion of racial difference with their clients. These investigators asked: "How can such a process be attempted without the mention of such a significant factor as the difference of ethnicity between client and therapist?" (Cole & Pilisuk, 1976, p. 524).

According to Sue (1977), equal therapist treatment of minority clients may not necessarily lead to good counseling outcomes; instead, it may lead to bad counseling outcomes. Sue (1977) has stated: The delivery of counseling services may be "equal but unresponsive to ethnic clients . . . Much of our efforts should be aimed at specifying the conditions that foster favorable outcomes" (p. 623).

Race and type of diagnosis. Studies have also shown that ethnic minorities are diagnosed differently (Cannon & Locke, 1977) and that people from the lower class (of which minorities constitute a sizeable proportion) receive more severe diagnoses than do middle-class majority Americans (Hasse, 1956; Hollingshead & Redlick, 1958). Lee and Tremmerlin (1968) found that psychiatric residents were more inclined to arrive at a diagnosis of mental illness when the person's background suggested a lower class origin than when a high socioeconomic class was indicated. Strauss, Gynther, and Wallhermfechtel (1974) found higher rates of MMPI misclassification for blacks than for whites.

The interaction of race and sex in counseling. Few studies have examined the influence of ethnic minority women's race and sex on the counseling relationship. What studies have been conducted seem to suggest that

minority women may encounter discrimination based on their race and sex and that counselors may have difficulties in understanding their problems (Helms, 1979; Jeffries, 1976). For example, Krebs found that mental health practitioners may consciously or unconsciously screen black women out of counseling in order to protect themselves from the women's despair and anger and the therapist's own fear of failure. Duckro, Duckro, and Beal (1976) found that therapists err in viewing the lesser self-disclosure of black female clients as a sign of these clients' inadequate functioning. These investigators stated: "It would seem more accurate to describe this less self-disclosure as a valid cultural difference, with no value judgment attached" (p. 943).

INTERVENTION TECHNIQUES AND THE NEED FOR A BROADER PERSPECTIVE

For some time now, there has been considerable debate about which counseling techniques are appropriate for counseling ethnic minorities. While some researchers (Gibbs, 1973; Kincaid, 1969) have urged counselors of minority clients to use intervention techniques that are less verbal and more action-oriented, more concrete than abstract, others have pointed out that ethnic minorities can and do benefit from traditional, long-term, insight-oriented counseling (Jones, 1974).

Modes of counseling ethnic minorities should not be recommended solely on the basis of clients' race. Other factors need to be taken into account, such as clients' degree of acculturation or assimilation into mainstream American society, their sex, socioeconomic status, and value system.

Clearly, psychologists should be aware of the differences in ethnic minority group members' cultures, the types of group stresses and discrimination they encounter, and their outlooks on what constitutes mental health. Yet, equally as certain, there are common principles that bind people together, regardless of their language differences, skin color, and culture. As De Vore (1977), a sociobiologist, has maintained, what we call cross-cultural diversity may be only the icing on the cake. The cake itself is remarkably panhuman; but for the gift of culture and race, we are remarkably similar.

ETHNIC MINORITIES AND THE STATUS OF RESEARCH

The status of ethnic minorities in psychology and in the social sciences in general is also reflected in the type of research conducted on them. How psychologists conceptualize issues, define problems, and make assumptions about human behavior are critical factors in research on ethnic minorities. As Caplan and Nelson (1973) have pointed out, whenever one defines the nature of the problem, one is essentially in a position of power.

In general, research on counseling ethnic minorities has raised more questions than it has given definitive answers. We know little about how ethnic minorities define their life concerns or the barriers they perceive in cross-cultural counseling. Instead, the perspective that is often presented and taken as the reality of ethnic minority clients' lives is that of the researcher. Hence, much of the extant research on ethnic minorities has developed out of limited notions of their life concerns.

Moreover, there is some concern that research on ethnic minorities has actually hurt them (Herzog, 1971; Smith, 1977). These scholars have observed that research on ethnic minorities has tended to focus on pathology, has perpetuated false stereotypes, and has otherwise distorted the substance of minorities' everyday lives. For example, Herzog (1971) has maintained that the current emphasis on studying the poor and minorities suggests that they are the problems rather than the inequities in society. Billingsley (1970) has pointed out how the social sciences have tended to reinforce a negative view of blacks among the public by concentrating on unstable black families rather than on the large number of stable black families. Other examples include the massive body of research which describes ethnic minorities as the culturally deprived: the Moynihan report (1965); Cyril Burt's (cited in Dorfman, 1978) alleged fabrication of data to show the intellectual inferiority of poor people, the Shockley (1972) and the Jensen (1969) studies on IQ, and one could go on and on.

It would seem that research on ethnic minorities might be useful if it could contribute to the betterment of those being studied or if it could sensitively relate ethnic minorities' life concerns and chart viable directions for resolving such concerns. Several recommendations are needed to correct the situations described. First, more studies should be completed on what ethnic minority clients perceive as their important life issues. Second, more studies should be conducted in consultation with those who are being researched. Third, additional research is needed regarding the mental health of ethnic minority groups, the relationship of racism and mental health, and the various survival strategies and support systems they use.

Moreover, additional research is needed on psychologists from racial minority backgrounds. For example, do ethnic minority psychologists use similar or different techniques when counseling members of their own racial groups? If so, what are these techniques? What can majority psychologists learn from the experiences of psychologists from racial minority backgrounds, and vice versa? For example, Berman (1979) examined the types of counseling skills used by black and white, male and female counselors. She found that black males and females were inclined to use active expression skills (for example, directions, expressions of content, and interpretations) with greater frequency than did whites. White females used reflections of feeling frequently, while white males tended to respond with questions. A major implication of

her study was that race appeared to be a factor in counselors' choice of skills, while sex was a relatively insignificant source of difference in counseling style.

Berman (1979) concluded that part of the difference found in counselor skills could be attributed to counselor training programs. According to her:

Although appearing to offer a wide array of counseling skills, most current counselor training programs actually place a heavy emphasis on the passive attending skills The white counselors in this study adhered to a relatively passive stance, apparently conforming to professional norms. The black counselors' extensive use of expression, however, seems to indicate a different set of norms Thus, it may be that counselor training has been designed predominantly, even exclusively, for white male and female counselors to work with white middle class clients. (p. 83)

Another recommendation, therefore, for both future research and for psychologists' training is that we need to carefully analyze the extent to which theoretical constructs (especially those in vocational psychology and those that deal with client self-disclosures and training programs) manifest cultural encapsulation or, at the very least, serve to delimit the counseling skills of psychologists. We need to know, for example, what are the underlying assumptions of counseling theories that apply to all cultures, to only some cultures? Perhaps new counselor competencies, skills, and training packages will have to be developed.

As it stands now, the status of research on ethnic minorities in psychology and in the helping professions in general reflects the limitations of much of the research conducted in the social sciences. In general, there is little to indicate that we are doing what matters for majority Americans, let alone for members of ethnic minority groups. According to Goldman (1977), only a tiny proportion of all research conducted has anything meaningful to offer practitioners or government policymakers. Most studies use samples that happen to be available or are convenient for researchers rather than samples that are selected in a randomly appropriate way to reflect the true needs of a given population. Moreover, Goldman (1977) has stated: "Whether we will ever reach the stage of knowing human beings well enough to examine them and their behavior under a microscope is a moot question, but certainly we do not know them today except in rare instances" (p. 547).

THE STATUS OF CROSS-CULTURAL TRAINING AND COUNSELING PSYCHOLOGY

The multicultural population of the American society makes it highly likely that the average counselor trained today will work with clients

who are both culturally similar and different from them. Despite this observation, Bryson and Bardo (1975) and Arredondo-Dowd and Gonsalves (1980) have reported that very few counselor programs currently offer systematic training in multicultural counseling.

Training in cross-cultural counseling is a very basic way in which counseling psychologists can be helped to better service ethnic minorities. Recently, at its January 1981 meeting, the Executive Committee of Division 17 endorsed the position paper on cross-cultural counseling competencies developed by the Education and Training Committee chaired by Derald Wing Sue. The cross-cultural competencies are divided into attitudinal competencies and knowledge and skill competencies. Regarding attitudinal competencies Sue and Associates (1982) noted: (1) "The culturally skilled counselor is one who has moved from being culturally unaware to being aware and sensitive to his/her own cultural heritage and to valuing and respecting differences; (2) a culturally skilled counselor is aware of his/her own values and biases and how they may affect minority clients." On the knowledge level, the Education and Training Committee noted: "The culturally skilled counselor must possess specific knowledge and information about the particular group he/she is working with." The endorsement of these attitudinal and knowledge competencies in cross-cultural counseling represents a step forward for counseling psychology.

COUNSELING PSYCHOLOGY: THE NEXT DECADE

In many respects, the APA has already outlined the future directions that the profession should take regarding ethnic minorities. Recently, the APA adopted a new Section 13 to Article X of the Bylaws for the Association. Section 13 proposed a Board of Ethnic Minority Affairs that would consist of 11 members of the Association and focus on those aspects of psychology which concern ethnic minorities (American Indian/Alaska Native, Asian/Pacific American, Black, and Hispanic). Because of its importance, the recently passed amendment to the Bylaws is presented in its entirety:

It (Board of Ethnic Minority Affairs) shall have particular responsibility for the following: (a) increasing scientific understanding of those aspects of psychology that pertain to culture and ethnicity; (b) increasing the quality and quantity of educational and training opportunities for ethnic minority persons in psychology; (c) promoting the development of culturally sensitive models for the delivery of psychological services; (d) advocating on behalf of ethnic minority psychologists with respect to the formulation of the policies of the Association; (e) maintaining satisfactory relations with other groups of ethnic minority psychologists; (f) maintaining appropriate

communication involving minority affairs with the Association's membership as well as with ethnic minority psychologists and communities at large; (g) maintaining effective liaison with other boards and committees of the Association; and (h) serving as a clearinghouse for the collection and dissemination of information relevant to or pertaining to ethnic minority psychologists and students.¹

What might the next decade bring? Hopefully, we may look to the future for more representation of ethnic minorities in counseling psychology and in other human service delivery areas. In the coming years, it is anticipated that more emphasis will be placed on attitudinal and skill competencies in cross-cultural counseling for counselors in training and that a significant proportion of APA-approved counseling psychology programs will require such training. Moreover, as communication, the sharing of natural/man-made resources, and travel between countries become an everyday reality for a significant proportion of Americans, cultural encapsulation will diminish and greater understanding and appreciation of cultural differences will take place. Less emphasis will be placed on racial differences. New theories on human development and vocational psychology will emerge to reflect our increased understanding of human differences and similarities. The types of research methodologies used will also be broadened to reflect our increasing knowledge of human beings and cultural differences. We shall have a greater handle on the life concerns of people, regardless of their racial backgrounds. By the end of the 1980s, the emphasis shall shift from cross-cultural differences to panhuman principles in counseling psychology.

The future directions of counseling psychology in terms of ethnic minorities are challenging to say the least. Initially, there will be more backward than forward movement in human relations. However, it is anticipated that there will be greater recognition of the presence of ethnic minorities in the marketplace and, hopefully, greater commitment to dealing meaningfully with their presence.

CONCLUSION

By way of summary, the status of ethnic minorities in psychology and in the helping professions in general has been reviewed from the perspective of minority representation in psychology, the delivery of counseling services to ethnic minorities, the utility of theoretical constructs, and nature of research. We are at best at a fragile truce. Psychology and the human service professions have made progress with

¹APA Board of Ethnic Minority Affairs, Section 13, Article X, Bylaws for the Association, 1981.

respect to some areas involving ethnic minorities. Yet there is still much more to be done. American ethnic minorities constitute a growing part of the marketplace (approximately 19%) in which mental health practitioners work. The paucity of members of ethnic minorities who are psychologists and mental health practitioners requires us to develop strategies for increasing their numbers.

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COUNSELING PSYCHOLOGY AND SCIENCE IN THE 1980s: SOURCE PAPERS

3

Introduction

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During the spring of 1980 a task group of five individuals agreed to work on a statement regarding counseling psychology in the 1980s—Scientific Affairs. During the summer of 1980 they wrote resource papers which were presented at a program at APA in Montreal in August. I introduced their papers saying:

Since the Greyston Conference in 1964 (Thompson & Super, 1964) we have embraced the scientist/practitioner model. As a result, we have a developing body of knowledge on which our practice is based. However, in the mid '70s a few counseling psychologists noticed that we had not applied the model very well. Leo Goldman (1978) published a series of papers which criticized current counseling research as it was being done as irrelevant to and out of touch with counseling practice. At about the same time, the Division 17 Scientific Affairs Committee, chaired by Art Resnikoff (1978), came to the same conclusion. The solutions these writers proposed differed somewhat in detail, but the problem they identified was a common one.

Gelso (1979) did a very thoughtful analysis of both the methodological and professional issues involved in counseling research. Although his article in *The Counseling Psychologist* contains

many sophisticated insights, the major point, in my estimation, is that there are no perfect experiments and that all methodologies are good *for some purposes*. We must simply understand what we gain and lose in relationship to our goals by employing specific research methods.

Today we look to the future of scientific inquiry in counseling psychology. What we are attempting to do is to come up with some predictions about and suggestions for the future of scientific inquiry among counseling psychologists. Whether we can really integrate the scientist and practitioner roles has important implications for the future of counseling psychology. The decreasing numbers of academic counseling psychologists and increasing numbers of counseling psychologists engaged in service in the public and private sectors suggest that science and practice will become (a) increasingly separated, and (b) increasingly unrelated, unless counseling researchers speak to practitioners and unless counseling practitioners speak to researchers. As evidence that this existing rift may become a chasm, I'd like to point out that the recent issue of *The Counseling Psychologist* (1980), devoted to counseling in the year 2000, contains 18 statements from many of our leading counseling psychologists. According to my interpretation, only three (Fretz, Wrenn, and Allen) deal in any substantial way with the development of knowledge and/or research. Of course my reading is open to interpretation.

Clearly the work of the task force on scientific affairs is closely related to the work of the task force on definition.

At that point the three papers written by Clara E. Hill and Barbara R. Gronsky, (Chapter 12), Samuel H. Osipow (Chapter 14), and John M. Whiteley (Chapter 13) were read. Harold Pepinsky responded with a reminiscence about his experience over the years. Unfortunately, his comments were not recorded. At the close of the session, we asked for volunteers from the audience to read and criticize the three papers, giving advice to the task force.

The three papers were sent to all the audience participants who agreed to review them and to many leaders in Division 17. As a result, 16 responses were received. One person even wrote a paper in response (Gottfredson, Chapter 16). Most of those responses, in slightly edited form, are printed here. The documents printed in this section formed the resources used in writing the Task Force Report printed in Section I. The set of papers (Chapters 12-14) and the eloquent analyses (Chapters 15 and 16) which were received in response to the papers are much richer than the report itself. Thus, I am delighted that they are published here.

The overwhelming burden on both the papers and the responses to them is that:

1. *Counseling psychologists have trouble integrating the scientist/practitioner role.* The task force report suggests that this difficulty is related to an erroneous definition of "scientist" which is most often translated "researcher" instead of "innovative, creative, and logical thinker."
2. *Our research priorities are not well related to counseling practice.* The task force report suggests a series of conferences designed to promote communication between researchers and practitioners.
3. *The methods we use in research are not necessarily appropriate to our practice.* This concern is subsidiary to the first two and cannot be resolved without resolution, at least in part, of the first two concerns.

The process that we went through in producing the report published in Section I is more exciting than the report itself. The products published in Chapter 15 are rich in intellectual and emotional content. They were clearly written by a group of people who care deeply about the future of the counseling psychology profession.

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Chapter 12

Research: Why and How?

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When we were first given the mandate to prepare this chapter (and the APA Convention presentation which preceded it), we began by looking through the literature. We were surprised at the relatively large number of recent articles which critically examine our research methods and suggest alternatives (Gelso, 1979; Goldman, 1979; and Resnikoff, 1978). Since so much had already been written, our first reaction was a sense of dismay and some anxiety about how we could add any creative, innovative suggestions to this already substantial pile. However, we also noticed that even though quite a bit has been written, the suggestions do not appear to have been implemented into the mainstream of counseling psychology research. Thus, we feel that it is important to reaffirm these statements about the status of research and to propose our own alternatives.

In discussing our ideas with various colleagues, we were struck by the low but audible hum of grumbling we kept hearing about the current state of our research. It seemed that just about every person had a particular axe to grind about some particular issue, with many of our colleagues reporting feeling generally frustrated, dissatisfied and pessimistic about the impact of our current research practices on the actual problems we face in the helping professions. Many of these psychologists are responding to their dissatisfaction by tuning research out of their professional lives. For example, the modal number of post-Ph.D. publications is zero. Motivation to do research also appears to be increasingly tied in with getting through graduate school, gaining tenure or promotions, or just plain getting ahead rather than for the sheer excitement of finding answers to difficult questions or nurturing one's curiosity about human behavior—which is why many of us chose the field to begin with.

Similarly, there are many counseling psychologists who not only do not produce research, but who also fail to consume research, complaining that most of what is published is trivial and has little to offer them in their daily professional lives. Consequently, the result is a relatively small, insular group of researchers based predominantly in academic settings

who inadvertently wind up producing research mostly for their own consumption, with no impact filtering down to the practitioner.

In the process of examining our feelings about research, however, we have become increasingly hopeful about its potential to address current issues in counseling psychology. But we also feel that this will necessitate some honest and critical appraisal about the role of research and the methodologies most appropriate for answering our research questions—and then the willingness to seriously entertain some alternatives. It seems clear to us that we do not at the present time suffer from a deficiency of critical thinkers; yet, curiously enough, our research questions and methods have tended to remain largely the same over the years.

This chapter is divided into two parts: first, the roles and functions of research and what constitutes appropriate research questions for counseling psychology; and second, an examination of the assumptions underlying our research models and some suggestions for new methodologies.

ROLES AND FUNCTIONS

One of the first concepts we are taught in graduate school is the importance of research in our professional development. As such, one of the major goals of training is to gain proficiency in the design, implementation and evaluation of research. Although it is expected that we will become involved in doing research, not a whole lot more is usually said about why research is so important, only that it is important. It seems to us that a parallel process occurs in the professional world in that the importance of research for the profession is taken for granted and the role of research and the reasons for its importance are rarely articulated. As a profession, we seem to focus more on the what and how of research, without adequately answering questions about why. Since our shared assumptions about the role of research form the foundation for the nature of the questions we study and the methodologies we employ, this issue is worthy of further exploration.

Perhaps the most frequently stated philosophical underpinning of the role of research is the wedding of science and practice. Over 15 years ago at the Greyston Conference of 1964, the field endorsed the researcher/practitioner model for training graduate students (Thompson & Super, 1964). The scientist/practitioner model makes some basic statements about who we are. It implies that it is not enough, as a practitioner, to blindly follow one's gut feelings and intuitions. It states that we must bring a critical, thoughtful attitude—a researcher's posture—to whatever we do. It is this attitude and the application of skills refined through the serious, systematic study of the laws of human behavior which distinguishes the Ph.D-level counseling psychologist from just another friendly, helping ear. The other major contribution of the scientist/practitioner model to this discussion is the notion that research

and practice are interdependent and complementary. Ideally, the two activities are mutually enhancing in that information gained in each sphere can be tested and verified in the other. It is our opinion that the separation of research and practice diminishes one's effectiveness in either role. It is not possible to do good research on the counseling process without being intimately involved in counseling, either personally or by intensive contact with practitioners. Nor can one be a maximally effective practitioner by isolating oneself from the mainstream of thought about human behavior.

Whatever one's professional vantage point, it is almost impossible to avoid the profound impact of research on professional life. The reason for this is the simple fact that research serves a multitude of functions in the field on a number of different levels. The following is a partial list of the functions of research:

At the level of the individual professional, the research component that we are all exposed to in our training is not merely design or statistics, but more fundamentally, the ability to think critically, to form hypotheses and test them out. We then transfer these skills to our professional lives, using our thoughts and feelings as research tools and our clients' behaviors and our own as data which we manipulate and study. In working with clients, we form hypotheses based on our own personal theories of human behavior and test out these hypotheses in order to know how best to intervene. Thus, whether we choose to pursue formal research activities in our careers or not, each of us remains, in Kelly's (1970) words, a *personal scientist*.

For those who pursue more formal research activities, the research process can serve as an ongoing means of challenging and refining one's ideas and assumptions about human behavior and the counseling process. By this we mean that engaging in research challenges, frustrates, and demands that a person keep thinking in a critical fashion. First of all, the process of operationalizing terms and developing questions and designs forces one to hone one's thinking. Secondly, when one gets discrepant findings from what was hypothesized (which is invariably true), one is forced to rethink the problem. When this research behavior is complemented by the effort to apply one's findings to practical settings, one's ideas are moderated even further. The research process, then, is one way to escape the tunnel vision which can so easily result if one's ideas are not exposed to critical examination.

Krumboltz (1967) and Krumboltz and Mitchell (1979) suggested that one function of counseling psychology research should be to impact on practice, to develop methods for solving the real problems of real people. Accordingly, their test of relevance is, "What will counselors do differently given the results of this and confirming

research?" This function of research responds to the increasing number of complaints about the lack of applicability of research to our current practice (e.g., Goldman, 1976).

Another function of research is that it helps us to evolve a common language within the counseling psychology community. This seems particularly important because so many of the constructs which we bandy about (i.e., empathy, locus of control, ego strength) are abstract and difficult to define. It is often a challenge to figure out if two psychologists using the same term actually mean the same thing. In the course of carrying out research, we are forced to operationalize these nebulous terms. When we figure out what we *really* mean, we can then begin to communicate intelligently similarities and differences in ideas with others.

Moving up another level beyond the confines of the counseling psychology subculture, research activities form the blood ties by which counseling psychology is related to the rest of the psychological community. Consistent with the goals espoused by psychology, our research helps to further the understanding, description, and prediction of human behavior. Yet, just like the child who leaves home to pursue his or her own direction while still remaining part of the family, we, as a distinct subculture of psychology, have the potential to make a unique contribution to the entire field. Given the usual definitions of counseling psychology, these contributions would most likely be in the areas of vocational behavior, normal functioning, and developmental processes.

Finally, at the level of society at large, research again serves a number of functions. One of these is accountability; research allows for the justification of our services to society. In this age of shrinking dollars and cutbacks in social service allocations, there is more and more pressure to verify the validity of our professional services, to prove that they are valuable and effective. The growing controversy over who is eligible for third-party payments is just one example of the salience of this function at the present time.

Again on the issue of money, our research activities elevate the status of counseling psychology to that of a *science*. Being a science conveys a respectability to the counseling process in that it implies that it is backed by years of serious, painstaking investigation rather than some gimmick haphazardly thrown together. Again, the image we convey has implications for funding and hiring decisions.

Research also offers another vehicle for addressing social concerns and, beyond one-to-one helping relationships, affords the opportunity to make a contribution to society at large. Right now, there are many pressing social issues (e.g., the influx of refugees from various parts of the world, coping with the inflation/recession situation) that could really use our professional expertise.

Finally, research serves a public relations function for the

profession. When one is asked, What do you counseling psychologists do? We can point to our areas of investigation as part of our definition. To some extent, what we do is influenced by what we know so that research forms some of the parameters of the definition of counseling psychology. This is probably part of the reason that so many studies of the content of our journals have been carried out during the past 30 years of our history (Foreman, 1966; Munley, 1974; Pepinsky, Hill-Frederick & Epperson, 1978; Schmidt, 1965; Wrenn, 1956).

As you can see, research carries a complex and heavy burden for the field and simultaneously impacts on many levels. Our research activities influence our effectiveness as counselors and our communication within the field and with the rest of the world. In addition, our research activities have subtle political ramifications in terms of image and not so subtle implications for funding.

With all of these possible roles and functions of research, however, we are reminded that no one study, no one researcher, nor probably even the profession as a whole could attend to all of these issues simultaneously. The immediate issue this raises is how to determine which of the roles is most important; i.e., is it more crucial at the present time to respond to the practitioner's concerns or to societal concerns? Of further concern is who should determine these priorities; is it up to the individual researcher to operate with complete freedom, or should the leaders of the field set priorities? If so, how should they go about doing this? This issue is further complicated by the confusion and divisiveness in our definition of the appropriate domain of counseling psychology.

Unfortunately, we are at a loss as to what to recommend specifically in order to reconcile these issues. Given that the definition of counseling psychology and the thrust of future research are so closely intertwined, it seems important that the paths we forge are consistent with each other. Beyond that, even the authors of this chapter were unable to agree about where our research should be going. One author favors a greater integration of research and practice, a return to the scientist/practitioner model, with our questions derived more from direct work with clients. The other author tended to focus on our becoming more proactively involved with current social concerns and carving out our own niche as a profession in the area of normal development. Both of these positions represent viable alternatives, and both have advantages and disadvantages for the field as a whole.

No solution to this question is perfect. Any road that we choose as a field will necessitate not choosing others, at least for the time being. Therefore, it seems important to periodically re-evaluate our priorities and examine them in the changing context of the world in which we work. Perhaps the time is ripe for shifting our priorities; if so, we hope that such decisions about the future course of research in counseling psychology will

be based on careful deliberation about our destination as a profession and the roads *not* taken.

However, even if we could agree on the most appropriate and crucial research questions, we also need to examine the methodologies we currently employ to answer these questions.

ASSUMPTIONS

Our traditional research practices appear to have several underlying assumptions:

1. Behavior is governed by universal laws or truths.
2. Science will ultimately be able to discover these truths and create a better world.
3. The best way to seek truth is through the scientific method, generally characterized by inductive logic, linear causality, experimental research designs, complex inferential statistics, use of large samples, and measuring change in a pre- post- manner.

These assumptions resemble those made in the physical sciences and indeed seem more appropriate for studying chemical compounds or molecules. Our adoption of these assumptions seems to reflect our ardent desire as psychologists to be viewed as scientists as respectable as our experimental colleagues.

Interestingly, in our quest to be such empiricists, we seem to have bastardized the physical sciences model. For example, Einstein came up with many of his ideas not through experimentation but through brainstorming. In physics, there is an entire section devoted to theoretical physics. These scientists rarely do any manipulative experiments although they often synthesize the results of others' research. Wachtel (1980) has criticized our overemphasis on experimentation to the neglect of theorizing. By theorizing he means the synthesis of data and an analysis of contradictions based on systematic, long-term observation which leads to suggestions for changed assumptions and new concepts. He argues that both the more basic observation *and* the detailed, critical, and thoughtful theorizing will enable us to keep step with the other sciences rather than lagging behind as we currently are.

We would go further to suggest that the helping professions need to adopt new models for research which more closely fit human behavior than do the models of the physical sciences. Our new models may well be similar to those used in anthropology and sociology which have long dealt with complex issues of human behavior.

For a new model of inquiry, we would like to suggest five overlapping assumptions which seem appropriate:

1. *There is no truth; rather there are multiple realities which are dependent on the vantage point, psychological filters, and predefined contours of the mind* (Smith, Note 1). No one interpretation of reality is adequate, not because any given person is lying, but because no one person can have all the data. Going back to Kelly (1970), we construe the world according to our frame of reference. Four people who see an accident will probably report different events, and all may be correct. Additionally, in looking at human behavior, it is helpful to consider the level of analysis and the environmental circumstances. For example, Laing (1969) discusses the importance of interpersonal relationships in guiding the individual's interpretation of reality. He notes that behavior which at first glance appears crazy may seem quite sane if additional information is known about the family and environmental context. The implications of this assumption of our research practices are that we cannot consider any behavior outside its context and that many perspectives on the same behavior are necessary.

2. *Clinical phenomena are elusive and reactive.* By elusive, we mean that when you try to pin it down, it slips away. For example, when you try to quantify nonverbal behavior, the essence of its meaning is often destroyed. Further, it may not be the behavior itself that is of importance, but the subjective reaction to the behavior. Responses may also alter upon questioning, an example of reactivity. For example, in the case of a therapist looking for the effects of her pregnancy on clients, she may cause the reactions rather than just observing them. Similarly, those clinicians who expect to find oedipal conflicts frequently do find evidence for them and, indeed, may even stimulate the report of such events by clients. Rosenthal (1966) labeled this an expectancy effect in research. Clinical research is particularly prone to such shifts in attitudes and reports. The implications of this assumption, as with the first, are that truth is not singular or easy to ferret out and that many perspectives are needed. Use of an adversarial approach or obtaining corroborative evidence (Levine, 1974; 1980) might help to sort out the multiple perspective in any area.

3. *Clinical problems are often intractable.* We often believe that science can cure everything. For some people, science has replaced religion as the savior of the world. Sarason (1978) noted that many of the issues we deal with are not solvable or understandable and that we expect too much of research in resolving what may be intractable problems. A perfect example of this is the addictive behaviors which seem relatively unchangeable regardless of therapeutic approach, e.g., 95% of those who lose weight regain their weight and cannot maintain losses. The implication of this assumption is simply to be more realistic in our expectations of science. Like computers, science operates only with human input and can function only as well as we do.

4. *Human behavior should be studied holistically rather than in a piecemeal fashion.* Most of our experimental designs allow for only two or three

variables to be manipulated. The usual hope is that by studying one or two sections at a time in all possible combinations, we will ultimately be able to piece all our information together to form a synthesized whole. Goldman (1976) noted emphatically that, in fact, such integration does not usually happen and that instead we have ended up with a mass of trivial studies which cannot be integrated because they lack a comprehensive outlook to start with. For example, achievement motivation begins to make sense only when considered in conjunction with other motives and environmental circumstances of an individual. Studying it in isolation has led to a morass of confusing, conflicting data. There are two possible implications suggested here: increased use of multivariate statistics to deal with many variables simultaneously (Biskin, 1980) and the examination of each individual in a case study fashion until we begin to understand the complex interplay of variables.

5. *Cause and effect relationships or linear causality concepts may not be useful at this point in our understanding of human behavior.* Kiesler (1979) questioned his earlier linear causality model for therapist-client interaction. Because of the inherent and simultaneous reciprocity of human social behavior, he felt that circular, reciprocal models of causality may be more appropriate. Certainly, we have become more aware of the multiple determinants of behavior and, in some cases, behaviors may even be functionally autonomous, making it impossible to trace them back to their origins. Although in a theoretical sense it seems reasonable to assume that all behavior is determined, we would postulate that in a practical sense it confuses our understandings. This is particularly evident in dealing with couples, families, groups, and organizations. Indeed, in a systems approach the researcher tries to avoid the concepts of cause and effect and instead simply describes the flow of events.

QUALITATIVE METHODOLOGIES

As researchers, we typically begin with exciting and innovative ideas culled from interesting personal experiences. However, in translating these ideas into designs we often get locked into conceptualizing our questions with our traditional research strategies. Hence, we often tailor our questions to our designs rather than the reverse. We are not suggesting that our existing methodologies are necessarily bad, but rather that they typically examine only one aspect of human functioning, that which can be measured objectively. Gelso (1979) covers the traditional methods quite masterfully, so we will not specifically address them here. Instead, we will focus on broadening our range of acceptable procedures to include the qualitative dimension.

Over the past few years there has been a growing wave of acceptance of such methods. Goldman (1976, 1979) stressed the importance of theory/ideas in the advancement of knowledge and described research as a disciplined creative search. Thoresen (1979, 1980) noted the

superiority of qualitative methods in his own research. Campbell (Note 2) urged acceptance of the qualitative approach, noting that the dichotomy between quantitative and qualitative knowing is a fallacy; instead the two modes of knowing complement and overlap each other. He believes that science depends on common sense and at best goes beyond it.

So exactly what does qualitative knowing mean? Qualitative knowing relies on human thoughts, perceptions, feelings, intuitions, judgments, observations, process evaluations, and common sense as opposed to the more quantitative knowing which relies heavily on reliably observed behavior. There is an affective component to the approach so that one aims to understand what the behavior subjectively means to the person.

Several techniques have been delineated under the general rubric of qualitative research. We will discuss four specific approaches which are by no means an exhaustive list, but rather some examples to give a flavor of the concept. The first two approaches were suggested by Resnikoff (1978) in the last Scientific Affairs Committee project examining the role of research in counseling psychology.

1. *The participant and nonparticipant observation model* is derived from anthropological research strategies and draws upon observational skills and interpretations of behaviors. These are behaviors similar to those required of us in clinical work and seem ideally suited for research in the helping professions. An example of this model is given by Smith (1980) in his analysis of a power laboratory. Four anthropologists observed everything that occurred and then together compiled their process observations, providing rich detail about the experience that would be obscured by simple measurement or even coding of behavior.

2. *The legalistic model* seems more of an adjunct to existing approaches and is useful in helping to understand data and minimize biases. It is an approach which challenges the validity of data and is particularly appropriate for dealing with qualitative data. Essentially, information is processed through testimony and cross-examination. Given the impossibility of determining absolute truth, the method provides a means for looking at all the challenges to evidence.

3. *The case study approach* studies regular counseling/psychotherapy in a naturalistic setting. The treatment is not manipulated or necessarily described in advance, but rather is applied in response to the needs of the situation as is typical in our practice. It is not possible to determine cause and effect given the lack of controls. The case study approach suggested here would rely on our rigorous observational research techniques, differentiating it from the mere reporting of a case as is typical of practicing clinicians dating back from a long tradition begun with Freud's seven case reports. The $N = 1$, or intensive experimental design, has long been popular in behavioral research (cf. Thoresen & Anton, 1974). It differs from the case study approach in that baseline data are obtained and an

experimental manipulation is applied, allowing cause and effect to be determined. Thus, although the $N = 1$ approach studies individuals rather than groups, it is experimental rather than quantitative.

4. The fourth approach of *interviews* is derived from sociological research. Perhaps the most familiar examples of this type of research are Kinsey's (1948, 1953) and Hite's (1981) examinations of human sexual behavior. A related methodological approach has been developed in which subjects are interviewed as they complete a standardized measure. On the vocational card sort, subjects are asked to verbalize their process of choosing answers.

In preparing these approaches, we were frustrated by the lack of guidelines for "how to do it." Perhaps such specifics are not possible without knowing the question to be answered. However, two specific questions that the researcher can use to guide investigations are: (1) how would the question be answered with common sense, and (2) did the investigator determine how the subject feels about the study or determine the subject's perceptions?

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Chapter 13

Future Research in Counseling Psychology: A Review of Past Practices and Suggestions for New Priorities

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Counseling psychology as a profession has made significant progress in its definition of the components of training, standards for ethical service, development of alternative roles within the broader profession, and promotion of effective models of service delivery to reach a broad array of clients in a variety of settings. Counseling psychology has worked on numerous fronts to enhance its status as an independent profession within psychology.

The development of the scientific basis for much of counseling psychology practice, however, has not kept pace with its development as an organized profession. Known primarily as an applied branch of psychology, the activities of most of its members have been to deliver service to clients and to teach, not to do research. For persons entering the profession, the Ph.D. dissertation has frequently been their career research, not the beginning of a research career.

As a consequence of preparing a volume which reviews the history of the profession (Whiteley, 1980), editing with a colleague a volume on the present and future of counseling psychology (Whiteley & Fretz, 1980), and having had an ongoing interest in research in counseling, the present author has come to a number of conclusions about the problems which our profession has in generating a more substantive scientific base. The reasons for the problems are important to understanding what we can do to correct them in the future.

I. THE HISTORICAL LEGACY

Advancing the scientific basis of our profession has not been a priority historic undertaking of counseling psychologists. Further, the applied aspect of the professional requires many service demands in settings which make it extremely difficult to do basic research. The principal undertakings of counseling psychologists from a historical perspective have centered on defining the limits of the profession, specifying the standards for training, creating a viable organizational structure, initiating new forums for professional and scientific communication (*Counseling News and Views*, the *Journal of Counseling Psychology*, and *The Counseling Psychologist*), and recently joining vigorously in the ongoing licensure debates.

A review of some of the seminal documents in the profession is instructive. The founders of the division produced a number of titles whose content reflects their emphasis:

- Recommended Standards for Training Counseling Psychologists at the Doctoral Level (APA, 1952a)
- The Practicum Training of Counseling Psychologists (APA, 1952b)
- Counseling Psychology as a Specialty (APA, 1956)

Perhaps the most significant conference in the history of counseling psychology was the Greyston Conference of 1964 (Thompson & Super, 1964) bringing together influential leaders in the profession to examine issues deemed important and to make recommendations for the future. Again, the titles of the papers reflect their emphasis:

- Counseling Psychology since the Northwestern Conference
- Where do counseling psychologists work? What do they do? What should they do?
- The substantive bases of counseling psychology
- The methods and process of appraisal and counseling
- The content and character of the training programs in counseling psychology
- Assumptions underlying previous recommendations for graduate education in counseling psychology

In the recommendation section of the Greyston Conference report, there is minimal articulation of the research problems facing the profession and what can be done about them. Further, the focus of the activities of the founders and their successors have been on problems other than systematically enhancing research activity. Organizationally, the Scientific Affairs (research) Committee of Division 17 has not been a significant focus of the Division's resource allocation or content sessions at the annual convention.

II. CONSTRAINTS ON RESEARCH ACTIVITY

None of the traditional federal funding sources related to counseling psychology such as the National Institute of Education, the National Science Foundation, the National Institute of Mental Health, the United States Office of Education, or the Veterans Administration have allocated much of their total resources to supporting research activity in areas within counseling psychology.

While the National Institute of Education did identify research in careers as a priority area, this research program was underfunded. The United States Office of Education through the National Defense Education Act focused its money on service and training programs not on funding basic research, as did the Veterans Administration. One constraint on basic research in counseling psychology from a historical perspective has been lack of dependable funding.

A second constraint has been the reward structure for academic promotion within universities. The most effective way to advance the scientific basis of counseling psychology is to reward those who focus their efforts on frontier problems in a specific content area and pursue that line of inquiry systematically. Examples of individuals who have done that systematic line of research work are Holland with his associates (Holland, 1973, 1974; Holland & Gottfredson, 1975; and Holland, Sorensen, Clark, Nafziger, & Blum, 1973); Super with with associates (Super, 1969, 1970, 1980; and Super, Crites, Hummel, Moser, Overstreet, & Warnath, 1957); Krumboltz with his associates (Krumboltz, 1966, 1976; Krumboltz & Mitchell, 1979; and Krumboltz, Mitchell, & Gelatt, 1966); and Mosher and Sprinthall with their associates (1971). It is possible to get promoted in universities with other models of career accomplishment which have value and which are worthy of recognition. However, these other models do less to advance the scientific basis of counseling psychology. It is a fact of professional advancement in counseling psychology that the reward structure does not require a sustained line of inquiry.

A third constraint has been the functional job descriptions of most nonacademic counseling psychologists. These job descriptions have traditionally had an emphasis on providing basic professional services, whether the employer was a school district, a university counseling center, a business or industry, or an agency of the state, federal, or local government. Research may be valued and encouraged, but it is peripheral to the service role.

A fourth constraint has been the nature of research training in counseling psychology. Research training has had to compete for time with other aspects of professional training such as acquisition of delivery skills and theoretical understandings. Also, whether the training program has been located in psychology departments or schools of education, there have been institutional degree requirements which have been added to the content of training programs. Research training has had to compete with

the acquisition of other types of skills, and few programs in actuality have had a research emphasis. The recommended standards for training counseling psychologists (APA, 1952a) called for devoting only 45-50% of one year out of four years of professional training to research.

III. ALTERNATE APPROACHES

There are two organizational approaches to increasing the quality of research in counseling psychology which have been effective in the past, and which, if repeated in the future, would improve research in counseling psychology: the Bromwoods Conference and the American Institutes for Research/National Institute of Education project. These organizational approaches could be applied to any one of a number of research areas within the profession.

The Bromwoods Conference

The Central Midwest Regional Educational Laboratory and Washington University were hosts for an Invitational Conference on Problems in Counseling at the Bromwoods Conference Center on January 10-12, 1967. Forty-five national and regional leaders were invited to evaluate and refocus the research literature in three areas:

- Research on counselor effectiveness and characteristics of the counselor
- Characteristics of the client: Implications for selection and method of treatment
- Assessment of outcome: Evaluation of the interaction of client and counselor

The conference was in session for three days, with one working day being devoted to each of the three topics. Two major papers were prepared on each topic by national leaders in research on their chosen area. The purpose of the major papers was to provide a provocative and searching structure for the topics in counseling research under consideration. They were intended to suggest new frames of reference for research and to raise special issues and problems in methodology.

Immediately following each of the major papers were critiques by two discussants. The purpose of the discussants was to provide a systematic, scholarly analysis of the major papers. The discussants could also choose, as part of their critique, to extend further certain new avenues for research as suggested in the major papers.

Following the major papers and discussants, the conference participants formed six task groups to make specific recommendations for future research. Their charge was to identify:

- (1) the salient issues raised by the two speakers and the four discussants on a topic; and
- (2) the major points, if any, which the task group members believe were not raised.

The final and most important charge of each task group was to provide specific recommendations for research projects which should be conducted as a result of the re-evaluation and refocus provided by the papers, discussions, and preliminary task group work.

At the conclusion of the conference, one member from each task group was requested to draft a comprehensive task group report. Each report was requested to include (1) the aspects of the papers and discussions deemed most salient and important, (2) an enumeration of areas not covered by the papers and discussions which the task group believed are critical to the topic, and (3) a list of specific projects which should be undertaken to translate the re-evaluation and refocus of the literature into empirical terms.

In recommending this format as an *organizational approach* to improving research in counseling psychology, it may be applied to any particular research problem. The Bromwoods Conference occurred in a rural environment away from the usual press of day-to-day activities. It was also funded by a grant from the Central Midwest Regional Educational Laboratory. In the event that it is not possible to obtain funding for a conference, a preconvention workshop held as part of the annual APA Convention would be a satisfactory, though less than ideal, format (see Whiteley, 1967, for an extended discussion).

AIR/NIE Career Decision-Making Project

The second approach which can serve as a model for the reformulation of research in counseling psychology is the American Institutes for Research (AIR) contract with the National Institute of Education (NIE) to study career decision making (Mitchell, Unruh, & Jones, 1975).

There were a number of aspects to how the AIR staff chose to proceed which are important to understanding how their approach can advance selected areas of counseling psychology research. One initial component was to consider contributions from a broader disciplinary area than is usual in counseling psychology including economics, psychology, sociology, guidance, and education. A second component was extensive consultation in the form of four regional conferences. Attending these invitational conferences were theorists, empiricists, program developers, and practitioners in the career decision-making area. Again, the fields represented were psychology, sociology, economics, and counseling. A product of the regional conferences was the refinement of policy and program issues. The third component involved invitations to

multidisciplinary experts to write position papers on the issues which resulted from the literature review and the regional conferences. A fourth component was provided by the AIR staff and consisted of summaries of the papers and the discussions on each issue which occurred at a national conference in 1975 held just after the annual convention of the American Personnel and Guidance Association. A final component was the summary of research and development concerns. While the specifics of the AIR staff summary are relevant to career decision-making research, the process leading to the summary resulted in a distillation of significant research questions.

As with the work of the Bromwoods Conference, the AIR/NIE project was supported on federal funds. The components of the process are quite adaptable to application to the distillation of significant research questions in other areas of counseling psychology by using current journals and current preconvention and convention resources (see Mitchell, Unruh, & Jones, 1975, for an extended discussion).

IV. ACTIONS WHICH WOULD ENHANCE RESEARCH ACTIVITY

There are a number of key journals (*Journal of Vocational Behavior*, *Counselor Education and Supervision*, *Journal of Counseling Psychology*, *Journal of College Student Personnel*, *The Counseling Psychologist*, for example), professional organizations (Division of Counseling Psychology of the American Psychological Association, the American Association for Counseling and Development [formerly the American Association Personnel and Guidance Association] and two of its divisions—the Association for Counselor Education and Supervision and the American College Personnel Association, the National Council on Family Relations, and the American Educational Research Associations), relevant Education Resources Information Centers (ERIC), and potential funding sources (National Institute of Education, National Institute of Mental Health, for example) which could individually or collectively act in such a manner as to enhance scientific research in counseling psychology. In terms of how each of the above might act differently, the following presents suggestions for one source cited from each category:

A. Key Journals

The Counseling Psychologist. This publication could initiate a Research Forum Section which would focus on methodology, design and statistics questions, new approaches to longitudinal, cross-sectional, N of One case studies, etc. Another regular feature, coordinated with the *Annual Review of Psychology*, could be reviews of selected aspects of the research literature. The *Annual Review of Psychology* cannot, or

at least has not, provided enough page space to review the field of counseling psychology on a regular basis. Another option, which would fill a significant void in the counseling psychology literature, would be for the profession to start another publication which would serve to systematically review the research and practice literature on a regular basis. Such a systematic treatment of the literature is currently beyond the scope of either the *Annual Review of Psychology* or the *Review of Educational Research*.

B. Professional Organizations

Division 17 (Counseling Psychology) of the American Psychological Association. The Division could charge the Education and Training Committee with interviewing leading researchers on skills they feel are necessary for competent research. These interviews could lead to strengthened and more defined training standards for research. The Division could also charge the Program Committee for the Annual Convention with dedicating at least two hours of programming time to a review of research practice, problems, and funding sources. The Division could charge the Scientific Affairs Committee to undertake a greatly expanded annual program, increase its membership, establish subcommittees in different areas of research, and fund it better. The Executive Committee and the President could commission a group of senior researchers to make a presentation on behalf of Division 17 to potential federal funding sources urging the support of expanded research activity in counseling psychology. The Executive Committee and the President could initiate broader interaction with other divisions of APA on common research problems. The Executive Committee or President could establish a *Career Scientific Contribution Award* and present it to all members who have developed a substantive, important, and systematic line of research over at least a decade.

C. ERIC Centers

ERIC Clearinghouse on Career Education. A representative of this Center could serve as an ex-officio member of the Division 17 Scientific Affairs Committee. Center staff could prepare an annual report on methodological breakthroughs, promising instruments, exemplary research etc. which has come to their attention for presentation as part of the Scientific Affairs report. The Center could make available longer versions of relevant and exemplary research papers which have appeared in the *Journal of Vocational Behavior* and the *Journal of Counseling Psychology*. These longer versions should be written with the intent of reporting research procedures and problems in sufficient detail as to facilitate replication and the pursuit of implications for future research.

D. Potential Funding Sources

National Institute of Education. In terms of internal allocation of their resources, there has been insufficient attention to the research needs of counseling psychology. They should be encouraged to have an ex-officio member of the Scientific Affairs Committee, and consult with the Division prior to establishing research priorities.

The four categories of organizations and the membership within each category could cooperate in many new ways which would facilitate scientific research in counseling psychology. Some examples:

1. Preconvention workshops could be used to bring together Bromwoods-type conferences (Whiteley, 1967) on topics in counseling research with only minimal expense. The research journals, by prearrangement, could publish the major papers and recommendations.
2. The professional organizations could form coalitions to request that funding agencies allocate more money to counseling research, then work with the agencies by staffing peer-review panels to see that the money is allocated to investigators submitting sound and important proposals.
3. The Editorial Board of the research journals in counseling could collaborate with the ERIC Centers to maximize the number of studies which are published and the detail with which each is presented. The total resources currently available are finite, and it is suggested that some of the journals might publish both shorter reports of studies (with the design details appearing in the ERIC system with reference numbers already assigned) and longer reports of significant research. This approach would hopefully maximize the impact of available resources.
4. The Division 17 Executive Committee could enter into regular discussions and consultation with the Editorial Board and Editors of the *Annual Review of Psychology* and the *Journal of Counseling Psychology*. The intent would be to broaden the base of input on how research in counseling psychology is treated in the professional literature.

These ideas for possible collaboration are merely suggestive of potential new organizational configurations which could enhance future scientific research in counseling.

V. CONTENT AREAS FOR THE FUTURE

Counseling psychology must broaden the basis of the problem areas it researches. The reason is that over the remaining two decades of the

twentieth century, practitioners in our field will be involved more in problem areas related to the following content areas:

1. environmental psychology and environmental planning
2. psychobiology and neurosciences
3. criminal justice
4. leisure
5. business and industry
6. health sciences, particularly the prevention of illness through better self-management
7. life-span development psychology including aging, development tasks, and transitions between phases of life
8. the psychology of men and women and their growth within relationships, sex roles, parenting, and sexuality
9. more refined approaches to building a psychological sense of community
10. social organization self-renewal
11. assertion training
12. information and computer science
13. the systematic study of the expected future and its alternatives
14. psychological education
15. cross-cultural counseling
16. staff development

Much of the traditional definitions of the limits and role of the counseling psychology profession has been in terms of the remedial, the preventive, and the educative/developmental role models. There has been a continuing debate (Whiteley, 1980) over which role has primacy for counseling psychology.

The list of 16 areas for future inquiry makes two assumptions about the future of these roles. The first assumption is that all three role definitions are important within counseling psychology and will remain so. The second assumption is that counseling psychology can enhance its impact on society and its members by expanding the areas of human endeavor on which it does scientific research. Practitioners will be able to draw on the results of that expanded inquiry to offer services to a greater range of people and their institutions.

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Chapter 14

Task Force on Scientific Needs: Research Needs for the '80s

SAMUEL H. OSIPOW
Ohio State University

Over the years there has been considerable rhetoric about what we should be doing in counseling psychology in the professional, the political, and the scientific spheres. I am not sure that anything remains to be said on an exhortative level. Certainly, we can always improve the execution of our scholarship and our services. Whether papers published in monographs and books and read (perhaps) by students and colleagues make any difference toward improvement is questionable.

I have come to wonder whether anybody reads the products of our scientific activities. A few people do, I know: the authors, their vigorous critics, and a few very hungry scholarly souls. However, I think most of the reading is done by computers which are used to search libraries for titles and abstracts which then get plugged into review projects, resulting in review "papers." Little seems to pass through the head and thought processes of any living person.

In my role as editor, first of the *Journal of Vocational Behavior* and more recently of the *Journal of Counseling Psychology*, I have been presented with many criticisms of what has and what has not been published in journals I have edited as well as journals I have not edited. Many people have objected to the rejection of studies that were well executed; other people have objected to the rejection of studies which dealt with important topics; others have objected to the publication of papers that seemed to them to be trivial. I plead guilty, and probably many other editors would as well, to all three counts. Editors are limited by what is submitted to them, at least in the usual archival journals.

I do not believe that counseling psychologists generally, and possibly all psychologists, have a very significant commitment to scholarly inquiry. There are a lot of counseling psychologists. I think the majority of them are people dedicated to providing professional service of one kind or another when they enter the field. The scholarly aspects are peripheral.

Some find scholarship tedious and objectionable; others give it lip service; still others consider scholarship acceptable for other people to engage in, but not for themselves. Many counseling psychologists do not find the products of scholarly inquiry in psychology and in counseling psychology to be of particular use to them in their own professional work.

As we as individuals mature professionally, we find the need to publish our thoughts and research activities for job advancement, for visibility, for tenure, for promotion, for ego gratification, and, of course, even for positive professional scientific motives as well. The result of this sad mixture of motives, however, does not produce scholarly work of consistently high quality or utility.

Do not conclude from my sadness and cynicism about the research publication process that I am embarrassed about periodicals I have been associated with over the years or even my own work. I think we do a good job in our scholarly activities. The studies that have been published generally have been through a very fine reviewing process. The research has been well conducted, generally well conceived, and every effort has been made to relate the presentation to the "working counseling psychologist." I think it is a particular malady of our professional group never to be satisfied, to always be diminishing our products—I am guilty of that, too.

With that preamble, I will share with you the few constructive ideas that I have about how we might improve the state of research in counseling psychology.

It is clear that the type of research we conduct reflects our vision of what we think counseling psychology is about. If we study the counseling process using psychotherapeutic terminology and interventions, we are telling the world something significant about what we think counseling psychology is all about. If we study subject population characteristics, measurement techniques, or life span career development or whatever interests us, we are defining counseling psychology. This definition is not necessarily inherent in the individual study, but in the aggregate, in what we publish in our main periodicals, and in the books that we consider to be our very own, we are defining who we are. Some of us are more self-conscious about that definition than others. I would propose that it behooves us to be very self-conscious about that definition because whether we like it or not, our colleagues define us by what we write and publish.

A second point that I think needs to be addressed is the importance of showing how counseling psychology research can be related to research in general psychology. I believe that, unfortunately, too many inquiries conducted by counseling psychologists and published in counseling psychology periodicals or presented at counseling psychology meetings are conducted in isolation of the mainstream of thought and method in psychology and behavioral science in general. I believe that too often we fail to take sufficient note of concepts that are important to psychologists at large. I mean not only should we be attentive to developments in clinical

psychology and personality theory, but we should also be attentive to the full range of psychological constructs in theory development and the methodologies that are associated with those areas. After all, we do say we are psychologists first and counseling psychologists second. Many of us have multiple professional identities. Why don't we implement these in our research sufficiently?

I believe that if we were successful in integrating our research into the larger body of psychological literature, we would improve the quality of the research questions we investigate, independent of the particular methodologies we use. As a result of my experience as an editor of two different journals over an 11-year span, I have become very concerned with the triviality of many of the research questions that people investigate. On the one hand I recognize that research questions must be very small in order to permit answers, that somewhere the answers generated by many independent and small research inquiries need to be aggregated by some integrative thinker. There are not many integrative thinkers among us; furthermore, there are few of us trying to perform that task, and we give little encouragement to those few. As a consequence, the potentially useful impact of these step-wise studies—programmatic research activities and the like—is often not realized.

A parallel point has to do with the apparently large number of studies that are conducted to document a particular point of view or methodology and not necessarily to illuminate a particular research area. Individuals too often have a pet idea, instrument, procedure, or intervention which they wish to promulgate through the publication of research. The studies that are submitted to periodicals for publication dealing with these pet ideas are usually the ones that have yielded positive results. We don't know very much about the studies that were not submitted. As a result, we run too great a risk of asking trivial questions in the self-enhancement of certain research areas, the result of which interferes with scientific and scholarly quality.

The review process itself often comes under careful and critical scrutiny. I have tended to be a defender of the current review process for reasons that are too lengthy to go into in detail at this particular time. Generally, I believe reviewers are committed to do the best they can for very little personal gain and are generally unappreciated. However, I think there is a tendency for reviewers to become pedantic with respect to methodology and to fail to recognize a potentially fruitful research idea which needs polishing, shaping, and encouragement instead of criticism and ridicule.

Finally, I am concerned with applying new methodologies to study the questions that are of interest to us as counseling psychologists. At the moment there are many studies of an analog nature, an occasional experimental study, a great deal of survey research, instrument development research, and *very* occasionally a case study that is well conceived. I am concerned that we have not continued to design the

interventions that we wish to study in ways that allow us to rigorously evaluate them and to generalize about them. I believe that this is a major challenge facing us over the next 20 years in counseling psychology research. The number of investigators in counseling psychology is clearly shrinking as increasing numbers of counseling psychologists are employed in service and applied settings and continue to be cynical about the need for research activities. Such a situation does not auger well for what we may reasonably expect in terms of quantity of research, but it might auger well in terms of the quality of research output since those few who remain active in the research endeavor are likely to be well trained and conduct their research in a quality fashion. As long as those investigators maintain good communication with practitioners, we have a chance that the questions they ask and the methods they use to answer them may prove to be more fruitful than we have generally seen in the past. Perhaps the next constructive task is to generate a content-oriented "shopping list" of research needs.

Three good methodology papers have recently appeared to guide us in our efforts. Gelso (1979) wrote a major piece for *The Counseling Psychologist* which outlines many of the pitfalls of research efforts counseling psychologists encounter and suggests some ways these can be avoided. Oliver (1979) described the problems of measuring outcomes as they apply particularly to career counseling research. Finally, Fretz (1981) has described several ways that might be used to improve the effectiveness of research on career interventions. Fretz (1981) and Oliver (1979) in particular suggest needed improvements that can be used as a "shopping list" for research in counseling psychology, at least as it affects career interventions. Fretz points out the client attributes of demographic, psychological, and career-related types; the treatment parameters involving the content, the interpersonal context, and degree of structure of these interventions; and outcomes in terms of variables such as career behaviors, career sentiments, role function variations, and career knowledge and skills.

If we wished to write such a list for counseling in general, adapting Fretz's work would be easy to do. Where Fretz talks about career counseling interventions, these same dimensions could be used to generate a similar list for counseling in general. Client attributes would remain similar. The demographic and psychological variables would change little, although client attributes regarding problem content would differ. Instead of career-related variables there would be a set of variables which might include some career-related issues, but would also include interpersonal skills, psychological maturity, affective adjustment, motivation for improvement, a sense of life plan, and the like. Treatment parameters would vary considerably because the content domain would be substantially expanded. In addition to occupational matters, the content domain would include variables such as family status, self-knowledge, and interpersonal skills. The context of treatment would be similar to that list

suggested by Fretz in terms of individual versus group versus self-administered and the degree to which the group structure could vary the way Fretz suggested. Finally, regarding outcomes, the list would be almost infinite in terms of variables, which would include career knowledge but would also include interpersonal and personal functioning variables as well as affective variables and satisfaction skills.

The above is only schematic but suggests a very feasible shopping list or supermarket for counseling research, parts of which some investigators are already using to guide their efforts, albeit often implicitly.

In sum, we tend to take too much about the effectiveness of counseling on faith and, in general, need more intervention comparisons, more studies of training effects, and more studies assessing outcomes as they vary according to interventions and different populations characteristics. We need to know more about the differential durability of outcomes as interventions are applied to various populations. All this leads me to have little doubt that there will be much to occupy the interests of counseling researchers for many decades to come.

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Chapter 15

Commentaries on Research in the 1980s

Chapter 15 is composed of reactions to the papers which comprise Chapters 12-14. It is included because of the perspective on priorities and problems in research which emerges from reading the views of an unusually diverse group of counseling psychologists. The documents are arranged by author in alphabetical order.

BRUCE H. BISKIN

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The nature of the three papers makes it difficult for me to integrate a global response to them all. Rather, I will use each as a starting point to share my thoughts and feelings about scientific affairs in the future of counseling psychology.

Whiteley's presentation approached the difficulties inherent in producing quality research in counseling psychology from a macroscopic perspective, i.e., what are the institutions and processes that can help to encourage cohesive thinking about research in our area, and how can we insure that adequate resources necessary to undertake this research are made available? Whiteley argues cogently for more programmatic research (as opposed to "one-shot" studies) and for conferences where counseling psychologists can come together to discuss research. I believe that if these two suggestions were implemented, the quality and quantity of research in counseling would improve.

He also encouraged cross-fertilization of ideas among different areas of psychology and among other social and behavioral science disciplines; *I feel that this point cannot be overemphasized.* In my opinion, it is critical that research in counseling psychology (often touted as the "generalist

specialization") reflect the knowledge and perspectives of other disciplines if it is to be maximally useful. I suspect that as training requirements become greater, leaving fewer credits for electives in many graduate programs, that our graduate students will develop narrower perspectives on counseling psychology in general and research in particular. Even now, how many graduate programs *encourage* students to take courses that are not purely "psychological in nature?" I fear that one consequence of overspecialization at the graduate level (partly as a response to accreditation and licensing requirements on the national and state fronts) will be a kind of intellectual inbreeding that will manifest itself partly in narrow and trivial research ventures. Whiteley's suggestions, if taken seriously and acted upon by the profession, may help to avoid such a situation.

In his presentation, Osipow indicated that, based on his experience as editor of the *Journal of Counseling Psychology*, it appeared that the pool of counseling psychologists who engage in (or at least try to publish) research seemed to be diminishing. Although he viewed this trend optimistically, I am more pessimistic. Undoubtedly, there are a number of factors contributing to such a decline. In addition to a "weeding out" process, in which poor researchers are not reinforced for engaging in low quality research, other less fortunate causes may be at work. For example, research funding tends to reflect the general level of the economy; it is likely that only the most creative young researchers are receiving new grants to support research efforts. Academia, which supports most of the people who publish in *JCP*, is also suffering under a financial burden: salaries lag, tenure is no longer guaranteed to productive young faculty members, facilities decay. I suspect that there is less prestige to be gained by affiliating full time with a university than there was even 10 years ago. As a result, I suspect that fewer potential researchers are finding their ways into environments that reward the research enterprise, either by choice or because of the competition for the few desirable positions that seem to be available. This phenomenon is not unique to counseling psychology; it affects many disciplines. However, unless innovative programs are instituted to encourage our brightest people to engage in research, I suspect that our journals will be filled with the work of fewer and fewer authors. Perhaps a conference, as suggested by Whiteley, to discuss this issue could lead to the programs and other incentives that are needed to draw good people into research activities.

It would not surprise me if many PhD's reject research because of the narrow concept of research they learn about in graduate school. While there are probably individual differences among training programs and journals, I believe that the rules (both explicit and implicit) about what determines "appropriate" research are rigid and narrow. Experimental and correlational quantitative methods have become icons in the field. Just as Osipow noted that we define ourselves implicitly by what we do, we have chosen to define acceptable research implicitly as that work which

is amenable to quantitative statistical analysis. Not only are these methods simply a subset of potential methods counseling psychologists can draw upon (as discussed by Hill & Gronskey), but just as the fable about the three blind men and the elephant demonstrates how limited perception leads to misinterpretation, so our methodological limits lead to a misperception of the phenomena which we seek to understand. Quantitative methods, at their best, give us a perspective of commonalities and differences among groups of individuals; we learn little about specific individuals (or other units like specific couples or specific families) who are the focus of the practitioner. The lack of isomorphism between research and practice makes each an art as well as a science.

Yet, there are other ways of perceiving than those which are rewarded by "the establishment." Methods developed and honed by other disciplines, such as naturalistic observation (biology, anthropology), structural models (economics biometry, sociology), and logical analysis and argument (law, mathematics, philosophy) would make the model which counseling psychologists have of the interpersonal world more complete and real, if only they were granted legitimacy in our discipline. I believe that this would benefit research interest (in both production and consumption) and utility in our profession. We must encourage creative thinking and innovative approaches to problem solving; the alternative is likely to be stagnation.

Hill and Gronskey addressed the issue of the integration of research and practice in an important way; each without the other is sterile. Their conception of research as critical thinking—hypothesis generation and testing, re-examination of hypotheses in light of new data, exclusion of implausible explanations, generating new hypotheses, etc.—attempts to bridge the gap between the so-called "scientific" researchers and the maximally effective practitioner. Both engage in systematic investigation of a phenomenon; the former differs from the latter only in the explicitness of the process and the extensiveness of the sampling; the underlying process is the same. I believe that this common bond is the crux of the utility of the scientist/practitioner model. It implies that researchers and practitioners have commonalities besides the title "psychologist." Rather, they differ mainly in perspective. To the extent that counseling psychologists can be taught to "switch hats" whenever appropriate, we can optimize both the researcher and practitioner roles of the counseling psychologist. For example, our graduate programs might provide formal training in logic, of which the scientific method is a single segment. This instruction ought to occur in the context of research *and* practice as inductive and deductive processes, emphasizing the common properties of logic for both professional areas. Formal instruction in quantitative methods, although important, is insufficient to train scientist/practitioners.

I find it a bit disturbing that there have been no explicit plans for the various committees on counseling psychology in the next decade to meet

together and share their respective issues and perspectives with each other. It is difficult to understand how they can function optimally, contained within their own separate "boxes." Rather, I would suggest that without such interaction, none of the committees—definition, the marketplace, and research—is likely to make a meaningful impact on our profession. Each area affects the others; the parts are inextricable. I trust that the members of the three committees will meet and share their knowledge and viewpoints on counseling psychology.

It must be clear by now that I believe that it is important that counseling research be conceptualized in a holistic framework which best represents real-world phenomena. Social, economic, and political considerations are not less important than scientific and interpersonal ones, although they may be sometimes more difficult to grasp in the context of research and scholarly inquiry. Where practical, artificial barriers among disciplines should be dismantled; where impractical or undesirable, at least there ought to be doorways that lead from one to the other. In particular, counseling psychologists should join together, rather than fragmenting themselves into "the research camp" or "the practice camp." While it is impractical and not always desirable for every individual to be actively involved in the institutions and processes that affect our existence, from the macroscopic—state, federal, and international affairs—to the microscopic—universities, classrooms, and dyads—I suspect it is just such activity which will help our profession to grow. Without exerting such influence on our environment, we cannot expect things to change for the better.

DON M. DELL
Ohio State University

As to points to be included, my own biases lead me to want to reaffirm the scientist/practitioner model and, following Hill and Gronskey, to see some discussion of the functions of research in our profession. Osipow's point concerning the importance of showing how counseling psychology research can be related to research in general psychology deserves to be expanded and emphasized. The "building of bridges" between thought and method in psychology (and behavioral science in general) and counseling psychology seems to me a very important activity. Whiteley offers some suggestions for focusing research effort and building a scientific base that seem like good ideas but perhaps anticipate a consensus

on goals that does not exist. In fact, my biggest problem with all the papers was that the suggestions for "solution" they offer seem not to be well related to the "problems" they enumerate. Believing that one may take desirable actions for reasons other than problem resolution, let me suggest that the organization of the final paper might begin either by asserting some limited set of goals for the profession or by posing some alternatives that might serve as a basis for policy decisions rather than a list of "problems with research in counseling psychology."

I presume that the function of your task force is not to tell people *how* they ought to do their research or *what* research they should do but rather to consider ways of focusing attention on the research aspect of the profession and an attempt to devise means for achieving some consensus on such things as areas in need of investigation, instrument and method development, and research training.

The latter issue is one that is given surprisingly little attention in the three papers. Perhaps this needs to be expanded in the final document. Quite apart from suggestions about *how* training programs ought to be structured, what should their aim be? To produce more people who produce more research articles? To train a few people to produce better quality research? Again, some agreement on policy seems desirable; otherwise, all one has are suggestions for solutions to "problems" about which there may be little consensus.

E. THOMAS DOWD
University of Nebraska

Whiteley has written a paper which is especially rich in practical implications. His paper delineates the constraints on research which arise out of historical actions and professional thrusts. I found his suggestions for improvement mostly "doable." Let me add a few ideas to his article.

I think one of the reasons that counseling psychology has not been more research oriented is because of the large number of counseling psychology programs which are located in colleges of education. Historically, colleges of education have been more service oriented than departments of psychology. Likewise, there has been a concentration in counseling psychology research on group designs. More use of $N = 1$ case studies, anthropological-like research methods (a la Luria and Vygotsky), and observational methodologies would be helpful. An additional recommendation would be to have periodic conferences and literature

summaries in the journals on particular lines of research. Whiteley has mentioned some of these lines of research, but has left out others (e.g., Strong and associates). Another point not mentioned by Whiteley has been what I perceive as a lack of knowledge of instrumentation to use in counseling psychology research. I especially liked Whiteley's 16 areas around which the future of research and counseling psychology could be organized.

Sam Osipow's paper seemed to be more a defense of what had already been done, especially in the research journals, than implications for the future. However, he did make some good points. Not only does the kind of research that we do define what counseling psychology is, as he states, but also the journals in the field have a sort of "channeling" effect. Not only do the same people appear on several editorial boards, thus stamping the field with their particular ideas about counseling psychology research and practice, but the very nature of the kinds of studies that the journals choose to publish has a definite effect on the kinds of research that are done. Researchers are not fools, and they quickly learn what kinds of studies have the most chance of being published and proceed to do those studies. Studies that have little chance of being published simply are not done.

Osipow's point about applying new methodologies to study questions is well taken. In particular, I would like to see more observational research models developed, along with case studies. These models, it seems to me, have much more to offer the practitioner in terms of implications for practice than for group designs. Another problem which is not addressed is that of the reactivity of our measures. Often the mere act of measuring a phenomenon changes the nature of that phenomenon.

I found the paper by Hill and Gronsky to be the most stimulating of all. In particular, it was especially good in terms of asking questions about the basic reasons for doing research in the first place, and in asking questions of purposes, functions, and models. Likewise, they were good at beginning the development of new research models that might have implications for future research in counseling psychology. The paper by Whiteley offers some important ideas about things that could be done now. The paper by Osipow addresses the social psychology of research publication.

I think the final report should make a clear distinction between the scientific and the experimental. Too often we have confused these two, have equated them, and have perhaps been experimental without being scientific.

LARRY EBERLEIN
University of Alberta

What functions should a counseling psychologist be capable of performing? Can the average counseling psychologist in the 1980s be a *good* scientist as well as a *good* practitioner? In the best of all worlds, yes; in reality, no! Harmon points out that the "scientist/practitioner model adopted in the Greyston Conference has been generally accepted by those who train counseling psychologists" (Chapter 5). However, much as counselor educators may wish it, few students adequately combine the diverse skills envisioned by the model. In addition, most of today's production of counseling psychologists is going into service centers with fewer and fewer going into university settings and other positions where research is emphasized. Given the continued tight funding levels in research-oriented centers, I agree with Osipow (Chapter 14) that there are going to be few researchers left.

Harmon also believes that the Greyston model has been translated by many counseling psychologists and the public into a "researcher/practitioner" model with the elements of "researcher" and "practitioner" seen as mutually exclusive. While "scientist" and "researcher" do embody different concepts, both are considerably different from the skilled "practitioner" that is one goal in graduate studies. For example, currently the University of Alberta is emphasizing improvements to the practicum and internship aspects of our program to meet the needs perceived by those who hire our graduates. Even students who fail to receive degrees because they lack a master's thesis or doctoral dissertation, still find employment based on the "practitioner" component of our program.

CANADIAN COUNSELOR EDUCATION PROGRAMS

A recent study by Jevne (1981) re-examined counselor education programs in Canada at the request of the Canadian Guidance and Counseling Association (CGCA). One of her purposes was to explore the expected competencies of the well trained counselor. Counselor educators, practicing counselors, supervisors of counseling services, members of CGCA, and counseling students were all sampled. A general question asked for a ranking of the areas believed to be most important in the training of an effective counselor, and all groups ranked evaluation and research abilities at the bottom of the list! Again, to the question, What functions are important for counselors to be prepared to perform, all groups agreed on the importance of personal-social and career-vocational-educational counseling, but again put program development and

evaluation, staff development, and conducting of research studies at the very bottom of the list. Measurement techniques were considered a low priority by all groups, with many cautions about the abuse of testing. Only a few respondents suggested counselors should know something about testing and statistical interpretation.

In response to the above study, I reflected on the needs identified by the Canadian School Trustees Association and the widespread public dissatisfaction with the public school system in the field of career education, especially when this education was translated into jobs:

Canadian university guidance and counseling programs continue to receive many applicants, and the programs continue to reflect the expectations of those who participate in the program rather than the school systems and public who will be the real clients after graduation. (Eberlein, 1981, p. 68)

RESEARCH IN THE 1980s

Looking at counseling psychology in the 1980s, Task Group III concentrated on Scientific Affairs and prepared a number of papers for circulation (Chapter 5). My own review of these papers led me to make several observations. I tended to agree with Osipow's statement that scholarly aspects for counseling psychologists are peripheral and that many of the research questions being investigated are trivial (see Chapter 14). In looking over many of the journals available in the counseling psychology field, one wonders about the usefulness of some of the narrow research that has been published. The real question that can be raised about most of the research is, So what is useful for me—why should I read it? The section on implications either for further research or for the practicing counselor tends to be the weakest section in reporting these studies. It occurs to me that often this section should be written by someone other than the author of the study itself, someone who is also knowledgeable in the field. Often the comments that come back during the review process of articles submitted for publication are of as much or more value than the article itself!

I suspect the motivation for many people coming into counseling psychology is not one of scholarship but rather the desire to help others. Students see counseling psychology as a people-oriented occupation with little concern for scientific rigor. Again, the interaction required in one-to-one and small group relationships is usually so draining that it is the exceptional practitioner who has the energy either to do research or write about the profession along with meeting a full schedule of clients. The triviality of much research would seem to be related to the fact that counseling psychologists are required to do research to get a Ph.D., and that is the one and only project they do during their career. Admittedly, many students have to be talked out of trying to "save the world" with their

research, and the result is not the contribution to professional knowledge which is our goal. Given this scenario, it is almost impossible to do programmatic research as Osipow suggests. Stepwise studies cannot exist unless there are a lot of people at a particular institution interested in carrying on such a series.

CONCLUSION

Hill and Gronsky (see Chapter 12) agree with the scientist/practitioner model and argue that one cannot separate research and practice. However, it seems quite possible to do good research about the counseling process without being intimately involved in it. Indeed, one may argue that a more objective view can be achieved in this kind of setting. This would suggest the answer lies not in a pure scientist/practitioner model, but rather in a joint effort by a scientist and a practitioner, each of whom would be an expert in his or her own field.

I suggest we need to encourage three *types* of graduates from our counseling psychology programs, each focusing on areas of personal strength:

1. *The research scientist.* This would be the individual who would design and implement research studies and be employed by universities, the central office of school systems, public agencies, and research centers.
2. *The communicator.* This is the individual who communicates research findings of the scientist to the consumer but also ascertains from the consumer the kinds of questions that need to be asked and resolved. In addition, this individual would bridge the gap between the "ivory tower" and the public by translating psychological jargon into English.
3. *The consumer.* This is the counseling psychologist on the "firing line." The greatest number produced by graduate schools are in this group, and these are the ones who will actually demonstrate how a given body of knowledge affects their clients and the public at large as they use specific intervention strategies. While they would do little research, these practitioners could point out issues and problems that need resolution and help in carrying out specific research projects.

Continuing education and retraining programs are ready-made to emphasize the part of the scientist/practitioner model that was lacking at an earlier point in a career. It might also be a partial answer to practitioner burnout. Periods of study leave will enable a researcher to "hone" practitioner skills and vice versa. It is important to preserve the ideal of the model but temper it with a bit of reality. If we concentrate on what students can do best, we can help them recognize that there

is more than that one aspect of being a counseling psychologist. Researchers in psychology often are seen by a large portion of the public as doing things which don't really matter in life in the real world. Perhaps the relevance of research would improve if we modified our model and clarified our lines of communication.

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While reading these papers I was struck by the consistencies in the major themes and also by the similarity of the points made in these papers to those made in the final report of the Scientific Affairs Committee in 1978 (Resnikoff, 1978). This indicates to me the persistence of many of the concerns facing the field of counseling psychology. The important themes of the 1980 Symposium appear to be the following:

1. A dissatisfaction with the current state of research in the field of counseling psychology.
2. A call for broadening our range of acceptable methodologies, especially with regard to the so-called "qualitative" approaches to research.
3. Reiteration of the desirability of the scientist/practitioner model.
4. Recognition of numerous problems in *realizing* the scientist/practitioner idea. This last point seems to be a major contributing factor in the push for new or alternate methodologies.

In addition to the preceding themes, there were several other very important and interesting issues raised in each paper:

1. Whiteley

- a. The emphasis on the encouragement of researchers to pursue systematic lines of inquiry has important implications for the field, as does the restructuring of organizational and professional reward systems, which is necessary in order to further this goal.
- b. Whiteley makes some excellent points regarding the constraints on research activity as well as possible approaches to facilitate research efforts. Particularly crucial are his discussions of the job situations of most non-academic counseling psychologists and the role of research in graduate training programs.
- c. The historical overview provides a much-needed perspective.
- d. Given the coming (or existing) financial crisis in higher education, the ability to obtain external funding will probably be increasingly crucial to research efforts in the field of counseling psychology.

2. Osipow

- a. I agree wholeheartedly that we as counseling psychologists must examine the relationship between counseling psychology and psychology in general and, indeed, the relationship of research in counseling psychology to the advancement of science. We must attend to and draw from research outside our narrowly-defined discipline.
- b. I wonder if the lack of participation in or consumption of counseling research is related to basic differences between the scientist, as defined in this field, and the counseling practitioner? Despite the scientist/practitioner ideal in the field, the reality seems to be more of a conflict, i.e., the values of the scientist versus the values of the practitioner. This phenomenon needs to be studied in much more depth, but there are writers in other fields whose work may be heuristic. For example, Mitroff and Kilmann (1978) have presented a classification of scientists based on Jungian personality types. They hypothesize that one's orientation toward different types of inquiry is related to personality variables. Since in counseling psychology the dominant paradigm is quantitative/experimental, the average scientist or researcher in our field may be very different on a fundamental level from the average practitioner simply because of the definition of what constitutes science. However, if we broaden our definition of a scientist, the scientist/practitioner rapprochement may be more easily realized.
- c. The concern expressed with regard to the *quality* of our research

questions is crucial to the advancement of the field, and this problem appears to be related to the constriction of our available methodologies. There are certain questions which are more easily addressed by experimental methods; conversely, if certain questions are difficult to operationalize, hard to investigate, or require methodologies which are considered inferior (e.g., participant observation or intensive interviewing), those questions are probably going to be neglected.

3. Hill and Gronskey

- a. The discussion of the roles and functions of research is helpful.
- b. When mention was made of the "philosophical underpinning" of the role of research, I was disappointed that many of the more complex issues inherent in a discussion of approaches to research were not addressed. Clara Hill begins to confront these underlying issues in her section of the paper when she critiques traditional research practices which have been based largely on models from the physical sciences and suggests a new model of inquiry. The discussion of the alternate assumptions upon which this new model rests comes closer to what I see as the heart of the matter but is still incomplete.

4. Conclusions/Suggestions

In order for this report to add significantly to earlier discussions it seems important to me to move beyond talk of *methods* to a clarification of the underlying philosophical issues. The emphasis on *methodologies* disguises conflicting philosophical orientations, i.e., basic value orientations, which unless clarified and to some degree resolved, will continue to plague the field. In a grossly oversimplified sense this conflict may be defined as the conflict between quantitative/qualitative methods, objective/subjective orientations, or component/holistic analysis. All three papers advocate the use of different methodologies, a broadening of the field. The question, however, is, How can this be accomplished? Perhaps we can learn from similar controversies which are raging, with slight differences, in other areas of psychology (Argyris 1968; Gibb, 1979), and related fields such as education (Rist, 1977; Scriven, 1972) and sociology (Glaser & Straus, 1967; Reinharz, 1979).

Once some of the important distinctions are clarified, however, other constraints to the broadening of research methods exist; for example:

1. Both Whiteley and Osipow express concern over the adequacy of the research preparation in counseling psychology programs: What then are we to do when the *range* of acceptable methods expands? Not only will students have to prepare for the traditional experimental methods, but they will need to acquaint themselves with anthropological, econometric, legalistic, or sociological methods as well.
2. The reward structure in institutions (for promotion and tenure), organizations (for papers and presentations), and professional publications (such as the *Journal of Counseling Psychology*), will have to change dramatically in order for alternative methodologies to exist let alone thrive.

Advantages to the suggested expansion of research strategies are more than adequately discussed in the Hill and Gronsky paper. I would simply like to emphasize that a crucial issue running through all the papers seems to be philosophical in nature, i.e., the differences in quantitative and qualitative assumptions regarding research. I hope that we do not sidestep this issue by reducing it to a question of methods. Nor, I hope, do we attempt to resolve the complexities of the issue by attempting a premature synthesis of the two perspectives or by choosing one over the other. Rist (1977) has noted that attempts to understand and cope with the dialectical relationship between quantitative and qualitative orientations are yielding some of the most creative research in the field of education.

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MARILYN J. HAYMAN
Pulvermacher, O'Hara & Hayman
Ottawa, Ontario, Canada

Thank you for forwarding the APA Symposium papers to me and for giving me the opportunity to express my views.

For the final report, it is important to me that the following points should be included:

1. the historical background material as presented by Whiteley which indicates direction;
2. the specific criticism by Osipow of what he sees deficient in past presentations to journals;
3. the importance of counseling psychologists becoming proactively involved in current social concerns by Harmon;
4. the emphasis on the introduction of increased phenomenological research by Gronskey; and
5. the specific research questions proposed in each of the papers as direction for the '80s.

Areas not included in which I would be interested:

1. nontraditional job positions of counseling psychologists and how these can be incorporated into current research issues;
2. suggested areas of research funding, e.g., sources of information where funding is available as an extension of Whiteley's work;
3. political promotion ideas for counseling psychology in relation to other psychological disciplines, e.g., clinical psychology—in what areas are we true experts?
4. greater emphasis on phenomenological research projects with some indication of what editors see as professionally viable at this point.

Of great importance is the distribution of this report to members of Division 17 with a view to greater encouragement and moral support to undertake innovative projects and research.

MARY ANN HOFFMAN
University of Maryland

A schema for the organization of the final report seemed to emerge as I read these papers as each paper seemed to include the following two areas: (1) a statement about the field of counseling psychology as it exists currently and the author's view on why this is so; and, (2) a statement about the future direction the field should take and suggestions for how this might best be accomplished. Each author expressed concern about the current status of the field. Views were fairly similar as to what the current status of the field is: there were considerably more differences of opinion as to future directions and implementation of these suggestions. I will give my suggestions about what specific points should be included in the final paper by using the two-part schema described above. I will also add or expand on a few points that I see as being important. Specific points from the various papers that I do not include will be those that I felt were less important for the final report.

The field of counseling psychology as it currently exists and why. Overall, I felt that the authors focused on and endorsed in their papers the model of the scientist/practitioner. However, they were not satisfied with how that model was being translated in practice. There was an expressed belief that much greater emphasis has been given to the practitioner aspect, and that has had implications for the development and image of the field. Some of the reasons cited for this lopsided emphasis were as follows:

1. Whiteley:
 - a. key conferences, journals, documents, etc., address issues with the same bias toward practice
 - b. lack of reliable funding for research activities
 - c. emphasis in graduate training
 - d. job functions of nonacademic psychologists
2. Osipow: the notion that the content of our journals defines us as a field.
3. Hill and Gronsky: our field's reliance on traditional research assumptions and methodologies.

Future directions for the field and how these might occur. An emphasis that all authors conveyed in their papers was the need to broaden the definition of acceptable research content areas and methodologies.

1. A broader definition of acceptable research content areas (Whiteley and Hill and Gronsky): there was consensus on the need to broaden, but little consensus as to what these new content areas would be. This is an area where more discussion needs to occur.
2. A broader definition of acceptable research methodologies and assumptions (Hill and Gronsky and Osipow): there was consensus on the need for a broader definition, but differing ideas (or lack of definition) as to exactly what methodologies would be acceptable.
3. The notion of the usefulness of forums, involvement in professional organizations, conferences, etc. (Whiteley especially emphasized this).
4. The notion of more emphasis on an interdisciplinary approach (this was raised in varying ways by all of the authors) both in terms of content areas and methodologies.
5. The types of research activities that are especially valuable to the advancement of the field. There was some disagreement here as Whiteley felt that systematic research programs such as Holland's and his associates were especially valuable and Osipow felt that there was a need for more integrative thinkers. This is, in my opinion, an important area that the final paper should address. I feel both types of research activity should be equally encouraged. One concern I have with Whiteley's point of view is that it may "turn off" to a greater extent than is currently present nonacademic psychologists and counseling psychologists working in small departments, etc., where funds and colleagues are not available for large, systematic research programs.

Addition. One area that I feel must be given considerably more thought is how to involve more counseling psychologists in an *integration* of the scientist/practitioner model that our field is based on. For example, if a select few researchers in our field are the ones invited to participate in conferences regarding future directions in our field, if these same participants write articles for a publication on the proceedings of these conferences, and these same people read these publications, how do we then impact the bulk of counseling psychologists who are heavily involved in the practitioner role? Nobody seems to be arguing that in theory the scientist/practitioner model is the favored model; however, the reality is quite different. How can a better integration of the two components occur? How can the work of this symposium be "filtered down" to impact the bulk of counseling psychologists?

JOHN D. KRUMBOLTZ
Stanford University

I hope it is not necessary for the Task Group to agree upon a single point of view. I would worry that controversial ideas would be excluded to produce harmony within the group. Let a thousand flowers bloom! Researchers are not going to follow the dictates of any committee report anyway. Researchers are looking for inspiration, not direction. Thus it does not bother me that Clara Hill and Barbara Gronsby disagree on whether the most fruitful research direction is a return to the scientist/practitioner model or whether it should focus more on current social concerns and areas of normal development. Let researchers decide for themselves what kind of research they find most fruitful after reading the cogent and persuasive writings of each Task Group member.

I found John Whiteley's historical perspective quite enlightening and appreciated his list of 16 problem areas. Each of us could probably add some other areas in which we are interested (for example, right now I am working in the area of "Irrational Components of Career Decision Making"). However, I would hate to see Whiteley's contribution get boiled down and blended with other reports in order to make some sort of common document.

I found that Sam Osipow's initial pessimistic cynicism gave way to some rather optimistic suggestions as to what can be done. He also suggests the development of a shopping list of research needs. Your report does not yet provide such a shopping list though I would find it very useful if you could generate such a list. But I tend to be somewhat pessimistic about the possibility. The development of a good researchable idea is not something that can be done easily. Furthermore, to appreciate the value of a proposed research idea, a considerable amount of background and related research needs to be brought to bear. However, if you all want to give it a try, far be it from me to throw cold water on such a noble goal.

On a more constructive note, I have two ideas which might fit somewhere:

1. Let's not assume that research is always on the cutting edge of new knowledge. The research literature may not contain the latest ways to solve some counseling problem. Research usually lags behind innovative practice. Before researchers can test an idea scientifically, someone has to think of it and implement it. Years may pass before a research study is proposed to test the idea. Let's acknowledge that much of research is confirmation, not innovation.
2. How about proposing a research conference in which practitioners

were able to have some major input? Have the conference structured so that the practitioners could study some typical current research literature and discuss the possible implications for their own practice. Then ask them to specify what they would actually need to know in order to provide better service. A moderator or consultant would be needed to keep them from being satisfied with vague generalities. Researchers do not have all the answers. Practitioners may well be able to propose, if not the answers, at least some important problems, puzzles, and questions. Translating these concerns into researchable questions will require further joint effort. But the outcome might be research studies which provide rigorous relevant results.

AUGUSTINE MEIER
University of St. Paul

The point that I would like to see emphasized is that research in counseling for the future give greater attention to the theoretical issues. Papers which attempt to propose a new orientation should be encouraged; by that I mean, papers which attempt a meta-theory of counseling. Such papers could demonstrate commonalities among several theoretical approaches. At this point in time, I think we are ready for some synthesis in theories concerning counseling.

Another point that I would like to see emphasized is that we once again rediscover the client and his inner world of experiences. We could use this as a starting point to formulate a theoretical position. This might very well serve as one way of arriving at a meta-theory of counseling. As an example, every client speaks about feelings, thoughts, needs, etc., as being part of his/her inner world of experiences. Yet most theories take one aspect of this inner world of experience and make it the only one worthy of investigation. What is needed is a more holistic approach to the understanding of human behavior and the human condition without surrendering anything that theories have contributed. In short, I would encourage papers that attempt to synthesize what is known in terms of empirical data and theoretical information.

I hope that these thoughts are of some value. In our own research we have started such a formulation as suggested above. Hopefully at some date in the future we will be able to share these ideas with our counseling professionals.

ARTHUR RESNIKOFF
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A major problem in research in the field is that counseling research appears to offer fewer and fewer implications for counseling practice. This fact becomes critical to part- or full-time private practice as the cost of living continues to increase and institutional positions are not readily available. As interests shift, there probably will be a decrease in research that speaks to counseling and clinical issues. Private practitioners or others in direct service often do not engage in research. Much of the research being conducted, partly due to inappropriate methodology, does not speak to a majority of professionals in the field. Some research needs to be reoriented to appeal to the counseling concerns of practitioners. The chapter by Jane Anton in Leo Goldman's (1978) book on research discusses that issue as does the chapter (Balaban, 1978) on observational research. Processes of research which interested clinicians could apply to their work is necessary for developing a better data base upon which clinical decisions are made.

Employment trends in the field have important implications for research, a fact which has gone unrecognized. Recent shifts in employment toward private practice and community mental health centers have led to less research being published on occupational concerns, choice, and the vocational counseling area. This is one area, one that has long been a bread-and-butter focus of the field, that may begin to have less development over time. Examination of research practices in the field needs to take into account changes in the field which may have resulted or will result in changes in the type of research over time.

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NANCY K. SCHLOSSBERG
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The papers were interesting and provocative. I would like to suggest an outline which possibly cuts across all the papers or could be an introductory, integrative paper. The major areas seem to be:

1. *The historical legacy.* It is important to put the issue in historical perspective, and Whiteley addresses this. His section on "The historical legacy" could be expanded to include the Bromwoods Conference and the AIR/NIE Project.
2. *The significant questions.* Osipow points out the paradox: the need to ask large, important, integrative questions while still asking doable, small enough questions. Whiteley lists content areas; Gronsky and Hill discuss areas we need to be studying. It would be helpful for someone to broadly sketch the areas of special relevance to counseling psychologists, for as Osipow points out: what we research and write about is based on a definition of the field.

It seemed that the content areas touched upon fall into three major areas:

- a. Normal development through the life span looking at the interplay of career, personal, and community development.
 - b. Interventions—How do we know when to intervene, how to intervene, and if the interventions have been effective?
 - c. Setting and population variations—How do we study and understand a variety of populations and the interaction of development with setting variations?
3. *The question of methodology - from quantitative to qualitative.* Again, the integration of question and methodology needs to be emphasized. Sometimes, in the name of scientific rigor, we get involved in fancy statistics which do not seem related to anything else. (I find myself at doctoral orals often thinking "much ado about nothing.")
 4. *Dissemination and style of delivery.* Whiteley and Osipow address the issue of journals. Whiteley's Section IV on "actions which would enhance research activity" and Osipow's first two pages could be somewhat elaborated. We disseminate through professional journals, newsletters, and APA programs. Are these effective? Do they communicate and educate practitioners, students, and researchers? If not, where do we go?

5. *The future: The scientist/practitioner model redefined.* Is this not, in a way, implicit in most of the material and explicit in Hill and Gronsky's article? If so, it might be a good ending. Maybe each author could articulate again what he/she sees as the future.

DAVID L. SEAQUIST
Drake University

My overall impression is that the authors all identify accurately the problems in the research area of counseling psychology. All deplore the lack of commitment to research among counselors. All suggest that more and better research should be done and suggest actions and techniques which will hopefully improve matters.

However, I believe all three papers are biased, not so much in what they say, but how they view the problem. Most of us ascribe to the scientist/practitioner model, but that seems to translate as viewing practice from the vantage point of the scientist. What would happen if we had a practitioner/scientist model, looking at the research or science of psychology, from the vantage point of practitioner? Perhaps a fourth paper or comment presenting the problem from the viewpoint of the counselor-consumer would improve the balance of the presentation. For example, it might be worthwhile to learn why the service-oriented counselors, quoting Osipow, "do not find the products of scholarly inquiry in psychology and in counseling psychology to be of particular use to them in their own professional work."

My guess is that most service providers agree with Osipow's point #3 that trivial questions with elaborate methodologies are not very useful. Also, they would agree with Hill and Gronsky's notion that the "separation of research and practice diminishes one's effectiveness in either role."

An additional point, which could be more clearly emphasized, is that the existing model for counseling research is almost deadly in its impact upon the new professional. As the authors mentioned, research is a dry, cognitive, rational, important enterprise which *ought* to be done. The body of knowledge in our field is built through small increments of data gleaned from hundreds of studies crammed with situationally unique factors. Granted, many advances have been made from the accumulation of otherwise mundane studies, but at times it appears that is the only model conceivable to us. Yes, research should be objective and dispirited in the testing of hypotheses, but need it lack the passion, vitality, and sense of

adventure which motivates the scientist to do research? Perhaps that is our problem: Research is done because it's important and because it's our job (i.e., we *should* do it) rather than because we want to understand people and our way of working with them better. Contrast that attitude with the account in Watson's *The Double Helix* (1968), of the excitement, intrigue, and competition of being first to achieve that scientific breakthrough. Is our research all that different, or have we just defined it that way through our assumptions and models? Perhaps if we collected a "shopping list" of research needs, as Osipow suggests, we could find out.

In any case, I believe that a practitioner view of research would enhance the overall balance of presentation, and perhaps provoke a new look at counseling research. I believe the Osipow and Hill and Gronsky papers made a good start in that direction.

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From my viewpoint, the final papers could describe more fully the specific content areas which need to be addressed by researchers during the next 10 years. Similarly, I think it might be helpful to distinguish between research and evaluation in discussion of training, funding, publication and dissemination. Finally, perhaps it would be helpful to give more attention to the possibility that the scientist/practitioner model does not work (i.e., some people are more interested/able in research and others in practice).

Chapter 16

*An Outsider's View of Research Priorities**

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The John Hopkins University

Almost two decades ago Brayfield (1963) remarked that counseling psychology was the most self-concerned of the helping professions. The recent self-analysis conducted by a task force of the Division of Counseling Psychology (Counseling Psychology: The Next Decade, reported earlier in this book, Section I, Chapters 2-6) is the continuation of the self-concern that has typified Division 17 since its formation within the American Psychological Association. Few years can go by without some sort of public analysis of counseling psychology (e.g., Brayfield, 1963; Carkhuff, 1966; Foreman, 1966; Goldman, 1976; Munley, 1974; Osipow, 1969; Patterson, 1966; Pepinsky, Hill-Frederick, & Epperson, 1978; Schmidt & Pepinsky, 1965; Whiteley, 1980; Whiteley & Fretz, 1980; and an entire issue of *The Counseling Psychologist* in 1979). Whiteley (Chapter 13) and Pepinsky et al. (1978) review others such as the Greyston Conference in 1964 (Thompson & Super, 1964) and the Bromwoods Conference in 1967 (Whiteley, 1967).

Many of the same issues reappear each time: the merits of laboratory versus field studies, distinctions between counseling and clinical psychology, the quality and quantity of counseling research, professional education and training, and the integration of research and practice. Perhaps because concern has been so consistent, there have been changes in counseling research over the last three decades. A greater percentage of articles in counseling journals are now empirical and their quality has

*This research was supported by the Center for Social Organization of Schools. I am grateful to Sanford Levy, Eleanor Simonsick, and Francine Voorstad for their assistance with data collection and analysis. Requests for reprints should be sent to Linda S. Gottfredson, Center for Social Organization of Schools, The John Hopkins University, Baltimore, MD 21218. It was originally published in *The Counseling Psychologist*, 1982, 10(2), 69-84, under the title "Vocational Research Priorities."

improved. Pepinsky et al. (1978) review other changes as well: sources of research funding, the institutions which account for most of the research and training in counseling, and the growth of research on counseling processes rather than counseling outcomes. After reviewing 12 years of publications in the *Journal of Counseling Psychology* and the *Personnel and Guidance Journal*, Foreman (1966) concluded that these journals show a "growing similarity to the more traditional psychology journals." One thing that does not appear to change much, however, is the type of issues counseling researchers address. Neither Munley (1974) nor Holcomb and Anderson (1977) found any clear trends in the content of research, the former looking at the years 1954-1972 and the latter the years 1971-1975.

In his contribution to the recent APA Division 17 Task Force symposium, the first point Osipow (Chapter 14) made was that "the kind of research that we do defines explicitly what we think counseling psychology is I would propose that it behooves us to be very self-conscious about that definition because whether we like it or not, our colleagues define us by what we write and publish." Because research content has been relatively unchanging over the life of Division 17, it provides a stable de facto definition of the discipline. One reason that content analyses of counseling articles have appeared periodically in the literature (Holcomb & Anderson, 1977; Munley, 1974; Pepinsky et al., 1978) is to capture and examine the identity of counseling psychology. Given the lack of reaction to the picture that these analyses have painted of the field, it appears that the picture either has been acceptable to most people in the field or for some reason it has not led to any substantial change in the choice of research pursued.

Research content (the specific substantive problems researchers are trying to solve) has received far too little attention in previous debates about the professional identity of counseling psychologists. Although amount and quality of research, third-party payments, the survival of the discipline with an identity separate from that of clinical psychology, and other similar professional issues are certainly legitimate, it sometimes appears to the outsider that the debate on counseling psychology's future is mostly concerned with the well-being of the psychologist rather than the client who is the discipline's *raison d'être*. If we do not periodically reexamine our research priorities, we run the risk of producing wares that no one finds useful in today's world. This is important to the health of the field because as Pearman (1977) says, "A lack of sensitivity to changing needs and systems may provoke professional genocide."

This chapter provides an outsider's view of the research priorities of counseling psychology. As a sociologist, perhaps the mirror I hold up to the field will reflect it in a somewhat different perspective than that in which counseling psychologists are accustomed to viewing it. Although critical, this chapter is offered in the spirit of the earlier self-criticism—the desire to create a more effective discipline.

This chapter has two general objectives. First, it presents a profile of

vocational research and researchers from 1975-1979 and a profile of what vocational researchers say they are interested in for the near future. These profiles provide a starting point for debates about whether this is a "presentation of self" with which the field is satisfied and with which we can expect other segments of society to be satisfied. Second, this chapter discusses methods for disrupting the inertia of past research and proposes alternative research priorities for vocational psychology.

Vocational psychology, rather than counseling psychology in general, is the focus of the analysis. The boundaries of the former are clearer and easier to study empirically. Vocational psychology also constitutes a large and important segment of Division 17. Pepinsky et al. (1978) trace the birth of counseling psychology to the need of the Veterans Administration to get World War II veterans back into civilian life. Until 1952 the Division of Counseling Psychology was called "Counseling and Guidance." Although the distinction between clinical and counseling psychology is not a clear one, both groups of psychologists have perceived the counseling psychologist as working with persons who have educational and vocational problems (Brayfield, 1963; Patterson, 1966). Furthermore, vocational psychology largely seems to share the same approach to research as other subspecialties within Division 17.

Specifically, the empirical analysis of this chapter looks at past vocational research by cataloging the work published from 1975 through 1979 in the two journals that publish the most vocational research (Holcomb & Anderson, 1977), the *Journal of Vocational Behavior* (JVB) and the *Vocational Guidance Quarterly* (VGQ). It examines the topics addressed and populations studied. All results are shown separately for the two journals because it is possible that the two journals specialize in somewhat different substantive areas. The topics and samples of this published work provide a basis for identifying the priorities researchers place on different counselor and client needs. These results are compared to those of Holcomb and Anderson (1977), who cataloged the vocational literature in four journals (including the JVB and VGQ) for the years 1971-1975, to see if there has been any marked change in priorities.

One could argue that research priorities have shifted and that the work that will be done tomorrow and that is being done today (and which will not be appearing in the journals for at least another year) reflects priorities different from those of the past five or ten years. Therefore, this chapter also reports the priorities that the authors of the foregoing articles currently place on different topics. While these past authors will comprise only a subset of future researchers, they are likely to continue to be important contributors to the literature and thereby continue to shape vocational psychology as it is known through published work.

Finally, a profile of authors of the journal articles is drawn. The years since latest degree, type of degree, disciplinary affiliation, and time devoted to research and to counseling are described.

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METHOD

Content Analysis of Journal Articles

A content analysis was done of all articles published in the JVB and all papers in the "Articles" section of the VGQ from 1975 through 1979. Articles were classified according to major topic (vocational interests, job satisfaction, etc.), type of article (theoretical, review, or empirical), and the sex, race, socioeconomic status, student status, and employment status of people in the samples. A total of 518 articles were analyzed, 331 from the JVB and 187 from the VGQ.

Mail Survey of Journal Authors

Questionnaires were sent to most of the first authors of the journal articles for which a content analysis was done. Seven of the 518 journal articles were eliminated at this stage of the research because they were reprints from other sources and thus not original contributions to the literature. The remaining 511 articles represent 407 first authors. Questionnaires were not sent to the 43 foreign authors, the three corporate authors, or the author of this study, leaving a total of 360 authors to whom questionnaires were mailed. Foreign authors were excluded from the mail survey because this survey of authors was originally conducted to gather information about the uses and problems of U.S. public occupational data in vocational research (Gottfredson, Simonsick, & Voorstad, 1981).

The questionnaire was mailed in June, 1980. Of the total 360 authors in the sample, 68% returned usable questionnaires; another 3% replied that they did not fill out the questionnaire because they thought the questionnaire was not relevant to them (because of its emphasis on public data which they said they do not use). One person in the sample had died and the post office returned another 5% of the questionnaires because of no forwarding addresses. (An effort was made to locate every respondent for whom questionnaires were returned, and the 5% refers to those for whom no better address could eventually be found without excessive investment of time). Most of the remaining 24% of the sample presumably are refusals because the third follow-up was a certified letter containing another copy of the questionnaire and it was not returned by either the respondent or the post office. Nonresponse rates to the particular questions used in this report were small and are noted in the tables.

The following questions from the survey were analyzed for all respondents: latest degree received, year that degree was received, whether or not the respondent was still enrolled in school, major disciplinary identification (psychologist, counselor, sociologist, etc.), and percentage of time spent in research and in counseling activities. All respondents who replied that they plan to do research on occupations or careers in the near future were asked to mark whether they would place high, moderate, low,

or no priority on obtaining various types of information if it were available. That information included 18 topical areas (vocational interests, unemployment problems of individuals, etc.) and six different age groups (ages 0-5, 6-12, etc.). Respondents were also asked to state their preferences for data at the local, state, and regional versus national level.

Limitations

This chapter presents data specifically about vocational researchers and vocational research published in the JVB and the VGQ, and so its results may not be generalizable to all of counseling psychology. But as already noted, vocational research seems to share much in common with counseling psychology in general as well as being important in its own right.

Other investigators might code the content of the journals differently. As shown below, however, this study presents results that are quite similar to those in previous work. Any effect of this investigator's biases about the field was minimized because all coding of journal articles was done by another person. A senior year undergraduate familiar with psychology and majoring in social science did all coding of journal articles into a predefined list of categories. This coding can be considered an informed layman's perceptions of published research in vocational psychology. Furthermore, in the survey of authors it is the researchers themselves who made the judgments about their own research priorities.

RESULTS

Topics of Journal Articles

A major concern in the field has been the number of journal articles that are empirical versus nonempirical. Of the articles in the *Journal of Vocational Behavior*, 92% were empirical. This is similar to the pattern for more traditional psychology journals (Foreman, 1966; Pepinsky et al., 1978). About 50% of the articles in the *Vocational Guidance Quarterly* were empirical.

The top panel of Table 16.1 shows the percentage of articles published according to journal and type of article. The JVB accounted for approximately two-thirds of all the articles and over three-quarters of the empirical articles. About three-quarters of all 518 articles were empirical, with 58.9% of them being empirical articles in the JVB and 18.0% being empirical articles in the VGQ. Most of the reviews and the theoretical (i.e., other nonempirical) articles were published by the VGQ. In terms of broad type of article, then, there do seem to be some differences between the journals.

The rest of Table 16.1 shows the primary topical emphasis of each type of article; the first column shows the results for all articles combined

Table 16.1
Primary Emphasis of Articles
by Type of Article and Journal in Which It Was Published

Primary Emphasis	Total	Empirical		Theoretical		Review	
		JVB	VGQ	JVB	VGQ	JVB	VGQ
Percentage of articles of each type	100	58.9	18.0	2.7	11.4	2.3	6.8
<i>Individual Differences</i>	32.5	40.1	38.9	35.6	5.1	0.0	2.9
Interests, aspirations, values	12.9	16.4	15.1	7.1	1.7	0.0	2.9
Abilities, aptitude, intelligence	1.0	1.0	1.1	0.0	0.0	0.0	0.0
Vocational maturity	8.7	10.2	10.8	21.4	1.7	0.0	0.0
Perceptions of jobs & sex roles	6.8	9.2	6.5	0.0	1.7	0.0	0.0
Social class and family influences	3.1	3.3	5.4	7.1	0.0	0.0	0.0
<i>Employment Problems of Individuals</i>	22.7	26.0	7.6	28.4	27.2	25.0	17.2
Completing education & training	0.4	0.3	1.1	0.0	1.7	0.0	0.0
Job search	0.6	0.0	0.0	0.0	0.0	0.0	0.0
Career commitment	2.1	3.3	0.0	7.1	0.0	0.0	0.0
Occupational socialization	0.8	1.0	0.0	0.0	1.7	0.0	0.0
Satisfaction	6.0	6.9	1.1	0.0	6.8	0.0	14.3
Adjustment	5.4	4.9	1.1	21.4	10.2	16.7	2.9
Career changes	2.5	2.3	3.2	0.0	3.4	8.3	0.0

Career achievement	4.1	6.6	1.1	0.0	0.0	0.0	0.0
Military service	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Retirement	0.4	0.7	0.0	0.0	0.0	0.0	0.0
Unemployment	0.4	0.0	0.0	0.0	3.4	0.0	0.0
<i>Labor Market Characteristics</i>	<i>11.1</i>	<i>13.4</i>	<i>9.7</i>	<i>14.2</i>	<i>5.1</i>	<i>0.0</i>	<i>5.8</i>
Job description & classification	6.4	8.5	4.3	7.1	1.7	0.0	2.9
Employer practices	3.5	3.6	4.3	0.0	3.4	0.0	2.9
Employment patterns & availability	1.2	1.3	1.1	7.1	0.0	0.0	0.0
<i>Design & Evaluation of Treatments</i>	<i>32.0</i>	<i>19.4</i>	<i>43.1</i>	<i>14.3</i>	<i>59.3</i>	<i>25.0</i>	<i>74.4</i>
Vocational assessments & treatments	16.8	17.4	19.4	14.3	13.6	25.0	8.6
Education & training programs	1.5	0.7	4.3	0.0	1.7	0.0	2.9
Placement & employment services	0.6	0.0	0.0	0.0	3.4	0.0	2.9
Counseling profession & practices	7.9	1.3	18.3	0.0	22.0	0.0	20.0
Guidance systems	5.2	0.0	1.1	0.0	20.3	0.0	40.0
<i>No Primary Emphasis</i>	<i>1.7</i>	<i>0.3</i>	<i>0.0</i>	<i>7.1</i>	<i>1.7</i>	<i>50.0</i>	<i>0.0</i>
Total Number	(518)	(305)	(93)	(14)	(59)	(12)	(35)

Note: JVB = Journal of Vocational Behavior
 VGQ = Vocational Guidance Quarterly

(these are column percentages). The topics are organized into four broad areas: (1) individual differences among people, such as their interests, aspirations, abilities, and family background; (2) the employment problems that people face, such as getting training, adjusting to a job, and changing jobs; (3) characteristics of the labor market people face, such as what different jobs are like and how many are available; and (4) the design and evaluation of vocational treatments, be they interest assessments or job placement activities. Put another way, these areas are the person, the job environment, the interaction of the two as they are played out in specific developmental tasks and problems, and efforts by counselors to help clients in this process.

The table indicates that individual differences and vocational treatments receive the most attention. Within those two categories, however, there are some interesting patterns. For example, although abilities are extremely important in determining who ends up in and does well in different jobs (1% of articles focused on them), the research interest has been primarily on understanding what people want to do rather than what they may be able to do (e.g., 13%, for interests, aspirations, and values). This also applies to the treatment topic because vocational assessments (16.8%), counselor practices (7.9%), and guidance systems (5.2%) are given much more attention than are training (1.5%) and placement (0.6%) programs which provide jobs and the skills necessary for them. Although job description (6.4%) has been an active concern, describing the jobs that are actually available (1.2%) and how employers hire for them (3.5%) is less often of interest. Although vocational preferences are undoubtedly important and vocational psychologists have learned much about them, this "wish" or choice approach to career development does not seem to be balanced by a clear focus on the external "reality" factors that may impede or facilitate development. Turning to the fourth category of investigation (employment problems) we see that most work has been on job adjustment (5.4%) and satisfaction (6.0%). Once again, the problems of actually preparing for (0.4%), searching for (0.6%), changing (2.5%), losing (0.4%), and retiring from (0.4%) jobs are largely ignored. Although there are some differences between the two journals and among the three types of articles, they do not change the foregoing impression about a focus on choice rather than reality factors in vocational development.

Table 16.2 compares the results obtained here for 1975-1979 with those of Holcomb and Anderson (1977) for the years 1971-1975. Their categories were different and they probably coded topics somewhat differently as well. Another difference between the two studies is that they took articles from the *Journal of Counseling Psychology* and the *Journal of Employment Counseling* as well as from the JVB and VGQ, though they did limit their study to articles specifically concerned with vocational or occupational issues rather than counseling in general. Nevertheless, they too show that individual differences account for about half of the articles.

Among these articles, vocational interests and preferences were the most popular topics. A greater proportion of articles in 1975-1979 were devoted to employment problems and labor market characteristics. This may show an actual trend, but some portion of the difference undoubtedly reflects differences in coding between the two studies. Holcomb and Anderson did not even have any categories for many of the topics of minor research interest such as job search and unemployment. In addition, topics such as occupational socialization and career commitment were probably coded as individual differences in their study. Neither the Holcomb and Anderson study nor this study found any clear trends across the five-year periods when the years were examined separately, suggesting that the broad topics addressed have not changed much in the last decade. This is consistent with Munley's (1974) conclusion for counseling psychology over the years 1954 to 1972.

Holcomb and Anderson also note some of the imbalances in the literature mentioned earlier: Very little research is being done with placement, and there are surprisingly few studies of aptitudes. They point to other areas that they feel are understudied, such as counseling processes. Although these are the smallest categories in their study, they do not mention the absence of topics that did not even rate a category, such as job search.

Samples Used in Journal Articles

Tables 16.3 and 16.4 describe the characteristics of the samples used in the research articles. All but 10 of the empirical articles used persons as the unit of analysis, and the tables include these 388 articles. Table 16.3 shows the student and employment status of the people in the journal article samples. Students were classified according to type (elementary, secondary, etc.); where more than one type of student was included, the type of mixture is noted (e.g., elementary and secondary). If nonstudents were included together with students, that is simply noted as a mix of student and nonstudent. Work status is divided into employed civilians (with specific categories within that group), unemployed, not in the labor force (neither employed nor looking for work), a mixture of the above, and military.

Over half the studies (56.8%) were of students, most of whom were in college with a smaller proportion being in secondary school. This is consistent with Holcomb and Anderson (1977) and Pepinsky et al. (1978) who also note the predominant use of students, particularly college students, in research samples. Although not shown in the table, employment status was rarely recorded for the students. Conversely, if nonstudents were studied, their employment status was almost always described. Turning to the lower panel of Table 16.3, we see that counselors themselves were the objects of study in 2% of the studies, which is a smaller proportion than that found by Holcomb and Anderson (5.9%).

Table 16.2

Comparing the Results of This Study for 1975-1979
with Those of Holcomb and Anderson for 1971-1975

Categories	1971-1975	(Percentage)		1975-1979	% of Articles
	% of Articles	Categories			
<i>Individual Differences</i>					
Interests, preferences	19.7	Interests, aspirations, values			12.9
Occupational personality types	6.9				
Goals, aspirations, expectations	4.8				
Values	3.1				
Needs, motivation	5.4				
Aptitudes, intelligence	2.5	Abilities, aptitude, intelligence			1.0
Vocational maturity	6.3	Vocational maturity			8.7
Sex roles, stereotypes	6.3	Perception of jobs & sex roles			6.8
Awareness	0.8				
Social class & family influence	2.5	Social class & family influence (Vocational assessments & treatments) ¹			3.1
Subtotal	58.3	Subtotal			49.3
<i>Employment Problems</i>					
		Completing education & training			0.4
		Job search			0.6
		Career commitment			2.1
		Occupational socialization			0.8

Satisfaction, achievement	10.0	Career achievement	4.1
		Satisfaction	6.0
Career mobility	1.1	Adjustment	5.4
		Career change	2.5
		Military service	0.0
		Retirement	0.4
		Unemployment	0.4
Subtotal	11.1	Subtotal	22.7
<i>Labor Market Characteristics</i>			
Job description, classification	2.9	Job description, classification	6.4
Job status	1.9		
Job opportunities	0.4	Employer practices	3.5
Subtotal	5.2	Employment patterns & availability	1.2
		Subtotal	11.1
<i>Design & Evaluation of Treatments</i>			
Counseling process	11.2	Vocational assessments & treatments ¹	
Program and agency evaluation	8.3	Educational & training programs	1.5
Sources, materials	2.1	Placement & employment services	0.6
		Counseling profession & practices	7.9
		Guidance systems & programs	5.2
Subtotal	21.6	Subtotal	15.2

¹Holcomb and Anderson included vocational assessments in their individual differences categories, so the 1975-1979 percentage for "Vocational assessments & treatments" has been added into the "Individual Differences" subheading although it actually belongs under the "Design & Evaluation of Treatments" subheading.

Table 16.3

Student and Employment Status of Individuals in Journal Article Samples

	Total	JVB	VGQ
<i>Student status</i>			
Student	56.8	57.0	56.1
Preschool	0.8	1.0	0.0
Elementary	1.8	1.7	2.2
Secondary	18.3	15.8	26.4
College	30.7	32.7	24.2
Pre. + Elem.	0.5	0.7	0.0
Elem. + Sec.	2.1	2.4	1.1
Sec. + College	2.6	2.7	2.2
Student + Nonstudent	7.2	6.4	9.9
Nonstudent	34.8	35.7	31.9
Not clear	1.3	1.0	2.2
<i>Work status</i>			
Employed civilians	32.3	32.6	30.8
Counselor	2.1	0.7	6.6
White collar	14.7	15.5	12.1
Blue collar	4.9	5.0	4.4
White + blue collar	10.6	11.4	7.7
Military	1.3	1.7	0.0
Unemployed	0.8	0.3	2.2
Not in the labor force	3.1	3.4	2.2
Mixture of employment statuses	7.2	7.4	6.6
Not clear	55.4	54.5	58.2
(N)	(388)	(297)	(91)

Note: JVB = Journal of Vocational Behavior
 VGQ = Vocational Guidance Quarterly

Of the 45% of the articles in which employment status is discussed, about a third (14.7%) dealt with white collar occupations and another third dealt with either blue collar occupations (4.9%) or a mixture of blue and white collar (10.6%). The 55.4% of articles that did not indicate employment status includes primarily studies dealing with students (data not shown here). In summary, about 55% of the articles studied students (ignoring work status), and about 34% studied workers (usually ignoring student status).

Table 16.4 shows the race, sex, and social class of the samples used. Where it was clear that more than one sex (or race or social class) was included in the sample, studies were distinguished according to whether or not they analyzed the groups separately; these are referred to, respectively, as "separated" and "mixed" samples. The first thing that is clear is that authors paid more attention to the sex composition of their samples than to race or socioeconomic status (SES) composition, because the percentages of articles in which the sample composition was not clear are, respectively, 10.1%, 67.3%, and 64.4%. Nevertheless, over 30% of the studies did not analyze males and females separately (i.e., had "mixed" samples). Where several races or social classes were included, they were more often not distinguished in the analysis than analyzed separately (10.1% versus 5.7%, and 11.3% versus 6.4%, respectively). Given the important differences which exist between the sexes, races, and social classes, it is unfortunate that in most cases one cannot go back to these studies and figure out just to whom the results generalize. Pepinsky et al. (1978) note that the number of studies not specifying sex has gone down over time. For comparison, in 1966 Foreman expressed dismay that 27% of the samples in his analysis did not specify sex of respondent. However, Goldman (1976) has recently complained that samples or sites are still seldom described in enough detail to know to what settings the results can be generalized. The results here for race and SES support that complaint. The patterns are largely the same for both journals.

While one could point out that the groups most often clearly specified and studied are the males, the whites, and middle and upper class individuals, the proportions may not differ much from their representation in the working population. One could also argue, however, that the nonwhite, female, and low socioeconomic groups should perhaps receive a disproportionate share of attention because they may suffer a disproportionate number of vocational problems.

Holcomb and Anderson also looked at the types of samples examined in the literature, though their coding scheme was quite different. Some of their sample categories resembled the topic categories in this study (e.g., unemployed, retired). They showed that college students receive a lot of attention (22.6% of studies) and workers of various types (9.9% excluding counselors), unemployed (1.9%), and retired (0.2%) populations receive very little. They concluded that "the field of vocational guidance needs to broaden its outlook beyond the school setting in order to better serve different populations including those in school" (p. 344).

Table 16.4

Sex, Race, and SES of Sample¹ in Empirical Articles, by Journal

		(Percentage)		
Sample Characteristics		Total	JVB	VGQ
Sex	Male	18.3	20.9	9.9
	Female	12.4	11.8	14.3
	Both (mixed) ²	31.7	29.6	38.5
	Both (separated) ³	27.6	29.0	23.1
	Not clear	10.1	8.8	14.3
Race	White	12.4	13.8	7.7
	Black	2.6	2.7	2.2
	Other	2.1	2.4	1.1
	Several (mixed)	10.1	8.8	14.3
	Several (separated)	5.7	5.7	5.5
	Not clear	67.3	66.7	69.2
SES	Low	5.2	4.4	7.7
	Middle & upper	12.4	13.8	7.7
	Both (mixed)	11.3	11.4	11.0
	Both (separated)	6.4	5.4	9.9
	Not clear	64.4	64.6	63.7
(N)		(388)	(297)	(91)

Note: JVB = Journal of Vocational Behavior

VGQ = Vocational Guidance Quarterly

¹Ten empirical articles did not use persons as the unit of analysis so they are excluded here.

²"Mixed" means that members from more than one group were included in the study, but they were not separated into the relevant groups for purposes of analysis.

³"Separated" means that members from different groups were analyzed separately.

Table 16.5
Priority Researchers Would Give to Obtaining
Different Types of Information If It Were Available

Type of Information	Priority (Percentage)				(N)
	None	Low	Mod	High	
Work related values and attitudes	1.8	8.3	25.6	64.3	(168)
Job satisfaction and adjustment	0.6	11.2	26.6	61.5	(169)
Vocational interests and aspirations	4.7	8.8	28.2	58.2	(170)
Characteristics of occupations and work environments	3.6	16.0	33.7	46.7	(169)
Perceptions and knowledge of occupations	7.1	17.9	33.9	41.1	(168)
Personal abilities and aptitudes	6.5	16.7	39.3	37.5	(168)
Job performance, achievement, and income	3.0	24.4	35.1	37.5	(168)
Socioeconomic and cultural background	4.2	20.2	39.9	35.7	(168)
Job histories	10.1	26.8	29.8	33.3	(168)
Education and training histories	6.5	18.3	39.1	36.1	(169)
Job search	10.1	26.0	32.5	31.4	(169)
Childbearing plans and sex role attitudes	15.3	28.8	24.7	31.2	(170)
Labor market conditions and job availability	10.7	27.8	33.1	28.4	(169)
Characteristics of employers and firms	10.7	33.3	31.5	24.4	(168)
Parental values and childrearing practices	20.8	34.5	25.6	19.0	(168)
Characteristics of schools and training programs	14.0	38.6	26.3	21.1	(171)
Characteristics of spouse and own children	18.3	36.7	27.8	17.2	(169)
Community characteristics	13.3	51.5	21.8	13.3	(165)

Note: Table includes only respondents who plan to do research on occupations and careers in the next few years. Possible N = 172.

Table 16.6

Priority Researchers Would Give to Obtaining Information
about Different Age Groups If It Were Available

Age Groups	(Percentage)				(N)
	None	Low	Priority Mod	High	
0-5	59.7	29.6	3.1	7.5	(159)
6-12	40.0	31.5	19.4	9.1	(165)
13-18	18.5	19.6	25.0	36.9	(168)
19-24	3.5	4.7	22.4	69.4	(170)
25-34	2.4	5.3	17.2	75.1	(169)
35-54	3.0	10.1	21.3	65.7	(169)
55 +	7.2	20.4	34.7	37.7	(167)

Note: Includes only respondents who plan to do research in the near future on occupations or careers. Possible N = 172.

Table 16.7

Preference for Geographic Area
(Level of Aggregation) If Such Data Were Available

Area	% Preferring
Local	21.7
State	10.8
Region (e.g., South)	17.5
Entire U.S.	39.8
More than one ¹	10.2
(N)	(166)

Note: Table includes only respondents who plan to do research on occupations or careers in the near future. Possible N = 172.

¹Respondents sometimes marked more than one category although they were requested to mark only one.

*Priorities Researchers Place
on Different Types of Information*

In the mail survey approximately 67% of the authors indicated that they plan to do "research on occupations or careers in the next few years." Those authors were asked, "If you could somehow obtain the type of data you most prefer, what priority would you give to obtaining each of the following types of information?" The list of 18 types of information shown in Table 16.5 was provided; the items have been rearranged so that they are listed in descending order according to the percentage of authors marking them "high" priority.

Table 16.5 shows the same pattern of interests as does Table 16.1 which presented the topics of published articles. Values and attitudes, satisfaction and adjustment, interests and aspirations, and characteristics of occupations and work environments lead the list. The actors who influence a person's career development (the labor market, employer, parents, schools, spouse and children, and community) are at the bottom of the list.

Table 16.6 shows preferences for information about different age groups. Most authors have no interest in information about preschoolers; most authors have a high interest in people in their prime working years, ages 19-24, 25-34, and 35-54. This focus on working-age individuals is of course consistent with the discipline's interest in people's work. At the same time, however, it is somewhat surprising that more of the tasks and problems associated with career development from age 19 to 55 are not cited as topics of much interest.

When asked to state the geographic level of aggregation they would prefer for their data (Table 16.7), the greatest number of authors marked "the entire U.S." Half as many marked the area that might be of most interest to the vocational counselor or from which most research samples are probably obtained: "local."

Characteristics of Authors

Table 16.8 shows the major disciplinary identification of the authors. Somewhat over half (53.5%) identified themselves as psychologists, another 8.7% as counselors, and 17.8% as educators. Sociologists (7.5%) and economists (2.1%), though not numerous, together outnumbered the counselors, but both the practitioners and the distant cousins in the field are significant contributors.

Table 16.9 shows that almost all authors had a doctoral degree in 1980, with half of those with B.A.'s and M.A.'s still being in school. A much greater proportion of the authors were doctoral candidates when the papers were actually written, but it appears that all authors obtain the doctorate, even those who identify themselves as counselors. The lower panel of Table 16.9 shows the year the last degree was received. About 63% of the authors

Table 16.8

Disciplinary Identification

Discipline	% of Authors
Psychologist	53.5
Counselor	8.7
Educator	17.8
Sociologist	7.5
Economist	2.1
Organizational behavior ¹	3.7
Other ²	1.7
More than one ³	5.0
(N)	(241)

Note: Possible N = 257.

¹Was not an option on the questionnaire, but was frequently written in.

²Other write-ins.

³Although asked to specify a primary affiliation, some respondents circled more than one response.

are relatively recent graduates (1971-1980); another 28% graduated between 1961-1970.

Table 16.10 shows the percentage of time authors typically spend in research and counseling activities. Although more time is spent in research than in counseling (not surprising considering the sample), two-thirds of the authors report spending less than 40% of their time in research. The picture, then, is one in which research is a part-time activity for most researchers. Half the authors do some counseling, though it usually only occupies a small portion of their time. Only 10% of the authors spend more than half their time counseling. This is consistent with Brayfield (1963) who found that 20% of the Division 17 members (a wider group probably less research oriented on the average) reported this level of involvement in counseling.

CONCLUSIONS

What Is Wrong With Current Research Priorities?

Counseling psychology was born out of urgent social needs: primarily the need to integrate World War II veterans back into civilian life. Today our nation is facing growing employment problems. Our economy has

Table 16.9

Type and Year of Latest Degree as of 1980

	% of all authors	(N)	% at that degree level who are still in school
<i>Highest degree</i>			
BA	0.9	(2)	100.0
MA	4.8	(11)	36.4
Ph.D.	84.8	(196)	0.0
Ed.D.	7.8	(18)	0.0
D. Business Adm.	0.9	(2)	0.0
Other	0.9	(2)	0.0
Total	100.0	(231)	
<i>Year of Degree</i>			
1935-1950	2.6	(6)	
1951-1955	2.6	(6)	
1956-1960	2.2	(5)	
1961-1965	12.1	(28)	
1966-1970	16.4	(38)	
1971-1975	43.3	(100)	
1976-1980	20.8	(48)	
Total	100.0	(231)	

Note: Possible N = 257.

worsened, bringing with it many problems for current and prospective workers. There have also been ominous trends spanning both good and bad economic times; for example, the unemployment rates among minority youth have been steadily rising, and the attachment of adult minority men to the labor force (i.e., being either employed or looking for work) has been steadily decreasing. Many people seem unemployable, though it is not clear what employability really means.

Vocational researchers might be able to provide some counsel on such problems either to individual workers or to policy makers, but the kind of work they do has not changed for many years. Vocational research deals specifically with few of the vocational problems people face, and it seems more suited to times of prosperity. When jobs are plentiful, helping people to choose from among them is a valuable activity in terms of both national productivity and personal satisfaction. But when jobs are more scarce, this luxury is increasingly replaced by the more disheartening tasks of

Table 16.10

Percentage of Time Spent in Research and Counseling

% Time	% of Authors	
	Research	Counseling
0	8.7	48.9
1-9	12.2	12.2
10-19	15.7	14.0
20-29	19.2	5.2
30-39	13.1	4.4
40-49	9.6	3.4
50-59	7.9	5.3
60-69	3.4	0.4
70-79	1.8	1.7
80-89	2.1	0.4
90-99	2.2	2.1
100	3.9	1.7
(N)	(229)	(229)

Note: Possible N = 257.

copied with forced early retirement, decreased chances of promotion, unemployment itself, or relocating or taking a job for which one is overqualified because nothing else is available. Even in the best of times many jobs are dead-end, uninteresting, or unrewarding. If these are problems with which our society must cope, then these are problems we should debate as research priorities.

Current research priorities could be summarized as "here and now" and "wishful thinking." By "here and now" I mean that research is focused on problems counselors or researchers see in their immediate environment. This usually means the current problems of students in the college in which the researcher is located. Problems of other populations or of that same student population after it leaves the researcher's environment are seldom studied. "Wishful thinking" refers to focusing on personal preferences to the exclusion of environmental and personal constraints. Ivey (1979) discussed this emphasis in a somewhat different way as the "Parsonian error" of which he thinks counseling psychology is guilty. That is, counseling psychology largely ignores the environment side of the person-environment equation, even though this focus on person-environment interactions is one of the defining characteristics of the discipline. Several journal editors (Harmon, 1974, p. 83; Osipow, 1969, p. 18) have also pointed out that the field has been concerned with preference and selection or with vocational maturity when most of

mankind appears to have little choice about work. Warnath (1975) has written a particularly scathing indictment of counseling psychology in which he argues that its focus on romantic individualism has blinded the field to the economic and social constraints within which workers must operate.

It is of course legitimate for vocational psychology to specialize in some types of problems and not others. But it should be pointed out that no other division of the APA deals with the sort of problems raised above. Division 14 (Industrial Psychology) is concerned with worker selection and adjustment, but primarily from the employer's and not the employee's point of view. Furthermore, there has apparently been little explicit discussion of research priorities within counseling psychology, and current priorities seem to be pursued as much by default as by design. There are even periodic statements from within the field that vocational researchers often do not do *anything* much of importance.

Back in 1966 Carkhuff maintained that "not enough meaningful questions are asked. The truly critical variables receive the least attention. *In some way, our efforts must translate to human benefits.* We have within our grasp in 1966, the potential for a dynamic surge forward" (p. 476, emphasis in the original). Ten years later Goldman (1976) could still make the same call: "Published research in counseling has, on the whole, been of little value as a base or guide for professional practice . . . Nothing short of a revolution in research is needed" (pp. 543, 552). Such doleful statements are not limited to the occasional insurgent researcher.

Editors in the field seem to feel the same way. When Berdie (1973) was editor of the *Journal of Counseling Psychology* he complained in an editorial of "the failure of this journal to receive papers dealing with so many basic issues and problems in counseling" (p. 394). Osipow, the next editor of the *Journal of Counseling Psychology* (Chapter 14), repeated that observation and added that "Probably the most common reason for failure [the rejection of manuscripts] that would surprise many a rejected author has to do with how important the manuscript appears to be to the readers." He asks, "How can we teach students and ourselves, for that matter, to function more effectively on the importance and relevance dimensions? . . . The crux of the problem in counseling research that exists at the present time is finding ways to improve the match between methodology and importance."

*Why Don't Priorities Change for the Better?
And How Can We Change Them?*

What is standing in the way of pursuing more important work? And why do priorities not change as we learn more and face changing conditions? These questions have been discussed by others in terms of the "relevance" and "triviality" of research. I discuss below how current notions of relevance in some ways may be doing a disservice to research

and how the social structure of the discipline (probably of most disciplines) contributes both to triviality of much research and undue stability of research priorities. By pinpointing the problems in the system, perhaps we can counteract some of them.

The relevance of research has been discussed in general terms by many of the people reviewing the state of counseling psychology. Often they are referring to the more specific problem of how to do and present research that counselors can understand and make use of or which eventually will have an effect on practice. This is a different question than "Are vocational researchers doing anything important?" While it is certainly important to do research that can be translated into counseling practice, we should not be limited by the current scope of practice. For example, it is not at all clear that counselors even deal with the populations most in need of their services. To some extent, researchers should be leaders in determining what counselors do and not just technicians helping them to do better what they do now.

Researchers should also be careful to distinguish between the professional issues of practitioners and their own professional issues. If the two become confused it can harm research. For example, Pepinsky et al. (1978) applauded the shift in research from a focus on counseling outcomes to counseling processes, and they commend Osipow for his editorial policy of encouraging process research in the *Journal of Counseling Psychology*. They applaud this direction partly because it is consistent with the "renewed pressures toward the delineation of practices which the APA can identify and advertise as psychological in nature. Here the declared objective is to standardize further the accreditation of programs and the *licensing of individuals for professional practice*" (p. 496, emphasis added). These pressures arise from the APA because of the possibility that psychologists may become eligible for third-party insurance payments for which physicians and psychiatrists are already eligible.

But researchers should realize that in an effort to capture or protect their share of some market, many occupational groups try to create standards for training and licensure which regulate the range of people practicing their trade. These efforts are furthered by claiming that there is a body of knowledge or set of techniques that takes special training to master. Pepinsky et al.'s (1978) approval of process research is consistent with this effort, as is their wish that counseling psychology represent a "critical kind of craftsmanship-artisanship, if you will—in working with clients" (p. 497). It is not clear that counseling psychologists could justify a claim to special competence were they to stress their skills in dealing with particular problems (e.g., where to find information about jobs, how to look for a job, how to explore one's vocational interests, how to redirect one's career). As Holland (Chapter 2) points out, such practical advice is largely being provided by laymen because of the dearth of materials emanating from counseling psychology. What this all means is that the emphasis on counseling as a special process may be beneficial to the

professional status and income of practicing counseling psychologists. However, this process emphasis has no clear relevance to the researcher and may sometimes be a liability. For example, the sources of funding for research and practice are quite different. The researcher often turns to government or foundation grants and contracts. A focus on counseling processes may be self-defeating for the researcher because grants and contracts are often problem oriented.

Whiteley (Chapter 13) has said that there is insufficient funding of counseling research and that the National Institute of Education, for example, has given "insufficient attention to the research needs of counseling psychology." One might ask, though, whether it is the Institute's or counseling psychology's priorities that are out of step and whose needs are most legitimate.

Government agencies are constantly shifting their priorities as they and the policymakers above them are held accountable for their use of public funds, and this instability certainly makes it frustrating to maintain a coherent program of research over the years with government funds. But vocational researchers should realize that they too need to justify their activities and at times modify them in order to obtain public funds. And if we attempt to influence NIE's priorities, as Whiteley suggests we should, we should be prepared to speak the sponsors' language and not expect them to accept without argument our traditional disciplinary concerns, which on the face of it have little to do with the social problems they have been asked to ameliorate.

The triviality of many research studies is often explained by the competing demands that researchers face. Researchers usually are not able to devote full time to research and they may have few funds to pursue it. The pressure to publish makes it safer to do a small study on a popular topic rather than to do a larger or more innovative project. And encouraging people to do research when they have neither the interest nor the aptitude is also likely to increase the number of trivial studies produced.

These are all important factors affecting the value of research studies, but they still do not explain why the range of topics pursued is so circumscribed. Not that we want them, but trivial studies can be done on any topic. Why do topics change so glacially in the face of more rapid social change? I have already suggested that this stability does not arise by explicit design.

Familiarity and accessibility are the likely culprits, though they are mentioned primarily to explain the types of samples used in studies. Pepinsky et al. (1978), among others, point out that students are most often the subjects of vocational research because they are the most "immediately accessible to graduate students and their professors" (pp. 492-493). Likewise, the training and professional environments of the vocational psychologist tend to reinforce the pursuit of traditional topics because they are the topics that one has heard most about during training, they are the

topics that one reads most about in the counseling journals, and they are the topics one's colleagues are most familiar with and knowledgeable about. If one never thinks about unemployment, nor reads about it, nor hears one's colleagues discussing it in professional settings, one is less likely to do research on that topic than on one which is part of the zeitgeist of the field. What is familiar in one's environment is easiest to deal with as well as most salient. Gottfredson et al. (1981) argue that such a process is also responsible for the almost exclusive use in vocational research of interview, inventory, or test data as opposed to government-generated data on occupations and careers, although the latter are often relevant. In short, what is unfamiliar—whether it be a sample population, research design, or research topic—is less salient, less convenient, and seems more costly in time and effort. Pepinsky et al. (1978) briefly discuss how the transmission of a discipline's culture creates apparent stability in editorial policy. In an earlier analysis of the discipline, Schmidt and Pepinsky (1965) also refer to "expediency effects" on the type of research pursued.

The foregoing general phenomenon is not restricted to the research activities of any one discipline. Relying on familiar types and sources of information has also been recognized as restricting the ability of businessmen to obtain information vital to the future health of their organizations.

The problem for a discipline then becomes, how can one disturb this inertia? A few innovators or a few members from other fields or organizational settings would seem to be very important for introducing new information or perspectives into the discipline. Gottfredson et al. (1981) provide evidence that the use of nontraditional data occurs among clusters of individuals rather than more evenly dispersed across the field. This "contagion model" for the introduction of new sources of data is likely the case with new or unfamiliar topics as well. Explicitly exposing work in the discipline to the scrutiny of outsiders also would provide novel feedback and thus might stimulate new lines of research or variations on old ones. Talking to the types of researchers, clients, and practitioners one is *not* likely to run into in the normal course of affairs would also provide a backdrop against which to view one's current or proposed research. More research reviews that survey related research in other disciplines as well as in counseling or vocational psychology (e.g., Garbin & Stover, 1980) would also be useful. In short, a discussion of priorities is important, but unless new information or perspectives are infused into the discussion, priorities may not be seriously challenged nor the alternatives be apparent. Old priorities may only be reshuffled.

There is a disturbing vagueness about what the business of the field is when the identity of counseling psychology is discussed. Despite the considerable number of words written and spoken about the definition of the field, very few give an outsider any idea what substantive topics counseling psychologists are concerned about. Marriage? Finding jobs? Self-actualization? Parenting? All of them? In some discussions there is

nary a word about what problems counselors and clients may be dealing with. The impression this leaves an outsider is that all problems are more or less alike when it comes to treating them and it is only the counseling process that is really important. If that is the assumption, it seems unrealistic. There may be common teaching techniques, but one needs to know math to teach math and Spanish to teach Spanish. Even the criticisms about the triviality of research content seldom set forth specific alternatives for researchers.

What is needed, then, are discussions of specific vocational or developmental events or problems. These discussions should assess which of these problems are most common among clients, which ones are most remediable, and which ones should be of highest priority in counseling research. Studies of the counseling process itself have a place in research, but it is not clear that improving the counseling process itself will make as much practical difference as will better knowledge about specific client problems.

Research priorities should be judged according to two criteria: (1) Is the problem important relative to others? and (2) Will the results of this research make any difference in solving the problem? Discussions about the relevance of research to practice are in effect invoking the second criterion (e.g., Krumboltz, 1968), but the first criterion would seem to be more important. As suggested before, doing research relevant to current counseling does not necessarily mean that one is doing the most useful research.

Osipow (Chapter 14) concluded that "perhaps the next constructive task is to generate a content oriented 'shopping list' of research needs." The remaining discussion here gives suggestions which would help set research priorities according to the importance criterion. Some of these suggestions incorporate ones made by Osipow (1969). They are also discussed in greater detail elsewhere (Gottfredson, 1981; Gottfredson & Becker, 1981).

1. Identify the problems most common in vocational development, including the ages at which they are most frequent. These problem areas should be concrete problems recognizable to lay people—how to get training, how to find a job, and coping with unemployment—rather than the more abstract problems of "maturity" or "decision making." Research of more practical utility might be generated if researchers were to keep in mind people's own views of what the major vocational problems are that they face. While more general perspectives on career development are important, we should not stray too far from the pressing problems with which people must cope and with which counselors might be called upon to help them cope. Estimates of the incidence of some of the major vocational problems within the population could be obtained from U.S. Bureau of the Census (1977) and U.S.

Department of Labor (1980) reports on job search, unemployment rates, job mobility rates, family structure and hours worked, and rates of disability and retirement. Trends for some of these phenomena are shown in the *Employment and Training Reports of the President* (e.g., U.S. Department of Labor, 1980) published each year as well as in other government publications.

2. Identify the populations at greatest risk of facing different problems. It is easy to get the impression that counseling psychology deals only with a limited segment of the population: the college student. If research were to focus on other (perhaps less fortunate) populations, the narrowness of attending primarily to the problems of vocational choice and maturity would be immediately apparent. Initial estimates of the incidence of various problems among different social groups (geographic, racial, sex, age, occupational, industrial, social class, etc.) can also be obtained from the publications mentioned above. In this process of assessing priorities, vocational psychologists probably would also be gathering more detailed information about a wider range of developmental tasks and vocational problems than is available now.
3. Investigate the relative importance of various influences on career development and vocational problems. Many theoretical articles (e.g., Super, 1980) clearly lay out the variety of situational as well as personal determinants of vocational development (e.g., socioeconomic organization and conditions, employment practices, school, and community). But as already mentioned, vocational psychologists have focused almost completely on the personal determinants. It would be useful to keep in mind that vocational problems are not entirely internally generated, but are socially structured. Developmental tasks such as choosing aspirations, exploring alternatives, and adjusting to retirement are to a large extent socially programmed not only for *when* they occur but also *how* they should most properly be resolved. Social constraints also differ systematically for different social groups (sex, age, social class, etc.), and it is important to be aware of and investigate these environmental differences.

This chapter has reviewed current research priorities in vocational research and argued that they change glacially, if at all, in the face of more rapid and disturbing social changes. Researchers, counselors, and clients would all profit from greater attention in research to the specific vocational problems people face in their lives. Suggestions were provided for how to disrupt the inertia of current research as well as for modified research topics. A debate over these issues among the opinion leaders in counseling

psychology could lead to vocational and counseling psychology taking a more central role in psychology, becoming of more interest to people in related fields, and contributing more to the solution of people's vocational problems.

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INSTITUTIONS WHICH ARE INFLUENCING COUNSELING PSYCHOLOGY IN THE 1980s: SOURCE PAPERS

4

As the decade of the 1980s begins, it is very apparent that the societal context in which counseling psychology operates is changing dramatically. Institutions of higher education and the Veterans Administration are no longer the principal employers of recently graduated counseling psychologists.

Eligibility to provide professional services to clients in new settings and eligibility to receive third-party payments have become more important to counseling psychologists. This highly significant issue of eligibility has been influenced by recent developments in credentialing and in the setting of guidelines for professional standards and practice.

These developments in credentialing and professional standards and practice have occurred largely in forums apart from organized counseling psychology. Among the principal forums for these considerations have been the American Psychological Association (Chapter 17), state boards of psychology (Chapter 18), state psychological associations (Chapter 19), and the Council for the National Register of Health Service Providers in Psychology (Chapter 20). These organizations are described in Section IV as ones which will continue to affect counseling psychology in the decade of the 1980s. In addition, Chapter 21 focuses on the role of the federal government as it impacts counseling psychology. Through its role in establishing funding priorities for basic research, providing (or not providing) training support for graduate study, and in financing a wide range of educational programs and health services, the federal government will continue to have a major influence on the profession of counseling psychology during the decade of the 1980s.

Chapter 17

The American Psychological Association

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Since counseling psychology is a recognized specialty of psychology, many counseling psychologists regard the American Psychological Association as their primary professional organization. It, in turn, exerts more influence on the field of counseling psychology than other organizations. Other organizations in which counseling psychologists often hold membership are the American Association for Counseling and Development (AACD), particularly in the division of the American College Personnel Association, and the American Educational Research Association (AERA). This chapter will describe the governing structure of APA, indicate key issues which led Division 17 to work toward greater input within APA, and make a few observations concerning these efforts.

GOVERNANCE

The APA is governed by a system of boards and committees. There are seven boards: the Board of Convention Affairs, the Board of Scientific Affairs, the Publications and Communications Board, the Board of Professional Affairs, the Education and Training Board, the Board of Social and Ethical Responsibility for Psychology, and the Board of Ethnic Minority Affairs. Board members are elected by the Council of Representatives from a slate of candidates developed by the Board of Directors.

Each board is a "parent" board to one or more committees. The committee that may be most familiar to counseling psychologists is the Committee on Accreditation. This committee is a continuing committee of the Education and Training Board. Across the seven boards, there are 20 such committees. An additional six committees report directly to the Board of Directors; the Committee on International Relations in Psychology is an example of such a committee.

There are also four standing committees which answer to the Board of Directors whose members are elected by the Council of Representatives:

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the Membership Committee, the Finance Committee, the Election Committee, and the Committee on Scientific and Professional Ethics and Conduct.

It is beyond the scope of this paper to discuss the specific responsibilities of each of these boards and committees. The February, 1982, *Monitor* presents this information along with a listing of board and committee members. It is important to realize, however, that counseling psychology is directly affected by actions taken by the Council of Representatives or the various boards and committees. Thus, it is important for Division members to be aware of the areas of responsibility of APA boards and committees.

ISSUES

In the mid 1970s, several events took place which caused Division 17 to examine the degree to which it had input into actions of APA boards and committees relevant to the field of counseling psychology. First, in 1976, an interorganizational conference in credentialing was held. This conference resulted in efforts to coordinate credentialing and to move toward resolution of credentialing issues on the part of organizations such as APA, the National Register, and the American Association of State Psychology Boards.

About this time APA was also developing guidelines for professional standards and practice. (These guidelines are what we now know as the Standards for Providers of Psychological Services and the Specialty Guidelines for the Delivery of Services by Clinical, Counseling, Industrial/Organizational, and School Psychologists.) Because these standards specify the nature and quality of services delivered by psychologists and because these standards represent the services of psychology to users, providers, and third-party purchasers, it was essential that services provided by counseling psychologists be accurately represented.

Thirdly, third-party payment for psychological services has dramatically increased during the last decade. In order to clearly define psychologists for third-party purchasers and partly in response to credentialing pressures, state boards became more specific about who was and who was not a psychologist. Because of the economic ramifications of licensing decisions, counseling psychologists, some of whom were trained in a college of education and/or in a program that was more *primarily* psychological than psychological, began pressing for greater representation in the groups that make decisions concerning credentialing and licensure.

In response to these events, Division 17 began to work on improving the representation of counseling psychology on the boards and committees of APA. There were three stages of effort. First, because many of the concerns were in areas of credentialing, practice, and accreditation, the

Board of Professional Affairs and its committees on professional practice and standards and the Education and Training Board and its Committee on Accreditation were identified as boards and committees where increased counseling psychology representation would be helpful. Secondly, appropriate members of Division 17 were identified and nominated for these boards and committees. And thirdly, members of the Division wrote supportive letters on behalf of the candidates to the Board of Directors and to the parent boards.

Since 1977-78 (the year of Samuel H. Osipow's presidency) when these efforts began, there has been an increasing number of counseling psychologists elected to boards and appointed to committees. Today there are counseling psychologists on many of the boards and committees of APA. Since early efforts were targeted toward practice and accreditation issues, those are the boards and committees with the largest representation of Division 17 members.

COMMENTS

It would be a mistake at this point to rest on these past achievements. Issues of specialty definitions and practice are clearly not yet resolved; further, it is important that counseling psychology be seen as a source of contributions for other boards and committees, such as the Board of Scientific Affairs. Fortunately, selecting, nominating, and supporting qualified Division members for APA boards and committees has been and continues to be a priority of the Division.

Toward continued improvement of Division 17 efforts in this area, there are a number of relevant observations. First, after two years of work on increasing APA recruitment as part of my involvement on the Division's Professional Affairs Committee, it is apparent to me that very few counseling psychologists understand the need for representation of the specialty on APA boards and committees, and therefore very few are willing to contribute any personal effort towards this goal. As part of our lobbying effort on behalf of candidates, Division members have been asked to write to a Board of Directors member expressing support for whichever candidate the Division member wishes to support. Unfortunately, few Division members are willing to write that letter. If each nominated Division candidate had received letters of support, our overall efforts to get our candidates on the slate would have been more successful.

Secondly, some Division members do not realize the type of qualifications needed to be elected or appointed to boards or committees. For example, self-nominations for the Committee on Accreditation have come from Division 17 members who apparently do not realize that one must have site-visit experience and an association with an APA-approved program or internship in order to be a strong candidate for this committee. There needs to be an effort to educate interested members on the process to be followed in translating interest in a particular board or committee into viable qualifications.

Lastly, many counseling psychologists do not realize the effort that a few Division members have made on behalf of our specialty. The decision by the *Newsletter* to publish the names of counseling psychologists who are serving on APA boards and committees is an excellent beginning. Those doing the work need to hear our appreciation for their efforts.

Actions and decisions by APA concerning the specialty of counseling psychology are not the only environmental presses which operate in the professional practice of counseling psychology. However, how we define ourselves as a division will influence the input we give to APA, and APA decisions will, in turn, influence our specialty. A profession may be defined as having several characteristics, one of which is an association of professionals whose purpose is to establish and maintain high standards of ethical practice and performance. This definition implies that decisions relating to ethical practice and performance will continue to be made over a period of time. As a specialty, our relationship to our professional organization must therefore also be a continuing concern. Without active participation in APA on an ongoing basis, our occasional forays into the decision-making process will not be very successful. While we have made a good start toward active participation of our Division with APA, the gains we have achieved to date must serve to encourage continued efforts.

Chapter 18

State Boards of Psychology

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Even within the profession of counseling psychology, there has been much confusion concerning who is and who isn't a bona fide counseling psychologist. Various training program titles such as counselor education, counseling and guidance, student personnel and human development, in addition to the tried and true counseling psychology, only add to the confusion. The field of counseling psychology has been analyzed by work setting, by training, by education, and by a host of other schisms. Further, the counseling psychology programs are variously housed in graduate schools of arts and sciences, in schools of education, or in departments of psychology; other related programs are housed in schools of education titled counselor education or a similar title. Then, too, there is confusion about the degree granted. Some schools of education offer the PhD degree; some, the EdD. Some award both. Now we also have the PsyD. Are the criteria for all these programs the same or different? Do schools have both kinds of programs, counselor education and counseling psychology, in the same department or separately?

This wide diversity of training alternatives offers persons desiring a career in some area of counseling a broad choice of programs. There are a great many creative and interesting programs but—and this is a very big BUT—not all of these programs are training psychologists; nor should they be.

Members of state boards have the unpleasant task of deciding who is and who isn't qualified to be a licensed psychologist according to the laws of that particular state. The authors believe this determination needs to be known long before the credentials of the individual graduate of a program reach the licensing board. One should know before starting a graduate program that the program is a psychology program and that its graduates are eligible for licensure. All too often the state board members

have to make determinations on a case-by-case basis when a graduate from a program titled something other than psychology applies for licensure after having spent years of time and effort and large sums of money.

Board members generally base that determination on the criteria established by the American Psychological Association in 1978 for training psychologists in general and by the guidelines of the American Association of State Psychology Boards. APA-approved counseling psychology programs are not the source of many problems even though they occasionally contain deficiencies. Most of the concern is about programs that are either in the pipeline toward becoming APA approved or those that are not and never will be in that pipeline. Some of these programs are not intended to be psychology programs but are counseling and/or student services programs. These programs should not describe themselves as psychology programs, nor should these programs mislead prospective students into believing that they will meet licensing standards when, indeed, in many states they will not.

A SHORT HISTORY

Stigall's (1983) excellent chapter, "Licensing and Certification," gives a history of licensure in psychology. Psychology licensing started in the State of Connecticut in 1945, followed by Virginia in 1946 and Kentucky in 1948. The last state to pass a psychology licensing law (excluding Florida whose licensing law expired under a sunset provision and is now being re-enacted) was Missouri in 1977. All of the Canadian provinces also have licensing laws. Each state has its own statutory stipulations defining a psychologist and identifying the credentials required to sit for the examination in the state. All states are autonomous in this area, so their statutes differ. Stigall's summary tables clearly explain each state's requirements as well as the structure of each state board. In their useful book on licensure and certification, Fretz and Mills (1980) also summarize the pertinent state laws.

Counseling psychologists, represented by Division 17 of the APA, have been surprisingly complacent about credentials and licensure until recently. As Tanney (Chapter 4) points out, credentials were of little concern because counseling psychologists usually worked in exempt settings (colleges and hospitals). These psychologists were not concerned about private practice or consulting because those were not the major ways in which these professionals made a living. In addition, there was within the specialty a certain lack of concern for counseling psychologists who did not work in academic institutions, choosing to work instead in community mental health centers or in the private practice of counseling/psychotherapy. Third-party payments, licensure, and NIMH support were of peripheral concern. All of these areas of interest and concern became the battlefields upon which our siblings, the clinical psychologists, fought the battle for freedom of choice and in the process

became the voice of professional psychology. Counseling psychologists arrived on the scene late in the day.

We counseling psychologists have awakened from a long sleep, rubbed our eyes, and looked around. We discovered three or four years ago that we were not part of the governance of APA to any appreciable extent. Neither were we part of lobbying efforts nor active in state associations. Logically, then, we were not appointed or elected to state licensing boards. Less than four years ago, the president of Division 17 found irrelevant a suggestion to have a meeting of the few counseling psychologists sitting on state licensing boards to discuss the licensing issues facing counseling people in all areas. Our leadership often did not approve of licensure, as if such lack of approval could change the effects of licensure. Many Division 17 members were not considered to be psychologists and were denied licensure on this basis.

Within Division 17 and the specialty of counseling a split has been developing. People are choosing sides and swearing different allegiances. Some chose APA Division 17, thus accepting a professional identity as a counseling psychologist; this means accepting the APA standards for psychological training in the basic areas of psychology as well as licensure. Others chose the American Association for Counseling and Development (AACD), formerly APGA, and its various divisions, identifying themselves as counselors or administrators, not as psychologists. It is important to keep in mind that credentialing is not a statement about competence as Myers (Chapter 6) points out. State psychology boards can only try to insure standards for psychologists. It is up to individual programs to see to the competence of their graduates.

We believe that psychology is based on a coherent, organized body of knowledge that all psychologists need to know before specialization. Counseling psychology must accept this; counseling can do as it chooses.

Concern for what has been happening to people presenting credentials to state boards prompted raising this issue with Faith Tanney, then chairperson of Division 17's Professional Affairs Committee. With her encouragement, counseling psychologists serving on state boards were queried about the source of their appointment to their board; how many counseling psychologists were on their board; and what problems, if any, counseling applicants were having in the credentialing process. Twenty-one Division 17 state board members were identified; they represented 16 states. Responses were received from 15 individuals representing 12 states. These psychologists stated concerns that were often angry and revealed embarrassment for themselves and for their colleagues.

The American Association of State Psychology Boards (AASPB) agreed to help us reach a greater number of boards by funding a broader survey. Judy Hall, then President of AASPB, agreed to distribute a questionnaire that we designed with slight modification. The questionnaire was sent to boards of 49 states, the District of Columbia, and five Canadian provinces (the 50th state, South Dakota, had lost

its licensing law in a sunset review). Remarkably, a 100% return resulted. With the more detailed responses of the original survey and the more comprehensive data of the second, we are able to speak more confidently about the areas of concern of boards about counseling applicants. This information should be helpful to training directors, counseling center directors, the governance of Division 17 as well as to counseling psychologists and state board members.

THE SURVEY

Area I. We asked about various aspects of the licensing law. Forty-two states and four provinces have generic laws. Seven states and one province have specialty licensing or some combination of specialty and generic licensing. (One state did not designate either.) Specialty licensing at the doctoral level is primarily in school and clinical psychology. The only specialty in counseling is in states that have dual level licensure, in which case an MA or MEd in counseling constitutes the credential for a specialty.

We also asked if the law in the state has an equivalence clause. What we discovered is that different states mean different things by "equivalency." Fortunately, many included their statutes and regulations. Some mean "a doctoral degree in psychology or its equivalent." There were 38 states with some sort of equivalency of this nature, 12 without, and 3 provinces that have equivalency and 2 that do not.

The equivalency question is the most crucial provision for counselors who wish to become licensed as psychologists. Without such a clause, the law reads a "doctoral degree in psychology." In one state, Vermont, the PhD or its equivalent is required. An attempt was made to have this equivalency clause deleted when the licensing law was subject to sunset review in the summer of 1982. This did not happen, but EdD and PsyD holders should take note. This attempt was partly aimed at counseling programs and schools of education.

Virginia has a specialty license in clinical psychology that allows doctorates with the appropriate credentials in other specialties to qualify. However, beginning in 1985 only graduates of an APA-approved clinical program will be eligible for licensure as clinical psychologists in Virginia. It is unclear how this will affect the third-party payments of nonclinical licensed psychologists in Virginia.

Hawaii's licensing law was severely revised during sunset review. The law now permits only clinical psychologists to be licensed. Since this is a licensing law, it specifies the practice of psychology. In its present form, counseling psychologists will not be permitted to practice in Hawaii nor call themselves psychologists at all.

States that do have equivalency clauses are changing the regulations about what is "equivalent" to a doctoral degree in psychology. Formerly, 50% of one's courses being in psychology was sufficient. Many states have now moved to 75%. State boards are also requiring "an organized

curriculum" in greater numbers. All states are coming closer to meeting the AASPB guidelines that are in accordance with the APA guidelines of 1978.

These changes cause the counselor education programs to lose out. Such programs simply do not cover the basic psychology courses and, through this, implicitly acknowledge the programs are not training psychologists. The New York law, one of the most demanding, has no equivalency clause in the sense described above. The law requires a doctoral degree in psychology from a New York State registered program or from one equivalent to the registered ones. Tragically, students often hope their individual program will allow them to take the examination. Too often graduate students or prospective candidates for admission to graduate school do not think about the licensing issue when choosing a program—though it is essential to do so.

Many programs, to be sure, now require basic psychology courses and are bringing the programs into compliance with the 1978 guidelines; unfortunately, many are not. If a program states it is training for the professional practice of psychology, then, indeed, the director has a responsibility to see that the curriculum and program title meet these standards. Titles *are* important. State boards interpret guidelines. "Counseling and guidance" and "student personnel" are generally not titles that are thought of as being psychology.

In many states the determination is made on the basis of course content, not title. Reading course descriptions and syllabi becomes an odious task. Again, instead of programs stating clearly they are psychology programs, the determination is left in the hands of the state board. In trying to be fair to each candidate, members exert broad power of interpretation and do otherwise unnecessary work. Some counselor education programs will undoubtedly opt to continue to train counselors and student personnel specialists and not psychologists. It becomes incumbent upon directors of these programs to make it absolutely clear to potential candidates that the program is *not* psychology and, if asked by a state licensing board, the chairperson will so state. This puts the determination of the discipline students are being trained in back where it belongs: in the hands of the programs.

Area II. Each respondent was asked to describe the composition of the board and how appointments to the board are determined. Counseling psychologists may be remiss when it comes to participation in the political or voluntary services that leads to appointment to boards. In states where counseling psychologists sit on boards, they play a very active role; a few serve as board chairs and/or represent their board at the AASPB meetings. Unfortunately, according to our survey, only 15 boards in the USA and *none* in Canada have counseling psychologists or Division 17 members on the board. Clearly we haven't impressed boards or state associations with the importance of having counseling psychologists on the boards. As a

result, many determinations about the credentials of counseling psychologists are made by people with no direct knowledge about counseling psychology.

How can this be changed? When we asked how one gets appointed to a board in our preliminary survey, we found that the state associations usually nominate candidates. Often past presidents or officers in state organizations are nominated. However, in most cases the actual appointments are made by the state governor. Many state regulations stress that the board shall represent both academic and professional applied psychology, but it is rare that appointees are seen to represent a particular specialty. With board size averaging five members, few spaces for specialty representation exist.

In our survey many states mentioned having a clinical and a school psychologist representing applied psychology—sometimes an industrial organizational psychologist. Counseling psychologists should be a part of the board process; since we certainly are part of the problem, we should be a part of the solution. We must make a greater effort to affect board composition.

Area III. Specific areas of concern of boards regarding licensing of counseling psychologists were elicited. Each state was asked if the board had difficulty in processing applicants claiming to be counseling psychologists. Twenty-seven states and provinces said, "Yes" and 23 said, "No." However, even those states that said no problem existed listed some specific difficulties. Probably the "no's" meant there was no problem with APA-approved counseling psychology programs. Also, responses from those states with such loose equivalency provisions that any counseling and guidance program would qualify would not have difficulty with counselors qualifying. APA-approved programs clearly have little if any difficulties, though a few states indicated that even these program graduates were scrutinized more carefully than a corresponding clinical program. Respondents indicated problems in the areas listed in Table 18.1.

Table 18.1

<i>Area of Difficulty</i>	<i>Number of States and Provinces Reporting Problem</i>
Program title	17
Course title	23
Course content	22
Internship	14
Department	13
Degree	6

The internship issue is two-fold: (1) Does the program have one? (2) If so, are the hours equal to the standard set by the APA? Many counseling programs require fewer hours than the clinical programs. This is looked upon with suspicion by boards concerned about inferior skills training of licensed professionals.

Department and degree difficulties raise the issue of the EdD degree. This is troublesome because, just as PhD programs are not equal to each other, neither are EdD programs.

A few of the respondents stated that the quality of the counselor candidates was inferior. It was also stated that program directors were unethical to mislead students about program outcomes. To quote a few remarks:

Our problem is with counseling and guidance and rehabilitation . . . described as counseling psychology. We have to determine if (these are) primarily psychology. If the candidate is from an approved program, we automatically accept it as an OK degree.

Frequently faculty are not certified as psychologists.

Every counseling and guidance grad thinks they are a counseling psychologist—this is because they are encouraged to think this way by their university profs.

From our earlier survey came:

A relatively high percentage fail the oral examination, which is meant to assess ability as a psychotherapist, for the following reasons:

1. lack of experience in a professional setting
2. unsatisfactory supervision
3. insufficient academic training, and
4. unclear theoretical basis for counseling practice.

Counseling psychologists have indeed had problems being licensed. There is such confusion between bona fide counseling doctoral-training programs and the old time counseling and guidance programs that licensing boards are very leery of making that decision themselves. Many persons who obviously are not qualified have applied . . . and presented credentials from a counseling-and-guidance-training program with little or no course work in counseling psychology and no unified program in psychology at all.

The disturbing thing to me is that all the exceptions, poor training documentation, lack of adequate supervision, etc. . . arise almost exclusively from the counseling psychology type programs.

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Even the weaker clinical psychology programs seem to have their acts more in line with recognized standards than do the counseling programs.

RECOMMENDATIONS

1. To training program directors when programs are moving toward becoming psychology programs:
 - a. meet the 1978 guidelines.
 - b. see that course titles have the psychology prefix and are taught by psychologists.
 - c. make sure basic areas of psychology are taught.
 - d. consult with the state board to help define the specialty. Discuss intermediate solutions for students caught in between the old program and the new one.

The issue for the program is to decide whether or not it is training psychologists. If it is, meet the standards in the most creative way possible.

2. To candidates:
 - a. make sure your program meets the APA standards for a doctoral program in psychology.
 - b. make sure you know and meet the requirements for the state or states where you might wish to become licensed.
 - c. if your program is in the accreditation pipeline but not far enough, see to it that your individual program complies with the guidelines and get a letter from your program head that states the program you have taken is designed to train you for the professional practice of psychology. If possible, try to get the chairperson of the psychology department to write such a letter for you as well. This may be possible where there is no counseling psychology department in existence and the counseling program is working toward APA accreditation. Remember, though, there is no substitute for having a degree in psychology, especially for those states without equivalency provisions. Easy licensing is *not* assured.
3. To members of the counseling psychology profession:
 - a. get involved in state psychological associations.
 - b. keep in touch with your former graduate program to make sure it is moving toward accreditation if it is not already accredited by the APA.
 - c. if you are teaching, push for the program to move toward

- compliance with the AASPB guidelines if you want the program to be a psychology program; if not, say so.
- d. find out how the politics work in your state for appointment to the board and work toward your own or a colleague's nomination.
 - e. lobby. Clinical psychology is a known and respected term; clinical psychologists are recognized as health care providers. We have to make sure counseling psychology is not left out in the cold as is likely to happen in Virginia. It is important that counseling psychology be seen as a specialty equal to that of clinical psychology in the field of mental health care.

The educational richness of a basic psychology core curriculum can only nourish what we each bring to this specialty. It does not detract from it. Having the background, we can then have a better way of evaluating other modalities and our work and can properly build our specialty on a solid psychological foundation. Counseling psychologists need to be well-trained psychologists and "clinicians." Credentials are not cheap. If programs and students want to be psychologists, they must pay the price by sharply focusing their training.

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Chapter 19

State Psychological Associations

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State associations have become a strong voice for many psychologists pushing for recognition of their special interests and problems. This is evident from a perusal of state association newsletters, a review of Division 31 activities, and a head count of state association representatives on the Council of Representatives. However, counseling psychologists have been relative latecomers to the arena of psychological politics provided by state psychological associations. On the other hand, our colleagues in the clinical area(s) have been at the forefront of efforts to use state associations as a vehicle for articulating their special concerns.

As counseling psychologists expand their areas of operation, particularly in the private practice sphere, there has been a belated recognition of how state associations influence what they may do, how they do it, and how they must prepare future counseling psychologists for the marketplace. Power bases within state associations have been neglected by counseling psychologists. As a result, the policies guiding the development of organized psychology within states have not always been favorable to our profession and its economic development.

Although there is certainly variation from state to state (in the southwest at least), counseling psychologists have had relatively few positions of leadership over the years, i.e., committee chairs, state board membership, executive committee slots, etc. Participation at various levels of the psychological community is vital to counseling psychology. I would like to encourage participation, therefore, by pointing up some of the nitty-gritty issues and problems which have arisen in Texas and identifying some of the activities of counseling psychologists. The types of issues which are mentioned will be fairly representative of what are found in other states.

This commentary will focus on two broad areas. The first concerns the influence of the state association on training. The second concerns the influence of the state association on professional practice.

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The “substantial equivalency” issue. Most state licensing boards during the past several years have had to deal with the problem of sunset review. One of the intraprofessional struggles in working out a new, acceptable law in Texas revolved around the substantial equivalency issue. Our original licensing law stated that one must have a degree in psychology or its “substantial equivalent” in order to be eligible for licensing. Over the years, the substantial equivalent provision has provided a substantial headache for the Texas Board of Examiners as well as for any state board which has the provision as a part of its law. Sunset review time seemed like a good time to remove this source of pain. Psychologists who wanted to narrow the definition of who could move into professional practice were anxious to cut it out of the new law arising from sunset review.

While the substantial equivalency provision was a sore spot for many persons, there were also strong advocates for its inclusion. These advocates came from the ranks of persons identified as counseling psychologists. The intent here is not to get into the merits of the provision, but only to use it as an illustration of the role of the state psychological association in resolving problems.

The argument for the provision is that many counseling centers employ persons who are graduates of programs which are not designated as “psychology” or “educational psychology” in their respective institutions. Also, many counseling center positions require licensure or eligibility for licensure as a precondition for employment. Why? The primary reason is that supervision of interns at the doctoral and masters level must be by licensed psychologists or persons eligible for licensure. Thus, people coming from a nonpsychology program who seek a position in an agency with licensure requirements must first demonstrate that their training is the substantial equivalent of a psychology program.

The psychologists who argue against the substantial equivalency provision are quick to bolster their arguments with the fact that persons from counseling programs, especially those with EdD’s, tend to have a higher failure rate or lower scores on the generic Examination for the Professional Practice of Psychology (EPPP) than PhD’s who are graduates of clinical psychology programs.

Is this a state board issue or a psychological association issue? The battleground is within the framework of the association because members of the state board have relatively little impact on new legislation. The state association is the primary base for lobbying efforts directed toward the legislature. In Texas the counseling center directors formed a group which argued against the elimination of substantial equivalency. Feelings ran high. What follows is an abbreviated version of the state association executive committee minutes at one point in time:

With regard to substantial equivalency . . . (the president) stated that . . . the group (counseling center directors) will lobby against specific provisions of *our* (italics added) bill if we do not deal with the substantial equivalency issue.

In essence, there was enough concern on the part of a group of counseling psychologists to bring political pressure to bear in order to retain the substantial equivalency provision in the new law. Without belaboring the point, the substantial equivalency allowance was retained in the new Texas law. It is interesting to note that some Texas schools are changing their program designations—no small task in itself—to meet the psychology label requirement, thereby eliminating their graduates from the substantial equivalency hassle.¹

Some other problems are looming on the horizon. Specialty certification has been resolved in some states and is still pending in others. Again, the area for discussion and conflict resolution is provided by the state psychological association, not the state board of examiners. Specialty certification tends to favor one group of psychologists over another. I have yet to see a clinical psychologist want to designate him/herself as a counseling psychologist. However, there seems to be a continual stream of counseling psychologists who want to change their title to that of clinical psychologist. The bottom line is not status, but money. Whether we like it or not, third-party payments are “easier” to get when one is designated as a clinical psychologist. The issue doesn’t revolve so much around competency—though that is the smoke screen talkpoint—as around the use of the title. Psychologists are in one of the few professions where specialty title can be designated in some states by the force of law rather than by the profession itself.²

The battle of specialty certification will be fought out at the state level. Thus, if counseling psychologists want to assure some equitable level of identity, a major part of their effort should be directed at the state level. The state is where regulatory issues will be resolved, particularly in the climate of the “new federalism.”

The state association can also provide forums for discussions revolving around master’s-level training. The issue of the doctorate as the entry level has been fairly well worked through. Many counseling psychologists are still involved in educating master’s-level professionals who want some identity with psychology. Psychologists in academia are receiving subtle pressures from university administrators to increase graduate enrollment. This generally means lowering admission standards, increasing class sizes, etc. Moreover, in those states with two levels of certification (doctoral and subdoctoral), the training of master’s-level students to meet unique state requirements can become a major concern.

¹The bulk of persons who must meet the substantial equivalency requirement are from out-of-state schools. Some of the schools have established reputations in the field of counseling psychology, yet they are not designated as psychology programs.

²A board-certified psychiatrist is designated as such by a professional board. The medical licensing law is generic; the use of specialty title is not regulated by law.

There is a somewhat unusual situation in Texas. The Psychological Associate applicants were required to take the advanced GRE exam. Due to ETS changes in regard to the advanced GRE, the state board found it necessary to require the ERPP exam for master's-level applicants starting with the April, 1982 exam. At a meeting of the Division of Trainers of the Texas Psychological Association which was held prior to the exam, I predicted the failure rate would be high even though the Texas board (TSBEP) set 55% as a cut off (70% for doctoral applicants). My expectation—like a holiday traffic fatality prediction—was fulfilled. Some 58% of the applicants did not meet the 55% cut off.

While the reasons for this high failure rate are varied, undoubtedly two possibilities stand out. First, the criteria for the selection of master's-level students can be very diverse. Intellectual ability is not necessarily a critical variable in selection. Second, master's-level training, particularly in the guidance and counseling type of program, is specialty oriented. Students do not tend to have a generic base in psychology and are not prepared for a broad exam covering the field of psychology.

The main point is that substantive discussions about training needs will be provided by the forums of the state association. Arguments with the state board about cutoff score levels will resolve nothing of substance. It is likely, however, that curriculum guidelines developed and proposed by groups of trainers will markedly affect the directions of master's-level training.

Another area of concern for the state association as an organization relates to the development of standards for supervision. There are two levels of supervision. The first level concerns supervision of intern and/or practicum experiences. The second level of supervision, and the one which provides a greater source of controversy, is related to standards of supervision for subdoctoral psychologists and psychologists who have not met licensure requirements. At least in Texas, the standards which will be ultimately adopted by the state board are being hammered out by the board in close cooperation with key groups in the state association.

It is apparent that the state association can provide a forum for the discussion of issues related to training which is not provided by regional- and national-level organizations. To administrators, homegrown solutions tend to "sell" a lot easier than solutions imposed or passed down from "those folks up there who don't understand our problems." The state association also plays a major role in shaping the outcome of legislation which affects the activities of those persons doing private practice.

In Texas, the state association provides major input, and the primary lobbying base, for the licensing law regulating practice. As demonstrated in state after state, licensing legislation is passed only after a concerted effort on the part of dedicated, highly motivated, moderately well-financed psychologists. In order to accomplish the task of shepherding a bill through the chambers of the state house, intraparty squabbles have to be resolved within the profession. If issues cannot be resolved in-house and the fights

spill over, particularly if competing groups can't be neutralized, then legislation faces an uphill battle. A very small group of counseling psychologists in Texas influenced the resolution of one seemingly small but significant part of the law: substantial equivalency. Until this group was satisfied, the entire law was threatened. A small group can have an effect if it is organized and willing to reach out to legislators who are anxious to go to bat for a "cause."

An issue which is beginning to generate a head of steam, and which will affect counseling psychology practice and training, relates to hospital privileges for psychologists. Assuming that some law is forthcoming, a likely point of controversy will resolve around the qualifications of those psychologists who can assume hospital privileges. The arguments can be heard already: "We are better trained than you, so you must prove yourself as our equal before you can share this privilege." (Or should I say profit!) Perhaps I'm one of the cynical ones, but my experiences as a state association officer and state board member have tended to validate the less-than-first-class citizen status accorded many counseling psychologists by other colleagues.

There are some other forthcoming areas of concern which, when resolved, will affect counseling psychology. First, there is a proposed revision of the mental health code commitment procedures in Texas. Who can be involved? What is the role of the psychologist? Second, there is concern with the implementation of a confidentiality law. Third, the state association is building a case for a career ladder for psychologists within the very large Department of Mental Health and the mental retardation system. Fourth, licensing laws have been passed regulating the practice of groups such as "professional counselors." The counselor law in Texas provides an avenue for many master's-level people who cannot meet psychologist licensure requirements. It is also creating an identity crisis for subdoctoral and doctoral-level persons who maintain their "rights" to a professional practice. In essence, the law states: You can't call yourself a psychologist, but you can be a counselor. It would seem that the individuals who stand at this crossroad are more identified with counseling psychology than with any other specialty group in psychology.

Issues are multiplying at an increasing rate. More psychologists and counseling psychologists are getting into the professional practice arena. While the broad policy statements can be generated at the national level, specific implementation will be worked out at the state level. The state association still provides the most viable vehicle for working out problems. It is essential that counseling psychology is equitably represented in decisions which will affect our future development.

Chapter 20

The Council for the National Register of Health Service Providers in Psychology

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This chapter describes the development of the National Register of Health Service Providers in Psychology, its criteria and procedures, and focuses on some of the issues of special interest to counseling psychology. The National Register currently includes over 13,000 psychologists who have applied and have met the requirements for listing. The Register has increasingly become recognized as a professional resource at both the national and state levels. The National Register has also permitted a clearer identification of *health services* as a general interest and practice area for psychologists whose academic background may be in any one of the traditional specialty areas.

In view of the heterogeneity of the academic and experiential backgrounds of individuals who are identified and/or identify themselves as "counseling psychologists," it is difficult, if not impossible, to address the impact of the National Register on "counseling psychology." It is more appropriate to consider the implications of the National Register for the several subgroups within the broad category of "counseling psychology" and/or members of the APA Division of Counseling Psychology (Division 17).

HISTORY OF THE NATIONAL REGISTER

The Council for the National Register of Health Service Providers in Psychology was formed in 1974 by the American Board of Professional Psychology (ABPP) at the request of the Board of Directors of the American Psychological Association (APA) (Wellner & Zimet, 1983). The convergence of several forces and issues which led to the development of the National Register provided the stimulus and sharpened the awareness that a Register of "health service providers" in psychology would affect several constituencies in professional psychology. It may be helpful to provide an historical perspective so that the current status of the National Register may be placed in the context of the coming decade.

In the early 1970s there were several issues of relevance to the National Register's development and evolution:

1. Continuing discussions about a national health system in the United States prompted a flurry of activities on what role psychology might play in such a system and how appropriate psychologists would be identified for such a system. Given the difficulty psychology has had in establishing itself as an independent health profession, it seemed incumbent on the field to establish a mechanism to identify qualified health service providers. Psychology was heavily concerned with positioning itself for the possibility of a national health system.
2. Most states had statutes governing the title and/or practice of psychology. Psychology was becoming a national profession in terms of being a regulated field. The statutes were largely generic, encompassing all areas of psychology (Simon & Osipow, 1984).
3. The enactment of *Freedom of Choice or Direct Recognition* legislation in a number of states mandated access to psychologists under health insurance programs. There was a clear need to be able to identify "health" providers under those statutes.
4. Also by the mid 1970s, an increasing number of psychologists were becoming active in areas of basic health care in contrast to the prior focus in the "mental health" area. Psychology was making an increasing contribution in the areas of physical rehabilitation of the ill and injured, psychological factors related to critical illnesses, and in the general area now known as "health psychology" and "behavioral medicine."

In the absence of a system to identify health providers and in view of the generic licensure system, psychology faced the task of establishing a process by which practitioners in psychology could be identified as health service providers. In the early 1970s, the APA Committee on Health Insurance (COHI) had been struggling with these issues for some time and approached the American Association of State Psychology Boards (AASPB) for assistance in implementing a system of identifying health service providers. AASPB declined the task because it felt that such an effort would not be compatible and perhaps might even be prohibitive in view of the basic missions of the state boards to implement the existing generic licensure statutes. The American Board of Professional Psychology, which has had a long history of diplomating individuals in the four specialty areas (clinical, counseling, school, and industrial/organizational), was considering the possibility of establishing a "junior diplomat." Those discussions led ABPP to consider the development of a Register for health service providers. Discussions between ABPP and APA led the APA Board of Professional Affairs in 1973 to recommend that APA request ABPP to establish a National Register

of Health Service Providers in Psychology. The APA Board of Directors supported that recommendation, and ABPP brought together a group of distinguished colleagues to form the Council for the National Register of Health Service Providers in Psychology. The first meeting of the Council occurred on May 31 and June 1, 1974. The group evolved into the Board of Directors and decided at that first meeting to add three public members to the Board.

CRITERIA FOR LISTING

One of the first tasks the Council faced was to formulate the definition of "health service provider in psychology" and to establish the criteria for listing in a National Register. It became very clear at the outset that it would not be possible nor appropriate to rely on the existing traditional specialty titles of "clinical" or "counseling" or "school." Given the primary mission of the National Register, it was essential that a definition emerge which would focus on the nature of health service that would not be limited to any one specialty and that would not infringe on any specialty's activities and practices.

The Council established the following definition (1982) which is still in effect:

A health service provider in psychology is defined as a doctoral level psychologist certified/licensed at the independent practice level in his/her state who is duly trained and experienced [meets criteria of training and experience listed below] in the delivery of direct, preventive, assessment, and therapeutic intervention services to individuals whose growth, adjustment, or functioning is actually impaired or is demonstrably at high risk of impairment.

The definition was broad enough to encompass the varieties of health service activities in which psychologists were (are) engaged and at the same time delineated an area of activity in order to provide identity and integrity to psychology as an independent health profession.

Establishing the criteria for listing followed the development of a definition. The Council reviewed carefully the variety of standards and definitions in the profession including policy statements established by the American Psychological Association, the American Association of State Psychology Boards, the standards for state licensure and certification, and other relevant documentation. The Council decided that as a new organization it must be sensitive to the status of colleagues who were practicing and were licensed in the various states under very diverse standards. Consistent with the well accepted practice, a grandparent period was established.

The following criteria were developed:

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1. Licensed or certified by the State Board of Examiners in Psychology at the independent practice level
2. A doctoral degree from a regionally accredited university
3. Two years of supervised experience in health services of which at least one year is postdoctoral and one year is in an organized health service training program (Until January 1, 1978, predoctoral experience will be accepted in lieu of post doctoral.)
4. For a period of three years, until January 1978, applications will be accepted from psychologists without a doctoral degree if a candidate has:
 - a. been licensed or certified as a psychologist for independent practice by the State Board of Examiners of Psychology by January 1, 1975, and
 - b. had his/her graduate degree granted a minimum of six years prior to January 1, 1975, had at least six years of experience in psychology with at least two years of supervised experience in health services, one of which is in an organized health service training program.

This two-step process providing for a time-limited grandparent period (1974-1977) in which individuals could be listed without meeting the requirements to be set as of January 1, 1978 was generally well accepted by the field. Contacts with the state psychological associations, state boards of examiners of psychology, APA, ABPP, and other groups proved helpful in clarifying the issues as well as refining the procedures so that the National Register's efforts would serve to complement and supplement existing procedures, policies, and standards. The time frames established were based in part on some of the interactions with state and national groups.

By 1977, approximately 9,000 colleagues had applied for listing in the National Register. On the basis of that experience and as a result of some of the professional developments relating to the education and credentialing issues in psychology (see below) and consistent with provisions identified in 1974, the following criteria were established as of January 1, 1978 for listing in the National Register:

1. Currently licensed or certified by the State Board of Examiners of Psychology at the independent practice level of psychology
2. Doctoral degree in psychology from a regionally accredited educational institution
3. Two years of supervised experience in health service. One of those years must be in an organized health service training program and at least one year must be postdoctoral.

The application form for listing in the National Register was substantially refined as of January 1, 1978. Internship and Supervisor

Confirmation Forms were required of all applicants, and transcripts of academic work have also recently been required. These confirmation forms and transcripts together with the application form provide the review process with independent documentation of the applicant's completing the requirements for listing. The internship or organized health service training program form and the supervisor confirmation form focus on the supervised experiences in health services required for listing. The focus remains on the nature of health services, training, and supervision. The setting for those activities is very secondary to the nature of the activities and services provided. It is important to emphasize that settings (counseling centers, schools, clinics, hospitals, universities, etc.) are secondary concerns in comparison to the nature of services rendered, activities engaged, and supervision received for listing in the National Register.

The emphasis on the functional activities and supervision in the area of *health services* and the independent verification of that through supervisor and internship forms provides the most direct and primary review of the relevant credentials in the health service field. It also accomplishes fairly the requirements noted above that the definition and criteria accommodate the broad area of health without being restrictive to any one of the traditional specialty areas of psychology.

Applications are reviewed through a rather elaborate system of peer review which provides for numerous opportunities for the applicant to clarify and/or add to the application where questions are raised (Register Report #16). If the criteria are clearly met, the applicant is informed that his/her application is approved, and the relevant data will be processed for the next publication. If the reviewers feel that there is insufficient documentation to support acceptance of the application, the applicant is requested to clarify or submit additional information which is then reviewed again prior to a final decision. Final decisions are rendered by majority vote by a panel of three colleagues who review the material independently. In cases where the application is not accepted, the individual is provided with a feedback form indicating which of the three criteria are lacking and is also informed of the availability of an appeal process.

RECOGNITION OF THE NATIONAL REGISTER

The National Register and the criteria for listing as health service providers in psychology have become increasingly recognized in state, local and national areas. The U.S. Department of Defense's Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) program, for example, formally recognized psychologists listed in the National Register as qualified health providers for CHAMPUS in 1976. Other health programs and insurance companies have also found the National Register of value in identifying qualified providers for their

systems. Typically, listing in the National Register provides prompt recognition as a qualified provider so that the services of the practitioner are reimbursable under the health program. Psychologists not listed in the National Register must have their qualifications reviewed and passed through alternative mechanisms.

The National Register has also been found useful at the state level where state legislatures are confronted with the need for mechanisms to identify appropriate psychologists for specific health activities. In California, for example, the standards of the National Register are useful in terms of hospital privileges for psychologists. In Maryland, the Register was found useful in legislation dealing with psychology's participation in commitment procedures. The model Direct Recognition Bill developed by the Health Insurance Association of America and the American Psychological Association refer to the standards of the National Register. Current legislative proposals dealing with psychologists as providers in health care refer to the standards of the National Register.

Where in the past it was difficult, if not impossible, to clearly identify health service providers, the National Register has now established an instrument which not only makes such identification possible, but indeed appears to have accelerated the recognition of psychologists in a number of areas. Whereas the absence of a national definition impeded psychology's recognition and formal identity as a health profession, the existence of the National Register has at least made such recognition possible and may indeed have accelerated such recognition.

It is important to emphasize that the recognition of psychologists in the National Register includes many psychologists whose academic backgrounds are in counseling psychology. The term *health service provider* has incorporated numerous counseling psychologists without the dilution or loss of identity as *counseling psychologists*. Indeed, the National Register has made possible numerous counseling psychologists' recognition as health service providers through the mechanism of the National Register's definition where such individuals may otherwise have been excluded from recognition. That is, the National Register has increased the probability or likelihood that counseling psychologists may be recognized as health service providers in those situations where legislation or rules and regulations use more restrictive language. By providing an entry into the system through the National Register, psychologists, who by virtue of their training and experience meet the standards for listing as health service providers, gain recognition and parity as health service providers.

THE DOCTORAL DEGREE IN PSYCHOLOGY AND COUNSELING PSYCHOLOGY EDUCATION MODELS

Counseling psychology's history (Whiteley, 1980; Whiteley & Fretz, 1980) and current struggles for identity (see Larson, 1982 and the special section in the December 1982 issue of *Professional Psychology*) have led to

some difficulties on the part of some colleagues in their interactions with the National Register. Given the diversity of constituents, all of whom identify themselves or are viewed by others as *counseling psychologists*, it is not surprising that some individuals in that group would find one or more of the criteria for listing a significant hurdle. It is not so much that we have to be locked into history as the fact that individuals who were trained or educated in certain models may find their standing altered as a result of changing patterns of credentialing and refinements in the system.

It is not within the scope of this chapter to review the changes in educational models for counseling psychology nor to discuss the array of implications which result from counseling psychology's heterogeneous history. A perusal of the references noted above is sufficient to understand the challenges and struggles counseling psychology has confronted and continues to face in the light of its history and educational models. To some extent, the National Register by its very existence has served as a lightning rod or mirror for some of the education and credentialing concerns of counseling psychology.

If we take 1977 as the year in which psychology became a national profession on the basis of every state and the District of Columbia having a statute governing the title or practice of psychology, then, indeed, psychology as a whole is a very young profession. We are not even a decade old as a national profession! In that context, some of the problems and issues individuals confront in meeting licensure requirements, ABPP requirements, or requirements for listing in the National Register can be anticipated. As the standards for practice and for identification as health service providers have become refined, it is not surprising that some individuals may feel frustrated and probably disenchanted with some of the professional credentialing structures established by colleagues.

The academic requirement of a doctoral degree in psychology established as of January 1, 1978 at face value should offer no special problems. It should not be surprising that for a listing of psychologists who are health service providers, the doctoral degree in *psychology* would be essential. The doctoral degree has been a standard in the field for some time, and since it is a register of psychologists, it would seem appropriate that the academic background would be in the field of psychology. In some respects it is almost too self-evident to be an issue. Yet, indeed, it is a critical one for some.

Counseling psychology's origins in the education, counseling and guidance, counselor education centers, and institutions serve as a very special burden to individuals seeking identification as psychologists. Programs which may have been viewed as "primarily psychological" or "the equivalent" of psychology programs no longer seem to be acceptable in a number of credentialing areas, including the National Register. In 1975, after reviewing several thousand applications for listing, the National Register compiled a list of the academic credentials of persons who applied. The list included the following degrees in addition to the PhD degree:

C.A.G.S.	M.L.
D.A.G.S.	M.C.H.
D.M.S.P.	M.P.H.
D.S.Sc.	M.S.Ed.
Ed.S.	P.D.
M.C.P.	Th.D.

Departments granting degrees included, in addition to the Department of Psychology:

Philosophy	Speech
Education	Health & Physical Education
Special Education	Political Science
Guidance & Counseling	Rehabilitation
Child Study	Human Development

Major fields of study were similarly diverse (e.g., educational administration, research, motivation, psychotherapy, gestalt).

These data were shared with AASPB and other groups. It was evident that psychology had incorporated as "primarily psychological" any number of fields, some of which were only slightly related to psychology as a science and discipline. This practice, unfortunately, reinforced the perception on the part of graduate students and faculties that almost any course of study could lead to licensure and practice in psychology.

Mort Berger, a past president of the American Association of State Psychology Boards, expressed the point of view that "primarily psychological in nature" is a euphemism for "not psychology" (Note 1). Berger's comments were made at the first of two national conferences on Education and Credentialing in Psychology (Wellner, 1978). The conferences were established to consider the vast implications of the absence of a national consensus on what academic education in psychology should be. Following the pattern of some of the other professions (law, medicine, and dentistry) (Wellner, 1982), psychology reviewed the nature of education and credentialing, the standards used, the statutes in effect, and policy statements by the key relevant organizations and established recommendations for defining a doctoral degree in psychology. The second national conference in 1977 developed the *Guidelines for Defining a Doctoral Degree in Psychology* (1981) which have since been incorporated by numerous organizations in addition to the National Register, including the American Board of Professional Psychology, the American Psychological Association, and the American Association of State Psychology Boards. The Guidelines are as follows:

1. Programs that are accredited by the American Psychological Association are recognized as meeting the definition of a professional psychology program. The criteria for accreditation

serve as a model for professional psychology training, *or* all of the following criteria, 2 through 10.

2. Training in professional psychology is doctoral training offered in a regionally accredited institution of higher education.
3. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogs and brochures its intent to educate and train professional psychologists.
4. The psychology program must stand as a recognizable, coherent organizational entity within the institution.
5. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines.
6. The program must be an integrated, organized sequence of study.
7. There must be an identifiable psychology faculty and a psychologist responsible for the program.
8. The program must have an identifiable body of students who are matriculated in that program for a degree.
9. The program must include supervised practicum, internship, field or laboratory training appropriate to the practice of psychology.
10. The curriculum shall encompass a minimum of three academic years of full-time graduate study. In addition to instruction in scientific and professional ethics and standards, research design and methodology, statistics and psychometrics, the core program shall require each student to demonstrate competence in each of the following substantive content areas. This typically will be met by including a minimum of three or more graduate semester hours (5 or more graduate quarter hours) in each of these four substantive content areas:
 - a. Biological bases of behavior: Physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology.
 - b. Cognitive-affective bases of behavior: Learning, thinking, motivation, emotion
 - c. Social bases of behavior: Social psychology, group processes, organizational and systems theory
 - d. Individual differences: Personality theory, human development, abnormal psychology

In addition, all professional education programs in psychology will include course requirements in specialty areas.

Guideline #3 may be of special relevance to counseling psychology in view of its education models. Indeed, the language of this guideline was

developed by Norman Kagan as representative of Division 17 at the 1977 meeting. That standard balances the need for a clear identification of the program as a (counseling) psychology program with the understanding that the program itself may be housed in any number of educational bases. Programs in guidance and counseling, counselor education, counseling education, human development, family studies, etc., do not meet that standard. It should also be noted that although the title of a program is obviously significant in terms of its public statement, commitment, and truth in packaging assertion, it is also related to the range of resources in psychology available. Programs clearly identified as psychology programs tend to draw psychology resources and to have clearer models as psychology programs and faculty than programs with mixed identifications.

There have been a number of applicants to the Register with degrees earned in counselor education, guidance and counseling, or other similar programs whose academic programs simply did not meet the requirement of a degree in psychology. Consequently, these individuals have not been accepted for listing in the National Register. Some of these individuals are members of Division 17, and they are licensed in a state as psychologists. Many view themselves and are viewed by others as counseling psychologists.

Given the above background, it is not surprising, therefore, that some individuals who are members of Division 17 or who see themselves as counseling psychologists find the doctoral degree in psychology to be an insurmountable obstacle for listing in the National Register. Since these individuals may have been accepted as psychologists in their work environments and had earned licenses as psychologists, the degree of frustration is understandable.

The above issues were very carefully considered by the National Register. In view of the progress and refinement in education and credentialing in psychology over the past several years and the development of a national consensus which emerged at the 1977 Conference on Education and Credentialing in Psychology and the National Register's experience with the criterion of a doctoral degree in psychology for two years (1978-80), the Board of Directors developed the Transition Policy Statement (TPS). The TPS was designed to give special consideration to individuals who earned their doctoral degrees in programs which may not have met the guidelines as doctoral programs in psychology but which had recently become psychology programs by meeting all of the requirements. In effect, the TPS was designed to give consideration to graduates of programs which were in transition during the changes in the field and who earned their degrees prior to the university's program meeting all of the requirements as a doctoral program in psychology. It was the Board of Directors' position that graduate students should not bear the brunt of the difficulties nor should they be handicapped because the academic programs from which they graduated were in a state of transition or were

in the process of meeting all of the requirements as a program in psychology. The development of the *Transition Policy Statement* was the culmination of numerous contacts with colleagues, the review of applications for listing from individuals whose programs changed, and in assuring fairness for applicants whose programs changed in order to meet the standards of the profession.

The Transition Policy Statement stated the following:

The Board of Directors of the National Register has reviewed carefully the Register's experience and data relating to the criterion of a doctoral degree in psychology. That criterion, effective January 1, 1978, was established pursuant to national developments in the field relating to education and credentialing in psychology. The guidelines used by the Register defining a doctoral degree in psychology were developed at a national conference on Education and Credentialing in Psychology held in Washington, D.C. in June 1977. These guidelines have since served as a basis for defining doctoral programs in psychology by the American Psychological Association Criteria for Accreditation, state licensing authorities, and a number of educational institutions, in addition to the National Register.

Over the past two years, the National Register has been in close touch with colleagues and professional organizations on this issue. The Register is aware of the complexity of the issues for the discipline of psychology as well as the problems a changing field creates for any one person. Developments in the field of counseling psychology over the past decade, for example, reflect the changing aspect of education models in psychology.

In recognition of the substantial changes which have occurred and consistent with the National Register's established criteria, the following policy is adopted regarding graduates of doctoral programs which have become programs in psychology. This Transition Policy Statement is designed to give consideration to colleagues who earned their degrees from *programs which have formally become psychology programs between January 1, 1974 and September 1, 1982.*

1. Applications from graduates of these programs who have earned their degrees between 1974 and 1982 will be accepted until September 1, 1982.
2. Applications will be considered only after the current doctoral program has been reviewed and identified by the Register as now meeting the criteria defining a doctoral program in psychology.
3. The current program director will then be requested to determine if, or to what extent, the applicant's academic work meets the current criteria.
4. In addition to the doctoral degree in psychology requirement, all

applications will also be reviewed on the basis of the other criteria (licensure, supervised experience, organized training program in health services, etc.) for listing in the National Register.

This Transition Policy Statement is also designed to be responsive to the issues relating to the requirement that programs be identified and labeled as psychology programs for current designation as such programs. The guideline states: "The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogs and brochures its intent to educate and train professional psychologists." For this Transition Policy, this program identification requirement must be met by September 1, 1982.

Programs which have met the current guidelines for defining a doctoral degree in psychology during the period between 1974 and 1982 may request (until September 1, 1981) such identification by the National Register in order to facilitate their graduates' possible application for listing in the Register.

On the basis of the Transition Policy Statement, over 300 applications were given special reviews under the TPS guidelines. Of those, approximately 75 applicants have had their doctoral degrees accepted under the special provision of the TPS, and approximately 90 are still under review. The remainder (approximately 130) earned degrees from programs which were not in transition. Any individual applicant whose doctoral degree was questioned on the basis of not meeting the guidelines as a program in psychology was considered eligible for review under the TPS, and his/her university program was so informed. *In that fashion, the National Register considered every possible questionable program as eligible for the TPS.* It was, in a sense, an overinclusive process designed to assure coverage and fairness to applicants even though some of the programs were clearly not psychology nor did they intend to educate psychologists.

The TPS has proven to be a very valuable and helpful process. It has given colleagues special consideration in view of the transitory nature of some of the programs which had psychology tracks (e.g., counseling psychology "track") in academic institutions without having the formal title of counseling psychology yet having the basic elements of education in psychology. The TPS has also stimulated changes in a number of educational institutions in order to assure that their graduates had an opportunity to be included in the National Register under the special provisions of the TPS and within the time frame provided.

INTERNSHIP IN PSYCHOLOGY

The National Register requires one year in an organized health service training program or internship in psychology. Some counseling psychologists have applied for listing in the National Register and do not

show the required one year (operationally defined as a minimum of 1500 hours) in an organized health service training program or internship. Some indicate that their academic programs accepted their work experience or on-the-job training as sufficient for meeting their internship requirements. Other applicants have indicated that their internship was for a total of 1200 hours rather than the required 1500, again indicating that that was the model at the university at the time. The 1500-hour internship was designed to establish a minimum amount of an intensive training experience in which the applicant is an intern or trainee.

The National Register in consultation with the Association of Psychology Internship Centers developed a set of *Guidelines for Defining Supervised Experience in an "Organized Health Service Training Program"* (1981). These guidelines have been endorsed by the APA Board of Professional Affairs and by the Association of Psychology Internship Centers. They are now required for listing in the National Register.

Internships that are accredited by the American Psychological Association are recognized as meeting the definition, *or* all of the following criteria, 1 through 12.

1. An organized training program, in contrast to supervised experience or on-the-job training, is designed to provide the intern with a planned, programmed sequence of training experiences. The primary focus and purpose is assuring breadth and quality of training.
2. The internship agency had a clearly designated staff psychologist who was responsible for the integrity and quality of the training program and who was actively licensed/certified by the State Board of Examiners in Psychology.
3. The internship agency had two or more psychologists on the staff as supervisors, at least one of whom was actively licensed as a psychologist by the State Board of Examiners in Psychology.
4. Internship supervision was provided by a staff member of the internship agency or by an affiliate of that agency who carried clinical responsibility for the cases being supervised. At least half of the internship supervision was provided by one or more psychologists.
5. The internship provided training in a range of assessment and treatment activities conducted directly with patients seeking health services.
6. At least 25% of trainee's time was in direct patient contact (minimum 375 hours).
7. The internship included a minimum of two hours per week (regardless of whether the internship was completed in one year or two) of regularly scheduled, formal, face-to-face individual

supervision with the specific intent of dealing with health services rendered directly by the intern. There must also have been at least two additional hours per week in learning activities such as: case conferences involving a case in which the intern was actively involved; seminars dealing with clinical issues; cotherapy with a staff person including discussion; group supervision; additional individual supervision.

8. Training was postclerkship, postpracticum and postexternship level.
9. The internship agency had a minimum of two interns at the internship level of training during applicant's training period.
10. Trainee had title such as "intern," "resident," "fellow," or other designation of trainee status.
11. The internship agency had a written statement or brochure which described the goals and content of the internship, stated clear expectations for quantity and quality of trainee's work, and was made available to prospective interns.
12. The internship experience (minimum 1500 hours) was completed within 24 months.

It should be pointed out that a number of groups, including the Veterans Administration, have strongly recommended that the 1500 hours be increased to a minimum of 1900 hours so that the requirement is in conformity with other standards in the field. At this time the internship requirement for listing in the National Register remains at 1500 hours, but no doubt the Board of Directors of the National Register will be responsive to changes and developments in the field as they pertain to the internship requirements.

ON THE HORIZON

There are several developments on the horizon which augur well for a coming decade which will see some of the difficult issues resolved, at least partially, and which will allow psychology, including counseling psychology, to face the future challenges in a more effective fashion.

1. Psychology will become a much more active, responsible profession in the health services field. The changing models of health care delivery, new systems of reimbursement, national policy developments, emerging applications of psychological knowledge to health and human problems all suggest that opportunities will grow for psychology's participation. The opportunities are not without challenges in that psychology will have to be prepared to engage in activities, organizations, and delivery systems which are quite different from what they are today. Counseling psychology has a very exciting future in this

- rapidly evolving and changing system.
2. The concerns regarding education and credentialing in psychology, particularly with respect to the definition of a doctoral degree in psychology, have already been substantially addressed. The national consensus which emerged as a result of the 1977 National Conference on Education and Credentialing in Psychology has led to a set of guidelines which have been incorporated by key organizations of the profession. The National Register has published since 1981 a compilation of Designated Doctoral Programs in Psychology. This Designation system, suggested at the 1977 National Conference, provides a clear public statement on those doctoral programs in psychology which meet the standards of the profession. Prospective graduate students and others who wish to assure that their academic credentials will be accepted in psychology can use this professional resource as a basic guide. It is expected that in the not too distant future, the National Register's effort will be joined with other groups, including the APA and AASPB, in establishing a broad-based Designation system to identify doctoral programs in psychology.

This designation process will serve the public very well in addition to serving the profession. By using a common set of standards, consumers of psychological services will have a much clearer understanding of the academic preparation of individuals who hold themselves out as psychologists.

For counseling psychology, a designation system will sharply reduce the uncertainties and ambiguities which have existed in the past regarding programs which purported to educate psychologists but which may not have met the standards of the profession. Education in counseling psychology will flourish in designated doctoral programs in counseling psychology.

3. A National Commission on Education and Credentialing in Psychology will be established in order to assure that there is continued integration of the education and credentialing systems in the field. The National Commission, which would include representatives of the key organizations in psychology, was proposed at the 1977 Education and Credentialing in Psychology Conference. The suggested functions of the National Commission were as follows (Wellner, 1978):
 - a. For credentialing purposes, the National Commission will be responsible for the Designation of the doctoral programs in psychology on the basis of the criteria recommended at the June 1977 Education and Credentialing in Psychology Conference.
 - b. The Commission will monitor, review, and evaluate the education and credentialing process in psychology.

- c. The Commission will also provide a form for the exchange of views among the education and credentialing communities in psychology.

The existence of an interorganizational National Commission will permit the several education and credentialing components of the field to exchange ideas and develop strategies dealing with a variety of concerns including competency assessment, specialty designations, public accountability, and standards for practice. The National Commission will assure the development of proposals and recommendations whose impact on one or more groups will be carefully considered prior to implementation. By including representatives of the American Psychological Association, the American Association of State Psychology Boards, the Council of Graduate Departments of Psychology, the National Register, divisions of APA, directors of training in the specialty areas, the American Board of Professional Psychology, and other relevant groups, the fragmented systems of education and credentialing can be integrated to a much larger extent.

- d. The National Register of Health Service Providers in Psychology will become an increasingly responsible professional resource in identifying health service providers and in enhancing psychology's position as an independent health profession. By developing a system to recognize health service providers in psychology without infringing on the traditional specialty titles or labels and by incorporating health service providers from any number of specialty areas, the National Register will continue to serve the broad constituents of health service providers, including those counseling psychologists who meet the standards for listing.

Given the developments in the area of doctoral education in counseling psychology and the substantial refinements which have been made over the past decade, it can be anticipated that the myriad of problems which have confronted some individuals in the past in terms of their identification as health service providers in psychology will be substantially reduced. In the coming decade, psychologists earning doctoral degrees in counseling psychology from designated programs will find their academic credentials and experiential backgrounds generally accepted. The uncertainty, confusion, and ambiguity which have existed in the past should be substantially clarified in the coming decade.

REFERENCE NOTE

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Chapter 21

The Federal Government

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Our nation's counseling psychologists, with their primary emphasis on facilitation and prevention, may soon have an unusual opportunity to help reorient our health care system. Health care costs have continued to rise faster than almost any other segment of our economy (Nelson & Normand, 1982). Just five years ago, we spent \$160 billion on health care, more than any other nation in the world. In 1981, we spent approximately \$287 billion, or 9.8% of our Gross National Product. The increase that year represented the second largest in the past 15 years, with the largest being the previous year.

One example is found in the Department of Defense's Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). CHAMPUS provides health insurance coverage for approximately 7.9 million dependents of active duty, retired, and deceased military personnel. The CHAMPUS leadership is very proud of their program's comprehensive mental health benefit which may very well be the most liberal in the nation; since FY'76, psychologists have held parity with physicians under CHAMPUS. Despite the frequently argued point that ready access to mental health services will result in decreased overall health care expenditures, the overall CHAMPUS budget has continued to escalate. In FY'76 CHAMPUS spent \$560 million. Five years later in FY'81, \$825 million was appropriated for CHAMPUS. This year (FY'83) the President has requested \$1,059 million; however, CHAMPUS authorities already project that there will be a *shortfall* of from \$220 million to \$400 million (even taking into account a number of cost-saving recommendations proposed by the U.S. Senate during its FY'83 deliberations). In essence, it is becoming quite clear to our nation's health policy leadership that we must significantly curtail health care costs in the foreseeable future. But how to realistically accomplish this objective is far from evident.

The top health officials of both the Carter and Reagan Administrations have farsightedly urged our nation to give greater priority to developing preventive and "wellness"-oriented programs. For example,

Dr. Edward N. Brandt, Jr., Assistant Secretary of Health of the U.S. Department of Health and Human Services, recently reported in the *American Psychologist* that:

Three years ago, the Department of Health and Human Services published *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. In its articulation of the complementary themes of disease prevention and health promotion, this report not only reflected a changing national view of "good health" and of the ways in which it could best be maintained and enhanced, it announced that "prevention" had been accorded top billing in federal health policy. (Brandt, 1982, p. 1040)

In recent years, medical care has received the bulk of our attention and the overwhelming share of our resources, and improvements in the availability and quality of treatment and rehabilitation services have been undeniably great. We should not suppose, however, that we can continue to improve the health status of our people solely, or even primarily, by allocating so much of our time and treasure to the development of ever-more-sophisticated medical equipment and services. In the years ahead, the greatest advances in health status, the most meaningful improvements in our national quality of life, are likely to accrue from efforts that we, as individuals and as a society, make to improve our health habits and the environments in which we live and work. (Brandt, 1982, p. 1042)

In a similar vein, the U.S. Senate Appropriations Committee, during its deliberations on the FY'82 Supplemental Appropriations bill (P.L. 97-257), stated:

The Committee has become aware of the report recently released by the Institute of Medicine entitled "Health and Behavior: Frontiers of Research in the Biobehavioral Sciences." Again, as in the Surgeon General's report "Healthy People," growing scientific and clinical evidence indicates that "as much as 50 percent of mortality from the 10 leading causes of death in the United States can be traced to lifestyle." Accordingly, the Committee feels that the National Institutes of Health and Alcohol, Drug Abuse, and Mental Health Administration should study the potential benefit of giving greater priority to prevention research activities that will address "bad habits"/lifestyle which are so costly to our society. In addition, the Health Resources Administration should, within existing legislative limits, give greater emphasis to prevention in its health professionals education activities. (U.S. Senate Report #97-516, p. 128-129)

It has been suggested by many that our nation has begun the process of entering into its "Second Health Revolution"; the first being that against infectious diseases such as tuberculosis, influenza, and pneumonia in the late 1800s and early 1900s (Michael, 1982).

Within the psychological community, our nation's counseling psychologists appear to be particularly well trained to address the developing "wellness" agenda. The American Psychological Association (APA) Specialty Guidelines for counseling psychologists highlight "facilitating effective functioning," "adaptability to changing life demands, enhanc(ing) environmental coping skills, and develop(ing) a variety of problem-solving and decision-making capabilities" (APA, 1981b).

In contrast, the APA Specialty Guidelines for clinical psychologists stress "disability and discomfort" and "physical disease and disability" (APA, 1981a). Yet, rather than aggressively capitalizing upon their apparent strength in the prevention/"wellness" area, counseling psychologists instead appear, to an outsider at least, to be excessively concerned with intraprofessional status issues such as insuring that their practitioners and scientists will be considered on a par with those of clinical psychology. In particular, this has recently surfaced around efforts to modify existing statutes to insure that formal reference is made to clinical *and* counseling psychologists.

In a public policy sense, it is unfortunate for psychology that APA has made formal distinctions between these two subsets of psychologists. The implication for the public-at-large and the policymaker is that there is a meaningful distinction to be drawn between those psychologists who are primarily skilled in treating various diseases or disabilities (i.e., clinical psychologists) and those who are instead concerned with problem-solving and coping skills (i.e., counseling psychologists). This distinction is clearly projected in a multitude of ways by organized psychology. It exists in the diplomate criteria for the American Board of Professional Psychology, the membership criteria for Division 12 (Clinical Psychology) of APA, and the APA Specialty Guidelines for the Delivery of Services. Not only is the actual educational degree considered relevant, but, more importantly for public policy consideration, there is clear implication that the respective skills of the two groups can and perhaps should be differentiated.

Such a distinction has considerable significance for the psychologists involved. Nevertheless, for the general public and particularly for the health policy analyst, it unfortunately does not convey any meaningful information. Our nation's health policy leadership does not differentiate between various specialties of psychologists when deliberating the policy issues inherent in reimbursement decisions, manpower shortage area designations, clinical training funds, etc. Historically, the decisions which have shaped the parameters of a profession's appropriate "scope of practice" have reflected a delicate balance among the interests expressed

through the "police powers" of the state legislatures, the ethical standards of the profession involved, and the specific circumstances surrounding various cases argued in the courts. The federal government has rarely attempted to set specific standards of practice even when it has a significant economic interest, such as when it is the primary purchaser of the health services being provided. Instead, in this arena it has traditionally and consistently deferred to professional customs and state regulatory bodies.

Psychology, and in this instance, counseling psychology, has to a very real extent overestimated the level of psychological sophistication possessed by our nation's health policy leadership. Only one percent of the members of either the U.S. House of Representatives or the U.S. Senate possess a professional background in health care. We should not be so naive as to assume that they have any real interest in our intraprofessional concerns. Further, it is most unrealistic of us to assume that we can clarify this matter simply by presenting a little information. Both the U.S. Senate and the House of Representatives are organized in such a way that no one individual, or even a small group of individuals, has exclusive jurisdiction over an area as complex as health care.

For example, during the 97th Congress (January, 1981-December, 1982), the U.S. Senate was organized into 20 committees, 106 subcommittees, and four additional joint House-Senate committees. Although three of the health (sub)committees—those of Appropriations, Finance, and Labor and Human Resources—are commonly thought to be the prime health-related forums, six other full committees—Aging, Armed Services, Budget, Governmental Affairs, Veterans Affairs, and Indian Affairs—also possess direct legislative or oversight responsibility for sizable components of our nation's health care system.

In addition, the Foreign Relations Committee has jurisdiction over the State Department's international health endeavors, and the Judiciary Committee has jurisdiction over the entire federal juridical system, including the precedent-setting Federal Criminal Code. The "business aspects" of health care are addressed by both the Small Business Committee and the Commerce, Science, and Transportation Committee, with the latter having jurisdiction over the Federal Trade Commission, which has publicly expressed concern over possible antitrust aspects of current-day medical practice.

Finally, considering all parameters of preventive health care, the Agriculture, Nutrition, and Forestry Committee is significant because of its jurisdiction over the food stamp program and other federal nutritional initiatives (DeLeon & VandenBos, in press). Simply stated, not only is there little congressional inclination to understand the complexities of what is essentially an intraprofessional concern, but procedurally, there is no straightforward vehicle for resolving issues such as this once and for all.

To date, when the Congress of the United States has enacted legislation affecting psychology, especially in the health or mental health care area, it has traditionally used the phrase "clinical psychologist" to designate those psychologists who are by training and state licensure/certification authorized to provide "hands-on" health-care services. For example, in deliberating the "freedom of choice" provision of the Federal Employees' Health Benefit Program (P.L. 93-363), which insures that beneficiaries will be able to select a psychologist under their mental health benefit if they so desire, the House of Representatives originally proposed the inclusive phrase "psychologist." The Senate, and ultimately Congress, however, substituted the term "clinical psychologist." The accompanying Senate report made clear that their concern was not with the issue of "clinical" vs. "counseling" psychologists, but instead with insuring that all practitioners who might be reimbursed under the program would possess maximal possible training, including supervised experience. The Senate report stated:

The other action by the Senate Committee on Post Office and Civil Service was to insert the word "clinical" before the word "psychologist" as it appears in three places in the bill.

The Committee understands that certification or licensure of psychologists under state law is not by specialty designation *per se*, no more than are physicians, dentists or lawyers licensed by specialty practice under their applicable state laws.

For the purposes of this Act licensed clinical psychologists means those persons licensed or certified under state psychology statutes already in force wherein the basic standards for obtaining full entry into the profession requires a doctoral degree from a recognized graduate psychology program. In addition, one or more years of supervised experience and completion of a psychology examination administered by the appropriate state board issuing credentials is also required. It is further intended that psychologists who hold or receive a certificate or license pursuant to grandfather clauses under laws mandating the above basic requirements shall also be appropriately included and recognized. Any psychologist providing services under the Federal Employees' Health Benefits Program shall also meet the applicable national and state professional and ethical standards relevant to independent practice as clinical psychologists providing mental health services. (U.S. Senate Report #93-961, p. 4)

Nevertheless, for many counseling psychologists the final choice of phraseology was most unfortunate. They are concerned that the reference to "clinical psychologists" might reflect a conscious legislative

effort to preclude their practitioners from being reimbursed, or might be used towards that end in the future. As a result, counseling psychologists have recently begun to press for legislative modifications that would include specific reference to both "clinical *and* counseling psychologists" wherever possible.

Without question, it would have been preferable for all psychology if a more generic phrase (such as the original House proposal) had been adopted. However, it is important for psychologists to realize that in the legislative process it is very difficult to deviate from the established precedent. Here it is up to psychology and not the politician to be flexible and to adapt. If we wish to bring our intraprofessional agendas into the political arena, we are asking the politician, who does not possess an in depth appreciation for the complexities of health care, to ask some very basic questions: What is the real difference between a counseling psychologist and a clinical psychologist? Is one better than the other? If so, which? Should we pay only for one and not the other? If not, why not?, etc. This is a discussion that psychology simply cannot win. If we hold out to the public that there is a difference between a clinical and a counseling psychologist, we had better be able to answer these types of basic questions.

We can take solace, however, in the fact that our lack of political sophistication is not unique among health care professionals. For example, during the deliberations in the 96th Congress regarding the possibility of reimbursing psychological services under Medicare, a number of physicians were visibly upset that psychology was seeking recognition as "physicians" (under Section 1861 (r) of the Social Security Act). They simply did not realize that the term "physician" under the Medicare law is used in a very generic sense. For example, under that provision, with certain restrictions, "physician" refers to doctors of medicine or osteopathy, doctors of dental surgery, doctors of podiatric medicine, doctors of optometry, and chiropractors. Accordingly, as one might imagine, their emotional arguments regarding psychology's lack of medical school training was not viewed as relevant to the issue at hand: the appropriate manner of legislatively referencing psychological services.

LEGISLATIVE RECOGNITION

Psychology is a relatively young profession, especially in its involvement in the legislative process. As a result, we currently have little formal statutory recognition. This becomes particularly clear, for example, when one focuses upon the federal government in its role as a "purchaser of health care." There are four basic programs in which this is the case: the Department of Defense CHAMPUS program, the Federal Employees' Health Benefit Program (FEHBP), the Medical Expense Deduction provision of the Internal Revenue Code (Section

213), and the Social Security Act's Medicare and Medicaid. Under each of these, psychology has only tenuous recognition.

Under CHAMPUS, psychology has generally possessed complete parity with its medical colleagues since FY'76. Yet, this has been achieved through the appropriations process and, accordingly, must be specifically reaffirmed every year. The actual language of the appropriations acts does not mandate that psychological services will be covered. Instead, it states that "None of the funds . . . shall be available for . . . any service or supply which is not medically or psychologically necessary . . . (as) diagnosed by a physician . . . (or) clinical psychologist" Nowhere in the basic CHAMPUS authorization statute are psychologists specifically mentioned.

Under the Federal Employees' Health Benefit Program (FEHBP), psychology has perhaps achieved its most direct recognition. The "freedom of choice" provision discussed earlier essentially insures that if a mental health provision is to be provided, the patient/consumer shall have ready access to a "clinical psychologist" if he or she so desires. Mental health care *per se* is not mandated; however, psychologists cannot be discriminated against. Since January, 1980, on an experimental basis in those (10) states in which 25% or more of the population is located in a formally designated "primary medical care manpower shortage area," all categories of licensed health care practitioners must be independently reimbursed if the service which they provide is covered. Thus, psychology may soon find that its status under FEHBP will no longer be unique.

Psychological services have been separately enumerated since 1973 in the IRS's tax information booklet as a possible deduction under the Medical Expense Deduction provision (Section 213) of the Internal Revenue Code. Nowhere, however, in the statute or legislative history is psychology *per se* mentioned. The crucial test for deciding whether an expense is to be considered deductible is whether or not it is to "prevent or remediate a specific defect." Treatment that is "merely beneficial to the general health or sense of well-being of an individual" is not deductible (DeLeon, 1981). It should not be too difficult to appreciate how, under this provision of the law, our insistence on being able to differentiate between clinical and counseling psychologists may very well suggest to the IRS that services provided by the latter should have to meet a higher test of "necessity" in order to be deemed deductible.

Finally, under either the Medicare or Medicaid statutes the only specific reference to "psychology" is under the Secretary's authority to develop and engage in various experiments and demonstration projects. Under both, all services to be provided must be "medically necessary" in order to be reimbursable. Psychological services can be reimbursed (within specific limits) under such broad statutory provisions as "services and supplies . . . furnished as an incident to a physician's

professional services" (Medicare) or "any other type of remedial care recognized under State law" (Medicaid). The APA estimates that currently only 25 states have decided to provide for reimbursement of psychologists' services under their State Medicaid plan, with most of these having made a clear distinction between assessment and therapeutic services. Further, these often require physician referral or supervision.

Similarly, if one reviews any other federal statute for whether it expressly includes mention of "psychology," the same overall picture emerges. For example, there are currently 400 psychologists employed in Health Maintenance Organizations (HMOs) across the nation. Yet, the HMO statute does not formally recognize them. There are approximately 20 psychologists employed in the U.S. Public Health Service Regular Corps, yet the authority for their actual appointment comes from the statutory phrase "related scientific specialties in the field of public health." Finally, most psychologists are not aware that until the enactment of the 1980 Mental Health Systems Act (P.L. 96-398), the word "psychology" was not included in any aspect of the legislation governing the National Institute of Mental Health (NIMH)—under either its research or training functions. And, when one looks at the actual language now expressly referring to psychology, one must seriously wonder if any progress has been made. The Mental Health System Act's Congressional Statement of Findings now states:

because of the rising demand for mental health services and the wide disparity in the distribution of psychiatrists, clinical psychologists, social workers, and psychiatric nurses, there is a shortage in the medical specialty of psychiatry, and there are also shortages among the other health personnel who provide mental health services. (Public Law #96-398)

Clearly, such wording seems to relegate clinical psychologists to less importance than psychiatrists. The only other reference to "psychology" is in the enumeration of the four traditional disciplines which now must "pay back" time for having received training support.

WHAT SHOULD PSYCHOLOGY DO?

First, it is important for all of psychology to appreciate the importance of presenting a unified and cohesive approach to the Congress and their various state legislative bodies. Intraprofessional issues should not be confused with public policy issues. They are different, and it is to no one's advantage to intertwine the two. There are also at least five concrete steps which our nation's psychologists should consider taking in order to maximize their political effectiveness (DeLeon & VandenBos, in press). Each of these assumes that the delivery of quality mental health care is in the public's best interest.

1. *Maximize individual contact with your elected official.* It is the individual politician who shapes our nation's health policy, not the American Psychological Association nor even the American Medical Association. If one feels that one's professional services are beneficial to society, and thus in the public interest, one must take the time to "get to know" the elected officials on a personal basis. Personal contacts are the most important political asset one can possess; they far outweigh "merely being right."
2. *Cultivate the media: It is potentially your best ally.* What counseling psychology has to offer is potentially very exciting. Members of the media are professionals in their own right; they are highly responsible individuals who are very interested in learning about new ideas, professional developments, etc. However, it is incumbent upon the health care professional to inform the media of new advances and not wait to be magically "discovered."
3. *Involve your natural allies: There is strength in numbers.* All of the basic issues of interest to counseling psychologists—professional recognition, insurance reimbursement, hospital admitting privileges, etc.—are also concerns of the other nonphysician health care providers. The various "alternative providers" (nurse practitioners, optometrists, psychologists, etc.) could become a powerful political force on both the national and state level if only they would work together on issues of mutual concern. The issues and the opposition are essentially the same.
4. *Write for a wider audience than your own profession.* Psychologists spend most of their professional time talking to the "converted"; i.e., to other psychologists. One should aggressively explore the possibility of writing for the popular media, for airline magazines, and for the professional journals of other disciplines, such as the *Young Lawyers*.
5. *Demonstrate that your services are in the best interest of our citizenry.* If counseling psychology really possesses the preventive and "wellness" expertise that it has been accorded, it should aggressively demonstrate to the public-at-large and our nation's health policy leadership that it can make a difference in our daily lives. Nothing is more effective in the political process than objective evidence that a health care program provides desired results.

CONCLUSION

By way of summary, our nation's counseling psychologists possess specific expertise in the areas of prevention and "wellness" that is receiving considerable attention within our nation's health care programs. Yet, rather than capitalize upon their inherent strength, counseling psychologists appear overly concerned with intraprofessional issues and,

as a result, are not as effective politically as they could be. It is important for all of psychology to distinguish intraprofessional issues from public policy concerns. Neither the Congress of the United States nor state legislatures are interested in, nor organizationally capable of, addressing the former. Psychology is a relatively young profession and, as a result, has achieved only minimal legislative recognition under the various federal health statutes to date.

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THE PERSPECTIVE FROM THREE DECADES OF COUNSELING PSYCHOLOGY

5

This section provides a unique opportunity for the reader to gain a perspective on three decades of counseling psychology as we begin work on strengthening the profession during its fourth decade.

Throughout long and distinguished careers, each of the contributors in this section has been very active in a number of the different roles of a counseling psychologist: scholar, practitioner, researcher, teacher, consultant, and administrator. While as individuals each has chosen to focus on somewhat different topics of interest, as a group they are uniquely qualified to comment on the shifting nature of concerns in counseling psychology as the decades have progressed since the founding of the specialty in 1946.

Chapter 22

1951, 1984, and the 1990s

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When the Northwestern Conference of 1951 took place, generally considered to have been the birthplace of counseling psychology, we were a group of practitioners in search of an identity, representatives of an applied field in search of a theoretical base. We had no established specialty name; our tools were those of vocational psychology, applications of the theory of individual differences. The one clear fact about us was what we did: vocational assessment and counseling. No one else did it; the clinical psychologists who used our tools used them reluctantly and with little knowledge of the world of work; the vocational counselors who used them did so with little knowledge of psychometrics or of individual differences.

Having established ourselves during the decade of the 1950s as masters of differential psychology applied to the world of work and of counseling processes applied to educational and occupational choice and adjustment, we found ourselves still lacking—in the eyes of the APA's Education and Training Board and of similar bodies—a clear and distinct identity because our name denoted a process that was and is used by many other professional and lay people.

IDENTITY

In 1984 we still lack identity: other psychologists, forgetting our kinship with differentialists, developmentalists, personnel psychologists, and social psychologists, tend to view us as faint copies of clinical psychologists. The problem has been amply explored elsewhere in this volume and in its predecessors (Thompson & Super, 1964; Whiteley, 1980) and need not be documented here. The current question is: What, in the light of history and of 30 years of coping with the identity problem, can we foresee for the next decade?

The answer is presumably to be found in what our colleagues have written after much surveying, writing, reading, and discussion on the subjects of the activities, functions, and training of counseling

psychologists. What one sees is not one clear and distinctive identity, but a confused composite of several identities: vocational, family, educational, psychotherapeutic, and rehabilitation psychologists performing a variety of functions in a variety of settings. Some are jacks-of-all-trades within applied psychology, but some are masters and practitioners of one specialty only; some work only in one kind of setting, others work in several. Some are practitioners only, while some also work on theory or research and development; some devote all their energies to research and development work.

It is difficult to see how any greater uniformity can emerge during the rest of this decade or even of this century. We are more diverse than ever, and the cry is for even more diversity as new outlets are sought for our unemployed alumni and students and as more refugees from other specialties in psychology and from nonpsychological fields join our ranks, seeing in us more status, more kinship, and more openness than they do elsewhere.

In adolescent and adult development, there is at first identity diffusion followed by the finding of sharper focus (Lowenthal, 1975). By analogy, as counseling psychology moves toward its 40th birthday, it should find focus and develop a clearer, more distinctive, more confidence-giving identity. But nothing in what we read, hear, or see around us suggests that this is about to happen. We seem destined to live with ambiguity: All ye who need an unambiguous identity, go join the developmentalists, the differentialists, the organizationalists, or the clinicians! Others, welcome to the Division of Ambiguous Psychology! We will flourish in the '90s as we have in the '50s, '60s, '70s and are now doing in the '80s—doing what we do well.

THE RESEARCH BASE

A diversity of applications requires a diversity of research domains with their theories and their data. Gottfredson (Chapter 16) on vocational research shows some diversity: about 50% dealing with what she calls individual differences (down nearly 10% from the preceding five-year period), 23% with unemployment problems (double that in the first half of the past decade), 11% with labor market characteristics (also doubled), and 15% with treatment (a decline from 22%). Despite the increased emphasis on clearly applied problems Gottfredson advocates even more attention to the vocational and related problems of the unemployed and of those employed in what Havighurst called society maintaining rather than ego-involving jobs. She notes, as have others, that counseling psychology has been preoccupied with those who go to college and into the middle- and higher-level expressive occupations. My Great-Depression-based *Dynamics of Vocational Adjustment* (Super, 1942) contained material on the psychology of unemployment, but students in counseling psychology in the decades following World War

I considered it irrelevant. In rewriting the text as *The Psychology of Careers* (Super, 1957), I omitted that material. I have since regretted it: Responsiveness is not necessarily responsibility.

Is Gottfredson's (Chapter 16) responsive stance a wise one? Can we prosper if we focus on how to help the unemployed and the underemployed? We do need research and development work on those topics, but the field cannot flourish if it fails to make progress in more fundamental areas such as the ability to be helped, the techniques of coping with or without help, and the use of nonwork outlets for abilities, interests, and values. The suggestion that we focus primarily on putting out brush fires and fighting forest fires rather than trying, at the same time, to find ways of preventing the starting and spreading of conflagrations seems counterproductive. It would be like suggesting that work on the internal combustion engine be dropped, 100 years ago, to concentrate instead on developing better buggies and training better-performing horses!

The setting of research priorities is of prime importance. There are transient emphases which disappear once the problem has been fully explored: Sex-role stereotyping may be one of these, as Gottfredson's (Chapter 16) Table 16.2 suggests. There are fads and fashions especially in the dissertations featuring new and easily-used instruments. The relative importance of work and of other roles (Super, 1980; 1982) is a topic not included in the table cited and which, with a theory and a measure now made available, may emerge during the unemployed 80s as a popular one, perhaps as a most useful one. It may, however, lose attractiveness once a body of knowledge and guidelines for applications have been developed—in the 90s, perhaps? But there are enduring problems. Among these in the vocational domain on which Gottfredson focuses are individual differences, career development (e.g., career maturity), and methods of guidance and counseling (e.g., exploratory programs, decision-making programs, counselor-client interaction).

But counseling psychology as we know it is not solely vocational psychology. As a diverse field with diverse applications, we need a diverse research and theoretical basis. Harmon's chapter (Chapter 5) reflects this: She does not suggest specific research priorities but recommends that the field be studied and that priorities be established. It would be wise to do this, if feasible, in cooperation or at least in communication with other specialties with overlapping interests: for example, with clinical psychology for counseling processes and outcomes; with organizational psychology for environmental methods of treatment; and with developmental psychology for life-span career development.

In closing, it may be worth looking at the sources and mechanisms of research and theory in counseling psychology, using vocational or career development theory and research for illustrative purposes. It was teamwork led by Donald Paterson at Minnesota, attracting able

colleagues and students to programmatic research over a period of years, that first made vocational psychology a viable field (Super, 1983). It was teamwork at Teachers College, Columbia University, that launched and pursued throughout the lifetime of counseling psychology the longitudinal Career Pattern Study and the concepts of career development. It was teamwork led by David Tiedeman that brought together three teams of researchers in self-concept theory applied to career development for periodic and productive communication. It was teamwork led by John Holland at Johns Hopkins that led to the refinement and extension of his ideas on the search by individuals for congenial environments in which to work. It was an unsubsidized, uninstitutionalized group called the Career Psychology Mobile Seminar that, meeting twice each year for two or three days during the 1970s, facilitated communication between some of these teams and other researchers, thus helping in the refinement and spreading of career development theories, data, and methods.

A further recommendation might therefore be added to that made by Whiteley (Chapter 13) and others for the encouragement of programmatic research: Division 17 should organize periodic invitational seminars with continuing but rotating membership to facilitate communication between productive theorizers and researchers, communication that would be both extensive and intensive and deal with developing ideas and methods.

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Chapter 23

From Past to Present: Counseling Psychology's Socially Prescribed Role

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Predicting a profession's future is a risky business. Considering the questionable validity of a weather forecast a week in advance, what dare we expect of a specialty forecast a decade ahead? Yet, one can argue that the latter is the easier of the two. Once set in motion, the momentum of a profession is difficult to halt, modify, or even redirect. Hence, a profession is more predictable just because it changes so little and so very slowly that the changes are imperceptible from day to day. Those that do occur, which are not to be confused with short-lived trends, are noticeable only when viewed at long intervals—like snapshots of a person 10 or 20 years apart.

Even though a specialty may creep along at tortoise speed, in the absence of a systematic process the act of predicting its future could be very much of the order of a crap game. Unless guided by a replicable system, the judgments are more likely to be biased by the hopes and ideals of the predictor. For the quality of reasoning in this kind of problem solving, as in any other, depends upon the quality of the data and the inferences made from them. True, it is sometimes said that it takes farsightedness to anticipate the future, which conjures up a picture of someone standing on tiptoe on the edge of the future and peering into the darkness. But by looking in that direction one is denied all data except the fantasies of the imagination.

To obtain evidence on which reliable forecasts of the future can be built one must turn 180 degrees, to those periods (past and present) on which the future is constructed. The past can reveal two essential kinds of information: First, it can reveal the extent to which the field is socially determined not only in origin but also in character and

direction, and then the degrees of freedom available to its members (and its organizational voice) to operate within the limits of those determinants and to be involved in shaping its future. Second, it can reveal the curved line connecting points in the past and the past with the present. The curved line so developed provides a view of the trajectory of the specialty, the path it has been delineating, and the shape of the curve likely to be extended into the decade ahead.

Although psychology, unlike some other sciences, has been largely ahistorical and has not inquired about human behavior at earlier times to compare it with contemporary behavior, it has at least made it a practice to investigate the developmental histories of individuals and to study them within their respective systems. In this exploration into the future of counseling psychology we define the system in both its vertical and horizontal dimensions. We connect the historical forces that brought it to life, shaped it, and which interact with it even today. The breadth of contemporary forces that operate on and interact with it are also considered.

THE PAST

A review of the well-known background to counseling psychology reveals that landmarks of professional development were related to significant social trends and events. For example, one of our progenitors, Frank Parsons, the pioneer in career counseling, did not suddenly appear like Neptune from the sea. The rapid growth in American industry at the turn of the century substantially increased the diversity of careers available to young people. The technical advances of industry, combined with popular demands for free secondary education, led to enormously expanded high school enrollments, especially among native and immigrant children whose families were uninformed about educational opportunities and occupational choices, not to speak about higher education. Parsons, the engineer, economist, educator, and muckracker, understood the implications of that set of conditions, recognized the needs and pioneered in offering vocational guidance services aimed at the well-rounded development of young men who were obtaining more than an elementary education.

Parsons, of course, was not the only one responding to new needs. As Snygg (1954) pointed out, when the public high schools first began to be opened to the people for whom almost any education, and especially that beyond the three R's, was a new experience, educators needed help and turned to experts on learning. First came mass education, he said, then came Edward Thorndike who formulated laws of learning applicable to classrooms.

While Parsons used tests of various kinds, and, in fact, showed remarkable sophistication, and while others like Terman were already influenced by Binet, the testing until World War I was all individual.

It took another landmark, the first "modern war," to advance the movement's technology. The need for speedy identification of persons with varied talents and aptitudes led psychologists like Bingham and Otis to develop Army tests that became models for group tests subsequently constructed. These were widely employed in the schools in the twenties and thereafter, especially to perform the school's role of sifting and sorting children and determining the direction, and often the quality, of their education thereafter. The guidance and measurement movement now possessed the technology to help the schools accommodate the massive influx of new types of students (working class native-born children, black and white, and immigrant children, especially from eastern and southern Europe) without upsetting too much the status hierarchy and the accompanying inequitable allocation of resources for education.

The "Great Depression," that disaster of the thirties, brought the government into the counseling field on a large scale through programs like the expanded state employment services, Civilian Conservation Corps, and the National Youth Administration. Until then high schools and private social and vocational agencies were the prime donors of such services. Now Americans in large numbers were getting accustomed to the use of counseling services, and counselors by the thousands were getting some form of training, even if only on the job. In retrospect it was in connection with the human suffering of those years and of the war that followed that counseling psychology was spawned. World War II saw the utilization of clinical and personnel psychologists in large numbers. Then a combination of conditions in the immediate postwar years coalesced to generate a new specialty in psychology. Among those conditions were: (1) the personal and career problems of adjustment faced by vast numbers of veterans, including those handicapped during the war; (2) the influx of new types of students to higher education as a result of the G.I. Bill of Rights, an influx comparable to the compositional changes in the secondary school earlier in the century; (3) an increased acceptance of psychological services by the general public, and in fact, their hunger for them, an appetite that was exploited by many a charlatan, as revealed by Steiner (1945); (4) the growth in size, status, and influence of the American Psychological Association; and (5) the recognition of the need for a scientific basis for professional practice at a time when on the one hand, the federal government and private foundations were enlarging their financial support for research and, when on the other, American universities were commencing their drive to become centers of research.

In the brief account to this point, movements in social history rather than professional or scientific developments predominated as initiators of counseling psychology; that is, economic and political changes established the conditions that stimulated the need for precounseling psychology professional services (and accompanying research and

professional activity). This is not to suggest that psychologists and their predecessors had no part, and that they were passive recipients of the benefactions of a strict determinism. Not at all. Had they not responded to recognized need in 1905, 1935, or 1941, and had they not created the professional and educational enterprises that were later transformed into counseling psychology, there would be no such specialty of psychology today. The point to this is that neither exclusive determinism on the one hand, nor a fantasied professional autonomy on the other, but rather an inevitable interaction of the two were the principal forces developing the profession of counseling psychology. In that interaction of contending forces, however, a professional specialty like ours is, metaphorically speaking, a puny mouse contending with the movements of a formidable lion. For counseling psychology (or psychology-at-large for that matter) had no part in determining the trends and events that, as we have seen, were the mighty determinants of professional development.

Counseling psychology had no part in inducing baby booms (which eventually increase enrollments in higher education) nor in getting the country into wars (and expanding the veteran populations), mechanizing industry (adding to unemployment and career changes), or electing socially-concerned federal administrations (establishment of community mental health centers, etc.). Nor did counseling psychology (or professional psychology-at-large) initiate in any way the consumer campaign for insurance coverage (third-party payment) for hospitalization, or physical and mental health services. This was a campaign that after many years finally prevailed over the resistance of the medical establishment. This newly acquired eligibility for third-party insurance payments, as we know, has encouraged counseling psychologists in increasing numbers to engage in part- or full-time private practice. But we are getting ahead of our chronology.

The late '50s, the '60s and '70s accounted for the substantial growth and firm establishment of counseling psychology. In the fifties the career and interpersonal needs and problems of the many veterans and their families and the unprecedented growth in higher education enrollments created a ferment of research and experimentation, especially in the areas of career development and of counseling orientations. Sputnik ushered in a new era, sparked by federal funds for institutes and research attuned to the presumed national need for improved teaching and counseling about mathematics, sciences and foreign languages. At about the same time, as a reaction to *Brown vs. the Topeka Board of Education*¹ (the Supreme Court decision striking down as unconstitutional the concept of "separate but equal" education) and the early stages of organized black social action, federal funds were available for institutes to improve professional practices in counseling minorities.

¹*Brown vs. Topeka Board of Education*, 347 U.S. 483 (1954).

We had no more to do with *initiating* those new directions of the '50s than we had in the '60s and '70s when the liberation movements (minorities, women, and sexual), at times aided and abetted by the government and especially by the courts, dictated some of our priorities. In the fifties as in the later decades, there were some in counseling psychology who not only applauded the redirection or reemphasis but who also took an active part in hastening and supporting it and were professionally prepared to attempt to adapt their professional behavior to the new conditions. For them, this meant no significant change because they had already been thinking deeply about, let us say, stereotypical judgments about women and minorities in relation to educational and occupational choices and aspirations, or about sexual behavior and preference, or the questionable validity of the use made of IQ tests. For many others, in all probability, the dictates of the times were not so easily accommodated. But for all of us in our roles as counseling psychologists, we were actors on a stage performing in a drama whose script was not written by us, though the way we played our roles was our own determination.

Interpretations like those just given are subject to challenge. Does it really follow that the social movements of the late 19th and early 20th centuries led to the precursors of counseling psychology, that those of the '30s and '40s led to the specialty *per se*, and finally that those of recent decades led to the present state? Let us suppose that those movements never occurred. Could an America, frozen at its 1880 socio-economic and cultural condition, with no further industrialization and urbanization, have given rise to the specialty? It is doubtful indeed that under those circumstances there would have been a recognized need for a Parsons, a guidance movement, a vast measurement enterprise, and subsequently the emergence of counseling psychology as it is known today.

The narrow leeway assigned to the specialty does not foreclose assertive action in behalf of its development. On the contrary, it empowers such action by directing our creative resources to the job of changing the changeable rather than wasting them on predictably unproductive efforts. The "changeable" includes two keystones of consciousness that affect professional behavior. The first keystone consists of the theories about human development (including career) and behavior (including social interactions). These have been considerably extended since the late '40s and early '50s when the views of Rogers and Williamson were dominant, with learning and psychodynamic theories soon to make their entry. The second keystone consists of social attitudes which have changed as a result of the massive social change movements since the mid-fifties. Significant in the changes in social attitudes which have affected counseling psychology are conceptions about women's roles, abilities and career options, sexual behavior, gender preference, one-parent families, and race and ethnicity. The extent of

change becomes dramatically evident as we recall that less than 20 years ago heads of student personnel services at leading universities insisted that their institutions had to stand in loco parentis for the women students.

The attitudinal and theoretical changes have overlapped so that the personal has become professional and vice versa. For example, recognition of the potential for human modifiability in cognition, and the movement toward social learning theory and metacognition with its emphasis on *self*-regulation and control, reflect the personal/attitudinal changes in recent times concerning greater human control over social and personal destiny. In fact, these changes in consciousness seem to be so significant that were we able to compare the "typical" contemporary counseling psychologist with one of the late fifties, the two of them at work side by side, chances are they would differ less in work situation, instruments used, and general modus operandi than in the theories that guided them and, even more so, the personal attitudes they held about their clients. As a specialty, counseling psychology has contributed to those changes (in a climate of social ferment) by such practices as the articles which have been selected for publication in its journals, the programs designed and presented at the annual meetings, and the agenda and committee activities of the Division itself.

Yet, those changes, whatever they may be, have not altered counseling psychology's socially prescribed role: to apply psychological and other social and behavioral science knowledge to the problems of normal development, especially including problems about those vital areas of education, careers, and interpersonal relations.

THE PRESENT

Following the theme of "the socially prescribed role," it is appropriate now to ask what present conditions indicate about its long-term viability. We will examine three very different aspects of counseling psychology's current status: the need for its services; its security as a specialty; and, finally, its character as reflected in the clients served and practices employed.

Need

It appears that the conditions of life that led in the first place to the coalescence of counseling psychology in the early fifties are present today. The need for counseling services which those conditions elicited is now, if anything, even more starkly evident than in those difficult postwar years. Then, despite short recessions, the economy (and job possibilities) was expanding; despite postwar marital problems, families were relatively stable; despite social disruptions of depression and war, the frightening increases in drug addiction, crime (especially the personal

violent crimes like rape), and nuclear peril were still to come—a decade or more away from us.

They are here now. And along with them are the seemingly perennial problems in education at all levels especially those caused by the adaptation to institutional demands on the part of new groups of Americans, new immigrants as well as long-term residents in America who look with hope to higher education where the difficulties of adaptation compel some of them to seek professional aid. Considering these problems, those above and some unmentioned, one does not require training in psychology to be painfully aware of the enormous need for the services which counseling psychology can provide.

Counseling Psychology's Security as a Specialty

As we have seen, counseling psychologists in 1952 obviously did not create the social conditions that necessitated their professional services. Nevertheless, they did make decisions about how they would play the role to which history assigned them. Under one rubric or another they had been serving some of those needs before, and some of them (as vocational psychologists or guidance counselors) had also been engaged in inquiry to improve their understanding of their clients, the problems they brought, and the methods these professionals were employing. During all that time, whether personally identified or not with psychology, they were using psychological concepts and instruments; so it is understandable that they should have recognized in the American Psychological Association an appropriate setting and invaluable resource and chosen to link themselves with it.

The identification with psychology gave it advantages that are evident today. These have come successively from APA's emergence as an influential organization, professional and applied psychology's success in achieving power within the Association, and next from the Division of Counseling Psychology's effort to mobilize itself to win a voice compatible with its size among professional psychologists and within APA-at-large. These developments have been capped by counseling psychology's continual program of self-scrutiny of which this book is a part. In stepping back, so to speak, to examine itself and its future, the specialty is enabling itself to perform more effectively its socially prescribed role.

Counseling Psychology's Contemporary Character

One approach to characterizing counseling psychology today is to define it empirically by inquiring, as Pallone (1980) did, about where such psychologists are employed and what practices they engage in. He examined prior studies (published between 1962 and 1977) that had asked such questions. The data he found were unambiguous. Fifty

percent or more (the range was 50-85%) of all counseling psychologists surveyed in these various studies were found to be employed in higher education, and, Pallone noted, "No other setting begins to rival [it] as a work locale for the counseling psychologist." Beyond that, they are found in community agencies, clinics and hospitals, and to a lesser extent in private practice. Counseling psychologists are, as Pallone provisionally defined them, "likely to be employed in an educational setting . . . more likely to be engaged in counseling or teaching than in any other professional activity." Furthermore, as their uniqueness, and apart from the professional behaviors that overlap with other professional specialties, they use "specific professional competencies focused on the educational, vocational, and personal adjustment problems of clients [that] are found alone in the repertoire of the counseling psychologist" (p. 47).

More recent data than Pallone's indicate that we are in the midst of a period of substantial change. APA's Doctorate Employment Survey of 1979 and 1980 recipients (Stapp & Fulcher, 1982) shows that the university setting has lost its prime position as an employer. Organized health care settings have replaced it as the major work site for recent graduates. The findings are startling. Even when combining universities with "schools and other educational settings" and with "other types of settings" (4- and 2-year colleges, medical schools, professional schools, self-employment, criminal justice system, and military) the total is 33.7% of the 1979 and 1980 doctorate recipients compared with 52.4% in health care settings and 5.7% in independent practice. So far as recent graduates are concerned, the impact of reduced academic enrollments and economic recession on the one hand coupled with an enlarged opportunity in health services plus growing overlap between counseling and clinical programs on the other, have combined to make counseling more like clinical psychology than in the past. These changes which are occurring are not limited solely to work settings. Smith (1982) reports that in comparing the two specialties regarding trends in counseling and psychotherapy he found little difference.

Further inquiry is necessary to determine whether there are differences in assignments to the two specialties in the health care settings. In the meantime it is safe to assume that at least some counseling psychologists are indistinguishable from their clinical colleagues, a conclusion that finds indirect verification from one finding in a 1980, 10-state study of licensed psychologists (Dorken & Webb, 1981): 14.1% reported their training specialty as counseling psychology but only 9.1 as their current specialty, a loss of 5%, in contrast with clinical's gain of 12%. It should be noted that this slippage is occurring at a time of substantial increase in the number of licensed psychologists, a trend which is especially due to the expansion in clinical and counseling training programs, especially in schools of professional psychology.

The last point is an important one. The shift to health settings has occurred during a period of such an enormous increase in the

number of counseling and clinical psychology graduates that in the six-year period from 1975-1980 it has not materially affected the absolute number of graduates going to university, school and "other types of [counseling psychology] settings." In fact, the last has seen increases. In one sense, then, it is probably accurate to claim that the character of counseling psychology remains relatively intact despite the fact that many recent graduates are leaving the field, especially for positions in organized health settings and for private practice and are changing their identity within professional psychology.

THE FUTURE IN THE PRESENT

In some ways the future is already vaguely outlined if not abundantly evident in regard to clientele, problems, and theoretical issues. These are discussed here.

Counseling Psychology's Clients and Practices

By the end of the decade the *number* of counseling psychologists working with clients in educational and related institutions and in traditional nonmedical human service agencies will not be markedly different from today's. The *percentage* will be considerably smaller. The percentage of those who identify themselves as counseling psychologists, however, will not shrink to that degree for reasons already given above. One safeguard for the specialty will be to undertake aggressive action in carrying out training and career opportunities in settings that are compatible with counseling psychology's socially designated role. The sections that follow point out some of these.

As to our practices, the prediction is based on the assumptions that (1) change occurs slowly, (2) precipitators (usually of a socio-economic nature) are necessary for change to occur, and (3) the major precipitator for the future in the present is cost-benefit efficiency. There is reason to expect that counseling psychologists *who identify themselves as such* in 1993 will still be working largely with individuals; they will be doing primarily remedial or rehabilitative work and will still be devoting a smaller share of their time to preventive and educative/developmental tasks (the role terminology has been borrowed from Whiteley [1980]). Because of the pressures for efficiency and economy and the systems orientation of many psychologists, specialists may have more opportunity to have their voices heard in the policy-making councils of the institutions. The outlook, however, is for minimal modification of present roles and of influence in bringing about changes. Even intervention measures are not likely to change much, a view supported by experts' opinions on mental health, which have forecasted that traditional treatment procedures will not be replaced by any "revolutionary counseling techniques" or by chemotherapy (Anderson, Parente & Gordon, 1981).

Unemployment

The news reports early in 1983 are grim: Hundreds of applicants line up for half a dozen job openings; mortgages are foreclosed on farms and homes; soup kitchens are opened in several cities, and the homeless in the big ones are numbered in the thousands; suicides are on the increase . . . *Deja vu*.

The similarities between the past and present have been the subject of many a media report in recent years. Similarities there are beyond dispute, but history will never exactly repeat itself because conditions are never the same. Even if there were to be a financial collapse equivalent to the earlier one which led to the "Great Depression," the nation has the benefit of support systems like unemployment insurance to cushion the impact, and also of the post-World War II liberation movements which have produced a more pronounced inclination to engage in social action to modify social policies. These differences have so altered the national scene that to project the future of our field simply on the basis of early experience would lead to serious error.

In still another respect we are in a more favored position. We possess a clearer understanding of the consequences of unemployment. Especially through Brenner's (1976) pioneering work we have come to appreciate the deep-seated effects of protracted unemployment on the physical and mental health of people. And while some have challenged particular interpretations of his (though valuing his work) and have pointed to the limitation of our knowledge in the field in general (Jahoda, 1981), a review of older depression-day studies (Bakke, 1940) and more recent ones (Elder, 1974) provides justification for the prediction that the contemporary years of unemployment will leave their mark on many people the rest of the decade and beyond.

Unemployment created by the recession in the economic life of the country is only part of the problem. The rate of job displacement caused by mounting mechanization and automation has altered the outlook about acceptable levels of unemployment during normal and prosperous periods of the cycle. Experts on robotics remind us that a century ago when the work week was 60 hours or more, the notion that it might be reduced to 35 would have been regarded as ludicrous, just as today, they say, a 20-hour week seems unthinkable. Yet, they insist, the alternative will be either that kind of arrangement or an increasing shortfall of jobs for the adult population. Considering the slow pace at which the reduction in the work week is likely to occur (in light of the fact that employees will resist declining wages, and employers, increasing costs), chronic unemployment seems inescapable. It is well known, of course, that this hits hardest those groups that are disadvantaged in other ways as well.

The long-term consequences of unemployment will affect counseling psychologists in different ways, depending upon their work

setting. Those located in university counseling centers will probably be called upon to help clients choose from among a narrowed band of preferred careers, while those in health settings will be working with many clients who must learn to cope with the consequences of unemployment. Some in agencies will treat families that are disintegrating under the weight of the demoralizing effects of enforced idleness, while others in private practice will help clients cope with the burdens of affluence in the midst of the poverty (financial and psychological) of others in their extended family.

There is nothing in these developments that suggests any significant modification in what psychologists *do*, though they suggest the possibility of changes in what they *think*. With passing years, with persistent unemployment (even if at a lower level than the present 10%), they, along with large segments of the population, may find this condition unacceptable and become restive about it. That change, if it occurs, is more likely to be an inner one, maybe sparking a resolution at Division 17's annual meeting, but is not likely to produce any significant alteration of daily professional activity.

Past experience does indicate, however, that dissatisfaction—like that registered in elections—creates pressures to establish job-training programs and eventually jobs themselves. The past also suggests that for the millions who remain unemployed the government will provide resources for services in order to minimize discontent. Such a policy direction could well lead to the funding of new counseling psychology positions. Were that to happen, there is no reason to expect that the nature of the work would be any different than it is now with unemployed clients or those seeking retraining and re-employment.

In sum, then, the contours of the future as they are delineated in the form of unemployment in the present show no material change in professional activity but do portend a possible increase in positions that call for counseling rather than clinical skills.

Older Populations

In the foreseeable future the age scale will continue to tip in the direction of the senior population. The problems of the aged are more prevalent not only because the seniors are more numerous but because the developmental process has given rise to more complications of living than in the past. These were once accommodated in other ways, and to some degree they still are for blacks, as Hill (1972) explained in his work on the strengths of the black family. For most of the population, however, the disappearance of the extended family homestead, of responsibilities held by the elderly for the welfare of that family, and of close physical and emotional ties with the younger generations have led to lives of loneliness, especially for the unmarried, widowed, or divorced senior citizens forced to live alone, or empty lives for many

in homes for the aged. They need help in finding meaning through new relationships, leisure activities and part-time volunteer or paid employment.

For counseling psychologists, who as a group have had little practice with the infant and child population and who for the most part have concentrated on adolescent and adult clients, the population shift represents a potentially expanded opportunity to work with a clientele of "normals" at a different stage in developmental history. Whether social needs for services will become reflected in government budgets is a question which is presently unanswerable. Another unanswerable question is the extent to which the problems referred to above will have the characteristics which will satisfy the criteria of Medicare and insurance companies for third-party reimbursement.

In discussing this potential area for expanded counseling psychology activity (professional service and research), the orientation is not one of "pie in the sky," as the old song put it; that is, it is not the idealistic thinking of what people need and what ought to be, but rather a detached assessment of the possibilities that the society will provide the necessary resources, and that the specialty will participate in delivering the services and engaging in the supporting research. The strongest reason for anticipating government support rests on the size and ballot-box influence of the senior population. Whether this support materializes, however, depends upon the success the group of elderly people has in competing with other pressure groups, including the powerful one for defense. In the past, when enough people hurt enough, the clamor, politically channelled, has led to government action in their favor. The socio-economic trajectory delineated earlier suggests that in this decade of the 1980s, support beyond current levels will be given to aid the elderly as well as the unemployed.

It remains for counseling psychology to be professionally prepared to serve the older group. Our programs ought to incorporate the study of life-span human development, with, if not as much emphasis on the second half as on the first, at least a substantial reduction from the present ratio which, as a guess, is probably 30 to 1. The program would include units on leisure, avocational and vocational activities, volunteerism, social and sexual relationships among the aged, health, sickness and dying. A single unit or a single course are insufficient. Practica, internships, and research experiences need appropriate adjustments.

Minorities and Women

Currently, concern about the problems of growing up as members of an oppressed or even just an unfavored minority group, or growing up female is on the "backburner." Using the past as a guide to the future, there can be no doubt that such a status is a temporary one. The

relatively dormant giants of social dissent will rise again, making demands that will have occupational as well as consciousness-changing consequences for professional psychology. If counseling psychology wishes to protect its professional interests, quite apart from the scientific and ethical judgments that also dictate such actions, it will accelerate its efforts to improve its effectiveness with these groups which together constitute a majority of the national population. It will certainly continue to scrutinize its theories, instruments, and practices to eliminate remaining vestiges of biased thinking.

Families

No one needs to be told of the enormous changes in the nature of families over the past two decades. Out of these changes has come another area in which the need for assistance of various kinds is extraordinary. Some of it, of course, is for financial help. Beyond that are the needs for dealing with the problems of the one-parent household, the same-sex couple, the remarried parents with multiple sets of children, and the children with two sets of siblings, then the disorganized family of any composition including the traditional type, the couple wanting help to save a relationship, and finally the parents who have decided to divorce and require professional aid in bringing that about in a relatively civilized manner.

What claim can counseling psychology make to potential expertness? Many problems of this broad category come to their attention in their present settings so that the problems are not alien to them. The last of those mentioned above, divorce mediation, represents a tiny new specialty already involving lawyers, social workers, and clinical psychologists but appropriate to the knowledge base and competencies of counseling psychology. Whether mediation becomes an actual professional opportunity will depend upon the specialty's interest in it and its assertiveness in modifying the educational and training experiences for its doctoral students and continuing education for experienced professionals. The last contingency—about the specialty's interest—applies with almost equal force to other potential areas. While the social need for the others is substantial, e.g., for pre- and postsurgery counseling, the likelihood that the need will be recognized by those at risk, that government or insurance company funds will be set aside for that purpose, and that counseling psychologists would be designated as service providers seem very slight for the decade ahead.

Theoretical Issues

A tiny specialty like ours, limited by circumstance in its capacity to determine where and whom it will serve, has more authority over *what* it thinks and *how* it serves. Following are several areas worth

scrutinizing for their possible contribution to a reasoned modification of thinking about human behavior.

1. *Cognitive modifiability.* Conceptions about human intelligence have changed considerably since 1893 when a committee headed by Eliot (Report of the Committee . . ., 1894), President of Harvard, recommended that secondary education should not be universal but only for those who could profit by it and whose parents could support them. (At that time fewer than 7% of eligible children attended any postelementary school.) They have changed too since 1923 when Brigham predicted that the national intelligence would decline because of the poor immigrant stock, a prediction proven false, at least so far as a comparison of World War I and World War II inductees reveals. And we've come far since the '50s and even the '60s when books in educational psychology referred to the 10 to 20% of high school graduates who were "college material."

In more recent times, evidence has been accumulating about strategies for cognitive modifiability that have yielded modest success or show promise of doing that or more. The work, international in scope, includes the products of instructional (or cognitive) psychology (Glaser, 1982) as in the case of Belmont, Butterfield and Ferretti (1982) in a book whose title is revealing, *How and How Much Can Intelligence Be Increased* (Detterman & Sternberg, 1982). It also includes action psychology influenced by Vygotsky and Leontiev, and illustrated by Gal'perin (1982); mediation theory as in Feurstein's radical approach to assessment (1979) and his program for cognitive modification (1980); the long-term benefits of the effects of just one year of preschool education (Lazar & Darlington, 1982); and finally, in this abbreviated listing, the national program of Venezuela under the leadership of Machado (1980), its Minister of State for the Development of Human Intelligence.

Counseling psychology has long assumed that humans are considerably modifiable in other respects, sufficiently so to make it worthwhile to invest professional resources to help them alter their concept of self, and other personal and social aspects. Now it needs to consider extending the scope of its conception of human modifiability to include the cognitive aspects of development and behavior. We may begin to think not only in terms of individuals attuning their aspirations to their abilities, including the cognitive ones, but the opposite as well, namely, attuning abilities to aspirations. In that connection, the high status that has been given to metacognition, i.e., to the individual's own power in self-development is a welcome conceptual advance, one very compatible with the assumptions in our specialty. Once again, a book title reflects the new thinking: *Individuals As Producers of Their Development* (Lerner & Busch-Rossnagel, 1981).

2. *Living with the threat of nuclear disaster.* Psychologists wonder and some inquire about the reasons for changes in behavioral style from

one generation to another. For example, the shift in dominant psychiatric diagnosis from hysteria in World War I to the character disorders in World War II has been attributed to the lesser ignorance and higher sophistication of the latter group. We have a right to ponder about such contemporary behavioral conditions as the widespread prevalence of anger, loneliness, drug abuse, and the premature, self-destructive entry into sexuality.

It is no easy matter to sort through the complex web of social, economic, political, and psychological factors that have been an inseparable feature of life the last 30 years to establish their behavioral consequences. One of these, for instance, the psychological effects of the threat of nuclear disaster either through nuclear plant accidents or nuclear war deliberately or accidentally instigated, have received scant attention. The evidence, such as there is, suggests that a quiescent underlying fear experienced by a substantial portion of the population of children and teenagers becomes overt at times of crises when the dangers are prominent in the news media and the consciousness of people (*American Journal of Orthopsychiatry*, 1982; Schwebel & Schwebel, 1981).

This area is not introduced with an eye toward occupational opportunity. No jobs are going to be created for specialists in dealing with the ongoing consequences of nuclear threat. However, the coming decade is likely to witness increasing interest in studying the effects of this shadow that hovers over everyone and that will be an inseparable influence over life in the foreseeable distant future, especially since the expanding ownership of the bomb increases the dangers of accidental sparking of a nuclear holocaust. Just as we have come to learn more about the long-term effects of being a descendant of a holocaust victim or of persistent unemployment, so we will in this next decade explore more intensively such effects of the nuclear threat. The new knowledge, like that about the others, is bound to add to the effectiveness of professional psychologists.

3. *Prevention.* Forecasting the specialty's future demands the same rigor that professionals apply to their client's problems. There is much room for imagination but not for delusions. Following a thoroughgoing analysis of our specialty, using as a model Starr's (1982) analytical approach to the rise and forthcoming vicissitudes of American medicine, we would probably find that the concept of the professional psychologist as an on-the-job "change agent" is genuinely well-meaning but unfounded on evidence from past performance and present circumstances.

In contrast with the change agent notion are the proposals for primary prevention. Some psychologists like Albee (1982; Jofe & Albee, 1981) have stimulated considerable thought (and not a little fantasy) about (1) the utter rationality of reducing destructive stress and powerlessness and enhancing self-esteem; (2) the desirability of

combating poverty and other social ills; and (3) the advisability of using successful public health methods rather than the inefficient one-to-one treatment modalities. (For those in counseling psychology we might stress the educative/developmental rather than remedial tasks, as well as the others.) This ferment of thought will probably have no material effect in the decade ahead or until such time as the general public demands such action along with other social changes.

RECOMMENDATIONS

Counseling psychology exists because of its socially prescribed role. It will continue to exist as long as the social needs that originally engendered it prevail. That role now requires the generic knowledge of professional psychology and use of the generic assessment and intervention skills of professional psychology, and the particular ones of the specialty. The fact that its existence is tied to that role does not preclude the value of training counseling psychologists who move into other specialties (clinical and industrial/organizational) where other socially prescribed roles are served. However, in its own—and yes, the public's interest—it ought to engage more vigorously in expanding the applications of its role. The following recommendations were designed with that in mind.

1. That counseling psychology recognize and accept its socially prescribed role along with the limiting boundaries of maneuverability available to it in modifying its character, status, and direction, and that it operate aggressively within those boundaries.
2. That while recognizing the considerable overlap with clinical and to a lesser extent with industrial/organizational psychology, it continue to define itself in terms of the differentiating characteristics related to work setting and activity, which in terms of absolute numbers of counseling psychologists probably has not changed much as yet and may not materially in the next decade.
3. That the specialty investigate the following:
 - a. Whether counseling and clinical psychologists maintain specialty differences in the organized health settings.
 - b. What accounts for some counseling psychologists in those health settings maintaining professional identity with counseling while others do not?
4. That counseling psychology act to reinforce its socially prescribed role and to expand the application of that role as appropriate by such action as the following:
 - a. In regard to unemployment, by supporting legislation to

- provide jobs, training, and counseling in order to reduce joblessness and its short- and long-term consequences, including the psychological ones; and to use practice, internships, dissertations, research, and consulting to entrench counseling psychology in programs arising from such new national developments and those that follow below.
- b. In regard to older populations, by extending the scope of activity to the ages beyond the postsecondary, and especially the senior group.
 - c. In regard to the adult population, by applying our interpersonal competencies to the now normal problems of marital relations, such as in the use of mediation in connection with marriage and divorce.
5. That counseling psychology establish a systematic procedure to direct its attention and appropriate action to issues on the primary prevention of problems within its socially prescribed domain.

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Chapter 24

Perspective on the Aging of a Persistent Counseling Psychology

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Whiteley's (1980) history of the American Psychological Association's Division of Counseling Psychology, its Charter Division No. 17, is a valuable resource for anyone who believes, as I do, that one can understand Division 17's current status better from having a clearer grasp of past divisional policies and programs. He ferreted out pertinent documents; reassembled them in a sensible order; and where necessary, edited and then annotated them. The result is an informative collection of reports, written by divisional leaders over a period of 30 years, on organizational activities from the mid-'40s on up through the '70s.

A companion volume, edited by Whiteley and Fretz (1980), offers a set of invited statements that discuss counseling psychology's present and future status as a psychological specialty. Part I is a forum on its professional identity in the latter 1970s; in Part II, a number of us speculated its status in the year 2000 A.D. More recently, a task force of the Division of Counseling Psychology provided a more exhaustive and systematic set of reports on the decade of the 1980s (Kagan, Fretz, Tanney, Harmon, & Myers, 1982). As a consultant for the project, I thus had opportunity to read with profit earlier drafts of many contributions to this present expanded volume.

These excellent references have been invaluable to me on this occasion as I discuss issues for counseling psychologists as these have evolved from the early 1950s to the early 1980s. The completion of two prior assignments has also been helpful preparation. One was in response to an invitation from Samuel H. Osipow, then Editor of the *Journal of Counseling Psychology*, to write an article for the *JCP* commemorating its 25th anniversary (see Pepinsky, Hill-Frederick, & Epperson, 1978). The other is a brief "History of Counseling Psychology" completed after

rereading and digesting the contents of all of the above, along with other source-materials (Pepinsky, 1984). Consider all these as major contributors to the "apperceptive mass" of the perspective from which my comments are written as well as a reservoir of direct personal experiences that are drawn upon for the purpose. I joined the APA in 1943, was a charter member of Division 17 in 1946, became a Fellow in 1952, and served as the Division's eleventh president in 1956-1957. In thus acquiring perspective, I am part of a dwindling cohort of counseling psychologists, headed by distinguished colleagues such as C. Gilbert Wrenn and Donald E. Super, who were then and are now professionally active in the work of our specialty. Like the hero of the movie "Being There," however (but in performing a very different sort of task, I hasten to add!), today "I like to watch" political behavior on behalf of the Division more than to participate in it as actively as I was wont to do 30 years ago. In this chapter what I propose to offer is a frame of reference to aid myself and others in obtaining perspective on the development of our specialty.

The title of my chapter derives in part from the fact that Division 17 has existed as a legally constituted body of the APA for more than 35 years. In this sense, it is literally an aging organization. As revealed in the above-cited documents, moreover, the Division has evolved into its present state (see exhibits in this volume) under influential, often stressful conditions. Whether these events have been imposed from without or have arisen from within the organization and however their impact is to be construed, it is also a fact that the Division has survived them. In the process, the members of the Division appear to have developed within the APA as a culturally distinct enclave (cf. Castile & Kushner, 1981).

My use of "culture" here and elsewhere refers to an ensemble of texts identified by an interpreter as the meaningfully interrelated and interpretable records of things produced by a people (adapted from Colby, 1975; Geerts, 1975). In that sense, the Division of Counseling Psychology's membership may be characterized as "a persistent people" (after Castile & Kushner, 1981). The title of my chapter also derives in part from that perspective.

As focal points for my remarks, I've selected the texts of three statements that can be set apart from those of other committees and task forces of the Division. There were several distinguishing characteristics of the documents singled out for review here. One is that each was the culmination of action launched in response to what was perceived by succeeding executive committees of the Division to be a major crisis. Another is that each set of activities had involved a large number of persons in related projects instigated by and involving members of the Division. Finally, each of the reports to be identified purported to offer definitions of counseling psychology as a specialty. The earliest of these was written by the Committee on Definition (APA, 1956), of which I was Chair. The second was the *1964 Report of The Greyston Conference* (Thompson & Super, 1964). And the most recent statement is that of the Task Force on

Counseling Psychology—The Next Decade (condensed in *The Counseling Psychologist*, 1982, 10(2).)

Each of these documents bears the stamp of acceptance by the Division of Counseling Psychology, having received the sanction of an elected Executive Committee, the last one tacitly. Hence each report highlights the official voicing of a recurrent political concern among counseling psychologists. Evidently, something was precipitated and continues to evoke this defining activity. Otherwise, why should it have been launched in the first place? I shall assume here, as we have elsewhere, that explicit or implicit *policies* come into existence when contingencies arise that must be dealt with (after Pepinsky et al., 1978). In other words, something is at *issue* and needs to be resolved.

Let me elaborate a bit on the two italicized terms. The word "policy" denotes a statement of something that is or ought to be the case. Such an assertion demands that social action of a particular kind either must have occurred or must occur in the future if the policy is to be in force. Experience has taught me that in my country *prior* statements of policy are not the most helpful predictors of what will happen. Rather, I assume, the existence of policy is better inferred *following* observation of the social activity in question. Research by other students of organizational behavior (e.g., Bauer, de Sola Pool, & Dexter, 1963, directly; Garfinkel, 1967, and Weick, 1979, indirectly) and our own research in varied settings (e.g., DeStefano, Pepinsky, & Sanders, 1982; Meara, Pepinsky, Shannon, & Murray, 1981; Patton & Pepinsky, 1971) supports this belief.¹

In ordinary language, the term "issue" has many different meanings, only one of which I've chosen to apply here. My definition stems from the acts of negotiation and bargaining, in which something is "at issue" when it is the object of dispute between two or more parties—in the words of Fred Iklé, "a matter of common yet conflicting interest" between them. Reexamined in this context, the three documents can help us to anticipate and identify the crisis, as a matter of common yet conflicting interest that has given rise to each project. A rereading of the documents does suggest an implicit premise in the form of a general policy common to all of them; namely, that counseling psychology exists, that it ought to continue to exist, and that its continued existence ought to be publicly acknowledged and supported.

Adding a thread of consistency to the three occasions, by linking them to each other as a series of conspicuous events in the history of the Division, is a key concept of "career." Obviously, that one owes a great deal to Donald Super, who as much as any single individual I can think of enriched the substance of our work as counseling psychologists by making available to us for research and practice a seminal blend of ideas from

¹Continued stimulation, support, and encouragement by the Ohio State University's Mershon Center of our research on language and policy is gratefully acknowledged.

vocational, developmental, and cognitive psychology. Though it's hard to single out any one of his and his colleagues' numerous publications on the career development of individuals, the basic thinking is set forth in his *Psychology of Careers* (Super, 1957; see also the account of his own impressive career pattern and its place in an international network of productive scholars in Super, 1983).

Following Super (1957), then, consider the APA's Division of Counseling Psychology over its life span to date as a career. If one can conceive of an individual in that manner, why not an organization? Indeed, much to the consternation of the slow-witted, the late John Riner, a topologist, formally defined an organization as a set of *one or more* persons paired with a mission. In order to account for organizational change over time, he postulated its existence as a "set-valued function" of persons paired with a mission, in which the *number* of persons—who constituted the elements of the set—could vary over time. Moreover, since the "mission"—as a system of interrelated tasks—was identified as a *formal* construct, its *empirical* content could also be allowed to vary over time (Pepinsky, Weick, & Riner, 1965).

From this perspective, the Division of Counseling Psychology as the career of an organization may be depicted as a series of points on a line. For my purpose here, let the line be the organization's life span. Let any point be one of two things: (a) the identity the organization gives itself—its self-concept—at any moment along its life span, or (b) the identity given to the organization at any moment by a person or persons outside of the organization (adapted from Super & Bohn, 1970, pp. 111-154). Please note that I've labeled the stimulus for each of the three career points described in this paper as a "crisis." It is possible therefore to talk about an organization's development as a particular kind of career line, whose points are symbols of "identity crisis" along the way. Levinson (1978) and Vaillant (1977) are among those who have thus applied Erik Erikson's (1963) concept to particular individual cases. The concept may be applied to those of larger organizations as well.

Looking back on the examples I have cited of officially sanctioned activity to define "counseling psychology" on behalf of the APA Division that bears its name, one may ask what crises have given rise to such activity on these occasions? In partial answer, one may identify the documents more clearly now as acts of giving identity to the Division, of helping it to identify itself. A careful rereading of each document suggests that on every occasion one or more of the contributors says, in effect, "Look where we are now, and see how far we've come as a specialty in comparison with where we have been." And on every occasion, the definitional statement is accompanied by a set of prescriptions either implying or making explicit an *ad hoc* policy that defines how things ought to be.

In a general sense, there does seem to have been a focal point of crisis common to all three of the occasions. For all of them, and not without cause, the perception of an organized clinical psychology has been the *bête noire* (see Part 4 of Whiteley, 1980, pp. 99-135; also, Super, 1980, pp. 15-20).

What has been at issue is each time territorial: e.g., who is to get what jobs, who is to be trained, and how and with what sources of financial support who is to win what kind of endorsement from the broader American Psychological Association, the federal government, third-party payers, and allied health care professionals. Also considered in these territorial disputes with clinical psychology is who shall have what kind of political clout within/outside of APA, e.g., to hold what political offices?²

Territorial disputes of crisis proportions were not always the circumstances for the Division of Counseling Psychology. In this connection, Strickland's (1983) informative presidential message to members of the Division of Clinical Psychology provides a useful historical note. In the 1930s applied psychologists (not alone "clinical" as she implies) had broken away from APA because their professional concerns were not being honored. In 1942, during World War II, the National Research Council noted the splintering of organized psychology into some dozen groups representing special phases of psychology. As part of its war mobilization program, the Council urged a merger of these splinter groups into a single organization. Scott's (1980) history of counseling psychology's early years cites references to reorganizational activities which began shortly after that event. As Strickland (1983) reports, the major professional divisions of APA came into official public existence in 1946: Clinical (12), Industrial (14), School (16), and Counseling (née "Counseling and Guidance") Psychology (17).

The earliest years of Division 17's official and public existence, from 1946 to 1951, do not seem to have involved large numbers of people. One reads in Scott's (1980) history of the early years, and in Whiteley's (1980) outline of the Division's history, that E. G. Williamson and Jack Darley of the University of Minnesota were prime movers behind the scenes in 1945 and 1946 to get the Division organized and underway. The writing of Division 17's first constitution is attributed to Darley. During that time, as I learned subsequently (cf. Scott, 1980), provisional titles for what is now called counseling psychology were reviewed and discarded.

As I saw and later recounted events of those early years, they were largely a period of exploration for the Division. Its first public title, "Counseling and Guidance," left many of us unsatisfied. At best it represented a compromise between the "druthers" of those of us who trained "clinical counselors" to work among other "student personnel workers" in colleges and universities, and those who trained "guidance" specialists to provide mainly "vocational guidance" in secondary, and to a much lesser extent, elementary school settings. The "pure clinicians" among us were distinctly in the minority.

²For more explicit descriptions of these circumstances, see Pepinsky (1984) and Pepinsky et al. (1978). And it is very helpful to read and reread in this context, the wealth of documents in Whiteley (1980) and Whiteley and Fretz (1980).

At the time of the conference on the Northwestern University campus in 1951, which I attended, I had just moved to the Ohio State University. What became evident at the conference was that the Veterans Administration was ready to create a new senior position for a senior psychologist who would work under its medical auspices as something like a "vocational" counselor. Before that could occur, we needed to get our house in order, create a suitable title for ourselves and our graduates, and have an explicit training program on display and ready to be implemented. The plums to follow from these actions were to include a new prestige for us and those trained by us, new job opportunities, funds to help support the new training programs and for subsidizing students, and stipends for faculty members who would serve as training consultants in the VA's hospitals and outpatient clinics. Recommendations emanating from the conference were focused in two areas: counselor training at the PhD level (APA, 1952a) and practicum training (APA, 1952b).

Though the title of the new senior employee of the VA was to be "Counseling Psychologist (Vocational)," it was very tempting for many of the VA's staff and students and faculty consultants to begin to ape clinical psychologists who were aping psychiatrists. Quite early, as a consequence, a schism began to appear *among* the newly labeled "counseling psychologists"—between (a) those who saw themselves still essentially personnel psychologists who were providing educational-vocational counseling and rehabilitative services and (b) those who saw themselves as clinicians who were providing more of other, notably, psychotherapeutic services.

While all this was going on and the new training and service programs were underway, Frank Robinson, as President of what was by now called the Division of "Counseling Psychology," asked me in 1954 to chair a committee that would prepare a statement to give a more explicit identity to the new specialty than had been available. He warned me that other members of the committee would have divergent views and said that it would be my task as chair to elicit compromise and consistency.

We met and worked together in 1954-1955, and it soon became evident that Robinson had correctly anticipated the differences among us. At one point, after a heated clinical-antical clinical dispute had emerged, one of the protagonists (who had recently attended a training session in group dynamics offered by the National Training Laboratory in Group Development) said in a quiet, tired voice—I can still see and hear him—"Well, I guess we're polarized!" Fortunately, we did not remain that way very long. A report was ready for the Executive Committee at the time of APA's annual convention in 1955, and the Executive Committee accepted the report and presented it to the membership for approval.

Donald Super wrote the first draft, as I recall, and it was accepted by the rest with very little editing on our part. Committee members are listed in a footnote to our published report (APA, 1956). The important thing is that the report helped to allay a crisis of divisiveness

within Division 17 by serving to coalesce support around an identity statement for counseling psychology as a specialty.

Not too long afterward, however, faculty members and trainees and VA staff members who identified themselves as clinical psychologists began to take note of the fact that counseling psychologists were beginning to appear on VA scenes all over the country in increasingly larger numbers as staff, student trainees, and faculty consultants. Since the flow of GI's through the VA's program had slowed down by the latter 1950s, clinical psychologists were beginning to feel the financial pinch for the first time since the formal, well-subsidized launching of their own VA training programs had occurred in 1945-1946. What added insult to injury was that counseling psychologists were indeed beginning to act more and more like clinicians who were trying to act more and more like psychiatrists.

I am not going to enter into detail here about later events and issues arising from them. Whiteley (1980) has assembled for the first time a large number of documents bearing on the second crisis, this time perceived accurately as a threat posed by organized clinical psychology and by heretics from within who professed to believe that if one could not lick the enemy, one might better join them.³ If the tone of the Greyston Conference Report (Thompson & Super, 1964), a culmination of vehement protest, is more defensive than that of its predecessor, publication of its contents also helped to restore a balance between the role identity of the counseling psychologist as (a) that of psychotherapist, and (b) those of vocational psychologist, career counselor, and personnel consultant: the latter composite role a distinctive competence among helping professionals.

As the decade of the 1980s begins, the central issue for counseling psychologists seems to be that of territorial rights among a new conglomeration of health psychologists still dominated by those who identify themselves primarily as clinical psychologists. There is evidence that both (a) the Division's production of a document such as that exhibited in this book, and (b) the Division's constructive action within APA to secure the increased membership of counseling psychologists on its numerous boards and committees can have a salutary effect in restoring a balance of power among the Association's psychological specialties.

In reconstituting the Division's history as a series of identity crises along a career line, the intent has been to indicate how the idea itself can help us to obtain a fresh perspective on the development of our Division of Counseling Psychology. For me, it has been an enlightening experience. There is stability, strength, and healthy adaptation revealed here. It is hoped that in the future successive redefinitions of our situation

³I have discussed these events elsewhere (Pepinsky, 1984; see also Pepinsky et. al., 1978).

as a psychological specialty will occur, providing impetus for further direction and movement on the part of a healthy organization. From an unexpected quarter, Strickland's (1983) message to her own large and heterogeneous constituency in Division 12 adds an encouraging announcement of initiative toward collaboration with other professional groups such as ours. The Division of Counseling Psychology is explicitly named among those she has turned to for alliance. It explicitly invites reciprocally constructive action on the part of Division 17's representatives and those in related specialties to bring about a mutually satisfactory coalition of effort among persons in the various applied psychological specialty groups.

Pederson's (1981, 1982) demonstrations that the process of coalition can have healthful consequence in cross-cultural encounters suggests that there is added reason here to be encouraged. Judging from the manner in which definition of our specialty has been modified over the years to take account of changing circumstances within and outside of the Division of Counseling Psychology, we need not be too fearful that the expression of today's wisdom will become tomorrow's debilitating structures. Instead, there is reason to believe that the Division's continuing definitional activities are paying off for its members. Counseling psychologists have come to know more clearly who they are in reference to those in related specialties. And there are welcome signs that counseling psychologists and other helping professionals are coming to know and respect each other.

In reviewing *From Birth to Maturity* (Buhler, 1935) years ago, Gordon Allport wrote testily that Charlotte Buhler's idea of human development could best be summed up in the sentence, "Der Mensch wird älter"—"Man (sic) grows older." There was more to the idea than that as Super has made abundantly clear in helping us to identify a concept of career-patterning as a developmental process. Now into its late thirties, the Division of Counseling Psychology, too, is doing more than just aging. From the three sets of definitional statements and events leading up to them alluded to in this chapter, one may infer that the APA's 17th Division is an organization whose members continue to be on both a mission of survival and of constructive growth. Increasingly, organized counseling psychology has become articulately and thoughtfully informed about itself and its milieu. At this time of writing, during Ursula Delworth's presidency, subgroups of the Division's Executive Committee are at work on policy statements and recommendations, following upon submission of the full Kagan report in March 1982. Counseling psychologists continue to be persistent people. Collectively, as reflected in our organization, we are aging gracefully and well.

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Chapter 25

*Personal Reflections on My Experiences in Counseling Psychology and in Life**

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Before writing this chapter I had the privilege of being exposed to most of the preceding chapters of this book. Stimulated by the wealth of ideas in these many chapters, I wondered what I could possibly add to what had already been written. Almost anything I could write had already been written, except, and here a new thought came to me, everything except my personal reflections on what I have seen develop in this field during the half-century-plus since 1926 and what I see occurring now.

The very personal was the approach used in my Leona Tyler Award address at the American Psychological Association convention in 1982, and I decided simply to build upon that. This makes for a document written almost entirely in the first person, wholly subjective, most "unscientific." Will my writing colleagues in this book be appalled to have me in the same volume with them? Pepinsky risked the personal in his chapter, and I can do no less than one of my most respected former students! I also applaud the positive note in both Pepinsky's (Chapter 24) and Kagan's (Chapter 27) chapters. Kagan's chapter, in particular, is constructive and refreshing. I believe that my "reflections" also will be perceived as optimistic about the future.

I. REFLECTIONS UPON THE TITLE AND CONCEPTS OF COUNSELING PSYCHOLOGY

My first appearance in this field was as Director of Guidance in a high school in 1926, and the second was as Student Personnel Worker at

* Expansion of an address given in connection with the presentation of the American Psychological Association Division 17 Leona Tyler Award in Counseling Psychology, Washington, DC, August 1982.

Stanford University in 1929. Neither term suggested the duties involved, neither required any special professional preparation. They were merely administrative labels. As pointed out in other chapters of this book, *guidance* was almost exclusively in schools and almost exclusively vocational until the beginnings of the psychological measurement movement in the 1920s and the publication in 1925 of W. M. Proctor's book, *Educational and Vocational Guidance*. This pioneer book stressed the relationship of educational planning to vocational planning and effected a fusion of the two that is now commonplace.

I cannot recall any extensive use of the term *counselor* in the 1920s. Kathleen Wrenn was one of two women counselors in the entire state of Washington in 1924, each with one period in the day for the esoteric stuff called *counseling*! (I hasten to say that she preceded me in counseling by two years because I was late in completing college, not because she is older than I am!) Testing received a lot of attention in the 1930s, and counseling often was merely a handmaiden of testing. In the universities counseling centers were developing. *Guidance* was an overall term used in schools but disliked in universities.

It has been pointed out in several chapters that August 29-30, 1951, saw the birth of the term *counseling psychology* at what has come to be known as the Northwestern University Conference. This conference consisted of 40 to 50 invited psychologists from all parts of the country who came together at my invitation as the 1950-51 President of the Division of Counseling and Guidance of APA. They were asked to develop a PhD program for what they eventually decided to call a *program in counseling psychology*. The conference clustered around members of the Division's Committee on Counselor Training (Francis P. Robinson, Chairman) and its sub-committee on PhD training (Edward S. Bordin, Chairman). The expenses of the conference (held just prior to the APA annual convention) were covered by a small grant which I secured, I believe, from the Veterans Administration.

The circumstances leading up to this conference were these:

In 1946 the Division of Counseling and Guidance of APA was initiated, largely through the efforts of John G. Darley, Director of what I believe was then called the Counseling and Testing Bureau at the University of Minnesota. The same gentleman was again largely responsible for the provision of a Diploma in Counseling and Guidance in the program of the American Board of Examiners in Professional Psychology (ABEPP), which started to function in 1947, again, I believe, on that date! Both of these developments brought us squarely up against the problem of what to call counselors who had adequate preparation in psychology. *Counseling and guidance* did not suggest this and, in fact, many PhD's in Counseling and Guidance did *not* have much basic psychological preparation. Their degrees were secured in colleges of education, many of which were not yet convinced that basic and applied psychology courses were an essential part of the PhD program.

The heavy demand for clinical psychologists following World War II (in which many psychologists had been active in the medical programs of the several military services) was paralleled by the demand for student personnel workers and counselors in the burgeoning postwar universities. So, while university psychology departments were preparing clinical psychologists who would serve in medical settings, both colleges of education and departments of psychology were preparing Ph D's for service largely in educational institutions and in business. For these latter settings the PhD's having some educational and organizational preparation (as in colleges of education) were found quite suitable. This bothered the graduates of psychology departments. It also bothered many of us in colleges of education who were troubled by the weakness in psychology of many of our programs. Both groups of professionals were unhappy about the *guidance* part of our label and wished for something else. On the other hand, *guidance* (at that time) suited those working in programs at the MA level in particular, which prepared people for secondary school programs.

This was one of the "itches" that brought about the Northwestern Conference.

The second major pressure was the desire to develop a program and a title which clearly differentiated us from clinical psychologists. They were high on the totem pole in psychology. We weren't even *on* the pole! Beyond this small matter of jealousy, there were many reasons why counselors in general wished to be seen as contributing positively in nonmedical settings, as clinical psychologists were seen as contributing in medical settings. We not only were not prepared for *medical therapy* service, we did not wish to be. We had our strengths in vocational and life planning, in developing the potentials of normally functioning persons, in taking into account the enormously significant factor of the various environments in the life of a client. We were not *intrapsychic* in our emphasis, we were concerned with the *life space* of a client. But our titles and our Ph.D. programs did not make that distinction clear. This also led to the Northwestern Conference.

What followed the conference, and the adoption of their recommended program by the 1951 Division Executive Committee, was a phenomenon of the "domino effect." In 1951-52 (Donald E. Super, President) the Division's title was changed from *Counseling and Guidance* to *Counseling Psychology*. The following year the Veterans Administration (which employed a large number of counseling-type people in its VRE centers and its VA hospitals) changed the titles of their professionals to *Counseling Psychologist (Vocational)* and *Counseling Psychologist (VR and E)*. We had been advised that they were wanting to change but wished to follow the Division's leadership. This spurred us a bit to more specific results in our title and program recommendations. They were important employers of psychologists at that time.

A second "domino" was the change in the ABEPP Diploma to *Counseling Psychology* from *Counseling and Guidance*. (They conducted

diploma examinations and issued diplomas in two other fields at that time—Clinical Psychology and Industrial Psychology.) This change in title took place sometime during my six-year term in ABEPP, 1951-1957, I believe in 1955. Darley had by now completed his term—a very influential one, and I now was the sole representative of Counseling and Guidance on the Board. I had served on a number of diplomate examinations before my term on the Board. Darley and I were in complete agreement on the change in title, and the other members of the Board raised few objections to the change, as I recall.

Related, and perhaps a “domino,” was the *Journal of Counseling Psychology*, with its first issue in 1954. This was a private development initiated by four people concerned about an appropriate publication outlet—Donald Super, Milton Hahn, Harold Seashore and myself. We set up a stock purchasing arrangement, and 20 other psychologists joined us in buying stock to the tune of about \$2500 to start the journal. We must have started right on the heels of the Division’s action, about 1952, because, as the *Journal’s* first editor, I know I spent all of 1953 preparing the first issue (Wrenn, 1980a).

Not a “domino,” but a clarification, came as a result of our new identity, in the 1956 Definition of Counseling Psychology mentioned by Pepinsky (he was Chair of this Division committee and with him served Ed Bordin, Hahn, Super, and myself). The report became the official statement of the Division.

Another “domino,” I am sure, was the action of the APA Board of Education and Training in establishing evaluation procedures for Ph D training in universities in both Counseling Psychology and Clinical Psychology. I am not sure of the date here—sometime between my two terms on the Education Board’s Ph D Training Committee (1951-53 and 1966-69, the latter called the Evaluation Committee). I would guess the middle 1950s was when this occurred.

II. REFLECTIONS UPON THE INCREASING DIVERSITY OF SETTINGS IN WHICH COUNSELING PSYCHOLOGISTS WORK

This troubles some people in our field, but I see the trend as a strength, not a weakness. I have commented earlier (Wrenn, 1980b, p. 11) that some people call themselves *counseling psychologists* who are not basically psychologists (equally true, perhaps, of some *consulting psychologists*). These people lack adequate professional preparation as psychologists, and this will continue to be a true cause of concern. A less valid reason for worry is that in the earlier phases of our development as a psychological specialization (and that is within a fairly short span of 30 years) the majority of counseling psychologists were in universities and, to some extent, hospitals. They represented the “genuine” variety, and all others

were seen by some as troublesome variations. A spread of settings weakened the distinctiveness of their own setting.

It has been my belief that the correct identification of counseling psychologists is by function, not by setting. Most of us make certain common assumptions about people as clients and our relation to them. Counseling psychologists tend to stress: (1) the development of personal potential rather than the correction of weakness or the treatment of "illness"; (2) facilitating the client's making of his or her own decisions and then accepting responsibility for the outcome rather than the psychologist assuming this responsibility and making the decisions for the client; and (3) being holistic in our outlook and attempting to see the total functioning person operating in the several life environments that are distinctive to each client.

To these three characteristics could doubtless be added other functions or assumptions common to the majority of practitioners in our field. But even with these three one can see how this kind of functioning fits into many settings and involves the *majority* of people who struggle with normal development problems, who need a kind of self-strengthening help. We help clients to accept themselves, to establish goals and plan moves that are realistic with regard to present and future societal demands and expectations. We are useful to people who face various kinds of environmental stresses on the job, in the home as parent and as spouse, and in life as people who need self-confidence and self-respect. It is inevitable that counseling psychologists would spread into many settings because they are needed there and can function well in almost any area where there are common people problems and needs.

Please recall that these are my reflections—I have no sense of "rightness" to my points of view; they just look reasonable to me. I think that counseling psychologists who recognize developmental periods as important in the life of a person and who help accordingly; who have a positive attitude toward people and help them develop their strengths rather than focus upon their weaknesses; who facilitate rather than direct and help people to make their own decisions; who recognize the stresses of the several environments in any person's life—that such psychologists will be useful in many kinds of organizational settings—and this is good. More people will be helped.

It is this purpose in function that identifies a counseling psychologist, not the setting in which he or she operates. A few of these varied settings for contemporary counseling psychologists have been earlier suggested (Wrenn, 1980c, pp. 162-169; 1983).

III. MY PROBLEM WITH PROMISES

During the past half century or so I have "lived through" many promising personality theories and counseling approaches. Each theory "promised" more than was supported by later experience and research.

My experience with these "waves" of promises, from ever-more-accurate vocational information through psychological measurement, client-centered existential counseling and behavioral counseling to career counseling, are related in a just-completed paper (Wrenn, 1983). This paper is based upon an address given at the International Round Table for the Advancement of Counseling held in Lausanne, Switzerland, September 1982. In this paper I failed to touch upon other promises made by the authors or proponents of other personality theories—psychoanalysis, group dynamics, Gestalt theory, rational-emotive theory, cognitive theory, for example.

I do not deprecate any wave of emphasis or any theory and its promises; I merely suggest that the overall claims and expectations of such movements are never fully realized. One must beware of becoming a staunch proponent of any theory unless engaged in research which tests the movement's hypotheses and expectations. And if the theory or emphasis is not testable, be even more doubtful.

Each of the waves earlier presented has its zenith and then its nadir. Each has its day of prominence, but in passing from the scene as "the" answer it leaves behind a residue of tested concepts and these are absorbed into the more widely accepted generalizations of psychology or psychological counseling. It has contributed, perhaps much, and is to be honored if not trusted as a total answer.

As I reflect upon my experience, it is fair to say that I was on top of the psychological measurement wave and the client-centered wave the longest. But in truth I have benefited from each wave in my understanding of human behavior. I simply do not any longer take any wave, new or old, at face value, as a final answer.

Those who work with people, not those who engage in research about them, cannot afford the luxury of a single approach. Each person is unique and must be approached as such; the client is variable in behavior from one time to another; his/her needs vary from one developmental stage to another. The competent practitioner in counseling psychology must be able to draw from a reservoir of approaches, must be an eclectic in theory if he/she is to meet the reality of the uniqueness of each client. This is in practice, not in research.

Some practitioners who use the same theory or approach with each client get results and report them. We read about them. We never know the extent to which the reputation of the psychologist for being helpful influences the kind of client who reports to him. This "reputation selection" by the clients of a given psychologist is certain, it seems to me, to ensure that the psychologist does not get a random sample of clients. Would the timid seek out Ellis, the academically failing or emotionally confused seek out Krumboltz, or the cognitively-centered scientific type seek out Rogers?

At one time it was considered a weakness to label oneself as an eclectic; now it may be a virtue. The "resourceful" practitioners must

possess a storehouse of varied resources and use them. Ruben Ardila (1982) in Montreal in 1980 attempted a description of the "world psychologist." He believes that if the psychologist is a clinician he is an eclectic, "with a bit of the psychoanalyst in him/her, a bit of Rogers, a bit of behavior mod" (p. 325). I reflect—this makes sense because this tolerance allows us to utilize all that we may have learned.

IV. WHY DOES THE COUNSELOR-COUNSELING PSYCHOLOGIST SO OFTEN QUESTION HIS/HER EFFECTIVENESS?

I seem to sense this in counselor-types today; certainly I have seen it over the years. It is sad to see this attitude in professionals, for it often results in a decrease in the practitioner's sense of worth as a person and this, in turn, reduces their effectiveness as a professional.

In a paradoxical fashion, this feeling of inadequacy is caused in large part by the distinctive strengths of a counseling psychologist. We must accept the circumstance, for example, that a counselor seldom has the satisfaction of a sense of completion with a client because most practicing counseling psychologists will assume that:

1. a client in one stage of development may move to another stage, and a new set of needs develops;
2. a client is a dynamic, changing entity: today's needs may be replaced by new ones tomorrow;
3. a client is under the influence of several environments; the counselor represents only one of these. The client may regress, stand still, or blow up because of the pressure of one or more of these environments, quite independently of the counselor;
4. environmental pressures upon the client may change from one day to the next. The counselor can take not only one step at a time, but one day at a time.

These conditions are the ones under which a counseling psychologist, almost instinctively, wants to operate, yet they all reduce the chance that the counselor will seldom, if ever, have the satisfaction of the "completion" of a client relationship.

The statement might be made that because of developmental changes, changing environmental pressures, and the essentially volatile nature of the human being, the person of today is not the person of yesterday. Research workers too often neglect this factor; practitioners are forced each day to face *changing* clients. The job is never complete as is the completion of a manuscript or a lecture or, for the carpenter, a house. These provide the completion satisfaction that the counselor seldom has.

Another understandable cause for the lack of closure frequently felt by a counseling psychologist is that if the counselor is a holist-humanist in his or her point of view, it is difficult to see specific changes or to consider the specific change to be significant for the whole. Beyond this we believe that the decision made should be by the client, not by the counselor, and often the decision is not a satisfying one for the counselor.

It has seemed to me that any basic sense of effectiveness must come from within the counselor, not success or lack of it in terms of client outcome. If the counselor has been authentic within himself/herself, has behaved throughout in congruence with what he or she is, the counselor has been as effective as possible. If I behave as I am, I can do no more. Concern or compassion for the client can continue, but without a sense of guilt upon the part of the counselor.

V. THE IMPORTANCE OF THE PERSON

This brings me to the happy feeling that I have seen in counseling a growing sense of the importance of the *person* of the counselor, of his/her sense of personal worth. The counselor as a person is often more important than the counselor as a professional, for it is the person whom the client first sees. Impressions are vivid, at the beginning of a relationship and continuing throughout, regarding what the client sees and hears as he looks at the counselor. Does the client see courtesy toward the client, positiveness in attitude toward life, confidence in his/her "being," self-respect which means respect for the other as a fellow person?

All of these will influence substantially how the client responds to counselor skills or counselor suggestions. "Can I have confidence in him/her as a person, *believe* what I see and hear, sense no superficiality or pretense?" The counselor may say or do the wrong thing, but the chance for harm to the client is greatly lessened if belief in the *person* of the counselor is there.

In another connection I have commented upon the kind of person the client is seeking:

Sufficient brains can be taken for granted; most of us are adequate in that regard. It doesn't take much. The same is true of knowledge. Most of us are knowledgeable in only a few areas, and these may not be applicable to a given situation.

No, lack of brains or knowledge seldom turns off the seeking person. Such a person is looking for an individual who is more person than role, who is more "at ease" with himself or herself than merely being bright or informed. Such a person has a sense of stability about him or her, perhaps a reassuring sense of serenity. The person sought must be one who lets others easily into his or her life and is tolerant of a wide variety of behaviors. Such a person reserves any conclusions about another until he or she can penetrate the outward appearance

to the spirit within. Such a person can wait past the first stumbling efforts of communication to a period in which there is greater trust and greater ease of communication.

The seeking person is also looking for someone who appears to care for the seeker as an *important* person. Someone who will listen fully, will sweep aside the distraction of a cluttered desk or outside noises, and will be willing to accompany the seeker to the outer fringes of his or her private world. (Wrenn, 1981)

In the article just cited, I go on to say that such a person can be expected to have a solid set of positive beliefs in people and self. To be *for* something positive, to believe *in* something positive makes a solid person. My beliefs may be simple, but they are much a part of me as a person. What I *am*, what I think myself to be, is what the client first "sees." It behooves me, then, to cultivate and nourish my image of myself, self-respect tinged with humility, perhaps self-respect *because* of humility. I know what I am not as well as what I am.

VI. REFLECTIONS UPON SOME THINGS ABOUT LIFE AND PEOPLE THAT I HAVE LEARNED

1. *I have learned to live with many uncertainties in my world.*

It is important that I recognize some situations or seeming trends as uncertainties, as uncomfortable as that may make me. I don't *know enough* or the situation is too complex or too much in flux for me to be certain. I must withstand the temptation to force an answer of certainty because the certainty is not there. To lull myself into complacency with a forced answer will only lead to a deceptive interpretation of all forthcoming information.

Some of my uncertainties:

- a. What will be the direction of the relationship between men and women? I hope for an increasing recognition of equality of each other as persons and for an increasing acceptance of the androgenous nature of both men and women: Persons of each sex *recognize* that they possess valuable qualities commonly attributed to members of the opposite sex; i.e., men may weep and be sensitive to others, etc., women may take the initiative and form firm decisions, etc. This has been my hope, but the bitterness aroused by the Equal Rights Amendment issue and its legislative defeat may settle each sex more firmly into its own

sexual stereotype. Even more influential is the continued reluctance of men to allow equal pay for equal work or to permit women to be promoted to top management positions. Nor are women faultless in this connection; millions are completely passive; a few plead their case with negative psychology. I will not live to see a certain answer.

- b. What will be the military consequence of the developing relationship between the nations of the world? Will we continue only to have conflicts between individual nations (mere brush fires as compared with World Wars I and II), or will we stumble, perhaps even as an accident, into a world of nuclear war? Nor do I have a sure answer for myself on the nuclear freeze movement. I envy some of my friends who are "so sure" on one side or the other; they may have more peace of mind than I have.
- c. We will continue to have a strong United States of America, but what *kind* of an America? What values will prevail, who will be our national allies, will a strong economy care for our two great minorities—ethnic and age (adolescence and old age) minorities?
- d. Will the generation following our generation (Kathleen's and mine) have the steady buying power and the relative financial certainties that we have enjoyed during most of the first 80 years of this century?
- e. Will there be a decrease in the extent to which government assumes responsibility for various dimensions of my life or is the present effort a mere political flash in the pan? If there is a marked decrease, do I want it? My "dependency" has thus far been very comfortable!
- f. Will our courts of law move toward becoming courts of justice or will they become increasingly courts of legal precedence and technical procedures?
- g. What will our movement be toward healing which focuses more upon the patient's resources than upon the physician's resources, more upon our own inner potential for maintaining health than upon medical science and technology and the ingestion of various chemicals?

Additional uncertainties could be listed, but perhaps enough have been named to make clear that I must live—and peacefully—with an awareness of such ignorance upon my part. Pascal several hundred years ago wrote that as one's circle of knowledge increases the parameter of ignorance is always greater. So the longer I live and learn, the greater my awareness of my ignorance.

2. *I have learned that I must consciously take some risks in living with others.*

- a. There is risk in trusting others. There is risk that I will be hurt. There is also risk in not trusting others, for then the other person may be hurt. So often the other needs some sign of trust or approval from me, and behind his or her mask that person is very vulnerable. The hurt may go deep.

Perhaps I can handle the hurt of my risk in trusting better than the other can handle the hurt of not being trusted. For I have two protections. The first is that my trusting of others is on a batting average basis. I don't *expect* every person to justify my trust. I am not a Pollyanna, but my own batting average over a life has been high, perhaps .800 or .900. When my trust is violated, I am saddened, but I do not generalize from that one betrayal to all mankind or to all others of that age, sex, or hair color. My betrayal is an *incident*, not a conclusion or a calamity. I can handle it; I have in the past, I will in the future.

My chance of betrayal or trust is greatly lessened also by what I believe to be firm psychological principles: people *tend* to respond to you in terms of your expectation of them. I trust and that begets trust. I treat you with courtesy or with confidence and you tend to respond with courtesy or confidence. This has been a strong hunch of mine for many years, but recently some firm research has been reported that directly supports my long-held, intuitive sort of feeling. It has worked for me—perhaps it will for others.

- b. I risk myself when I respond to my impulse to help others, to show caring for them, to respond to what I *think* is a need in the other person. *So many* times in my life I have failed to respond to my impulse or it has come too late—the person has passed by or the “right” moment in the situation is lost. *Then* I chide myself bitterly for cowardice, and I suffer more than if I had taken the risk and been rebuffed. For what would have suffered then but my pride! I have also had the experience of a seeming rebuff at the moment—the other person was too surprised or even shocked to accept help or caring—only to have him or her return later to thank me and to open up the relationship again. The sincerity of the offer finally “broke through” to the other person.
- c. There is a risk for me in *accepting* help and love from others. They might expect something in return! That is really an ignoble thought—in my own mind I am seeing the other person as manipulative, selfish, incapable of genuine generosity or unselfish love. What a put-down! Shame on me! “The other person is not as noble as I am!”

Accepting help and love from another person helps *that* person. When you turn it down or immediately return “just as good” a gift you insult the other's good impulse. You hurt both of us.

- d. I must risk myself in order to make a positive move to correct a situation or to right a wrong. It *may* be the wrong move—and again I am too proud to risk being found wrong. What again is hurt is only my pride—assuming that I have not risked someone else in my move. So many complaints, so few suggestions of remedies or actual moves to correct the situation. I have learned to mistrust, feel myself alienated, from those who only complain. The axiom known to all of us is a great truth: It is better to light one candle than merely to curse the darkness.
- e. I must risk myself by *asking a question* when I am ignorant or I will stand still. Actually, I am risking very little—the other person or the members of a group may be grateful for my asking the question that they also wanted answered! Of course, this can be overdone—I have been a nuisance at times and realized it too late. But I have erred more often in not taking the risk.
- f. When I disagree with someone I risk a lot when I respond in such a way that the other person feels attacked and must defend himself or herself. I not only get into an argument that I really do not want, but I offend the other person. *I have learned* that if I respond in such a way as to suggest that the other person may be right or has a full right to his own opinion then I have helped him or her “to save face.” That is an important principle—and I have forgotten it upon too many occasions. I remembered too late.

Nations that react to other nations in a manner that gives the other no chance “to save face” are building up to hostility and military action. History is replete with this kind of stupidity. A quotation from somewhere expresses it well: “The gentle art of saving face may some day save the human race.”

3. *What I am still learning.*

This is, to me, the enjoyable part of my reflections! Learning is rewarding, it provides a sense of growth, every day a surprise or two!

- a. I am still learning about the awesome magnificence of our universe! This has been going on since early childhood; it may continue forever. When I was a boy in Florida, given the task of hoeing out the grass in my father's orange grove, I had to “rest” occasionally—boys get tired easily! While lying on the ground and gazing into a limitless blue sky, I sometimes pondered on where I would stop if I went “straight up” and kept on going—on and on and on. There *was* no ceiling—God's Universe was infinite! To keep that up for long would bring madness!

At that time I did not know about wonders of the microscope world. The wonders of that world have recently been discussed by Fritjof Capra in *The Tao of Physics* and by George Leonard in *The Silent Pulse* to the point that our matter is now seen to be no "matter" but rhythmic, dancing energy!

One day in 1982 the *Arizona Republic* carried two stories about our two worlds. One story (*Arizona Republic*, 1982a) told of a recent study which suggested that the cells in the hippocampus area of the brain reproduced themselves—increased in number—with age! Nerve cells do not *do* that—are we learning an exciting new truth about the relatively unknown character of the brain? The other story (*Arizona Republic*, 1982b) was an interview with an astronomer at the University of California (Myron Spinard) who was rather casually discussing his "find" of last year in which he had discovered six new *galaxies* 10 billion light years away (in miles, I think that is 60 followed by 42 zeroes)! He was commenting that he had found that the temperature of these galaxies was 27,000 degrees Fahrenheit.

What a Universe, without and within—wonder upon wonder I am still experiencing. And a *changing* Universe, not a static one.

- b. In a very different area, I am still learning about the nature of love and caring. Caring to me connotes something different from love. To care for someone is to be involved, to want to *do* something to help that person develop a *joy* in life, to believe in the *worth* of himself or herself, to move toward *becoming* more of the kind of a person that he or she wants to become. You can "love" and just soak it in, enjoy the other person but not do anything. With caring you act—you show sustained concern, over a period of time, to some end.

That is my present thinking, but can one care *unselfishly*? Caring brings its reward; the other may respond with love or gratitude, but if not that, *you* change yourself by caring. You increase in self-respect. *That* is a reward. Can one ever give "agape" love, love (or caring) with sole consideration for the other person, love that expects no return, no response, no gratitude? Am I big enough for that? I am not sure—I am still learning.

- c. I'm learning to respond honestly to personal praise. "That was the best talk I've heard in a long time." "I think you are . . ." praise. "Someone told me that . . ." Praise which embarrasses! How does one handle it? The most common response is probably the worst—"Oh, it wasn't much," "You can't mean that," "That's certainly exaggerated," and others. These are the responses of an assumed modesty, but in reality

you *like* praise, look for it, do everything but ask for it. You are likely to be insincere in such responses, but, worse, you are telling the other person “I don’t believe you,” “You don’t mean it”—in essence, “You are a liar!”

I *know* it is embarrassing and often the other person’s perception of you is more favorable than your perception of yourself, but accept the praise as real, as sincere and simply reply, “Thank you,” or “That’s kind of you,” and say nothing more. Such a response is honest and makes the other person feel believed and appreciated. Sometimes my embarrassment still shows, but *I’m learning* to respond simply to praise. Try it yourself!

- d. I’m learning to understand the double meaning of achievement. The achiever is well respected in our American, work-oriented society—“He gets a lot done,” “She is a hard worker,” “I simply can’t do as much as she (or he) does.” Not only do we often identify a person by vocation—“He’s a lawyer,” “She’s a housewife,” “She’s a professional musician,” but we identify a person’s *worth* or quality by how much he or she has *done*, accomplished, achieved.

In other parts of the world “doing” is not as important as “being.” I have been a workaholic, so people tell me, and have turned out volumes of writing and speaking, but that has palled on me. All along, I have said that “I am a *person* first, then a professor or what-have-you second.” I’ve assured others who are less active because of age or infirmity, that who they are is more important than the amount they do. I have told Kathleen that people love her for her personal qualities, her awareness of others, her caring. She does not have to *do* as she once did, not at 81. And now I am beginning to learn that that applies to another 81-year-old—me! I will strive less; I may have more meaning to others if I can learn that achievement means “being” as well as “doing.”

- e. I am learning to balance my uniqueness with my desire to be accepted by others, to be liked by them. This is a tough one. Can I be uniquely me, which I am, be independent in a manner which does not offend others, drive them away from me? It takes a little courage for me to say openly, “Yes, I like to be liked and accepted and sometimes my behavior is directed to that end,” but I am not proud of such a motivation. To be *me*, the only me in the Universe, is my most important attribute; I must be true to me, not to the world around me. And not step on toes, make others angry with me? I do not know, I am learning.
- f. A similar kind of learning is how to balance the development of relationships with those who need me and those whom I

need. Both needs are real: I need and want some relationships which nourish me, boost my sense of self-worth, and I need and want to be a caring person for others, make *them* feel more worthwhile. Here I am again still learning.

- g. I am forever learning how to develop a growing, maturing relationship between me and my God. For me, God is within me, a part of me, and I am a part of the infinite. For me, I am a part of the total Universe and a bit of that Universe is within me. Please understand, I do not advocate any universal truth, essential for everyone. No, every person's God is his or her own perception, so I am speaking strictly for me. God is the best part of me; I am learning how to keep the rest-of-me from smothering the God-part of me. Silly theology? That is OK. I'm not a theologian and my theology is not a set of concepts but a *relationship*, and that relationship is personal.

I sometimes wonder about the great paradox, God the Creator of a Universe so vast that the human mind will never comprehend it and the God within, a personal Father/Mother God. Such a God is real to me because (in my faith) Jesus demonstrated a God of love who (that) has become real to me. Perhaps God is an aggregation of all of (his) creations, and I do not exist except as an expression of one of those creations. This much is sure: God is not dead because the Universe is alive. Some 50 years ago, Sir James Jeans, the astronomer, stated that scientists (the creators, the ponderers) have been accumulating evidence that the Universe is not a great machine that could be understood and managed but that the Universe is a thought of God. To me, that means a living, pulsing, changing Universe of which you and I are significant parts.

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COMMENTARY ON THE COMING DECADE 6

This closing section reflects four diverse views of the coming decade: Each author was given a very broad invitation to respond to issues they saw emerging and what should be the fundamental concerns of counseling psychology.

Chapter 26

*The Anomaly Called Counseling Psychology**

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Counseling psychology is much like the camel which was described as a "horse designed by a committee." Of all the extant specialties within organized psychology it is probably the least well-defined, at times appearing almost like a projective technique, its various definitions being apparently more a function of the person doing the defining than of the specialty itself. This chapter will describe the various splits and divisions within the specialty. This is not to deny that some crystallization is needed as the specialty enters more into the arena of professional politics and mounts efforts to deal with third-party payments, sunset legislation, licensure for counselors, and other issues which have emerged and which will continue throughout the 1980s. In order to start this crystallization process, however, we need to define where we are.

CURRENT PRESSES ON THE PROFESSION

A model will be adopted not unlike that of Henry Murray in order to focus on the "presses" which are not only on counseling psychology, but on psychology in general.

The politization press. We live in an era of politics. Professional organizations such as the American Psychological Association (APA) and the state associations are highly political and politically aware. In addition, there is a continuous stream of legislation from Washington and the state capitols which affects us or will affect us. Counseling psychology is a relative latecomer to political activity. It, more than almost all psychological specialties, has had its roots (and its branches) in academia where political activity even now tends to be viewed with

*The author appreciates the help Dr. Sharon Shueman, Mr. Scott Rogers, and Mr. Craig Rypma provided in preparing this manuscript.

suspicion. As a result, our clinical colleagues (who have been out in the "real world") have been the primary politicians both within psychology and in representing psychology to the public. Nonetheless, counseling psychology, having learned with some pain that if it doesn't represent its own views no one else will, is starting to mount political efforts. These efforts are crucial to the profession; if they are not successful, it may mean the end of the specialty. That is, unless state licensing or certification laws clearly protect the legitimate counseling psychologists, unless national health insurance legislation includes counseling psychologists as eligible providers, and unless there is a change in federal legislation which heretofore has unfortunately defined licensed psychologists as "clinical psychologists" (note the small "c"), counseling psychology may lose its identity before it generates one.

The substantive press. Counseling psychology has a very real "generation gap." Its fathers and mothers existed in a climate which stressed the importance of studying and modifying "the world of work" and enhancing the "normal personality." Vocational behavior, occupational selection, curricular choice, and the remediation of normal individuals with life problems were the counseling psychologist's academic and professional pursuits. A newer generation of counseling psychologists, however, has been spawned, a generation which questions the comprehensiveness, if not the validity, of these notions. They raise questions about the difference between "counseling" and "psychotherapy," they tend to work more with individuals who are "at risk" than with normal individuals, they tend not to value as highly as their mentors the theory and practice of vocational psychology, and (probably in part because of the decrease in the number of academic positions and the increased attractiveness of private practice) they are moving more into the fee-for-services domain. These substantive issues have not been systematically addressed regarding their role within the specialty. It is alarming to note that the best predictor of what a particular counseling psychologist does seems to be his or her age. If he or she is over 50, then vocational counseling and theory seems to be the preferred arena; if under 30, then psychotherapy seems to be preferred.

The doctoral vs. masters press. Psychology has been wrestling for years with the issue of the appropriate graduate degree for professional and scientific functioning. A review of the literature yields many articles on the masters versus doctorate issue starting at least as far back as the 1950s. APA has come out clearly for the doctoral degree being the appropriate degree for independent functioning as a psychologist. This stand, however rigidly held, seems to ignore several important phenomena. First, there are many masters level persons who appear to be functioning with high levels of skill; they are valued within the profession by their employers and by their clients. Second, there are many terminal masters programs throughout the country which are increasing the numbers of persons who consider themselves psychologists

and, understandably, want to use their profession to earn a living. Third, five states license or certify masters level psychologists as eligible for independent practice.

Of all the psychology specialties, counseling and school psychology programs include the most masters level persons. The masters issue is not one which can be ignored nor easily resolved. Most states have sunset legislation, that is, legislation which mandates the periodic review of state boards (such as psychology boards of examiners). Unless psychology generally and counseling psychology specifically can openly address the masters issue, the sunset hearings will be adversarial ones with the masters persons on one side and the doctoral persons on the other. As has been seen in several states, such adversarial positions can lead to state legislatures allowing a psychology licensure or certification law to lapse with the understandable assumption that there is little purpose in regulating a profession which cannot present a unified front.

The PhD press. Related to the masters versus doctoral issue is the issue concerning the appropriateness or acceptability of various types of doctoral degrees. More than any other psychological specialty, counseling psychology is likely to be housed in a college of education where the degree awarded is an EdD (or DEd) degree. In many states, persons without the more understandable PhD (in psychology) degree have difficulty becoming licensed or gaining recognition as being bona fide psychologists. Ironically, in many cases this EdD program is identical to that awarding the PhD (the possible exception being that the EdD program did not require a foreign language). The EdD, however, has always been somewhat suspect to those in the main stream of psychology who fear that all too often persons with this degree are really educators trying to move into psychology. While in many cases this may be true, this fearful posture has worked to the detriment of many persons with EdD's who appear on all other dimensions to be counseling psychologists. Extreme examples have included a counseling psychologist (a Diplomate from the American Board of Professional Psychology in Counseling Psychology) being denied licensure or certification solely on the basis of the kind of doctoral degree.

Paradoxically, this situation may be improving because of the advent of schools of professional psychology. Many of these schools (which are very often clinical psychology programs) give the PsyD degree rather than the PhD. Because these PsyD degrees are, of course, not PhD's, and because they reflect clinical psychology training (often very excellent training), some licensing boards may well move from the parochial "PhD only" stance to a position more accepting of other doctoral degrees in psychology. As a result, PsyD, as well as legitimate EdD holders, may be seen as being psychologists. The aspiring counseling psychologist is still well advised, however, to take the PhD route. The PhD degree continues to have more face validity.

The "counseling" press. The relationship between counseling psychology and counseling (or counseling and guidance) has always been

a peculiar one (and one which is not understood or attended to by the rest of psychology). For many years counseling psychology straddled the domains of psychology and counseling and guidance, its roots in education leading its members to work closely with and to feel quite allied with colleagues within education. Young counseling psychologists often belonged to both the APA and the American Association for Counseling and Development (AACD), formerly the American Personnel and Guidance Association, and identified with both. In recent years, however, this marriage between psychology and counseling and guidance, between APA and AACD, has become strained. This hiatus has both philosophical and practical origins.

The practical issues emerged in the 1960s and 1970s as psychology moved into statutory licensing/certification activities, activities which by their very nature necessitated more rigid definitions of what is a psychologist. As of 1982, all 50 states and the District of Columbia had laws for the credentialing of psychologists. In most of these jurisdictions a doctoral degree (often a PhD) in psychology or its *equivalent* was a prerequisite for licensing or certification as a psychologist. Early in psychology's licensure movement, this "equivalency" was in many states interpreted rather liberally and could allow persons with counseling and guidance degrees to sit for the examination. Though these early interpretations were liberal, they were not uniform across states; states jealously guarded their prerogatives to define whom they wished to license.

These discrepancies created serious problems for the person without a traditional psychology degree. The problems were confounded when such a person moved from one state to another and found that licensure or certification in one state does not guarantee even eligibility in another. During the 1970s several court actions were initiated, usually by persons who considered themselves counseling psychologists but were trained in colleges of education. Decisions on these cases were often inconsistent with one another. One result of this litigation, however, has been an attempt to establish a set of ground rules for the definition of a program in psychology in order to make the "doctoral degree in psychology or its equivalent" consistent throughout the country. If fully implemented, these ground rules (Wellner, 1978) would deny access to the psychology credentialing process to anyone whose degree (PhD or not) is not from a department or program clearly labeled "psychology." It is very clear that the days of graduates from counseling or counseling and guidance programs being allowed to sit for the psychology certification/licensure exam are numbered.

An attendant problem is created by the fact that APA and its Division of Counseling Psychology (Division 17) have membership requirements which are less restrictive than the licensure/certification laws. As a result, many (if not a majority) of the members of the division have their degrees from academic departments which very soon may not be seen as "legitimate" psychology programs and whose graduates will not be eligible

for licensure. With the advent of political activities within the psychological profession, as discussed above, organized counseling psychology (as embodied in the division) may have to make a very tough decision, whether to represent the interests of many of its members (who will not be considered to be psychologists by the rest of the profession) and probably isolate itself from (or alienate) the rest of psychology, or choose not to attend to the needs of many of its own members.

CHARACTERISTICS OF COUNSELING PSYCHOLOGISTS

Now, let us look at the characteristics of those professionals who make up counseling psychology. As might be expected, within the profession the individual members show a wide variation of interests, activities, and training. Samler (1964) reported that counseling psychologists worked in many different kinds of settings, but saw the necessity for a survey of what the individual counseling psychologists actually do. Almost 10 years later Krauskopf, Thoreson, and McAleer (1973) conducted such a survey and concluded that "we are a loose mixture of guild members becoming increasingly more divergent in our training, skills, and goals." The common finding in Samler's and Krauskopf's work seems to be on the one hand the variability of the members of the profession and, on the other, that most are employed in an educational setting.

More recently, Osipow, Cohen, Jenkins, and Dostal (1979) surveyed two types of counseling psychologists: those whose only divisional affiliation was the Division 17 and those who were affiliated with Division 17 and a more clinically oriented division (Division 12 or 29). They reported that the two groups were quite different in terms of areas of interest and work settings. The "pure" counseling psychologists (Division 17 only) were more likely to be academicians and interested in "counseling," while those with multiple divisional membership (Division 17 and 12 and/or 29) were more likely to be active in private practice and interested in "psychotherapy." In light of these findings, it is certainly not surprising that the profession of counseling psychology seems to lack a clear identity.

In 1976-77 the Council for the National Register of Health Service Providers in Psychology conducted the first survey of all the (then) approximately 26,000 licensed certified psychologists in the country (Mills, Wellner, & VandenBos, 1979). Of the approximately 19,000 respondents, 910 listed their primary APA divisional affiliation as Division 17. While these 910 individuals may not be representative of the divisional membership or of the profession itself (having been selected upon the basis of licensure/certification with an attendant interest in health service provision), they do constitute over one-third of the division membership. Of this sample of 910 counseling psychologists, almost one-fifth were females (18.3%); and while the modal highest academic degree was the PhD (61.3%), a substantial number (28.1%) had an EdD. Half of the

respondents (50.5%) were engaged in part-time private practice, and 8.7% were full-time practitioners. Sixty-five percent (65.0%) of those doing any private practice were receiving third-party payments. Their practices appear almost exclusively to be with adults (age 18 to 64); almost no counseling psychologists reported working primarily with children or with the elderly. Almost two-thirds (62.7%) reported their primary job setting as being academia, and many of them (34.3%) could see themselves possibly leaving their salaried position for private practice.

In contrast to the National Register sample of clinical psychologists, the counseling psychologists were somewhat younger, more likely to have a degree other than a PhD, and less likely to be in either full-or part-time private practice (40.7% of the counseling psychologists reported no private practice compared to 23.5% of the clinicians).

Since these data are restricted to counseling psychologists who are licensed or certified, they probably overstate the degree of involvement of counseling psychologists in private practice activities. Nonetheless, not only the Register survey data, but also in the Samler and Krauskopf data, two-thirds of the counseling psychologists seem to be employed in academia and less than 10% primarily in private practice. There does not appear to be massive movement within the profession towards full-time private practice. However, the Register data are quite suggestive of large scale part-time practice at the present time. It may well be that the counseling psychologist of today is staying with his primary academic position but is doing quite a substantial amount of private practice on the side.

CONCLUSION

Counseling psychology is a profession marked by variability and diversity. These factors may well be the source of its strength. A profession certainly does not have to be unified with a narrowly defined identity and a prescribed set of characteristics and functions. As Emerson said, "A foolish consistency is the hobgoblin of small minds," and such a consistency does not appear to be one of the shortcomings of the profession. Nevertheless, enough is enough! We, as a profession, need creative outriders to help us explore new functions, new directions, and new ideas. What the profession may be suffering from currently, however, is too many outriders, all discovering new paths, and too few "taking care of the store." New knowledge and new definitions need to be based on a coherent core of established knowledge and functions. Too few of us read the minutes of the last meeting before we turn the page and attend to new business. Such behavior leads to oligarchy. I think that we, as a profession, are right now at the point of doing an analysis of variance upon ourselves. We may be significant only if we decrease the variation within (or we will only be seen as error). The difficulty currently is that at the same time we are looking at ourselves we also need to be relating to the rest of

psychology and presenting counseling psychology in the best light. The definitional and the political concerns have to be addressed concurrently or neither will succeed. Not to do so places us in the position of Stephan Crane's protagonist who exclaimed to the universe, "Sir, I exist!" The universe replied, "However, the fact has not created in me a sense of obligation."

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Chapter 27

Commentary

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Coordinating the Next Decade Project was an exciting assignment which once again convinced me that democratic processes are worth the extra time they require. The chapters in Section I of this book are the product of the Division of Counseling Psychology. At the January, 1983 Executive Committee meeting steps were taken to implement recommendations made in the Next Decade reports. I suspect that this has occurred not only because a broad spectrum of the Division either wrote or guided the rewriting of the papers, but because the statements themselves are the product of collective wisdom. The process at times was slow moving, at times frustrating, but in the end a tribute to the collegueship of counseling psychologists. The product is worth the effort. The project should be commissioned again by the Division's 1990 Executive Committee.

Now that the project is completed, writing this chapter provides an opportunity to step out of the coordinator role and offer comments about counseling psychology in the next decade in areas which fall outside the realm of the themes assigned to the working committees. The next decade offers exciting possibilities as well as challenges which will test our creativity and our courage.

TECHNOLOGY AND COMMUNICATION

During the past decade we under-utilized existing technology, especially in the ways we share ideas and data. During the next decade we will increase our use of technology, and we will develop new ways to share information which will enable us to advance our discipline's knowledge base at a staggering rate. Let me develop these ideas by first describing a research-based procedure which includes extensive use of technology and then by illustrating how communication about such procedures will take place before the end of the next decade.

Imagine yourself a first-year medical student. As part of a course on patient education and patient counseling you are given an

opportunity to volunteer for an extra four hours of special lab sessions offered in the Counseling Psychology Department. There's a two-week wait (second-year students who volunteered last year say its worthwhile, and 70 of your 90 classmates have also volunteered!). When you arrive at the lab a doctoral student in counseling psychology explains what will happen during the lab and the goals of the experience. She is especially careful to point out that the physiological recordings, polygraph and videotape feedback, and computer analyses are all in the service of helping you recall and define the meaning of the experience; that you are in charge of the technology, not it of you. She then assists you in attaching electrodes to your arms and hands which will record your heart rate, left and right hand skin conductance, and a rubber bellows which will record your respiration.

You are asked to pretend you are alone with each of the people you will view on the motion picture screen before you and to give your emotions and thoughts "free reign." The film clips vary in length from several seconds to over a minute. In each film vignette a person looks directly at you and says things to you which have a high likelihood of evoking an emotional reaction in you. For instance, in one vignette a middle-aged woman looks at you with her face registering surprise and asks, "Are *you* the doctor? You look so young! Ah . . . would you mind if I saw someone a little older?" In another scene a young man looks unblinkingly at you, leans forward and tells you how much he likes you and how he looks forward to having "these times" completely alone with you and how very much you mean to him. There is a rest period between scenes and then a neutral scene is viewed followed by another evocative vignette. As you watch each scene a video camera records you, the films you are watching, and the polygraph pens as your physiological reactions unfold. The polygraph is wired to a laboratory computer.

After you have viewed 12 vignettes you are again joined by the counseling psychology student, and together she and you watch a videotape which contains a recording of you, the material you were viewing, and your corresponding physiological behavior. You are encouraged to stop the playback as often as possible to describe what your thoughts and feelings had been at each moment of viewing the scene. By pressing a button you can also have displayed an *intrapersonal* statistical analysis of your physiological behavior in the form of the number of standard deviations each vignette varied from your average reaction to all vignettes. You may also order that a pattern analysis be computed and displayed on the screen of any clusters of vignettes to which you had similar physiological reactions. After you have viewed the entire playback you are given the paper polygraph record, a typescript of the vignettes viewed, an audio cassette recording of your recalled reactions to each vignette, and you are asked to try to identify patterns, if any, of the interaction of your mind and body as a "homework assignment." In essence, you are asked to write a theory about yourself.

A second lab session is then scheduled in which you will view 12 new vignettes and study your reactions to this new material. It may also prove interesting to determine if the patterns you identified of your mind/body interactions, the self-theory you wrote, are replicated.

These lab procedures are not projections for the next decade, rather they were designed, validated, and replicated during the past decade! Medical students who volunteered for the so-called "physio" lab sessions as an adjunct to their regular required course in patient counseling were rated as significantly more empathic and more frequently dealt with patient feelings than a comparable group of students who had other experiences. I have written this brief description to illustrate possible applications of technology for achieving goals in medical or in counselor education, but also to illustrate how inefficient, cumbersome, and outdated are our usual methods for communicating with each other.

The physio lab procedures were initially designed prior to 1970. By 1980 we had tried several variations which proved to be ineffective or impractical and had finally developed the system which achieved our purpose and could be implemented. We had also learned to develop interesting methods for evaluating the effects of such experiences on the behavior of medical students. The details of the processes are of interest to some researchers and educators in counseling and medicine, but in the normal course of our current communications a report of the work would not appear in print until 1984 at the earliest and would not be available in abstracts and catalogs until a year later. Those colleagues who knew about the work and requested reprints of progress reports or wrote letters requesting specific information put additional strain on an already limited secretarial and duplicating-expense budget. Presentation at annual conventions usually resulted in more requests for reprints from people who were unable to attend the session or the conference than there were members at the presentation.

The technology now exists and will be used during the next decade to develop psychology electronic information-sharing networks which will enable us to disseminate knowledge in one-tenth the time it now takes. The use of an electronic network will enable us to know in a decade what would ordinarily take a century! Electronic networks are currently in use within institutions for mail and between institutions for special purposes such as the ARPA-Net which links cooperating institutions. It is the advent of small, inexpensive computers which will now make an information-sharing revolution not only possible but inevitable. The computer used in the physio lab was purchased only five years ago at a cost of nearly \$50,000. It was moved into the lab by a fork lift truck. Although it is by no means now obsolete, its core memory will hold only 64,000 bytes of information. This chapter is being typed on a personal computer. The keyboard can rest on one's lap, and the rest of the unit can easily be lifted with one hand. Its core memory will hold 576,000 bytes (enough memory for an entire text book, for instance). Its cost is less than \$4,000, and excellent units are available for less than half that amount.

An electronic network will enable us to share ideas instantly and at any hour of the day or night without disturbing each other. We will post electronic bulletin boards containing summaries of ongoing projects as well as more detailed descriptions for the interested correspondent. Fascinating leads which are beyond the scope of the project may be described as areas of possible interest to others. Work begun and then abandoned ordinarily would not appear in a written professional journal but will be appropriate content for the electronic network. Cooperative ventures between colleagues and among doctoral candidates at institutions far distant from each other will be possible. Imagine the kinds of improvements in research and theory which will be possible when we are able to obtain reactions to our work before the product is set in the eternal "concrete" of a written journal! The pooling of resources will also enable us to conduct projects at a fraction of the current costs, making our research enterprises less vulnerable to shifts in availability of funds.

These are but a few of the ways in which we will use our electronic networks. By the end of the decade, librarian/arbitrator services will be required to route messages and requests. The sooner we choose to participate in the creation of such networks, the sooner the discipline of counseling psychology will benefit.

PROFESSIONAL COHORTS

The Division has spent considerable energy in recent years convincing state psychology boards and their national association as well as certain of the American Psychological Association's boards and commissions that counseling psychologists are as worthy of licensure and all other emblems of professional recognition as are any other psychologists. The emphasis on licensure may have brought us into closer identification with clinical psychology (the "criterion" group) and psychiatry than we realize, to the possible detriment of our identity and our future.

If predictions about "markets" for counseling psychologists in the next decade are valid (Chapters 4, 7, 8, 9, 10 and 11, this volume) then we are likely to see training emphases recommended by the Education and Training Group (Chapter 6, this volume) gain increased acceptance. It is also entirely likely that counseling psychology practitioners, educators, and researchers alike will collaborate more than they have in recent years with such professional cohorts as applied social psychologists, anthropologists, and educational psychologists.

We will find considerable mutual interest with the social psychologists in understanding and influencing the manifestations of sexual jealousy in everyday life. Models based on pathology have proved to be of limited use in understanding or influencing marital bliss or strife. As we "rediscover" in the next decade the powerful influence of social climate, we may find new companions among anthropologists who are interested

in understanding rapid change processes within our culture. These shifts in identification will not require that we assume new roles; rather, they will enable us to reaffirm our traditional emphasis on nonpathological problems of ambulatory people. It is entirely possible that counseling psychologists will be able to contribute to attempts to understand and influence teacher-student interaction and student affective development in schools. The impending "overproduction" of clinical psychologists by scores of free standing professional schools may become an important factor in encouraging counseling psychologists to maintain a clearly separate identification.

ISSUES OF ETHICAL BEHAVIOR

At its 1981 midyear meeting the APA Council of Representatives failed to approve a statement defining ethical standards for the behavior of supervisors. Council refused to declare as unethical overt sexual behavior between supervisors and supervisees. The issue will undoubtedly once again be placed on Council's agenda. Will Division 17 involve student affiliates in deliberations and, if consensus can be reached, make its views known to Council?

It is possible that other ethical issues will emerge which are even more difficult to deal with. As university budgets shrink and moneys for faculty salary increases become meager, an ethical issue has begun to present itself and is likely to become further exacerbated during the next decade. It is one which threatens the reputation and quality of our graduate programs and yet is an issue which may earn the Division the accusation of meddling in matters beyond its realm. Universities traditionally have not been overly concerned about faculty members who engaged in consultation on a fee basis or who earned royalties from books, because the reputation of the institution may be enhanced by such activities. At most institutions there is an explicit policy about the number of days per month which can be devoted to outside consultation. The proliferation of faculty in counseling or clinical psychology who maintain extensive private practices poses ethical problems which will be very difficult for the Division to take a stand on; yet the future of counseling psychology programs at universities may be in jeopardy. In some instances, faculty members in private practice hire doctoral candidates including their own advisees to work for them. Does this represent an opportunity for graduate students to get experience and financial support, or is it misuse of students and a conflict of interest for the faculty member? One solution may be to establish clinics in which private clients may be seen on campus with the university serving as collection agent. The university would keep a portion of the fee, distributing part to the department or to the faculty member's research or travel account and most of the fee directly to the faculty member. This is how many medical schools deal with the clinical practices of their faculty. Opportunities for student involvement would be greater and would be less likely to create problems of conflict of interest.

Those faculty who consult or offer workshops might also be encouraged to use such a departmental clinic. Again, student participation or observation would be possible, and the university would be more of an active collaborator in the process rather than a competitor for faculty time. The faculty members themselves might be relieved to be rid of the chores of billing and office maintainance. Division 17 could assist by identifying programs which have established such on-campus clinics and by publishing descriptions of the various models.

The coming decade promises to be at least as exciting as the last and probably much more than that.

Chapter 28

Beyond Vigilance

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"The difficult we do today, the impossible tomorrow."—Anon.

Consider the following titles and quotations from recent journals and newsletters:

The need for a reorientation of clinical psychology (Fox, 1982).

* * *

Community psychology in the '80s; a discipline for all seasons or one whose time has passed? (Glenwick, 1982).

* * *

The specialist doctoral controversy: some realities of training, practice and advocacy It is questioned whether the combined forces of training programs, psychological practice, and professional advocacy can reasonably support a doctoral-level-only policy for the specialty area of school psychology (Hilke & Brantley, 1982, p. 634).

* * *

Psychotherapy may be experiencing an external and internal crisis of confidence . . . and . . . suffering from an incoherent identity (Prochaska & Norcross, 1982, p. 620).

* * *

Are you confronted by the mixed feelings of comfort, on the one hand, that several specialties in psychology are in identity crises and uneasiness, on the other hand, that we are all sinking into an abyss of self-doubts? Is this chapter yet another exercise in self-flagellation? To the

contrary, the two premises of this chapter are that (1) we are, as a specialty and as part of the larger profession of psychology, in a time of transition, thereby allowing us the special opportunities for new growth and enhancement that transition times bring (Schlossberg, 1981); and (2) developments in the profession during the last decade have provided us with foundations from which we can move beyond "self-centered advocacy" (Bevan, 1982) if we choose any of several strategies to enhance our profession. The strategies are built on our strengths, some unique and some shared with other specialties and professions.

Collaboration with a broad spectrum of other professionals, rather than incorporation by them or fractionization because of them, is presented as the overall strategy that will maximize the contribution of counseling psychology to the research and service needs of contemporary society.

In the last decade, the profession of counseling psychology has shown its capacity to respond to externally imposed threats to the maintenance of its training and service traditions. The response strategies developed have not only been quite effective responses to immediate problems, but can also serve, once appropriate perspectives are taken, to maintain needed areas of vigilance in the 1980s, assuring more socially responsive professional enhancement.

In the next section, our existing constructive strategies will be described. This is followed by a review of some of our strengths which all too often in recent years have been neglected. Finally, there will be a discussion of strategies that have the greatest potential for moving our profession to the frontiers of the seemingly impossible.

STEPS ALREADY TAKEN: STRATEGIES FOR VIGILANCE AND FOUNDATIONS FOR SOCIAL RESPONSIVENESS

Readers who have carefully followed the credentialing issues of the last decade are well aware that the profession has made numerous responses to perceived threats to its vitality and, indeed, its very existence. Compared to the decade of the 1960s when only a very few counseling psychologists were professionally active in state and national psychological organizations on behalf of the specialty, there has been a several-hundred-percent increase in explicit representation of counseling psychologists on the boards and committees of the American Psychological Association (APA), the National Register of Health Service Providers in Psychology, the Executive Board of the American Board of Examiners in Professional Psychology, and on state and regional psychological associations and state licensing boards. Nomination and elective strategies have been developed and shared by diverse national and state groups of counseling psychologists that, if maintained and more widely utilized, can yield even greater levels of representation and attention to the specialty's concerns.

What must be made explicitly clear to every reader is that these accomplishments have come about because of the cooperative effort of tens (regrettably not hundreds, but even small beginnings have been effective) of counseling psychologists. Even three or four knowledgeable and dedicated counseling psychologists cannot have anywhere near the impact that some 50 letters from counseling psychologists had on APA when Samuel H. Osipow, then Division 17 (Counseling Psychology) president, asked members to write to express their concerns about underrepresentation of counseling psychologists on the APA Committee on Accreditation. That single event with its 50-plus letters (typical issues on the APA agenda elicit about 3 to 10 letters) has had a lasting "consciousness-raising" impact on APA boards and committees: Counseling psychology is now seen much more often as a group whose interests must be considered. While the strategy seems blatantly political and self-serving, it is the very one which not only provides protection from infringement on traditional patterns of training and service, but also provides the foundation for knowledge exchange and collaboration with other specialties in psychology. This foundation is critical to several of the professional enhancement strategies described in the last section of this chapter.

A second strategy that emerged in the 1970s was the development of organizations created specifically to address issues of training in counseling psychology. Since training qualifications have become the major, and sometimes only, route to various positions and credentials, it is critical to have core groups of counseling psychologists attending to policies of funding agencies and credentialing groups. The Council of Counseling Psychology Training Programs, the Association of Psychology Internship Centers, and the Association of College Counseling Training Agents all have executive boards that provide for greater continuity and focus than has been possible in Division 17 with its broad array of agenda items and rapid year-to-year change of committee personnel. While these groups have so far focused largely on "guild" issues, the added leadership and personnel they bring to counseling psychology provide a larger foundation for continued vigilance and for the kinds of professional enhancement described later in this chapter.

A third strategy that has served to increase the specialty's visibility and commitment to the profession of psychology is the large number of programs (55 +) which have met the requirements to be designated as counseling psychology programs by the National Register of Health Service Providers in Psychology and have sought APA accreditation. While it can be recognized that many programs seek designation and accreditation because of competitive pressures, the quality required for accreditation enhances the potential contribution of both training programs and their graduates. The growth in the number of APA-approved counseling programs has, on a percentage basis, been greater than that of clinical psychology in the last several years. In the 1981-82

academic year the number of applications from new counseling psychology programs actually exceeds the number from new clinical psychology programs. The number of APA-approved programs in the late fall of 1982 represents over a 50% increase since 1977. The major professional issues caused by large numbers of counseling psychologists having ambiguous training qualifications in psychology (Fretz & Mills, 1980) is an issue that will rapidly recede from prominence during the 1980s as the new generations emerge from clearly designated and approved programs.

These representation and designation strategies and new organizations have all brought counseling psychology to a prominence within psychology that makes it possible to meet professional issues that emerge in these changing social and economic times with other than a crisis mentality. Not only are counseling psychologists being heard more often, they are also much more readily perceived as doing their part (rather than the Johnny-come-lately "me-too" role that has been attributed to us by clinical psychologists who did almost all of the foundation work that resulted in psychologists qualifying for third-party payments—payments that many counseling psychologists now see as their "right"). Most importantly, all of these interactions with the broader profession of psychology have given us a much greater chance to identify our contribution to the science and practice of psychology. Again, this step is but the first; if nothing more is done, then only "self-serving" goals will have been met.

STEPS TO BE TAKEN:

BRINGING HIDDEN STRENGTHS TO LIGHT

Ironically there are many strengths among counseling psychologists which have not been used well in recent years. There are at least three sizeable constituencies within counseling psychology which have been only indirectly affected by the professional issues of the past decade and, therefore, have been understandably puzzled at times by what all the noise has been about. The participation and contributions of these groups to the growth and development of the profession have been overlooked in the press to meet seemingly more urgent, immediate problems.

Old or young, counseling psychologists who have chosen positions in counseling centers and have had little involvement in training students for any settings except counseling centers, may well have been spared the professional "turf issues" and major cuts in training and services that have hit Veterans Administration hospital training and community mental health center training and employment. In such positions, there may be no perceived need for political or professional enhancement activities. Funding and opportunities may have been relatively stable for decades. Ironically, where such situations exist, it is often because the center's leadership has been quite effective in maintaining locally funded support.

In other instances, such excellent rapport has developed between local mental health facilities and the training programs that intern and job placements have been relatively immune from competition and budget cuts.

Another group with relative immunity to many of the professional competition issues are counseling psychologists specializing in career psychology, long a unique focus of counseling psychology. Indeed, it has often been cited as the most distinguishing feature of counseling psychology (Nathan, 1977); most of the major theoretical contributions from counseling psychologists have been in this domain. Further, since career services in this country are not seen as mental health services, practitioners can avoid all involvements with health insurance companies.

Finally, there are those counseling psychologists who have been relatively unaffected by professional issues by virtue of their well-established local and national reputations. They find their services in demand without regard to their professional specialty designation or training credentials. Only if such persons were to make major moves into different kinds of services, a move unlikely if they are already well-established in a particular domain, would they become aware of some of the professional service and research issues that confront the lesser-established person.

All three of these groups include some of the most secure counseling psychologists in the profession, yet they have received less and less attention by organizations of counseling psychologists. More attention was given to credentialing and specialty definitional and representational issues. Moreover, with less attention to them, what has become more and more visible to other psychologists is our overlapping skills, especially with clinical psychologists. Our unique "strong suits" (though clearly, by virtue of both long-standing and recent definitions of counseling psychology, not our only "suits") received less attention from both ourselves and other psychologists. As career psychology shrinks in many counseling psychology programs, occupational clinical psychology and counseling workshops for industrial/organizational psychologists appear in APA convention programs. This is just one of innumerable examples of other specialties or professions developing services or research programs without awareness of the relevant contributions of counseling psychologists. As discussed in the final sections of this chapter, any steps toward professional development will be greatly enhanced by inclusion of the now too-often hidden strengths of these three groups.

There is yet one other group that, though often viewed with ambivalence, may be a source of strength. For reasons that can be understood in terms of both employment strategies and prestige rankings, some counseling psychologists have, after receiving their degrees and becoming professionally established, identified themselves as clinical psychologists. Until recently this was relatively easy to accomplish in many institutional and employment settings and in many states where specialty

designation was not part of licensing. The persistent number of persons that have elected this route has, in part, been the impetus of recent moves by credentialing agencies (such as the American Board of Examiners in Professional Psychology) and employers (such as the Veterans Administration) to prohibit such changes except with evidence of new training. Is it possible that those who have made this switch and, therefore, represent some acceptable combination of counseling and clinical skills might be able to provide the foundation for seeking collaborative strategies of counseling and clinical psychology? Can such collaboration, as compared to a sense of competition, lead to an enhancement of the service and research of each to the entire profession?

Other strengths have been poorly utilized for achieving the recognition counseling psychologists deserve from their professional colleagues and the public. Many counseling psychologists have published their research primarily in the journals of the American Association for Counseling and Development (AACD), formerly the American Personnel and Guidance Association, or in specialized groups and behavior therapy journals. For the person who is a careful researcher conducting a literature review, the choice of such outlets is no limitation since the careful reviewer will still learn of them. The underutilization and underrecognition occur mostly within the profession of psychology in that most practicing psychologists are apt to skim, rather than fully review, the literature for research and practice ideas. Since few psychologists outside of counseling psychologists read the AACD journals, our work is often remarkably unnoticed. To the extent that we wish to have our work attended to by psychologists other than counselors and counselor educators, we must consider increasing our use of the APA journals. Even a broader array of professionals can be reached by publishing in the *Journal of Orthopsychiatry* or similar journals. The more one sees the work of counseling psychologists in those journals, the more likely it is that other counseling psychologists will in turn submit their work to such journals, rapidly increasing the impact that one could have outside the small domain of one's specialty area.

In reviewing the strategies of the past decade which effectively served our needs to meet short-term problems, it was noted that many programs have sought APA approval for training and internship programs. Once that route was chosen and approval obtained, many "public relations" opportunities were missed. Most likely, when approval was obtained it was thought of mainly in terms of its potential for attracting more high quality applicants. Yet the philosophy behind accreditation is to identify a quality training program. Is there a better opportunity than the approval of an internship at the counseling center to arrange for feature articles in the campus media on the services of the center? Is there a better time to feature in local news media the research and program activities of the counseling psychology training faculty than at a time when APA approval has first been granted? In summary, many of the building blocks for

professional and public awareness of the service and research contributions of counseling psychology have been underutilized. Our opportunities for enhancing our responsiveness to contemporary service and research needs will depend, in part, on the profession's and the public's perceptions that the specialty has unique quality contributions to offer.

*STEPS TO BE TAKEN:
STRATEGIES FOR ENHANCEMENT
OF THE PROFESSION'S CONTRIBUTIONS*

It is perhaps understandable that anyone who has read all of the committee reports in this book might conclude that almost all recent attention to counseling psychology has assumed the continuation of current trends and focused on solutions for present problems and issues. With the exception of a short section in John Holland's chapter (Chapter 2) on an optimistic scenario, there are few suggestions as to what might be considered visionary contributions in a world with rapidly changing demography and economy. Ironically, industries, rather than professions, choose to maintain five-, ten-, and twenty-year plans that are updated continuously.

The best available forecasts of trends are made, then alternative strategies are explored with special attention to what it takes to create a foundation on which the industry can build in order to meet the demands implicit in the forecasts. There are yearly or biyearly reviews that identify how changing realities might impact on that plan for the future. It is fully realized that the long-range plans for the year 2000 will very soon become the mid-range plans of the late 1980s. Totally new long-range plans will then be developed for the year 2010.

Yet when we try to look ahead, our lack of skills in long-range thinking lead to remarkably small deviations from the present. The Delphi Poll of Prochaska and Norcross (1982) worded questions to its 36 experts very much in terms of the current kinds of problems addressed and existing theoretical orientations:

Results indicate that therapy will become more cognitive behavioral, present-centered, problem specific, and briefer, whereas cathartic, aversive, and dynamic approaches are expected to decrease . . . psychotherapists' efforts at change will become more similar to self-change processes that are used by people in their natural environment. (page 620)

Please note the similarity of such trends to the ideology of counseling psychology, even though none of the "experts" polled are readily identified as counseling psychologists.

Long-range planning has been an effective tool for growth of the major industries in our society. Would a commitment of the profession to that kind of planning, and the consensual goal setting (Whiteley, 1980) and supportive networking (Holland, Chapter 2) that are required for such planning, lead us also to more impressive growth?

As one example of the possibilities, identify in your mind the accomplishments of one or two of the most noteworthy individual counseling psychologists. Next, imagine the consequences of having six centers around the country, each with a group of three or four counseling psychologists working on the same problem area, extending the research or developing and evaluating the program of the outstanding counseling psychologist. Not only is the initial contribution extended to many times more persons, but it also has the opportunity of becoming improved and enhanced by the feedback from the application to a diversity of populations in a diversity of settings. Just as our research has been criticized for its lack of a programmatic nature and replication, therefore often resulting in uninterpretable trivia, a plethora of isolated and frequently unevaluated services will continue to fail to generate a significant impact on the public.

Too often our best researchers and practitioners have worked primarily by themselves or out of a single department. In our attempts to be the generalists of psychology practitioners (Ivey, 1979), we have paid a very large price. With relatively small numbers of persons covering a huge range of remedial, developmental, and preventive services and research, we have often found ourselves in "Lone Ranger" positions.

In addition to the strategies of setting goals and providing support for achievement of those goals, there are several specific ways in which our present strengths can be utilized to help the profession achieve greater responsiveness to research and service needs in contemporary society. These remaining strategies build on the strengths identified in the previous section of this chapter.

All of the strategies described in the first section of this chapter, which were developed to meet vigilance needs, are well suited to meet the major challenge for enhancing our future—involvement in policy making in settings *outside* of the profession (Kiesler, 1980). Increased responsiveness to the research and service needs of consumers requires both personnel and fiscal support even for modest demonstration programs. This support usually needs to be obtained from policy makers that are typically not psychologists. Whether at the campus, community, or national level, there must be more active involvement of significant numbers of counseling psychologists, perhaps setting modest goals at first, in order to conduct the small demonstration projects that can lay the foundation for more generous support. Obviously, there are realities to deal with in terms of what gets support at a given time: Criminal justice was a major focus some years ago; aging is a most pertinent area now. Yet there has hardly been any major thrust in the last several decades in which there were not some significant number of counseling psychologists involved.

Without strategic use of the strengths, we not only failed to attain significant support, but also missed the opportunity to demonstrate to other professions, and to society at large, our contributions in these areas. The organizations and strategies developed to meet our own guild issues now need to be applied to the various boards that determine what can be supported. Counseling center directors are extremely familiar with the budgetary advocacy process; their wisdom needs to be added to the skills of others to achieve similar budgetary and service goals in local, state, and national advisory and review boards. As one example, John Holland's Chapter 2 hoped for optimistic scenario of having career services available from community service centers is most likely to happen only if counseling psychologists become part of policy-making boards in local or state governments. Given that such boards are also most often responsive to impressive credentials, we need to encourage our best known researchers and practitioners to be involved in such activities. If such persons have the support of more colleagues for their work (a strategy suggested above and by Holland, Chapter 2), they may be able to take the time to influence policy as well as continue their contributions.

The remaining strategies to be explored are all collaborative, either with other specialties in psychology or with other professions. Too often collaboration with other specialties in psychology, especially with clinical psychology, has been seen as a prelude to the dissolution of our own specialty. Some of the Division 17 leaders expect that specialty designations within professional psychology will disappear within the next couple of decades (Osipow, 1980; Tyler, 1980). The ambiguities of risks and benefits of merging have no doubt contributed to the problem area, noted in the previous section, of some counseling psychologists seeking identification as clinical psychologists. What will be proposed here is collaboration with several psychological specialties, a collaboration that highlights both the unique and interactive contributions that counseling psychology can make.

Collaboration, rather than merging, is the specific strategy proposed, based on two observations. The outcomes of the implicit merger of many clinical and community psychologists within community mental health centers have been disappointing to anyone who has viewed many of these centers. Many of the goals for these centers, as established in the 1960s, have often not been realized, partly because they were staffed by traditionally-trained clinical psychologists well trained in individual diagnosis and treatment but not in prevention and other less traditional services. Moreover, the continuing numerical predominance of clinical psychologists, with many of them still traditionally trained in a very medical model, risks the loss of the unique contributions of any other group of psychologists, school, community, counseling, which merge with them. Even the most recent article on the need for reorientation in clinical psychology (Fox, 1982) describes a "reorientation" cast primarily in terms of a health/illness perspective.

Moreover, collaboration is suggested as an alternative to "consulting." Canon (1982) all too subtly articulates the demeaning effects perceived by many fellow professionals to whom we provide "consultation." We can expect only limited gains from strategies which establish us as the experts in comparison to strategies which make us fellow colleagues addressing the research and service issues of a given population.

In the remaining few paragraphs, brief examples of collaboration are provided. All can be added to with a minimum of effort. The critical step is for counseling psychologists to indicate their interests and possible contributions to collaborative efforts. Looking first at collaboration with clinical psychology, some possibilities for collaborative contributions to better mental health services are apparent in the results of the Delphi Poll of Prochaska and Norcross (1982). All their experts predicted movement toward services in which counseling psychologists have been specializing during the past couple of decades: shorter term, more cognitive self-management strategies. What an outstanding opportunity for collaboration between the specialties! Clinical psychologists need not "reinvent the wheel" while moving in these directions. Program descriptions, research reports, and continuing education workshops disseminated to a broad psychological constituency can speed the development of these services in a multitude of settings.

The potential for effective collaboration of counseling psychologists and community psychologists is readily apparent to any regular reader of both the *Journal of College Student Personnel* and community psychology journals. One frequently has the experience of reading an article in the latter and saying: They could have saved themselves a lot of trouble by simply adapting the program developed a number of years ago by so and so. For community mental health center psychologists trained in traditional clinical psychology with little experience in outreach and prevention work, interest in and use of many existing outreach programs developed in college settings needs only the slightest encouragement. Equally true, many community psychologists have much to offer counseling psychologists, especially in working with some of the nontraditional populations now increasingly evident on college campuses.

As reflected in a recent issue of *The Counseling Psychologist* (10, 1982, No. 3) on counseling psychologists in business and industry, there are outstanding opportunities at this point in time for counseling psychologists to adapt their research and program skills to the needs of industrial settings (Osipow, 1982; Toomer, 1982). Industrial/organizational (I/O) psychologists are in an excellent position to help us identify which of our contributions are most needed in such settings, whether it be career development, alcohol counseling, family counseling, communication skills training, retirement counseling or life satisfaction counseling (Perloff, 1982). I/O psychologists are not specifically prepared for such services, whereas counseling psychologists are. Both specialties working as a team, responding to particular problem areas, can provide more comprehensive

and adequate responses, combining the best of a range of interpersonal and systemic strategies. Simultaneously, business management would gain a new appreciation (if not their first awareness) of counseling psychologists, likewise the company's employees. The effects of the latter might, hopefully, include some reduction of the stigma that has so long remained prevalent in the public's view of psychologists. This stigma has been a major stumbling block for implementing the kinds of prevention and outreach services that many believe could significantly enhance the quality of life in this country.

If we wish to extend our services to other populations, one of the major facilitating steps we can take is to seek more explicit collaboration with other professions. On university campuses, programs in communication skills, mediation, human relations, and stress management, now often developed in counseling centers, might well respond to important needs in, for example, the college of engineering or business college. As another example, computer specialists are often aided in their development of software by understanding how to cope with the anxiety inherent in both learning in general and in dealing with technology. Computer models of diagnosis and counseling that call for large amounts of information retrieval can be developed only with the collaboration of psychologists and computer specialists.

Examples from outside the university are equally apparent. The informational and support functions that evidence suggests are badly needed by medical patients will be offered with increasing regularity in hospitals only if we first work collaboratively with the medical personnel, learning both their perceptions of what the needs are as well as providing initial demonstrations and evaluations of how such services can enhance physical recovery. Thus far, psychology in general medical settings has grown mostly on the merits of projects of an individual psychologist here and there, almost at times in spite of, rather than in collaboration with physicians. Seeking more collaborative roles can pave the way for less aversive developmental conditions.

Other examples are easily formulated and relate back to the more fundamental strategy first identified: that of being playful. There are numerous examples of models developed in our traditional work with college students that are readily adapted to other settings as long as there is a clear realization that some adaptation will be necessary for different populations. Collaboration with school administrators, police administrators, day care administrators and others have all yielded some productive results. Our opportunities are there waiting to be found.

In summary, collaboration as an explicit strategy has three distinct advantages. First, the contributions of counseling psychologists become known and used by a greater variety of professionals and consumers. As the contributions are better known, there is often a corresponding increase in the requests for such research and service contributions. Secondly, counseling psychologists can learn from these collaborations what needs

of others are which we do not yet well serve. We can then focus our attention on developing more adequate strategies. Both of these advantages are accomplished without either group risking the loss of unique identities and traditions. Finally, we can all recognize that the training and experience of each specialty limits perspectives. Combining perspectives as fellow professionals has the greatest promise for providing comprehensive, innovative, and cost-effective research and service strategies.

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Chapter 29

The Coming Decade in Counseling Psychology: An Epilogue

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Since its founding more than 30 years ago as an organized specialty within psychology, counseling psychology has made substantial progress in defining what it represents, specifying training standards, refining a formal organizational structure, and establishing forums for scientific and professional communication. Five areas of continuing concern (and the subject matter of this entire book) involve unresolved issues or problem areas which will persist in many forms throughout the 1980s: further defining of the specialty, specifying what constitutes the requirements for training, the changing location of work setting, the institutions which affect the profession, and expanding the scientific base of counseling psychology.

In terms of further defining the specialty of counseling psychology, there is consensus within the profession that counseling psychologists are psychologists first. There is a required core content to professional training which is fundamental. There has been ample notice given to all training programs concerning the core curriculum, whether those programs are located in education or psychology departments within universities, or in schools of professional psychology.

The settings in which counseling psychologists work will continue to shift from academia and the Veterans Administration towards agencies and independent practice. The 1980s will not see expansion in the number of roles available in universities. The demographics of the high school- and college-aged student populations for the 1980s and early 1990s portend a decline in the number of positions available to counseling psychologists in general educational settings. However, the many new roles available in health care and in business and industry

(see *The Counseling Psychologist*, Volume 10, No. 3), the emerging client populations who need the skills possessed by counseling psychologists, and the increase in the number of counseling psychologists in private practice (see Chapter 10) all contribute to the profession's continuing economic viability.

A consequence of these many new roles and the accompanying economic viability is that unless they choose to remain within the university setting as professors, psychologists in university counseling centers, or as administrators, counseling psychologists must meet state licensing requirements and make an informed decision about whether or not to become eligible for listing in the National Register of Health Service Providers in Psychology.

The marketplace for counseling psychology is shifting. Future professionals must take that circumstance into account when choosing an initial training program and selecting locations for predoctoral and postdoctoral supervised experience. Since licensing laws continue to vary somewhat from state to state, it is prudent to learn what the requirements in specific states are or if reciprocity with the state in which professional training occurs exists (presumably the university or professional school of psychology has an articulation agreement that relates specific academic courses to the formal requirements for licensing).

A challenge for the 1980s will be to communicate what it is that counseling psychologists do as a psychological specialty to an expanding and diverse array of clientele. The concluding portion of Chapter 3 contains an important first step in this regard.

Of all the areas covered in this book, advancing the research mission of the profession will prove to be the most troublesome and difficult area during the decade of the 1980s. The reasons for this are several. First, it is the university which carries society's mission for basic and applied research. Fewer and fewer counseling psychologists will be employed in academic settings, and of those in academic settings, more will be found in service agencies such as counseling centers. In service settings outside the university, there are even fewer incentives and support (statistical consultants, graduate research assistants, doctoral dissertation candidates, computer centers, etc.) for conducting basic and applied research. Second, organized counseling psychology has not adequately addressed the research mission in the past three decades. In easier economic times it has obviously been difficult to advance the research mission. In times of fiscal stringency it will prove to be even more difficult. Enhancing the research mission is a vital task, however, which needs to be accomplished. Chapters 12-16 are rich with suggestions and recommendations.

During the coming decade there are a number of key institutions which will impact the applied specialty of counseling psychology and the professionals who identify themselves with that specialty. This circumstance is quite different from even several decades ago when a

number of these institutions did not exist, at least not in the same form. Five of those new or influential institutions have been covered in this book: the American Psychological Association (APA), state boards of psychology, state psychological associations, the federal government, and the Council for the National Register of Health Service Providers in Psychology. Each of them will constrain the profession of counseling psychology in its development. They will sharply define the limits of the professional role and the training and certification standards which must be met by beginning professionals in the field.

The refinement and negotiation of standards and training which occurred in the past two decades are now incorporated into various state and federal laws as well as into accepted APA professional guidelines and university and professional school educational programs. The task for the decade ahead is to see that these standards are clearly articulated *among* these five institutions and the members of the profession. It will also be a major challenge to bring about constructive change. The five institutions will combine, however, to preserve the status quo.

Because their influence will continue during the 1980s, three institutions/organizations which affect counseling psychology in major ways but are not covered in this volume deserve brief mention here and fuller treatment in the future. These are the American Educational Research Association (AERA), the American Association for Counseling and Development (AACD), formerly, the American Personnel and Guidance Association, and the Division of Counseling Psychology (Division 17 of APA).

AERA has attracted many counseling psychologists to its annual conventions. An impressive number of counseling psychologists who are active as researchers have told me that they find support, encouragement, and new research and methodological ideas at AERA's national conventions. AERA's *Review of Educational Research* has provided an outlet for research reviews on counseling psychology topics which serve to greatly supplement those offered by the *Annual Review of Psychology*. One opportunity for organized counseling psychology revealed by this very positive commentary about AERA is that Division 17 would find a very receptive audience if it increased its research focus during the APA annual conventions.

AACD had many of the same individuals involved in its founding and early nurturance as presided over the inception of Division 17 of APA. As AACD has evolved, most counseling psychologists (and the numbers are declining) have chosen to be active in either the Association for Counselor Education and Supervision (ACES) or the American College Personnel Association (ACPA). Both groups actively encourage research and have outlets for publications which print both theoretical developments and empirical research. The focus is more on the relationship between counseling, education, and human development than on basic psychology as a discipline; nonetheless, these are groups

which continue to nurture and reward our applied research. ACES, AACD, and ACPA all have annual recognitions for excellence in research or for contributions to knowledge, something which Division 17 of APA has yet to establish. Division 17 can learn much from these organizations about influencing and supporting the active engagement of its members in research inquiry.

The key institution which will influence the advancement of the discipline of counseling psychology in the coming decade is the Division of Counseling Psychology itself. It is the only legitimate organizational expression of what counseling psychology stands for and the only vehicle for its authorized statements. Division 17 must become a vitally effective forum for definition, debate, and action on issues before the profession in order for positive resolution to occur. If the immediate past is to serve as any guideline for the future, Division 17 is quite well equipped to engage APA on behalf of its membership's interests. It has proven to be effective in promulgating standards for the profession and in articulating a consensus statement on what is necessary psychological training. It has been less effective in advancing its research mission, influencing federal and state policy, representing the interests of its members in independent or agency practice, or reaching out to those in its membership whose principal place of employment is outside of the United States or outside of traditional work settings.

In terms of immediate changes which need to be made in counseling psychology, it is time to incorporate into the definition of our specialty a number of recent developments in two areas. The first area is the *disciplines* which counseling psychologists either currently, or soon will, draw upon in rendering service. The second area is the list of client problems and needed services presented in terms of the types of issues in normal development and living which counseling psychologists are particularly well qualified to address.

Counseling psychologists historically have drawn upon psychological and other social and behavioral sciences in addressing problems of theory and practice. In the coming decade the historical reliance on psychological and other social and behavioral scientific knowledge must be expanded to include a broader array of disciplines including the health sciences, biology (particularly psychobiology and neurosciences), and information and computer sciences.

The list of client problems and needed services to which counseling psychologists address themselves should be expanded within the area of normal development to include: educational and career aspiration, decision making, and progress; two-person partnerships and friendships; parenting; broader interpersonal and family relationships beyond the nuclear family (including networking and mentoring); the development and management of unique personal resources; effective participation in society; and general psychological and physical well-being. These new and expanded problem areas will be addressed in educational institutions,

health facilities, human service agencies, and governmental settings. Based on personal preference by the individual psychologist, a balance will continue to be struck between the preventive, remedial, and developmental (educational) functions and roles.

The Next Decade Project, which constitutes the first section of this book, is an activity of hope and opportunity based upon professional pride and three decades of accomplishment by counseling psychologists. The other sections of this book support, expand, and reflect upon the issues addressed by the Next Decade Project. As a consequence of the careful thinking about the profession by this diverse group of counseling psychologists, the tasks yet unmet are now better defined and have been placed in their historical context. Approaches have been identified which will serve to enhance the research mission of counseling psychology and which will reach out effectively both to new client populations and to old constituencies. The essential task for counseling psychologists in the coming decade is to follow the new path which has been charted toward a more viable profession for both the decade of the 1980s and beyond.

ISBN 0-915744-35-X

