THE UNIVERSITY OF CALGARY

Professional Identity

of

Counselling and Counselling Psychology in Canada

by

Elizabeth H. Simpson

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE

DEGREE OF MASTER OF SCIENCE

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

CALGARY, ALBERTA

JULY, 1993

ISBN 0-315-88630-7

Canada

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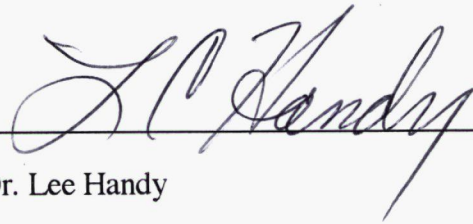|	
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THE UNIVERSITY OF CALGARY

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled, "Professional Identity of Counselling and Counselling Psychology in Canada" submitted by Elizabeth H. Simpson in partial fulfillment of the requirements for the degree of Master of Science.

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Date: _1993-09-12_

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ABSTRACT

Counselling professionals' perceptions of the professional identity of Counselling and Counselling Psychology in Canada are often ill-defined. In fact Counselling Psychology is undergoing an identity crisis in Canada. Because professional status and identity are central to many professional issues a need exists for a clear definition of Counselling and Counselling Psychology.

Through a questionnaire survey, input was sought from three groups of professionals: counselling psychologists, counsellor educators, and counsellors. The survey gathered perceptions of professional identity of counselling and Counselling Psychology along with respondents' nature and scope of practice, research activity, theoretical orientation and professional ties.

On the whole, counselling professionals' perceptions of Counselling Psychology and Counselling are inconsistent with traditional philosophy of the professions. In addition, there is a disparity between current ideology and practice. Recommendations are made for counsellor education and professional associations to enhance the socialization of new graduates into the professions.

ACKNOWLEDGEMENTS

To my parents

Marjorie and the late Arthur Guise

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CHAPTER 1

INTRODUCTION

Counselling and Counselling Psychology are in the midst of an identity crisis

(Hiebert, Simpson, & Uhlemann, 1992). Professional identity within the Counselling

profession has been debated at length in the United States (Drum, 1987; Fitzgerald &

Osipow, 1986; Watkins, 1983; Watkins, Lopez, Campbell, & Himmell, 1986), but not in

Canada. That which has been written in Canada is overlaid with an American perspective

(Hiebert & Uhlemann, 1993). Because professional status and identity are central to many

professional issues most authors agree that there exists a fundamental need for a clear

definition of Counselling Psychology and Counselling.

Professional identity underlies many professional issues including training,

professional membership, accreditation, licensing, and standards for practice. In fact one's

conceptualization of 'self as professional' pervades every aspect of one's personal conduct

which in turn provides observable behaviors that translate into the public image of the

profession (Richie, 1990). A consistent public image forms the foundation of professional

credibility (Hiebert et al., 1992) and therefore benefits accrue to the individual and to the

profession when a clear and consensual conception of professional identity exists.

After World War 1, when Counselling Psychology was coined a specialty in its

own right, it appeared to have a well differentiated identity within the realm of psychology

specialities. The focus of Counselling Psychology was normative, developmental,

adaptive, and facilitative to growth and change (Whiteley, 1984). Correspondingly, the

primary occupational setting was educational institutions (Sprinthall, 1990). This focus

was reinforced at the Greyston conference in 1964 along with a stance to maintain

allegiance to two disciplinary roots, education and psychology (Whiteley, 1984).

Recent empirical findings in the U.S. show that Counselling Psychology has

moved away from its roots in education, prevention, and vocational assistance towards

remediation, and from educational institutions to private practice (Fitzgerald & Osipow, 1986; Hiebert & Uhlemann, 1993; Watkins et al., 1986). This is ironic for while Counselling Psychology is becoming increasingly 'clinical' in nature, Clinical Psychology is incorporating more elements of Counselling (Coons, 1990; Fitzgerald & Osipow, 1986). While the theoretical underpinnings of Counselling Psychology are clear enough, currently there is a lack of consistency between definition and practice (Hiebert & Uhlemann, 1993).

There have been many contributing factors to this identity diffusion including Counselling Psychology's interdisciplinary roots (Friesen, 1983), its overlap with other professions (Zytowski & Rosen, 1982), and the diversity of counselling psychologists' roles and places of work (Tipton, 1984; Watkins, 1983). In addition, professional affiliation has been divided between Counselling and Counselling Psychology professional associations. These factors have combined to impede the development of Counselling Psychology as a profession.

The pressure to meet American Psychological Association (APA) demands which fuelled the drive for definition in the United States has been largely absent in Canada. Recent moves by the Canadian Psychological Association (CPA) and the Canadian Guidance and Counselling Association (CGCA) towards accreditation of Counselling and Counselling Psychology programmes may well have an effect on this currently unexplored issue (Martin, 1988).

The blurring of borders between Clinical and Counselling Psychology suggests two different directions for the future of the profession and appear central to the identity issue. Some authors suggest a merger between the various psychology specialities (Fitzgerald & Osipow, 1986), particularly with Clinical Psychology (Hamilton, 1987), while others favor re-establishing a separate and unique identity for Counselling Psychology (Sprinthall, 1990). Counselling psychologists in Canada have to decide whether the Canadian situation is sufficiently distinct from the U.S. situation to define Counselling Psychology for

themselves. A proactive stance would allow Canadians to benefit from the U.S. experience thus far while acknowledging existing cultural and social differences.

<div align="center">The Current Study</div>

The current study aims to investigate Counselling professionals' perceptions of Counselling and Counselling Psychology in Canada thus generating a data base on which to debate the identity issue. The present research is based on a pilot study completed in 1991 (Hiebert & Uhlemann, 1993) comparing counsellor educators' and counselling psychologists' perceptions of Counselling and Counselling Psychology. The current study extends the pilot by using a content analysis of the responses as a basis for the construction of the new questionnaire. Given the important professional issues that hinge on professional identity it would seem logical to attempt to resolve the identity issue in Canada prior to addressing professional issues. A distinct identity, particularly within service orientated professions, serves both clients and practitioners, but becomes particularly necessary for professional accountability.

Professional identity is a key developmental stage in the professionalization process because it lays the foundation for advancement of professional status (Romano, 1992). Therefore in Chapter 2 the theory of professions is presented to provide a context in which to discuss and compare the professional status of Counselling and Counselling Psychology and to identify the relationship of professional identity to profession development. The history of Counselling Psychology and Counselling in the U.S. is presented for the purpose of background information and potential considerations in the development of Counselling Psychology and Counselling in Canada. Chapter 3 describes the participants in the study and the methods and instruments used in the research. Descriptive and statistical results are presented and synthesized in Chapter 4 and Chapter 5 provides discussion and interpretation of findings along with future research considerations.

CHAPTER 2

REVIEW OF THE LITERATURE

The Development of Professions

Many occupational groups aspire to professional status but few achieve it (Wilensky, 1964). Medicine and law are classic examples of established professions and are used frequently in the literature as benchmarks for evaluating and comparing the professional status of occupational groups. Many other occupational groups are in the process of professionalization, somewhere on the "occupation-to-profession" continuum (Pavalko, 1971).

The words profession and professional carry prestigious connotations. Work described as 'professional' infers social and occupational status (Pavalko, 1971) which translates into consumer confidence and power as well as economic gain for the professional (Goode, 1960). Moreover, achievement of professional status for an occupational group provides protection of a particular, private domain to its members (Goode, 1960). Thus, gaining professional status is desirable therefore because it secures autonomous territory and social status for an occupational group.

In the 1960's and early 1970's a body of theory developed within the field of sociology which outlined the criteria for evaluating professional status and the developmental patterns of professionalization (i.e., the process of becoming a profession). The value of this theory is demonstrated by the number of contemporary writers who continue to use it as a framework for evaluating professional status (Feit & Lloyd, 1990; Richie, 1990; Selander, 1990; Siegrist, 1990).

There is consensus that two core characteristics are necessary for a group to be considered a profession: 1) specialized knowledge and/or skill which often involves long and intensive academic preparation, and 2) a service orientation (Goode, 1960, Carr-Saunders, 1966; Wilensky, 1964). Other criteria for attaining professional status evolve

from these two core characteristics and vary in number from 2 (Wilensky, 1964), to 3 (Feit & Lloyd, 1990), to 5 (Greenwood, 1966), to 10 (Goode, 1960; Richie 1990). Richie (1990) developed a composite list of criteria drawn from several authors. These criteria are: 1) a service orientation, 2) service based on intellectual techniques, 3) a strong commitment to the profession, 4) knowledge, theory, and skill base are scientifically-based, not publicly known, and unique to the profession, 5) unique service legally endorsed, 6) specialized training in institutions of higher learning, 7) members demonstrate minimum competence through examinations and supervised internship, 8) legal recognition, 9) members are bound by enforced ethical guidelines, and 10) individual and group autonomy. Examination of the process of professionalization demonstrates how these criteria are met.

The Process of Professionalization

Professionalization is an evolutionary process where occupational groups take steps to achieve professional status (Pavalko, 1971). With a view to providing a more systematically based process, Wilensky (1964) examined 18 professions/occupations for common developmental themes. A pattern common to 75% of the groups emerged which forms the basis of the most commonly cited model in the literature. Following Wilensky's (1964) stages, the process of professionalization begins when intermittent or part time work becomes a **full time** occupation. Soon after, or in some cases concurrently, **training programs** are developed, followed by the formation of a **professional association. Legal recognition** ensues and finally a **code of ethics** is developed. These stages are discussed below, along with their significant sub-stages and influencing factors.

Full Time

Work becomes recognized as an occupation when it is carried out on a full time basis and becomes purposeful and organized. For example, the work of caring for the sick became formalized as an occupation with the institution of full time nursing.

Training/Education Programs

The next major benchmark on the road to professionalization is when training/education programs are established, often in a university or other post secondary institution, to prepare workers for their full time occupation. As an occupation becomes formalized, training becomes becomes prerequisite for entry (Wilensky, 1964). Early affiliation with universities is beneficial to the professionalization process for two reasons; the creation of a supporting knowledge base (**discipline**) and the role of academics in connecting theory to practice (Wilensky, 1964). Together, the knowledge base and the theory/praxis connection help delineate the scope and requirements of the profession.

Although the creation of a knowledge base is usually secondary to the establishment of the occupation (Wilensky, 1964) some occupations have emerged from established disciplines, often in the social sciences (Goode, 1960). This was the case with psychologists who formed the first occupation created from university-based education (Selander, 1990). However, in most cases the knowledge base, the training programs, and the theory/praxis connection emerge from occupational practice rather than vice-versa.

An exclusive knowledge base is becoming more and more difficult to claim. Shared knowledge bases and knowledge that sounds familiar, which is the case in the social sciences, is hard to establish as exclusively belonging to one occupational group (Goode, 1960). Further, it is likely that future, more educated populations, with greater access to knowledge that was once exclusive, will increase the likelihood of knowledge bases in the social sciences being perceived as belonging to the public domain rather than a particular occupational group (Wilensky, 1964).

A further impediment with university-based training is that academics and practitioners do not always share attitudes for future profession development and they are often invested in different interests (Burrage, Jarausch, & Siegrist, 1990). Two examples where academics appear to be intellectually driven and divorced from the more pragmatic needs of practitioners are the development of knowledge and ethics and ideology (Burrage et al., 1990). Academics and practitioners often have different ideas about knowledge development. Where academics are often interested in knowledge for its own sake, practitioners are more concerned with a stable body of knowledge on which to base their practice. With regard to professional ideology, practitioners are more likely to take a pragmatic and global view whereas academics are apt to be more investigative and reductionist in their approach. Also academics are likely to have much less interest in ethical and legal concerns than practitioners. This often results in practitioners viewing academics as "somewhat unreliable allies" (Burrage et al., 1990, p. 217).

Burrage et al. (1990) suggest that status and economic issues may further divide practitioners and academics when professional training is university-based. Academics may have higher status and incomes, and are more likely to be seen as leaders in the field. It would appear that antagonism between these two aspects of the profession is not conducive to professional unity and likely impedes advancement in the professionalization process. The relationship between academics and practitioners is important enough to warrant further investigation (Burrage et al., 1990) and is a major focus in the present thesis.

The Formation of a Professional Association

The formation of a professional association is a critical step in the professionalization process (Carr-Saunders & Wilson, 1966). At this stage, social and collegial groups develop into purposeful, organized associations to define and enforce the rules of professional conduct, to distinguish themselves, and to raise the status of the

profession (Carr-Saunders & Wilson, 1966). The resolution and planning at this point form the foundation for the formal recognition of the group as a profession, and for professional regulation and legalization. Decision-making is influenced by the users of professional services, training institutions, the state, the practitioners (Burrage et al., 1990), and the current social milieu (Bohart & Todd, 1988). With formalization, the focus of the professional association shifts from mutual interests of like-minded people to concerns of profession development and gaining public confidence. An essential part of this process involves agreement between members on the role definition (professional identity) of the profession and the development of guidelines for the self-regulation of professional practice. These two constructs are elaborated below.

Professional identity. Professional identity is characterized by two components; the internalized self-concept of 'self as professional' and the public image of the occupational role (Elliot, 1972). An extensive body of literature exists elaborating personal self-concept and the way that it relates to facets of a person's work, family and other life experiences. The focus in this review will be on professional self-concept. Professional self-concept has a direct bearing on the public image because one's professional ideology guides one's work behaviors (Elliot, 1972; Martin, 1988) which collectively develops into an observable identity of the occupational group. A clear and concise public image depends on consistency in professional practice based on a consensus between practitioners about the parameters of their professional role.

Many professions are currently confused over the scope and definition of their role (Elliot, 1972) which is referred to as an identity crisis in the literature (Hiebert et al., 1992; Watkins, 1983). One reason for the confusion is that professions are having difficulty adapting traditional and specific roles to socio-political change while meeting broad professional goals (Elliot, 1971). For example, the medical profession which traditionally has had a curative focus, is having to expand into prevention services (Bohart & Todd,

1988) to meet the need for fiscal restraint and the focus on wellness. Another reason for identity crises is that often ideologies are not consistent among practitioners. For example, research in Psychiatry found three distinct and conflicting professional ideologies which were based on differential approaches (social, physical, or psychological) to problem solving. Elliot (1972) suggests that these variations could be attributed to differences in training, links to various professional associations, and institutional career experiences. Regardless of the reason, the lack of consensual professional identity promotes a diffuse public image. These reasons suggest two important features of professional identity: firstly, that it is not a static entity, but may require adjustment to meet social and cultural change and secondly, various facets of the occupation may not share the same ideological tenets.

Professional identity formation begins in the the education/training period (Elliot, 1972). Trainees are socialized to professional and occupational roles directly and vicariously through interaction with educators, peers, and co-workers (Elliot, 1972). Inherently problematic in this crucial process is the previously mentioned fact that educators and practitioners do not always see eye-to-eye on professional issues. Educators play a key role in the socialization of new entrants to their profession. Their concept of professional identity and the way in which they model behavior to trainees is pivotal to trainees gaining a clear sense of who they are as a professional. However, if academics' and practitioners' interests and ideologies are divergent as Burrage et al. (1990) suggest, the professional identity which trainees acquire in training may be incongruent with the seemingly more pragmatic role expectations of those in the workplace.

Role socialization is important because it acts as a 'self-regulatory mechanism' in professional practice (Elliot, 1972). This suggests that if socialization is absent or misleading in training programs, new members of the profession enter their first work situation with a diffuse identity and are more likely to be socialized by work situations

(Elliot, 1972). Because of the absence of supervision and role models, those working in private practice may lack role socialization altogether (Merton, cited in Elliot, 1972). Those professionals who are unclear of their role definition are less likely to maintain congruence with the profession's philosophical roots or advocate for professional practice. Poor role socialization and the lack of agreement between academics and practitioners combine to foster a diffuse professional identity and a confused public image.

A cohesive public image is particularly necessary for consumer confidence and state support for legalization (Romano, 1992), both of which are essential to profession development. Public image relies on consistent and consensual definitions of the occupational role and the adherence to that role by individuals in the profession (Lent, 1990). Unity within the professional association on important or central issues is key to securing a definition that is broad enough to accommodate change and narrow enough to produce a distinct occupation represented by a clear public image.

Professional associations and training/education institutions, and educators in particular, play a vital role in the development of professional identity. The association defines areas of competence, scope of practice, individual identity for the practitioners, and standards for training (Romano, 1992). Educators model and implement these definitions in the training programme. Professional identity provides a basis for the continued development of the profession and is a precursor to professional regulation issues.

Professional regulation. Parallel to resolving professional identity issues, the professional association is also concerned with regulating the practice of its members. Motivation for regulation is provided by competing occupations and the desire to establish group and individual credibility (Goode, 1960). Regulation centers around defining acceptable levels of competence, standards for training, and restriction of the use of a title, and usually involves accreditation of training institutions and movement towards legal recognition. Regulation provides security for the professional and protection for the

consumer (Romano, 1992) and it also fosters public confidence and recognition from other professional groups.

Strength and unity within the association are an asset in the early stages of professionalization because they lead to greater professional autonomy (Carr-Saunders & Wilson, 1966) and provide more political leverage than a fragmented voice (Hiebert & Uhlemann, 1993). This does not necessarily equate to homogeneity within the group (sub-grouping is often based on identity issues) (Carr-Saunders & Wilson, 1966) but consensus on foundational issues. Although professional unity facilitates self-determination, autonomy, and control for an occupational group (Romano, 1992), often this is not the case.

Conflict is an inevitable part of the struggle for professional status (Goode, 1960). Internal conflict arises between older and newer workers who have different ideas on future developments, often centering around the value of experience versus training. External conflicts arise through competition with similar occupations. Although practitioners desire self-determination, disagreement and fragmentation often impede the process. The effects of internal strife and disunity within a profession is being in a less than optimal position to face external challenges.

Legal Recognition

The state has a significant influence on every aspect of professional life because of its power over policies, licensing regulations, education, and the regulation of clientele (Burrage et al., 1990). It is desirable therefore for professional associations to gain support of the law for professional practice and secure state/provincial recognition of the title (Wilensky, 1964). This involves licensing primarily, but also certification and registration.

Licensing permits a practitioner to practice in a particular province/state and is based on conditions of competence which may include graduation from an accredited program,

supervised work experience, and passing licensing examinations (Bohart & Todd, 1988). In addition to state/province-defined standards, some professional associations also have their own measures of competence (Bohart & Todd, 1988). Certification is a means of endorsing training but not levels of competence (Bohart & Todd, 1988). Registration is sometimes described as weaker yet than certification and consists of practitioners listing their practice with a central agency (Bohart & Todd, 1988). In some cases however, registration is used synonymously with licensing. Nurses, for example, who are registered with a state/province have permission to practice and to use the title Registered Nurse.

Licensing of professionals is a recent phenomenon (Bohart & Todd, 1988) and in some instances is used as a means to resolving territorial disputes. For example, when psychiatrists tried to restrict the practice of psychotherapy to psychiatry, clinical psychologists used licensing as a means to crossing that territorial boundary (Bohart & Todd, 1988; Goode, 1960). Legal recognition is an important step towards territorial demarcation and self-regulation of an occupation/profession.

Code of Ethics

In most cases the establishment of a formal code of ethics represents the final stage of professionalization, although it is done in the early stages some occupations (Wilensky, 1964) especially where a vulnerable relationship between professional and client exists (Bohart & Todd, 1988). Codes of ethics are based on 'human rights and human welfare' issues in work relationships (Bohart & Todd, 1988) and are designed to provide professionals with an extra measure of credibility as well as moral protection to the client.

Ethical standards seek to assure clients of an occupation's commitment to the service ideal and a minimum level of competence (Pavalko, 1972). In addition these standards provide supplementary support for the group's autonomy, by inferring the sufficiency of self-regulation (Pavalko, 1972). However, a code of ethics alone is

insufficient and needs to be supported by professional control and enforcement (Pavalko, 1972).

<u>Summary</u>

It would appear that factors affecting professionalization are becoming more complex and interrelated, particularly accountability and multiple stakeholder interests. Professional status, while not a goal for all occupations today, still has distinct advantages in terms of self-regulation and public credibility. To lay claim to specialized knowledge is becoming increasingly challenging, however it is still regarded as an essential criterion of professional status (Richie, 1990). University affiliation adds credibility to training/education programs, and university personnel play a large part in the creation and maintenance of the knowledge base that supports an occupation.

The shift from an informal to a formal professional association is characteristic of occupational groups seeking professional status for their members. Professional identity is central to professionalization efforts, and involves internal, external, individual, and collective components, which interact to produce, in successful cases, a consistent public image that represents the occupational role. Strong, cohesive professional associations and educators in training institutions are pivotal to professional identity formation, a crucial step which precedes the implementation of professional control and legal recognition. The attainment of legal recognition moves a profession towards carving out an autonomous territory. Licensing usually comes towards the end of the professionalization process and serves to provide for client safety and professional security (Romano, 1992). Where legalization guarantees competence, a code of ethics is designed to guarantee honor in professional work relationships. However, a code of ethics is meaningless without enforcement from a professional association.

Shared knowledge bases and overlapping professional roles make the achievement of professional status in the traditional sense almost unobtainable today. With this in mind,

the next section of this chapter examines Counselling and Counselling Psychology in terms of Richie's (1990) criteria and Wilensky's (1964) stages of professionalization. The developmental path of each occupation is traced, the stages that have been achieved are identified. Also the obstacles involved in the path of each profession and the stages which have yet to be acquired are noted.

The Historical Development of Counselling Psychology and Counselling

The ambiguity in the professional titles Counselling Psychology and Counselling has been inherently problematic to professional identity development (Hurst & Parker, 1977; Whiteley, 1984). Counselling Psychology connotes two affiliations, counselling and psychology, and counselling is both a process and an occupation. For the sake of clarity in this thesis, Counselling Psychology and Counselling as professions will be capitalized while counselling as a process will not. In order to understand Counselling Psychology and Counselling in Canada, it is important to first outline the development of Counselling Psychology and Counselling in the United States.

Theoretically, the core definition of a counselling psychologist's function has not changed dramatically over the years. Counselling psychologists work primarily with normal individuals and their activities include education, vocational, and personal adjustment. They are specialists in the interpretation of standardized tests and personality assessment and serve as a source of referrals to specialists in other areas related to their own (Bell, cited in Whiteley, 1984). Clinical and counselling psychologists share a common psychology background with training to the PhD level, but clinical psychologists are more inclined towards the 'medical model' of diagnosis and treatment particularly as applied to psychopathology (Bohart & Todd, 1988; Fretz & Simon, 1992).

Counselling Psychology

Whiteley (1984) has written a comprehensive history of the development of Counselling Psychology in the United States, a summary of which follows. A critical look

at profession development south of the border may provide insight into trends in Canada and the opportunity to learn from the American experience where Counselling Psychology has been in existence for almost 100 years.

The development of Counselling Psychology as an occupation can be traced to five roots: 1) the growth of industry and increased enrollment in secondary schools which led to a need for vocational assistance; 2) the mental hygiene movement; 3) the psychometrics movement and the study of individual differences spearheaded by the work of Binet; 4) the work of Carl Rogers who provided non-medical approaches to counselling; and 5) social and economic forces such as migration, industrialization, and reform attitudes. Thus social influences and attitudes mitigated the emergence of Counselling Psychology as an occupation in the early part of the 20th century.

The aftermath of World War II ensured the continued growth of Counselling Psychology as an occupation with funding and programs for war veterans based on a more holistic approach to health. As well, an influx of post-war personnel to universities and an increasing acceptance of psychological services further expanded the demand for Counselling Psychology services. This provided employment opportunities beyond vocational guidance roots to incorporate personal growth and change.

By the early 1950's Counselling Psychology was a flourishing full-time occupation making serious efforts to distinguish itself as a profession still within the context of vocational assistance. Members of the professional association developed a broad definition which delineated the role and function of Counselling Psychology as fostering, in a positive and preventive manner, the psychological development of the individual within the normal range (as opposed to the psychopathological) primarily in educational institutions as well as responsibility for counselling process and outcome research. This definition provided a basis for education and training standards.

Counselling psychologists in the U.S. developed their professional association within the American Psychological Association (APA). In 1951, after four name changes, Division 17, originally Counselling and Guidance, became Counselling Psychology and began to consider professionalization issues seriously. These included the need for scientific-based practice; scope, definitions, and standards for practice, including ethical guidelines; supervision and training standards and collaboration with neighboring professions, particularly Clinical Psychology.

The late 1950's and early 1960's was a time of social unrest and the beginning of an era of rapid social change. Civil rights and feminist movements raised awareness of minority issues and as a result funding for counselling minority populations increased. Despite occupational growth and favorable social influences the relationship of Counselling Psychology (Division 17) with the APA was tenuous. Counselling Psychology had a humble status within the APA. Thompson and Super (cited in Whiteley, 1984) attributed this to educational ties in a society in which medical and scientific bases are more valued. This appeared to be reflected in the identity of counselling psychologists who showed more interest in a traditionally clinical role. Professional activity, particularly research, was poor and conflict surrounding professional identity persisted.

The 1960's saw an increase in membership which stimulated enthusiasm within the professional association and members organized to resolve status and professional identity issues. Individualism, and the quest for personal fulfillment and self-exploration as social trends continued to support the growth of counselling services. The conference at Greyston in 1964 was a landmark occasion in which counselling psychologists declared a proactive stance to maintain allegiance to psychology and education and endorsed the earlier definition of their roles and functions, namely the scientist/practitioner model and the primacy of education/development and prevention over remediation in the professional role.

The roles and functions of counselling psychologists key to the present identity debate are now elaborated.

<u>Scientist-Practitioner Model</u>

The scientist-practitioner model is at the core of most psychology specializations and forms the framework of the majority of training programmes (Belar & Perry, 1992). The essence of the model is "...the integration of scientific methods with professional practice" (Belar & Perry, 1992, p. 72) and thus equips a graduate to function as an investigator, as a practitioner, or both (Belar & Perry, 1992). The "science" and "practice" components are interactive and reciprocal. This concept is often misunderstood and should be well integrated into training programmes (Belar & Perry, 1992).

The dynamic and unpredictable nature of Counselling Psychology practice requires a scientific approach to problem solving (Belar & Perry, 1992; Martin, 1988). Traditionally, knowledge has tended to flow in one direction from academia to practice which reflects the prevailing negative attitude to experiential knowing as a valid research base (Hoshmand & Polkinghorne, 1992). Practitioners have not been encouraged to inform theory in the way that theory has informed practice. This has led to divisiveness between academics and practitioners and perhaps a lack of interest in applied research in the field. It seems that the lack of communication between the two groups results in academics and practitioners being unaware of each others' needs.

According to Sprinthall (1990) the training focus has shifted to a practitioner model. However, counselling psychologists still complain that they are ill-equipped for professional practice (Good, 1992; Watkins et al., 1986). Sprinthall (1990) calls for a renewed emphasis on the scientist-practitioner model as a means of reasserting the traditional Counselling Psychology role. If this renewed emphasis is to be achieved training institutions and counselor educators will need to take responsibility for the socialization of students to the scientist-practitioner model (Heppner et al., 1992), directly

and vicariously by advocating the "...applications of scientific thinking and behavior to problem solving and hypothesis-testing" (Belar & Perry, 1992) as integral to the pursuit of counselling goals.

<u>Counselling Psychology Intervention</u>

The three functions of Counselling Psychology intervention, namely, remediation, prevention and development, are seen as integral parts of counselling psychologists' role (Morrill, Oetting, & Hurst, 1974). Morrill et al., (1974) incorporate the functions into a cube while Drum (1987) envisions them on a continuum. Drum (1987) further subdivides the three functions into seven levels of need which clearly illustrates that the functions are not mutually exclusive.

<u>Remediation</u>. Remediation implies the correction or healing of an existing problem often brought on by a discrepancy between skills and environmental demands (Morrill et al., 1974). Problems requiring a remedial level of help usually present as more serious crises and may involve entrenched trauma; treatment is often likely to be long term (Drum, 1987).

<u>Prevention</u>. Prevention involves identifying and providing the knowledge/skills required in the present (secondary prevention) or in the future (primary prevention) for preventing the development of problems (Morrill et al., 1974). Secondary prevention requires identification of 'at risk' groups or individuals for the purposes of early intervention which is most likely educational in nature. Primary prevention involves anticipating the future needs of a population and is often done at the environmental level (Drum, 1987) through media/group presentations.

<u>Development/education</u>. The purpose of development/education is to "... enhance the functioning and developmental potential of healthy individuals and groups" (Morrill et al., 1974, p. 357) In a sense development/education could also be regarded as primary

prevention, but the authors feel that it is more expansive because it "promotes positive growth for all" (Morrill et al., 1974, p. 357) not just for identified populations.

The three functions of intervention provide a continuum of care where overlap can be expected. Remedial intervention is distinct because it is a reactive, and often crisis approach to recovering from existing problems. Prevention and development are proactive and aim at long term gain in terms of health promotion and self-sufficiency.

At Greyston, members of the professional association endorsed the scientist-practitioner role and the three intervention functions, prevention, education, and remediation (Morrill et al., 1974; Whiteley, 1984) with education maintaining primary importance, followed by prevention, and then remediation. Correspondingly, the primary occupational setting at this time was education with 64%. There existed an increasing trend of divergence between Clinical and Counselling Psychology and very few counselling psychologists were in private practice (Sprinthall, 1990).

While social influences were in the profession's favor, the efforts of some members to meet the changing needs of society were stunted by the professional association. Suggestions by Ivey (1980), among others, that Counselling Psychology is primarily an educational enterprise, and the counselling psychologist a 'psycho-educator', were ignored, probably related to the concept of 'giving psychology away'. The founding of *The Counselling Psychologist* was an assertive initiative by a group of counselling psychologists to recognize and address with research the changing face of counselling populations and issues. The choice to move with the times appears to be a significant and divisive issue within the profession. The divisiveness in philosophy which is based on the primary allegiance to either psychology or education represents a fundamental split in the profession and has led to divided membership between the psychology-based APA and education-based American Counselling Association (ACA).

The divided membership and the eternal debate around identity issues have not facilitated professionalization for Counselling Psychology in the U.S. Accreditation, licensing and certification are progressing through two organizations, APA and ACA, for doctoral graduates whose career aspirations are virtually the same (Poivedant, Loesch & Wittmer, 1990). The profession is fragmented by ideology or more critically, what some view as a desire for status and an elitist alliance with psychology (Wittmer, 1988) which historically, has been far from gracious to counselling psychologists as a group (Zytowski & Rosen, 1982).

Although counselling psychologists have all but achieved professional status in terms of Richie's (1990) criteria, members have debated professional identity issues for over 30 years (Zytowski & Rosen, 1982) and show little sign of resolution (Hamilton, 1987; Watkins, 1983). The inability of the Counselling Psychology profession to claim an exclusive knowledge or skill base has been a constant challenge in their relation to other helping professions. The professionalization process shows a pattern consistent with Wilensky's stages and demonstrates the effects of the four influences on profession development (the state, practitioners, training institutions, and users) outlined by Burrage et al. (1990). Profession development is characterized by an occupation sensitive to social and economic forces, seeking professional status in a time of rapid social change.

Many influences have aided the development of Counselling Psychology as a profession, a few societal influences such as the ascendance of the medical model and of science have added extra challenges. Significant impediments to Counselling Psychology as a profession have been the fragmentation around professional identity issues which has impaired a unified voice and the reticence of counselling psychologists to advocate for themselves as a profession (Fretz & Simon, 1992). This has resulted in a diffuse public image (Lent, 1990) and invasion of territorial boundaries by other professions.

<u>Current Trends</u>

The trend away from Counselling Psychology's developmental roots which had been theorized at length (Watkins, 1983) has been empirically supported (Fitzgerald & Osipow, 1986; Hiebert & Uhlemann, 1993; Tipton, 1984; Watkins et al., 1986). Graduates of Counselling Psychology programmes are employed in a broad range of settings, mostly service oriented, with a remedial focus. In addition, private practice has emerged as a trend in new graduates (Tipton, 1984).

Fitzgerald and Osipow (1986) report that primary employment for counselling psychologists in the U.S. remains in academia, with secondary employment in direct service settings. Primary work behaviors are counselling, followed by teaching, and training. Very few counselling psychologists are involved in research countering Whiteley's (1984) view of a "data-oriented problem solver" (p. 32) and the scientist-practitioner model. Younger counselling psychologists are more likely to be employed in private practice and counselling centers and perform more, and consider more important, remedial tasks. Their older counterparts value and practice more vocational and career-oriented counselling. In addition, older subjects are more involved with academia and view it, along with vocational counselling as integral to the identity of Counselling Psychology. However, there is also a trend towards a practice orientation for academics. Fitzgerald and Osipow (1986) concluded that "...there appear few, if any empirical bases on which to distinguish counselling psychologists from their colleagues in clinical psychology" (p. 543).

Replicating the above study with a larger sample Watkins et al., (1986) found similar results: an increasing emphasis on remediation and decreases in vocational counselling, particularly in newer graduates. The trend to private practice continues, spurred on by economics and third party reimbursement. Just under half of the sample was involved in research, and 40% of the total number of participants had produced less than

two publications and the mode was zero, which probably bears out Carkuff's (1968) observation that the last research many psychologists do is their doctoral dissertation. Research in counsellor education shows that even academic research output is low (Hiebert, 1988).

Paradoxically, there is a move away from single theory orientations toward eclecticism, which Watkins et al. (1986) say requires "...vigorous research attention" (p. 307). Smith (1982) also demonstrated an eclectic approach to psychotherapy by both clinical and counselling psychologists and concluded that the two specialties are becoming more similar in this respect. The current popularity of eclecticism is well documented but its theoretical underpinnings are cause for concern (Beitman, 1989; Lazarus, 1989; Norcross & Grencavage, 1989).

A significant concern arising out of the Watkins et al. (1986) study is a subversive dissatisfaction with the counselling psychologists' role: although the majority showed satisfaction with Counselling Psychology as a career, only 47% would choose it again, and, given a choice, 30% stated their preference would be Clinical Psychology or Psychiatry. The authors suggest that this dissatisfaction reflects Counselling Psychology's inferior status in relation to other psychology specialties and is congruent with other writers' views that the more critical human problems are seen as more important and hold more prestige/value for the professional (Hiebert et al., 1992)

It should be noted that both the Watkins et al. (1986) and Fitzgerald and Osipow (1986) studies sampled only APA members and given the divided affiliation that exist between education and psychology it is unlikely that counseling psychologists belong to both APA and ACA (Hiebert & Uhlemann, 1993). Thus, counselling psychologists who are affiliated with ACA might well show different trends.

Ironically, it appears that counselling psychologists are moving towards remediation at a time when clinical psychologists are moving into new areas such as health

psychology (Coons, 1990; Hunsley & Lefebvre, 1990) and career and vocational

counselling (Fitzgerald & Osipow, 1986). Many authors have theorized about the reasons

for practitioners' abdication of the philosophical roots of Counselling Psychology and the

implications of diffuse identity for the future of the profession.

Implications, Predictions, and Recommendations

Nature and scope of practice. The trend towards remediation and private practice

attests to the power of the prevailing medical model and "...leaves those who have the

greatest need out of the service loop" (Sprinthall, 1990, p. 460). Remediation, which

Hiebert and Uhlemann (1993) refer to as 'salvage operations', supports the status quo and

fails populations by requiring clients to adjust to prevailing conditions (Drum, 1987). The

APA has conformed to prevailing ideologies for the sake of recognition and remuneration

and attempts to emphasize a preventive and educational focus have been rebuked. The

remedial approach reflects broader social attitudes and funding priorities (Lecomte,

Dumont, & Zingle, 1981) and restricts the Counselling Psychology profession to a reactive

rather than proactive stance to counselling practice.

Although the necessary shift towards prevention has been acknowledged by

professionals, prevention is not politically (Coons, 1990), economically (Lecomte et al.,

1981), or socially (Vacc, 1990) endorsed. Prevention is not only absent in practice, for

although there is a proliferation of prevention literature it has yet to be incorporated into

counselling psychology literature (Lecomte et al., 1981). Watkins (1983) predicted that

Counselling Psychology's days are numbered if it ignores the role of prevention and

education.

The choice of many counselling psychologists to become remedial practitioners has

left the door open for others to take on the counselling psychologist's traditional role;

counselor educators (Wittmer, 1988) and practitioners in counselling and development

(Van Hesteren & Ivey, 1990) are moving to define themselves more clearly as educators

and practitioners. And while counselling psychologists move ever closer towards a clinical psychology identity, clinical psychology is expanding into educational and preventive services. The boundaries between various applied psychological specialties are becoming increasingly blurred (Fitzgerald & Osipow, 1986).

Subjects in the Watkins et al. (1986) study felt inadequately prepared for practice which poses the question, should training be revised to meet practical needs or should practitioners be educated as to the traditional role definition of Counselling Psychology? The perceived discrepancy between training and practice suggests that the ideologies of academics and practitioners may well be incongruent, as suggested by Burrage et al. (1990), and that to remedy the disparity between philosophy and practice, and thus meet the needs of students, requires cooperation and communication between the two groups and attention to identity issues in training (Hiebert et al., 1992). The current trend of academics to become more practice oriented may facilitate this process.

The merger option suggested by some authors may well be resisted by Clinical Psychology (Whiteley, 1984). In addition, duplicity of training might result in cutting Counselling Psychology programs altogether (Sprinthall, 1990). Advocates of differentiation call for Counselling Psychology to re-establish its uniqueness (Drum, 1987) and not become trapped in the medical model of remediation (Van Hesteren & Ivey, 1990). Despite its overlap with other professions, Counselling Psychology can develop an independent identity within an interdependent model (Drum, 1987) by increasing the developmental/educational and preventive focus (Drum, 1987; Meara et al., 1988). If the move to remediation is due in part to third party regulations, counselling psychologists should not be modifying their services to meet the reimbursers but instead educating them about their priorities (Drum,1987).

Research. A number of reasons have been proposed for the low level of research activity among counselling psychologists. One reason reflects the divided allegiance

between education and psychology neither of which supports counselling psychology topics (Bernstein, Golston, & Forrest, 1992; Meara et al., 1988). Other reasons suggested have been that graduate students lack positive research role models (Hiebert, 1988), and encouragement and quality research instruction in training (Magoon & Holland, 1984). In addition, some traditional methods of enquiry are unsuitable for human problems and may be at odds with one's theoretical orientation (Woolsey, cited in Hiebert, 1988). Whatever the reasons, counselling psychologists' lack of research activity in has implications for the future of the profession.

The reduced emphasis on research forestalls professional advancement (Magoon & Holland, 1984). It impedes the expansion of the knowledge base so critical to gaining professional status and causes identity diffusion through the disparity between definition and practice of the profession. This lack of consistency in turn affects professional credibility (Hiebert et al., 1992).

A primary responsibility to research and the scientist practitioner model should be emphasized in graduate training (Belar & Perry, 1992; Heppner, et al., 1992; Hiebert et al., 1992) This includes a re-evaluation of training (Martin, 1988; Sprinthall, 1990) to emphasize the interdependence of theory, research, and practice (Meara et al.,1988) and evaluation and research activity geared towards accountability (Hiebert, 1989). Counsellor educators should be modelling the integration of theory and practice (Hiebert, 1988) and involving students by sharing their research experiences, both positive and negative (Magoon & Holland, 1984). In addition, new methods of enquiry should be encouraged (Friesen, 1983; Lecomte et al., 1981) as well as efforts to link research to practice. Practitioners are in an ideal situation to produce research on counselling process and outcome but may be reluctant because of what Hoshmand and Polkinghorne (1992) call "...a basic conflict of epistemic values and world views" (p. 56) between researchers and practitioners. These authors call for an epistemology capable of bridging the

theory/practice gap which in turn creates greater respect for practitioners' ways of knowing.

Theoretical orientation. The trend towards eclecticism from single theory orientations has been noted for counsellors (Warner, 1991), counselling psychologists (Smith, 1982), clinical psychologists (Hunsley & Lefebvre, 1990; Smith, 1982), and counsellor educators (Young, Feller, & Wittmer, cited in Corey, 1991). It reflects the fact that single theory orientations are no longer thought to be "... comprehensive enough to account for the complexities of human behavior" (Corey, 1991, p. 427).

Corey (1991) defines eclectic counselling as " the process of selecting concepts and methods from a variety of systems" (p. 425). How these are used and integrated is however a contentious issue with some authors favoring integration (Beitman, 1989) and others eclecticism (Lazarus, 1989). The real issue lies not in the choice of one or the other but that they are put together in a theoretically sound way. Eclecticism reflects blending at a technical (and thus practical) level, while integration operates at a theoretical level (Corey, 1991) and may preclude what Corey refers to as 'sloppy' or unsystematic eclecticism chosen with subjective appeal (Lazarus, 1989). Systematic eclecticism requires considerable practical, theoretical, and research experience (Corey, 1991) often based on years of research and practice (Lazarus, 1989). The important point here is that an eclectic approach is empirically grounded. Norcross and Grencavage (1989) suggests that more attention now needs to be paid to eclecticism/ integration in graduate training.

Professional ties. The divided discipline base of Counselling Psychology has created divided loyalties within the profession and actually permeates all of the professionalization issues. Despite the fact that Counselling Psychology exists as a psychology specialty in the U.S., the more receptive of the two affiliations has been education (Zytowski & Rosen, 1982) where most Departments of Counselling Psychology are housed (Meara, et al., 1988). It appears that the root of the identity crisis in the U.S.

may be "[c]ounselling psychology's attempts to live in a divided house" (Watkins, 1988, p. 444). Paradoxically the profession is hanging on to the discipline that supports it the least. What is certain is that helping professions arise out of and are shaped by socio-economic forces (Whiteley, 1984), and Counselling Psychology will continue to face new challenges in particular accountability to an increasingly consumerist society (Coons, 1990). It is obvious that if Counselling Psychology continues to debate the issue without resolution, the proactive stance by other professions will remove any remaining decisions and with them, choices.

<p style="text-align:center"><u>Counselling</u></p>

Herr's (1985) history of the American Association of Counselling and Development (AACD) outlines the development of Counselling as a profession in the United States. Social reform and vocational concerns were instrumental in establishing Counselling as an occupation in the early part of the 20th century while government policies and legislation have been very significant in sustaining and shaping its development. As such, the growth of Counselling as a profession has been very sensitive to the socio/political/economic climate.

Although the roots of Counselling and Counselling Psychology are very similar, development of the respective occupations has taken different courses. The first major impetus for Counselling came in the early 1950's with the rapid expansion of counselling services due to post-war education policies. A coalition of four professional associations was established to represent growing numbers of counsellors. The four founding associations represented the identity of Counselling as very much an educational and vocational endeavor. NVGA (vocational/educational), SPATE, now AHEAD (teacher education), NAGCT, now ACES, (counsellor educators), and ACPA (college and university practitioners) joined forces to form American Personnel and Guidance Association (APGA) in 1952. Shortly after, they were joined by a fifth group, ASCA

(school counsellors). The goal was to maintain separate identities within the various divisions, but also to develop professional strength through unity. Counsellors were thus able to maintain autonomy within their own specialization, while also being represented at a national level by the new umbrella association.

The growth of the professional association paralleled that of rapid social change. The addition of a number of new divisions representing Rehabilitation, Measurement and Evaluation, Non-white Concerns, Religions and Value issues, Group Specialists, and Mental Health, reflected the changing face of the Counselling profession. Counsellors were employed in a diversity of settings that diverged from educational and vocational roots. As the membership increased, APGA initiated state branches, and later, regional offices to meet the needs of their membership. The Counselling profession chose to accommodate change instead of resisting it.

The changing identity of the Counselling profession prompted reorganization in the professional association. In 1983 APGA became AACD reflecting the broader definition of the profession; counselling was what all members had in common. In 1992, AACD became ACA. As an umbrella organization with an independent body of full time employees, ACA has been able to oversee the needs of an expanding and increasingly diverse population. This has included a significant political element reflecting the need of counsellors to gain and maintain government support and thus credibility with clients and other professions.

ACA's mandate includes professional development, monitoring social change, lobbying and advocacy. Because of its size, ACA is able to address more issues and the independent administration is able to maintain cooperation, cohesiveness, and consistency in the association as a whole and between divisions. However, it is not without its problems, prominent among which is a 30% fluid membership.

The expansion of professional services has created territorial issues with other professions and made professional regulation a priority. Independent bodies were formed to deal with accreditation (CACREP) of counselor education programmes and certification (NBCC) of counselors; in addition, ACA has facilitated state licensing for 35 states (Romano, 1992). ACA has come a long way in a short time in terms of professionalization and in fact already meets many of Richie's criteria for professional status. However, there is no consensus as to the future of the profession.

<u>Current Trends</u>

No study comparable to those of counselling psychologists exists for counsellors, but a description of ACA membership in 1984 produced the following results (the reader should bear in mind that no minimum requirements exist for membership); 58% describe themselves as counsellors, 6% as counsellor supervisors, 10% as counsellor educators, 13% as administrators, 1% as researchers or evaluation/measurement specialists and 0.05% as paraprofessionals. Kindergarten to Grade 12 was the largest place of employment with 23% and college and university next with 14%. A substantial number were in private practice (11%), and the remainder distributed between private counselling centres (6%), junior/community college (5%), rehabilitation (4%), community agencies (4%), community mental health centres (3%), federal and local government (2.5%), and business and industry (2%). The variety of employment settings, together with a further 25% left undescribed, confirms the increasing diversity within the profession and overlap with other professions and its implications for professional identity which are currently the topic of much professional interest.

In contrast to counselling psychologists, counsellors' discussions of identity issues are more concerned with broader definitions to meet their changing population than discrepancies between philosophy and practice. ACA membership reflects the fact that Counselling provides all three intervention functions but that education remains the primary

focus. So although psychology is important to the counselling process (Ivey & Van Hesteren, 1990) Counselling as a profession has a single affiliation which appears to facilitate its development. The educational/developmental focus identifies Counselling as distinct from other helping professions (Ivey & Van Hesteren, 1990).

Although ACA has made great strides in the professionalization process it has been criticized for being too practitioner-oriented (Goodyear, 1990). Although some would say that this is the difference between counsellors and counselling psychologists (Wittmer, 1988), Goodyear thinks that the need exists for more academic concerns such as the role of research and increasing the scientific knowledge base of the profession. Goodyear's suggestion appears to be a move towards a more differentiated professional status and the need to be accountable.

The emergence of territorial issues is an inevitable part of profession development and is reflected in ACA's expedient approach towards professional regulation. It is ironic but not really surprising, that the most problematic relationship is with psychologists. The current controversy involves counsellors trained at the PhD level in Counsellor Education, who find themselves at a disadvantage to counselling psychologists in the job market (Randolph, 1990). In fact Randolph believes that many of them are underemployed. Vacc (1990) attributes this to the 'tight linkage system' developed by the APA in territorial disputes with Psychiatry which now translates into exclusivity on behalf of psychologists. For example, licensing as a psychologist will require graduation from an APA accredited program by 1995 (Randolph, 1990). Currently, a key issue is third party reimbursement for which counsellors are trying to obtain recognition. These developments suggest that counsellors and counselling psychologists maybe convergent at the doctoral level but they do not have equal opportunity.

In response to the previously described situation, some question the place of doctoral Counsellor Education (Brown, 1990), some propose counselling sub-specialities

within Counselling Psychology (Randolph, 1990) and others advocate for a greater distinction of Counselling (Lanning, 1990). However, there appears to be room for collaboration between Counselling and Counselling Psychology. Goodyear (1990) acknowledges the inclusion of counselling psychologists in ACA membership, many of whom have made large contributions to professional growth. It should also be noted that counselling psychologists are the most likely to be teaching and supervising both counsellors and counselling psychologists and are therefore in a position to influence identity.

Implications, Predictions, and Recommendations

Most recommendations for Counselling are concerned with profession advancement. Examples include research to expand the knowledge base of the profession, professional regulation to control counselling services in a responsible way, and public education about professional services and self advocacy.

Nature and scope of practice. Based on Herr's historical account, it appears that the profession of Counselling accepts its links to the socio/political/economic climate and as a result views professional identity as a dynamic entity. Expanding populations and client concerns and subsequent overlap with other professions has prompted members of ACA to re-define the identity of the Counselling profession. The question of professional identity within Counselling is not so much what identity is but where to draw the line (Goodyear, 1990). The future of Counselling is very much tied to the past in terms of its emphasis on psycho-education and wellness (Myers, 1991).

Research. Research not only increases the knowledge base of professions but provides a theoretical base for practice, criteria for professional status and accountability (Herr, 1985; Richie, 1990). Authors concur that research skills such as critical thinking and scientific enquiry are invaluable to counselling practice (Goodyear, 1990; Martin, 1988; Vacc, 1990) and an indicator of professionalism (Vacc, 1990). Collecting and

analyzing data on client processes and outcomes should be integral to counselling practice (Pate, 1977).

Theoretical Orientation. Some writers suggest that developmental theories are central to the counselling process and take the view that problems are developmental opportunities (Ivey & Van Hesteren, 1990). The fact that ACA has recently changed its title may reflect the fact that this view is not shared by all. Pate (1977) believes that the time has come to look at theories in terms of their similarities instead of their differences. The recognition of the interaction between environmental and individual variables and the narrowness of the psychological approach has prompted attention to ecological and holistic theories (Blocher, 1980; Ivey, 1980).

Professional Ties. Few would argue that there is strength in numbers but the rapid growth of ACA is not without concern. Sweeney (1990) sees a danger of the organization taking on a life of its own and being removed from grassroots issues. The crucial issue at this point is to have some criteria for membership which Herr (1985) suggests should be set at the Master's level.

Summary

In the United States, Counselling and Counselling Psychology have developed from similar roots, but in terms of profession development have divergent paths. Where Counselling appears to be progressing along the professionalization continuum, meeting the usual challenges outlined by Wilensky and others, Counselling Psychology has become mired by internal fragmentation around identity issues. This lack of professional cohesion has resulted in discrepancies in professional ideology and a disparity between ideology and practice, and subsequently an inability by the profession to protect its traditional domains, identity diffusion, and a confused public image.

Counselling Psychology and Counselling in Canada

The history of Counselling Psychology and Counselling in Canada is brief and uneventful in comparison to its neighbors south of the border. It would be reasonable to assume that the professions would develop differently in Canada than in the U.S. because of the socio-political differences between the two countries. Nevertheless, the influence of the U.S. on Canada cannot be denied.

It is difficult to discuss Counselling in Canada because the country is so diverse, "geographically, historically, culturally, linguistically, socially and economically" (Patterson, Robertson, & Bain, 1979, p. 37). Canada's system of government complicates matters further because those areas that speak to counselling services, healthcare and education, are provincial responsibilities. They are therefore not represented nationally and likely vary from province to province.

The roots of Counselling in Canada are firmly within the education system (Patterson et al., 1979) under the banner of guidance and counselling. Services proliferated into the school system from early beginnings in vocational guidance in the 1920's. The guiding philosophy has remained unchanged and is focussed on a "fundamental concern for the individual" (Robertson & Patterson, 1983, p. 490). Guidance is described broadly in terms of encouraging individuals to develop self-awareness and acceptance in order to be independent members of society (Adkins, Banmen, Jackson, Moher, & Nevison, cited in Patterson et al., 1979). Decision making and problem solving skills are integral to the process (Patterson et al., 1979). Counselling is one of the means to achieving this goal along with consulting, coordinating, appraising and information-giving.

In recognition of the fact that counselling can benefit all, particularly in response to life time learning trends and diversity in the labor force, Patterson et al. (1979) note that theoretically " the emphasis of counseling [in Canada] is shifting from an essentially

remedial, therapeutic approach to one which is primarily developmental and preventive" (p. 31). In practice this shift has yet to become a reality (Patterson et al., 1979).

The Canadian Guidance and Counselling Association (CGCA) was formed in 1965 to represent Counselling on a national level. A major premise of CGCA has been a resistance to formalization and subdivision based on interests and an emphasis on national unity (Patterson et al., 1979). Counsellors are not regulated in Canada and there are no minimum requirements for CGCA membership. The activity of counselling is what members share in common.

In its short history, CGCA has made a number of achievements. Conferences have been held first biennially and then annually in all parts of the country. Canada is represented internationally through members' involvement with the International Association of Educational and Vocational Guidance (IAEVG) and the International Round Table for the Advancement of Counselling (IRTAC). CGCA has produced its own journal since 1967, initially under the title *Canadian Counsellor*, and in 1983 changing the name to the *Canadian Journal of Counselling*. Guidelines for Counsellor Education in Canada were produced in 1982 (Peavy, Robertson, & Westwood, 1981) based on a national study of perceived counsellor competencies (Jevne, 1981). While not legislative, these guidelines are a move towards professional advancement and are a basis for accreditation of counselling programmes in Canada.

In addition to CGCA, there is a proliferation of professional associations representing various interest groups at the provincial and regional level. For example, over 15 organizations represent career counselling alone (Hiebert et al., 1992). This fragmentation of professional affiliation cannot help but impede unified efforts on a national scale.

A professional association for counselling psychologists has been formed. The following information was gathered in a discussion with Lee Handy, a past president and

founding member of the Counselling Psychology Section of Canadian Psychological Association (CPA). The formation of a professional association for counselling psychologists is a relatively recent occurrence. The Counselling Psychology Section of the CPA was initiated in 1986. Members of CPA share a recognition of a professional psychology base, and developments have been collaborative rather than divisive to serve psychologists as a whole. From a collection of like-minded people, the Counselling Psychology section of CPA has worked in conjunction with Clinical Psychology to develop accreditation guidelines, the Canadian Register of Health Service Providers and a Code of Ethics. It is a youthful organization characterized by enthusiasm and energy.

Although Counselling Psychology is represented independently within CPA there are no guidelines specific to counselling psychologists. Accreditation, internship and ethics come under the general rubric of psychology. Licensing examinations are generic also and are required in each province. This would seem to be of concern to professional identity when the philosophical tenets of Counselling Psychology are not being directly addressed.

In terms of Richie's criteria, Counselling and Counselling Psychology in Canada meet many of the requirements for professional status. Counselling is moving towards 'giving psychology away' in terms of a shift towards development and prevention and at this time has no legal recognition or licensing requirements. CGCA's desire to be flexible (Patterson et al., 1979) appears counter to attaining professional regulation. Counselling Psychology on the other hand meets all criteria with the exception of an exclusive knowledge base which is shared by psychology in general and other human service professions.

In terms of Wilensky's (1964) stages, Counselling Psychology and Counselling are moving along the professionalization continuum (Wilensky, 1964). They both have a professional association, although Counselling Psychology does not appear distinct under the general Psychology banner. Professional regulation and legal recognition thus far have

not been a priority for Counselling, but accreditation is progressing for both professions. Both professions have a code of ethics.

<u>Current Trends</u>

The results of a preliminary study of counselling psychologists and counsellor educators in Canada share some common themes with the U.S. studies and show inconsistent and contradictory professional identity (Hiebert et al., 1992). There is a trend towards remediation but with less emphasis on assessment and diagnosis. About 30% of the small sample are employed in private practice, which compares equally to Hunsley and Lefebvre's (1990) study of clinical psychologists in Canada. In terms of the intervention functions referred to earlier (Morrill et al., 1974) the largest number of client interventions are remedial, followed by prevention, and then education.

Professional association membership suggests that counselling professionals see themselves as counsellors or psychologists, but not both. Counselling psychologists perceive themselves as guided more by research and theory, a concept supported by counsellor educators but not by counsellors. Counsellors see counselling psychologists as only having more training (Hiebert et al., 1992). Participants in the Hiebert and Uhlemann (1993) study identified the following issues of professional importance: research, particularly client outcomes and process variables, accreditation to provide uniformity, certification and licensure to gain credibility, more training related to ethical and legal issues, and third party reimbursement. The last two issues may reflect the increase of private practice. Respondents projected that theories would be holistic and integrated and that the United States would continue to be influential on Canada. The trend towards remediation would continue with an increase in advocacy and education/development and prevention. Two positions emerged which support the divided thought in the United States; counselling psychology should either work more closely and reduce barriers with related professional groups or become a more distinct entity. Although professional

identity was not specifically mentioned as an issue, it is the foundation on which the above mentioned concerns are based.

In a study of Canadian college and university counsellors, Warner (1991) found that the percentage of counselors endorsing eclecticism (47.5%), was higher than both Canadian and U.S. psychologists, although equal to Canadian clinical psychologists (47.7%) (Hunsley & Lefebvre, 1990). The range of theoretical orientation in counsellors was narrower than for psychologists with the majority ascribing to three categories; Eclectic (47.5%), Person Centered (20%), and Cognitive Behavioral (17.5%). The Hunsley and Lefebvre (1990) study did not have a Cognitive-Behavioral option, but many different combinations were common (22%) which led the authors to conclude that three quarters of their sample endorsed an eclectic approach. The influence of Carl Rogers, it appears, continues to be salient among counsellors.

Implications, Predictions, and Recommendations

Nature and scope of practice. Although Canadian counselling professionals acknowledged with some resignation the influence of the United States (Hiebert & Uhlemann, 1993), it is also the case that Canada may be able to profit from the American experience (Hiebert et al., 1992). Counselling psychologists in Canada appear to be in a position to maintain a more traditional allegiance to developmental roots in education and psychology and to be more self-determining because the socio-political climate is more favorable. Territoriality has not become an issue as yet. However, for Counselling and Counselling Psychology to flourish a clear sense of identity will be required, because "it is a counselling psychologist's or (counsellor's) sense of professional identity that provides the vision which guides long term goal setting and continuing professional development" (Hiebert et al., 1992, p. 206). The development of professional identity must be central to counselor education (Hiebert et al., 1992).

Research. Professionals writing in Canada share many of the same concerns about research as their U.S. counterparts. Publication output is 'abysmally low' (Hiebert, 1988) and the methods of enquiry are often not suited to human experience and application (Coons, 1990). Only small numbers of researchers are engaged in prevention, probably because funding priorities are focussed on remediation (Lecomte, et al., 1981). Authors recommend fitting research methods to problems (Lecomte et al., 1981), encouraging preventive research activities, and coordinating research efforts across the country.

Coons (1990) advised psychologists that striving for professional status is not the be all and end all because society is becoming more demanding in terms of accountability. Research must be socially useful and researchers in academia and clinical practice need to focus on research methods that will make a real contribution to the field such as inductive and phenomenological approaches Psychologists, according to Coons, need to put their identity into practice because although they "hold that what makes them special is their research skill and grounding in scientific knowledge" (p. 141) it is not much in evidence.

Theoretical orientation. Trends in Canada appear to reflect those in the U.S. and speak to the increasing diversity of clients and problems. However, there may be a difference in the trends of counsellors and counselling psychologists.

Professional ties. Counselling professionals appear to support either counselling or psychology in their professional memberships. Currently, it would appear that CGCA will accredit master's level programmes and CPA doctoral programmes, but Hiebert and Uhlemann (1993) suggest that communication needs to take place between CGCA and CPA to avoid the duplication and hence competition that has evolved in the U.S. between professional associations.

It would seem that identity is the core issue that has to be decided before addressing professional issues of affiliation and unity, training, accreditation and licensure, and legal and ethical issues. A national unified voice would seem ideal, but unity for counselling

professionals in Canada is challenging because of the political and geographical nature of the country. Given our tendency to follow the U.S. the professions of Counselling and Counselling psychology will fare better if they are proactive rather than reactive.

Summary

Professional identity is key to profession development because it is the foundation for many professional issues. Professional identity, one's perception of 'self as professional', guides one's behavior and contributes to the public image of the profession both of which are crucial to credible professional practice.

The current study will collect counselling professionals' ideological perceptions of the professional identity of Counselling Psychology and Counselling along with their practice related activities. The research will solicit responses from three groups: counselling psychologists, counsellors, and counsellor educators. Counsellor educators perceptions are important because of their role in training counselling psychologists and counsellors. The following questions formed the basis for the study.

Research questions

1. What are the perceptions of counselling psychologists, counsellors and counsellor educators regarding; (a) Counselling and Counselling Psychology and (b) Counselling Psychology compared to other applied psychologies, in particular, Clinical Psychology?

2. What is the nature and scope of practice in Canada of counselling psychologists, counsellors and counsellor educators and how much congruence is there between (a) the philosophical roots of the profession and current practice and (b) the espoused theoretical roots of the respondents?

3. What is the extent and nature of research activity of counselling psychologists, counsellors and counsellor educators ?

4. What are the current trends in theoretical orientation of counselling professionals in Canada?

5. What are the professional ties of counsellors, counsellor educators and counselling psychologists? How do the three groups see their profession as it relates to education and psychology?

CHAPTER 3

METHODOLOGY

The research described in this thesis was a descriptive study designed to clarify

important elements in the professional identity of Counselling Psychology and Counselling

in Canada. The views of key professional groups were solicited and the resulting data

were consolidated to provide a picture of the current situation pertaining to Counselling

Psychology and Counselling in Canada.

Method

Instrument

A seven page questionnaire was developed to explore the philosophy and practice

of counselling professionals in Canada (See Appendix A). Several sources were used in

the construction of the questionnaire. A prior study (Hiebert & Uhlemann, 1993) which

utilized an open-ended format to obtain counselling psychologists' views about their

profession formed the base for the questions on professional identity. A content analysis

conducted on the responses produced the stem items for the current questionnaire. In

addition, literature sources from similar studies were consulted for specific content areas

such as work activity and theoretical orientation (Fitzgerald & Osipow, 1986; Hunsley &

Lefebvre, 1990; Warner, 1990; Watkins et al., 1986). Half of the questionnaire (Section I)

focused on counselling professionals' perceptions of Counselling and Counselling

Psychology, and the relationship of Counselling Psychology to other applied psychology

specialities. The selection of questions in this section were guided by, and theoretically

supported by literature pertaining to the traditional views of the professions (Whiteley,

1984). The remainder of the questionaire investigated counselling professionals' places of

employment, work activities, foci of intervention, research tasks, theoretical orientation,

and demographic information. A study by Hunsley and Lefebvre (1990) and literature on

eclecticism (Norcross & Grencavage, 1989) guided the selection of theoretical orientation categories.

A pilot study of the questionnaire was carried out at the University of Calgary and the University of Victoria using a combination of graduate students and Counselling faculty. Feedback from the respondents was incorporated into a revision of the questionnaire.

Procedure

Participants were selected through two professional organizations that represent counselling professionals in Canada. This included all 143 members of the Counselling Psychology section of CPA, 150 members randomly selected from the counsellor educator's chapter of CGCA, and a further 150 randomly selected from the remainder of CGCA general membership.

Questionnaires were mailed out together with a cover letter and an addressed return envelope. After a period of 4 weeks, a follow up letter was sent to those who had not yet returned their questionnaire. The initial response rate was 38.6% with an additional 10.38% from the follow-up resulting in an overall response rate across the sample of 49%. This response rate compares equally to Warner's (1991) study of Canadian College and University counsellors and very favorably to Hunsley and Lefebvre's (1990) study of clinical psychologists in Canada.

Participants

Of 143 questionnaires sent to CPA members, 54 were returned at the initial request. A further 23 were returned in response at follow-up resulting in a response rate of 53.8% . Three of these were returned as inapplicable leaving a group size of 74. The initial response from CGCA counselling members (CGCA-CO) was 62, with an additional 10 respondents at follow-up representing a 48% response rate. Of these, 5 were returned as inapplicable leaving a group size of 67. The initial response for CGCA counsellor

education members (CGCA-CE) yielded 55 questionnaires, with an additional 13 at follow-up, representing a response rate of 45.3% . One questionaire was returned as inapplicable leaving a group size of 67. Therefore the final sample consisted of 208 participants.

The provincial distribution (Table 1), in comparison to other Canadian studies (Hunsley & Lefebvre, 1990; Warner, 1991), appears to be skewed towards a higher response rate in Western Canada. The western provinces (including the North West Territories and Yukon) claim over 50% of the returns, while Ontario and Quebec appear under-represented with 31.3%. The Maritime provinces compare equally to the previously mentioned studies with 15.8%. Within the sub-groups, the majority of the distribution is consistent with the total except for CGCA-CO members who are under-represented in Ontario and Quebec and over-represented in the Maritimes.

Of the 208 participants, 100 (48.07%) are female and 106 (51.93%) are male; 2 participants in CPA did not respond to this question. CGCA-CE and CGCA-CO members approximate this distribution but in the CPA membership males (56.9%) outnumber females (43.1%). Consistent across groups, the highest number of participants fall in the age range 41-50 (41%) and the lowest number between the ages of 25 and 30 years (7.3%). The CPA membership however has three time as many members in the upper age range (over 41) than in the lower (under 40).

The participants belong to a wide variety of professional organizations (Table 2) and supports earlier suggestions (Hiebert & Uhlemann, 1993) that counselling professionals affiliate with either CPA or CGCA, but not both. Approximately 25% of those belonging to CPA also belong to CGCA, but only 7-10% of those belonging to CGCA also had memberships in CPA, suggesting that CGCA members' professional alliance is somewhat clearer. About 30% of CGCA-CO members however, also had Provincial Psychological Association memberships, suggesting more localized affiliations. This number drops to 20% for the CGCA-CE members which suggests a logical alliance

Table 1

Demographic Information all Participants

	CPA		CGCA-CO		CGCA-CE		Group Total	
	N	%	N	%	N	%	N	%
Gender								
Males	41	56.9	32	47.8	33	49.3	106	51
Females	31	43.1	35	52.2	34	50.7	100	48
Age								
> 51	25	34.7	14	20.9	16	23.8	55	26.4
41-50	30	41.6	28	41.8	26	38.8	84	40.4
31-40	11	15.3	20	29.9	21	31.34	52	25.0
25-30	6	8.3	5	7.5	4	6.0	15	7.2
Provincial Distribution								
B.C.	14	18.9	9	13.4	13	19.4	36	17.3
Alta.	14	18.9	12	17.9	8	11.9	34	16.3
Sask.	3	4.1	8	11.9	6	9	17	8.2
Man.	6	8.1	5	7.5	6	9	17	8.2
Ont.	15	20.3	11	16.4	17	25.4	43	20.7
Queb.	11	14.9	6	9	5	7.5	22	10.6
Nfld.	6	8.1	3	4.5	2	3	11	5.3
N.S.	2	2.7	5	7.5	3	4.5	10	4.8
P.E.I.	1	1.4	3	4.5	-	-	4	1.9
N.B.	-	-	5	7.5	3	4.5	8	3.8
N.W.T.	-	-	-	-	3	4.5	3	1.4
Yukon	1	1.4	-	-	1	1.5	2	1

with an educational association. Participants also cited membership in 79 additional

organizations representing specific counselling/teaching interests, some of which were on a

national level but more often were provincial associations. It would appear that this major

fragmentation among professional associations has the potential to create many divided

Table 2

Professional Membership

Professional Membership	CPA N = 72		CGCA - CO N = 67		CGCA - CE N = 67		Group Total N = 206	
	N	%	N	%	N	%	N	%
APA	26	35.1	5	7.5	7	10.4	38	18.3
AACD	19	25.7	9	13.4	10	14.9	38	18.3
CPA	72	100.0	5	7.5	7	10.4	81	38.9
CGCA	16	21.6	67	100.0	67	100.0	150	72.1
CSSE	4	5.4	1	1.5	4	6	9	4.3
AERA	5	6.8	1	1.5	3	4.5	9	4.3
Prov PA	41	55.4	20	29.9	14	20.9	75	36.1
Other	31	41.9	34	50.7	28	41.8	93	44.7

loyalties for counselling professionals as a whole and thus undermine unified efforts on a national scale.

As far as educational background is concerned, 34% of the sample have education to the doctoral level, three quarters of which are PhDs (Table 3). Of these, two thirds come from the CPA sample with a large proportion (two thirds) of the remainder from the CGCA-CE membership. Twenty eight percent of the total have thesis-based Master's degrees the majority of which are distributed between CGCA-CO members and CPA members. Non-thesis-based Master's degrees are most commonly found in the CGCA membership, but 7% belong to CPA. There are 11% of participants with Bachelor's degrees, a significant number of the which belong to CGCA-CE members. On close inspection teachers who function as counsellors may account for this small group. Years of counselling experience is divided fairly evenly between the categories with the mean for the whole sample falling in the 11-15 years range.

Table 3

Level of Education and Years of Counselling Experience

Highest Degree obtained	CPA N = 72		CGCA-CO N = 66		CGCA-CE N = 66		Group Total N = 204	
	N	%	N	%	N	%	N	%
PhD	35	48.61	4	6.06	14	21.21	53	25.98
PsyD/EdD	8	11.11	3	4.54	5	7.58	16	7.84
Masters-thesis	21	29.16	25	37.88	12	18.18	58	28.43
Masters-non-thesis	5	6.94	26	39.39	19	28.79	50	24.51
Bachelors	3	4.16	5	7.58	14	21.21	22	10.78
Other	-	-	3	4.54	2	3.03	5	2.45

Years of counselling experience	N = 72		N = 67		N = 67		N = 206	
	N	%	N	%	N	%	N	%
> 20	25	34.7	9	13.4	13	19.4	47	22.8
16-20	11	15.3	16	23.9	8	11.9	35	17.0
11-15	10	13.9	12	17.9	14	20.9	36	17.5
6-10	11	15.3	18	26.9	14	20.9	43	20.9
0-5	15	20.8	12	17.9	18	26.9	45	21.8

Summary

The high return rate suggests that counselling professionals are concerned about the professional identity issue. Correspondence from several participants confirmed that this indeed is the case. The demographic information indicates that counselling professionals are mature, well qualified, and experienced. This was also noted by Jevne (1981) in her study of Canadian counselling professionals. There are still more men than women among CPA members and approximately equal numbers in the two CGCA groups and nationally.

CHAPTER 4

RESULTS

Chapter 4 presents a description of participants responses to the questionnaire. The results are organized in 5 sections which correspond to the research questions. In Section 1 counselling professionals' perceptions of the professional identity of Counselling Psychology and Counselling are presented, along with comparisons between professionals' opinions of Counselling and Counselling Psychology, Counselling Psychology and Clinical Psychology, and other applied Psychology specialities. Section 2 includes data on the current practice of counselling professionals in Canada which enables a comparison between professionals' perceptions and the realities of the professions. Section 3 describes the nature and extent of counselling professionals' research activity and Section 4 discusses the theoretical orientations of counselling professionals in Canada. In Section 5, counselling professionals' professional ties are re-visited. For clarity, CGCA counselling members will be referred to as CGCA-CO and CGCA counsellor education members, CGCA-CE.

Participants' primary and secondary professional affiliation was drawn from their responses to question 24 (Table 4). At first glance it appeared that the associations may not be representative of the three desired groups, counselling psychologists, counsellors, and counsellor educators. Although over half of the CPA members called themselves counselling psychologists, a fifth of the membership referred to themselves as clinical psychologists. A little over half of CGCA-CO members called themselves counsellors with a substantial number referring to themselves as counselling psychologists or counsellor educators. The least representative group appears to be CGCA-CE members of whom less than half referred to themselves as counsellor educators, and again a substantial number of members used the title of counselling psychologist or counsellor. All professional association groups contained a small percentage of "other" category which included a wide array of titles such as teacher, educational psychologist, consultant, neuropsychologist, and

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Table 4

Professional Affiliations (Titles)

Primary and Secondary* Affiliation	CPA N = 74 [74]	CGCA-CO N = 67 [67]	CGCA- CE N = 65 [65]	TOTAL N = 206 [206]
Counselling psychologist	41 [17]	9 [9]	9 [10]	59 [36]
Clinical psychologist	15 [8]	0 [4]	0 [1]	15 [13]
Counsellor educator	6 [11]	9 [12]	31 [14]	46 [37]
Counsellor	5 [9]	37 [8]	19 [16]	61 [33]
Other	6 [15]	6 [10]	6 [7]	18 [32]
Multiple response	1 [0]	6 [1]	0 [0]	7 [1]
No secondary affiliation	[14]	[23]	[17]	[54]

* secondary affiliation is given in brackets [ ]

student/counsellor in training.

It is noteworthy that three quarters of counselling professionals declared at least two titles, combinations of which are seen in Table 5. The most popular combinations for CPA members were clinical and counselling psychologist, and for CGCA-CO and CGCA-CE members counsellor and counsellor educator. With these findings in mind, and the fact that one's title is integral to one's identity and membership of a distinct occupational group (Elliot, 1972) most analyses reported in this chapter were done twice, once using the professional association from which the sample was drawn (CPA, CGCA-CO, and CGCA-CE) as the independent measure and a second time using participants' declared area of professional affiliation (title) as the independent measure. Professional identity will be discussed using views of both professional association members and professional groups based on title, namely counselling psychologists, counsellors, and counsellor educators. Counselling practice will be discussed using professional title only and includes five major

Table 5

Counselling Professionals' Secondary Affiliation Based on Primary Affiliation

Secondary affiliation based on primary affiliation.	Couns'g Psych'gist	Clinical Psych'gist	Counsellor Educator	Counsellor	Other	N
Primary Affiliation						
CPA N = 73						
Counselling Psychologist N = 41	2	6	10	6	8	32
Clinical Psychologist N = 15	9	1	-	-	3	13
Counsellor Educator N = 6	2	-	-	2	2	6
Counsellor N = 5	2	-	1	-	2	5
Other N = 6	2	1	-	1	-	4
CGCA - Co N = 67						
Counselling Psychologist N = 9	-	3	2	1	-	6
Clinical Psychologist N = 0	-	-	-	-	-	-
Counsellor Educator N = 9	3	-	-	4	-	7
Counsellor N = 37	6	-	10	1	9	26
Other N = 6	-	-	-	2	1	3
CGCA CE N = 65						
Counselling Psychologist N = 9	-	1	5	1	2	9
Clinical Psychologist N = 0	-	-	-	-	-	-
Counsellor Educator N = 31	7	-	2	12	-	21
Counsellor N = 19	3	-	6	-	4	13
Other N = 6	-	-	-	2	1	3

categories, counselling psychologist, clinical psychologist, counsellor, counsellor educator, and 'other'.

<center>Section 1</center>

<center><u>Counselling Professionals' Perceptions of the Professional Identity of Counselling</u></center>

<center><u>Psychology</u></center>

Means and standard deviations for Section 1 for professional associations can be found in Appendix B and for professional title groups in Appendix C. For the sake of clarity, responses concerning professional identity were classified into five themes: discipline base, philosophy, practice, client groups and client problems. The results are largely descriptive, and a one way analysis of variance (ANOVA) was used to test for differences between groups on all items. Where statements of support or non-support are made, the percentages reported were obtained by combining the response categories agree and strongly agree for support and disagree and strongly disagree for non-support. Table 6 shows a summary of counselling professionals' mean responses for each of the five themes.

<u>Discipline base</u>

Question 1 explored the disciplinary affiliations of Counselling Psychology. The majority of counselling professionals supported psychology as a main discipline of Counselling Psychology ($\underline{M}$ = 4.18, $\underline{SD}$ = .94). Subgroups based on professional association membership showed a similar trend, but with significant differences between groups ($\underline{F}$(2,159) = 6.98, $\underline{p}$ < .01). CPA members supported psychology more strongly as a discipline base of Counselling Psychology than CGCA-CO members and CGCA-CE members. In the same vein, counselling psychologists appeared more sure that Counselling Psychology is a psychological discipline than counsellors and counsellor educators. It appears that those professionals most closely affiliated with psychology specialties were more decisive in their responses and in their support for psychology as a

Table 6

Mean Responses to Counselling Professionals' Perceptions of the Professional Identity of Counselling Psychology

Professional identity of Counselling Psychology		CPA	CGCA-CO	CGCA-CE	Co psych	Co's	Co eds
Discipline Base	education	3.1	3.2	3.5	3.1	3.3	3.7
	psychology	4.5*	4.1*	3.9*	4.5	3.9	4.0
Philosophy	objectives	4.2	4.1	4.3	4.2	4.1	4.0
	psychology base	4.6	4.3	4.5	4.6	4.2	4.5
	prevention	4.0*	3.5*	3.9*	4.0	3.6	3.8
	development	4.4*	3.9*	4.4*	4.3	4.0	4.3
	remediation	3.9	3.9	3.9	4.0	3.8	4.0
Practice	ed/dev'mental interventions	4.4	4.0	4.4	4.4	4.1	4.3
	psychometric assessment	3.8	3.8	3.9	3.9	3.8	3.9
	goal attainment	4.5	4.2	4.3	4.6*	4.2*	4.2*
	problem solving	4.5	4.4	4.4	4.5*	4.1*	4.6*
Client groups	pathological	2.6	2.8	2.7	2.9	2.8	2.6
	normal	4.5	4.0	4.1	4.4	3.9	4.2
	at risk	4.0	4.0	4.2	4.1	4.1	4.1
Client problems	vocational	4.3*	3.3*	3.9*	4.2	3.6	3.8
	chronic illness	4.0	3.5	3.1	3.3	3.4	3.2
	life crises	4.6	4.3	4.6	4.7*	4.3*	4.6*
	psychopathology	2.6	3.2	3.0	3.1	3.2	2.8
	health promotion	4.1*	3.6*	3.9*	4.1*	3.7*	3.7*

* F significant $\leq .01$

main discipline of Counselling Psychology.

The picture is less clear for the place of education as a discipline base of Counselling Psychology. Although almost half the sample (48.9%) supported education as a main discipline of Counselling Psychology, counselling professionals as a whole appear to be somewhat undecided ($\underline{M}$ = 3.26, $\underline{SD}$ = 1.12). It should be noted here that 197 participants responded to the choice psychology and 176 to education (N = 205) which indicates that some respondents chose only one of the two responses and support for psychology as a discipline base may be even stronger than for education. All group means fall in the undecided range. A similar pattern emerged for group responses based on title although counsellor educators were somewhat closer to supporting education as a discipline than counselling psychologists and counsellors. It appears that those who were primarily affiliated with psychology whether through professional association membership or title were the most undecided about education being a main discipline of Counselling Psychology, but showed the strongest support for psychology. Counsellor educators were the only group who perceived both education and psychology to be main disciplines of Counselling Psychology.

<u>Philosophical tenets</u>

All professionals ($\underline{M}$ = 4.20, $\underline{SD}$ .87) perceived that a major objective of Counselling Psychology was the study of how people relate to themselves and others through the life stages, in other words clients' personal and social development (question 3). Responses were also supportive and consistent across all sub-groups. In response to question 2, counselling professionals as a whole strongly agreed that Counselling Psychology practice was subsumed by psychological principles ($\underline{M}$ = 4.46, $\underline{SD}$ = .73), a response consistent across sub-groups.

Question 7 tapped counselling professionals perceptions of the foci of intervention in Counselling Psychology. The majority of counselling professionals believed that

Counselling Psychology had an educational/developmental focus ($\underline{M} = 4.21$, $\underline{SD} = .97$). Responses between the professional associations were significantly different however, ($\underline{F}(2,194) = 8.00$, $\underline{p} < .01$). CGCA-CO members were considerably less sure of Counselling Psychology's educational/developmental focus than CPA members and CGCA-CE members. However, 30% of CPA members were undecided in this respect. Counselling psychologists, counsellors and counsellor educators agreed that a developmental/educational focus was central to Counselling Psychology. Those affiliated with Counselling appeared the least sure that Counselling Psychology had an educational/developmental focus.

Prevention ($\underline{M} = 3.80$, $\underline{SD} = 1.01$) was reasonably well supported by the whole sample as a main focus of intervention in Counselling Psychology. Within the professional associations there was significant differentiation between groups ($\underline{F}(2,194) = 4.67$, $\underline{p} < .01$); CGCA-CO were more doubtful about the role of prevention than CPA and CGCA-CE members. Within the professional title groups, counsellors were the least sure about the role of prevention in Counselling Psychology, which again suggests that those affiliated with Counselling are the least sure about prevention being a main focus in Counselling Psychology.

Counselling professionals as a whole supported remediation as a main focus in Counselling Psychology ($\underline{M} = 3.91$, $\underline{SD} = 1.01$). This response was consistent across all sub-groups. All three interventions, education/development, prevention and remediation were supported as foci in Counselling Psychology, but with CGCA-CO and counsellors somewhat undecided as to the prominence of the role of prevention.

When asked to rank the importance of education/development, prevention and remediation to Counselling Psychology, education/development ranked first in all groups. (frequencies in Appendix D). Remediation also ranked equal first for CGCA-CO and CGCA-CE members, but third for the remainder of the groups and the sample as a whole.

Prevention ranked second for the sample as a whole, as well as for CGCA-CE members and counsellors but third for CGCA-CO members, counselling psychologists, and counsellor educators. Clearly in the eyes of counselling professionals, prevention did not occupy the espoused central position and it had been replaced by remediation.

Counselling psychology practice

Question 4 asked for respondents opinions on Counselling Psychology practice. There was majority agreement across all groups that in practice counselling psychologists use developmental/educational interventions ($\underline{M}$ = 4.26, $\underline{SD}$ = .86) with a focus on problem solving and effective coping ($\underline{M}$ = 4.41, $\underline{SD}$ = .76), and psychometric assessment ($\underline{M}$ = 3.84, $\underline{SD}$ = .93) to assist people to achieve goals ($\underline{M}$ = 4.36, $\underline{SD}$ = .85). There was a significant difference in the degree to which counselling psychologists, counsellors, and counsellor educators endorsed perceptions that in practice counselling psychologists assist people to achieve their goals ($\underline{F}$(2,159) = 4.49, $\underline{p} \leq .01$) and focus on problem solving and effective coping ($\underline{F}$(2,159) = 5.65, $\underline{p} \leq .01$) with counsellors appearing to be less convinced in both cases.

Client groups

In question 5, respondents were asked about the main client groups in Counselling Psychology. The majority of counselling professionals appeared to concur that Counselling Psychology's main client group was within the 'normal' ($\underline{M}$ = 4.20, $\underline{SD}$ = 1.02) or 'at risk' ($\underline{M}$ = 4.06, $\underline{SD}$ = .92) range but were somewhat undecided about clients with psychopathology ($\underline{M}$ = 2.67, $\underline{SD}$ = 1.24). A third of respondents viewed clients with psychopathological disorders as a main client group in Counselling Psychology practice while just over 50% disagreed. Professional association responses did not differ sharply from this view but of the groups based on title counselling psychologists and counsellors seemed to be somewhat more undecided than counsellor educators. Those affiliated with counselling appeared less sure than other sub-groups about clients in the 'normal' range

being central to Counselling Psychology practice. 'At risk' and 'normal' range client groups are accepted populations in Counselling Psychology practice but confusion surrounds clients with psychopathological disorders, especially for counselling psychologists and counsellors.

Client problems

Counselling professionals' perceptions of main client problems were consistent with their views of main client groups (question 6). All professionals strongly agreed that a focus on coping with life crises and transitions was central to Counselling Psychology practice. This perception was consistent across sub-groups although significant variation existed between groups based on title ($F(2,155) = 5.33$, $p \leq .01$). Again, those affiliated with Counselling were less sure than other sub-groups that counselling psychologists' practice focuses on coping with life crises and transitions. This seems to suggest that those affiliated with Counselling were somewhat doubtful about the 'normal' focus that has traditionally described Counselling Psychology.

With regard to psychopathological disorders, professionals as a whole were undecided ($M = 2.93$, $SD = 1.24$). Sub-group responses did not deviate sharply all falling in the undecided range. On the whole, the question of whether psychopathological disorders were problems central to Counselling Psychology practice appears to be quite unclear among counselling professionals, even counselling psychologists.

Three quarters (73.8%) of counselling professionals supported vocational assessment and career counselling as a central client problem in Counselling Psychology ($M = 3.86$, $SD = 1.20$). CGCA-CE members showed little deviation, but CPA members appeared stronger in their support and CGCA-CO members appeared to be somewhat undecided. This intra-group differentiation is highly significant ($F(2,196) = 10.59$, $p < .01$). Within groups based on title, counsellor educators and counsellors appeared somewhat more doubtful than counselling psychologists about the role of vocational

assessment and career counselling being central to Counselling Psychology practice. It appears that in the minds of most counselling professionals, vocational concerns were important to Counselling Psychology, but those affiliated with Counselling were more likely to question this perception.

Professionals as a whole were undecided about the place of chronic/serious illness in Counselling Psychology practice (M = 3.22, SD = 1.09). This was reflected in the professional associations where responses varied between support (CPA), undecided (CGCA-CE) and somewhat undecided (CGCA-CO). Responses based on title all fell within the undecided range. Serious/chronic illness as a central client problem in Counselling Psychology was supported by CPA members but not counselling psychologists which suggests that the endorsement came from those in CPA who do not refer to themselves as counselling psychologists.

Although counselling professionals as a whole (M = 3.85, SD =.99) appeared close to supporting health promotion as a central client concern, professional associations showed significant variation ($F_{(2,196)}$ = 5.95, p < .01). CPA members showed reasonably strong support and CGCA-CO members considerably less so. Although CGCA-CE members' responses were in the direction of support, the modal response was undecided. Responses between groups based on title were significantly differentiated ($F_{(2,155)}$ = 5.14, $p \leq$ .01). Counsellors and counsellor educators were less sure than counselling psychologists that health promotion is a central client concern in Counselling Psychology. Health promotion was most strongly supported by those affiliated with Counselling Psychology and less so by those affiliated with Counselling and Counsellor Education.

Summary

Those affiliated with the Counselling Psychology profession were more likely to hold with the traditional perceptions of the profession that circumspect a 'normal' focus.

The key areas of uncertainty for them revolved around the more clinical elements such as psychopathology and chronic illness. Those affiliated with Counselling were more likely to view Counselling Psychology with a slightly more clinical/medical focus, with uncertainty surrounding the place of clients with psychopathological problems. They were the least enthusiastic in their support of the 'normal" focus of Counselling Psychology. Those affiliated with Counsellor Education fell somewhere in between, on the whole endorsing the traditional identity of Counselling Psychology, but having some doubts about the place of psychopathology and the preventive aspects of practice.

Counselling Professionals' Perceptions of Professional Identity of Counselling

Counselling professionals' perceptions of Counselling as a profession are shown in Table 7. Questions 1-8 that dealt with the professional identity of Counselling Psychology were repeated in questions 9-16 for Counselling.

Discipline base

Counselling professionals as a whole were agreed (M = 3.97, SD = 1.00) that education is the discipline that subsumes Counselling (question 9) . Sub-groups varied little from the sample as a whole, but those affiliated with Counsellor Education showed the strongest support. Counselling professionals were somewhat undecided (M = 3.61, SD = 1.15) about psychology as a discipline base of Counselling. Counsellors more than any other group were closest to supporting psychology as a discipline of the Counselling profession. Counsellor educators in particular were somewhat undecided.

Philosophy

Despite the doubt as to whether psychology subsumes counselling as a discipline, counselling professionals unanimously agreed (M = 4.18, SD = 0.90) that psychology principles form the basis of Counselling practice (question 10). Little variation existed within sub-groups in this perception. In addition, professionals also concurred (M = 4.02, SD = 1.00) that a major objective of Counselling is the study of how people relate to

Table 7

Mean Responses to Counselling Professionals' Perceptions of the Professional Identity of Counselling

Professional identity of Counselling		CPA	CGCA-CO	CGCA-CE	Co psych	Co's	Co eds
Discipline Base	education	3.9	3.9	4.1	4.0	3.9	4.3
	psychology	3.5	3.7	3.6	3.6	3.8	3.4
Philosophy	objectives	3.9	4.0	4.2	3.9	4.1	4.1
	psychology base	4.0	4.2	4.3	4.1	4.3	4.2
	prevention	4.0	4.1	4.1	4.1	4.0	4.1
	development	4.3	4.4	4.6	4.5	4.4	4.6
	remediation	3.4	3.8	3.9	3.6	3.9	3.7
Practice	ed/dev'mental interventions	4.0	4.3	4.4	4.1	4.0	4.4
	psychometric assessment	3.3	3.4	3.5	3.5	3.4	3.3
	goal attainment	4.5	4.5	4.6	4.6	4.5	4.6
	problem solving	4.5	4.6	4.6	4.5	4.6	4.7
Client groups	pathological	2.2	2.3	2.3	2.1	2.6	2.1
	normal	4.4	4.5	4.5	4.5	4.4	4.5
	at risk	3.6*	4.1*	4.1*	3.7	4.2	4.0
Client problems	vocational	4.1	4.2	4.3	4.3	4.2	4.1
	chronic illness	2.7	3.0	3.1	2.8	3.2	2.9
	life crises	4.1	4.3	4.5	4.1	4.4	4.4
	psychopathology	2.1	2.3	2.5	2.2	2.5	2.2
	health promotion	4.0	3.7	4.0	4.0	3.9	4.0

* F significant $\leq$ .01

themselves and others through all the life stages (question 11). Again, sub-groups responses were consistent with the sample as a whole.

In response to question 15, all counselling professionals strongly supported education/development (M = 4.42, SD = 0.83) and prevention (M = 4.05, SD = 0.88) as main foci of intervention in Counselling and sub-group responses were consistent with the sample as a whole. Support for remediation was somewhat supportive from the sample as a whole but with greater variability in responses (M = 3.70, SD = 1.19). Remediation received similar endorsement from CGCA-CE and CGCA-CO members but CPA members were somewhat undecided. Groups based on title showed that counselling psychologists, counsellor educators, and counsellors in particular, were likely to be somewhat supportive of remediation as a main focus of Counselling.

When asked to rank order the importance of prevention, education/development and remediation to Counselling (question 16), the majority of Counselling professionals as a whole ranked education first, prevention second and remediation third. This sequence was repeated in all sub-groups. The relative importance of the three interventions thus appeared to be very clear in the minds of all counselling professionals.

Counselling Practice

In response to question 12, all professionals agreed that in practice counsellors use developmental and preventive interventions (M = 4.23, SD .95) with a focus on effective coping and problem solving (M = 4.57, SD = .65) in counselling practice to assist people to achieve their goals (M = 4.53, SD = .65). All professionals showed some uncertainty as to whether counsellors use psychometric assessment (M = 3.37, SD = 1.19) in counselling practice. This result was also reflected in professional association and title sub-groups.

Client groups

All professionals strongly agreed that Counselling's main population falls within the 'normal' range (M = 4.43, SD = .86) with little deviation for sub-groups (question 13).

The sample as a whole perceived counselling practice to exclude those clients with psychopathological disorders (M = 2.26, SD = 1.15). In this respect professional association sub-groups did not vary, but in sub-groups based on title, counsellors were somewhat more undecided than counselling psychologists and counsellor educators.

Counselling professionals as a whole perceived those 'at risk' to be a main client group of the Counselling profession (M = 3.94, SD = 1.06). Professional association groups showed significant differences in this perception however ($F_{(2,195)}$ = 5.58, $p \le$ .01). CPA members were somewhat less sure about the inclusion of 'at risk' clientele in Counselling practice than CGCA-CO members and CGCA-CE members. A similar pattern occurred in the groups based on title where counselling psychologists were somewhat undecided and counsellors and counsellor educators agreed that 'at risk' populations were a primary client group in Counselling practice.

Client problems

Responses to question 14 indicate that counselling professionals were unanimous in their support that vocational assessment and career counselling (M = 4.20, SD = 1.00) and dealing with life crises and transitions (M = 4.32, SD = .86) are central to Counselling practice. These responses were reflected in all sub-groups. Health promotion received support from the sample as a whole (M = 3.93, SD = .97) and all sub-groups, but CGCA-CO members' endorsement was somewhat weaker than other groups. There was indecision among all professionals (M = 2.92, SD = 1.22), which was reflected in all groups, that chronic/serious illness is a central client problem in Counselling. Psychopathology as a client problem was not supported by the majority of counselling professionals (M = 2.30, SD = 1.14), however, counsellors and CGCA-CE members leaned towards somewhat undecided.

<u>Summary</u>

Counselling professionals' perceptions of Counselling appeared to be much clearer than their perceptions of Counselling Psychology. Overall there was more consensus within and between groups on the main identity issues. Professionals overwhelmingly supported the traditional identity of Counselling as having a 'normal' focus with a strong emphasis on education/development and health promotion. Clinical areas, while not endorsed on the whole, showed a tinge of uncertainty however particularly for counsellors.

<u>Comparing the Practice of Counselling and Counselling Psychology</u>

Questions 17 and 18 asked counselling professionals about the differences between Counselling and Counselling Psychology, and counsellors and counselling psychologists. Mean responses are shown in Table 8. As a whole, counselling professionals were somewhat undecided (M = 2.65, SD = 1.45) as to whether the range of settings and populations, and breadth of client problems (M = 2.80, SD = 1.38) vary between Counselling and Counselling Psychology. Within the professional association groups, CPA members were slightly more undecided on these two issues than the whole sample, and CGCA-CO members and CGCA-CE members less so. Professional title groups varied significantly in their views related to the breadth of client problems ($F(2,161)$ = 7.35, $p \leq$ .01). Counsellors were less likely to perceive a difference between the two professions in this respect than counselling psychologists and counsellor educators. Respondents affiliated with Counselling in particular were the least likely of all professionals to perceive a difference in the range of settings and populations and breadth of client problems between Counselling and Counselling Psychology.

The total sample was somewhat supportive of the view that counselling psychologists usually have more training and education than counsellors (M = 3.70, SD = 1.32), particularly in psychometrics and interpretation of tests (M = 3.80, SD = 1.19). Professional association group responses were significantly different with respect to

Table 8

Means Comparing the Professions of Counselling and Counselling Psychology

	CPA	CGCA-CO	CGCA-CE	Co psych	Co's	Co eds
Counselling Psychology is more bound by standards of ethical and legal conduct than **Counselling** is	2.7	2.6	2.5	2.7	2.4	2.7
the range of settings and client populations is narrower in **Counselling** than in **Counselling Psychology**	2.9	2.5	2.6	2.9	2.3	2.6
Counselling does not require research expertise whereas **Counselling Psychology** does	3.1*	2.6*	2.4*	3.1	2.4	2.6
there are no differences between the practice of **Counselling** and **Counselling Psychology**	2.6	2.7	3.0	2.7	2.6	2.8
Counselling psychologists usually have more training and education than **counsellors** do.	4.1*	3.5*	3.4*	4.0	3.4	3.6
Counsellors work only with clients, whereas **counselling psychologists** work with clients and perform additional tasks (e.g.,. research)	3.4	2.8	2.9	3.4	2.0	3.1
Counsellors have a narrower range of client problems than **counselling psychologists** do	3.1	2.6	2.7	3.2*	2.3*	3.1*
Counselling psychologists have more training in psychometrics and interpretation of tests than **counsellors**	4.0	3.6	3.7	3.8	3.7	3.9

* $p \leq .01$

training and education ($F(2,201) = 6.29$, $p \leq .01$). Those affiliated with Counselling

Psychology were more likely to share the view that counselling psychologists have more

training than counsellors than those affiliated with Counselling and Counsellor Education

who were all somewhat undecided. CPA members supported the view that counselling psychologists have more training in psychometrics to a greater extent than either CGCA-CO members or CGCA-CE members, whereas in the professional title groups, counsellor educators gave slightly more support than counsellors or counselling psychologists to the concept.

Counselling professionals as a whole ($\underline{M}$ = 2.72, $\underline{SD}$ = 1.40) were somewhat undecided as to whether counselling psychologists require more research expertise than counsellors. There was a significant variation in the responses of professional association groups ($\underline{F}$(2,202) = 5.62, $\underline{p}\leq$.01) where CGCA-CE members were somewhat less likely to perceive that Counselling Psychology requires more research expertise than Counselling. Within the title groups, counsellors were somewhat less likely to view Counselling Psychology as requiring more research expertise than Counselling. Sub-group responses all fell within a range similar to the total sample with the exception of those affiliated with Counselling Psychology who were clearly undecided as to whether research expertise was unique to Counselling Psychology.

Counselling professionals as a whole ($\underline{M}$ = 2.56, $\underline{SD}$ = 1.58) were somewhat undecided as to whether Counselling Psychology is more bound by ethical and legal guidelines than is Counselling. Within sub-groups, professional associations did not deviate much from the sample as a whole, but within group differences based on title showed that counselling psychologists and counsellor educators were more undecided than counsellors as to whether Counselling Psychology has stricter ethical and legal guidelines than Counselling. Counsellors were somewhat of the opinion that Counselling and Counselling Psychology do not differ in this respect.

On the whole, counselling professionals were somewhat undecided as to whether there is a difference between Counselling and Counselling Psychology ($\underline{M}$ = 2.72, $\underline{SD}$ = 1.29). All sub-groups reflected a similar degree of indecision.

Summary

It appears that counselling professionals in general, and counsellors in particular, seemed unsure as to whether there was a difference between Counselling and Counselling Psychology. Those affiliated with Counselling Psychology perceived that counselling psychologists have more training and education than counsellors while those affiliated with Counselling and Counsellor Education only somewhat supported this perception. Those affiliated with CPA and counsellor educators supported the view that counselling psychologists have more training in psychometrics and the interpretation of tests than counsellors, while those affiliated with Counselling were only somewhat supportive of this concept.

Comparing Clinical Psychology and Counselling Psychology

Questions 19 and 20 asked respondents to compare Counselling and Clinical Psychology. The results are shown in Table 9. Counselling professionals in general viewed the more 'normal' developmental focus of Counselling Psychology (M = 4.20, SD = .87) as the main distinction between Clinical and Counselling Psychology. This was reflected in the professional association and professional title groups, but in both cases, the support of those professionals associated with Counselling was not as strong as the other groups. Counselling professionals as a whole (M = 3.83, SD = .98), and within all sub-groups, came close to supporting the view that counselling psychologists are more likely to use educationally-based techniques, however, they were somewhat undecided as to whether Counselling Psychology, in contrast to Clinical Psychology, is more an extension of education (M = 3.56, SD = 1.07). This view was consistent within the professional title groups also. Within the professionals association groups, CPA members were less likely to view Counselling Psychology as an extension of education than were CGCA-CO members and CGCA-CE members.

Counselling professionals were undecided as to whether counselling psychologists

Table 9

Means Comparing the Professions of Clinical Psychology, Counselling Psychology, and

Other Areas of Applied Psychology

In comparison to **Clinical Psychology, Counselling Psychology...**	CPA	CGCA-CO	CGCA-CE	Co psych	Co's	Co eds
focuses on individuals with concerns arising through the normal course of development. e.g., relationships, vocational choice	4.3	4.1	4.3	4.2	4.1	4.2
focuses more on diagnosis and treatment	2.3	2.7	2.6	2.5	2.7	2.5
is more likely to use educationally-based techniques	3.9	3.7	3.9	4.0	3.8	3.9
is more likely to use and interpret psychological tests	2.5	3.1	2.9	2.8	3.0	2.9
is more of a synthesis of traditional, experimental and community psychology	3.3	3.5	3.6	3.6	3.5	3.4
is more an extension of education	3.3	3.6	3.8	3.5	3.7	3.6
There is no real difference between **Counselling Psychology** and **Clinical Psychology**	2.3	2.4	2.1	2.4	2.3	2.1
There is a blurring of the boundaries between the various areas of Applied Psychology e.g., clinical, industrial/organizational, community, counselling.	4.0	3.9	3.9	3.9	3.9	3.9
Counselling psychology is unique and well differentiated from other areas of Applied Psychology.	2.6	2.4	2.4	2.7	2.3	2.5
Counselling psychology should be unique and well differentiated from other areas of applied Psychology.	3.4	3.1	3.3	3.6	3.1	3.4

or clinical psychologists were more likely to focus on diagnosis and treatment (($M = 2.50$, $SD = 1.06$) and the use and interpretation of psychological tests ($M = 2.83$, $SD = 1.15$). These perceptions did not vary much between sub-groups, although those associated with Counselling Psychology were the least undecided and somewhat disagreed that diagnosis and treatment are foci in Counselling Psychology.

Participants as a whole ($M = 3.45$, $SD = 1.08$) were somewhat undecided that compared to Clinical Psychology, Counselling Psychology is more a synthesis of traditional, experimental, and community psychology. This view was shared by counselling psychologists, counsellors, and counsellor educators, and also the two CGCA groups, and slightly less so by CPA members.

The group as a whole ($M = 2.27$, $SD = 1.08$) was inclined to perceive a difference between Clinical and Counselling Psychology. This view was supported most by CGCA-CE members and counsellor educators and least by counselling psychologists and CGCA-CO members who seemed somewhat less sure of a difference between Clinical and Counselling Psychology. The sample as a whole and the sub-groups all agreed that there is a blurring of the borders between various areas of applied psychology and that Counselling Psychology may not be that well differentiated from other areas (questions 21 and 22). Counsellors were the most likely to hold this view and counselling psychologists were the closest to undecided. When asked whether or not Counselling Psychology should be unique and well differentiated from other areas of applied psychology (question 23), the majority of counselling professionals were undecided ($M = 3.26$, $SD = 1.20$) but those professionals affiliated with Counselling Psychology were more likely than other professional groups to be in the direction of support.

Summary

Counselling professionals as a whole perceived that more than anything else, the 'normal' focus distinguished Counselling Psychology from Clinical Psychology, although

support from those affiliated with Counselling was not as strong. Although counselling psychologists were more likely to use educationally based techniques, for most professionals this did not translate into Counselling Psychology being seen as an extension of education. Professionals in general, and counsellors in particular, perceived that various areas of applied psychology are not that well differentiated. Those affiliated with Counselling Psychology were more likely than other counselling professionals to lean towards support that Counselling Psychology should have a unique identity.

Section 2

Nature and Scope of Practice of Counselling Professionals

Participants were asked for their primary and secondary areas of practice (question 25). Responses are shown in Table 10. Educational settings, academia, grade school, and counselling centres accounted for well over half of primary practice areas. Fifteen percent reported working in private practice and 8% and 10% in government agencies and 'other' respectively. This latter category included administrative types of practice within academic settings and private business or industry. Three-quarters of counselling professionals surveyed have more than one area of practice. Private practice accounted for the largest percentage (37%) of secondary practice, with academia in second place (20%), and counselling centres and 'other' claiming 10% and 11% respectively.

Work sites based on primary title, and within professional associations are shown in Table 11. Counselling psychologists were employed in a fairly narrow range of employment settings, namely, academia, counselling centres, or private practice, while counsellors were employed in a broad range of settings but concentrated in schools and academia, government agencies and 'other'. Counselling or clinical psychologists accounted for a large number of those in private practice. In terms of professional associations CPA members were more heavily clustered in private practice and counselling centres and CGCA-CO and CGCA-CE members were concentrated in grade school and

Table 10

Primary and Secondary Areas of Practice for all Participants

Areas of practice	Primary area of practice N = 205	Secondary area of practice N = 142
Private practice	32	53
Counselling centre	35	15
School K - Grade 12	39	8
Academia	45	29
Research facility	4	5
Hospital/Mental health centres	8	3
Government agency	17	6
other	21	16
multiple responses	4	4

academia. It may be the case then that the type of work professionals do determines to some extent the professional association to which they belong.

With respect to secondary areas of practice (Table 12), results indicated that a substantial number of those in private practice were from academic settings or counselling centres. This was consistent across professional associations. In addition, those employed in counselling centres and private practice, most noticably in CPA, reported having secondary practice areas in academia. Thus there would seem to be a fair amount of overlap between theoretical and practice domains.

Counselling professionals were asked the percentage of time that they spend in the areas of intervention traditionally associated with Counselling and Counselling Psychology. Psychotherapy was included post hoc (question 26). Table 13 shows response categories and mean percentage of time spent per week in remediation, prevention, education /development, and psychotherapy.

Table 11

Primary Work Settings Within Professional Associations

Primary work setting based on primary affiliation	Private Practice	Couns'g Centre	School K-12	Academia	Research Facility	Hospital/ M H C	Govm't Agency	Other
CPA								
Counselling Psychologist	12	15	-	7	1	2	-	4
Clinical Psychologist	5	4	-	2	-	3	1	-
Counsellor Educator	1	-	1	2	-	1	1	-
Counsellor	1	2	-	-	-	-	-	2
Other	1	-	1	1	-	-	1	1
Total	**20**	**21**	**2**	**12**	**1**	**6**	**3**	**7**
CGCA Co								
Counselling Psychologist	2	2	3	2	-	-	-	-
Clinical Psychologist	-	-	-	-	-	-	-	-
Counsellor Educator	1	-	2	2	1	-	1	2
Counsellor	3	5	10	4	1	1	7	6
Other	-	-	3	-	-	-	1	2
Total	**6**	**7**	**18**	**8**	**2**	**1**	**9**	**10**
CGCA CE								
Counselling Psychologist	2	2	-	3	-	-	1	1
Clinical Psychologist	-	-	-	-	-	-	-	-
Counsellor Educator	1	2	11	13	1	-	2	1
Counsellor	3	1	4	6	-	1	2	1
Other	-	1	2	3	-	-	-	-
Total	**6**	**6**	**17**	**25**	**1**	**1**	**5**	**3**

Table 12
Counselling Professionals' Secondary Areas of Practice Based on Their Primary Work Site

Primary worksite	Secondary areas of practice							
	PP	CC	K-12	Acad'ia	R'search	Hosp/MHC	G'ment	Other
CPA								
PP	-	2	-	6		2	1	2
CC	12	-	-	8	-	-	-	-
K-12	-	-	-	-	-	-	-	-
Acad'ia	4	1	-	-	1	-	-	-
R'search	-	-	-	1	-	-	-	-
Hosp/MHC	4	-	1	-	-	-	-	-
G'ment	1	-	-	-	-	1	-	-
Other	2	-	-	2	-	-	-	2
N	**23**	**3**	**1**	**17**	**1**	**3**	**1**	**4**
CGCA CO								
PP	-	1	-	-	-	-	-	3
CC	4	-	-	1	-	-	-	-
K-12	5	2	-	1	-	-	1	1
Acad'ia	5	-	-	-	-	-	-	-
R'search	-	-	-	1	-	-	-	-
Hosp/MHC	-	-	-	-	1	-	-	-
G'ment	4	-	1	1	-	-	1	1
Other	2	1	1	1	-	-	1	1
N	**20**	**4**	**2**	**5**	**1**	**0**	**3**	**6**
CGCA-CE								
PP	1	-	1	2	-	-	1	-
CC	1	-	-	2	-	-	1	-
K-12	1	1	1	1	-	-	-	1
Acad'ia	7	5	2	-	3	-	-	2
R'search	-	-	-	1	-	-	-	-
Hosp/MHC	-	-	-	-	-	-	-	1
G'ment	-	-	-	1	-	-	-	1
Other	-	1	-	-	-	-	-	-
N	**10**	**7**	**4**	**7**	**3**	**0**	**2**	**6**

Counselling psychologists reported spending considerably more of their time doing remediation (38.3%) than any other group of counselling professionals; about 10% more than either clinical psychologists or counsellors, who reported spending approximately a third of their time in remedial pursuits. Even counsellor educators spend a fifth of their time doing remediation. This was consistent with professionals' perception that remediation was a main focus in Counselling Psychology and may also be taking a more prominent position in Counselling.

All professionals reported spending at least 30% of their time engaged in interventions with an educational/developmental focus with the exception of clinical psychologists. The 'other' category spent the most with over half of their time focused in this area. The reader will recall that professional groups varied in their perceptions of the role of education/development in Counselling Psychology, particularly those affiliated with Counselling, and doubts appear to be justified based on the proportion of time counselling psychologists reported spending in education compared to remediation. Counsellors did not appear to spend much more time in educational activities than remedial activities either which is not consistent with the strong endorsement all professionals gave to the role of education/development in Counselling.

Prevention, considered an important focus in Counselling and Counselling Psychology yielded some interesting and disappointing results. Counselling professionals as a whole reported spending less than a fifth of their time on interventions with a preventive focus. Again, professionals associated with Counselling seemed the most accurate in their perceptions when they expressed some doubt as to whether prevention is a main focus in Counselling Psychology. Although prevention was seen as having a primary focus in Counselling, in practice it did not appear to be the case. Time spent in remediation exceeds that spent in prevention in all cases with the exception of counsellor educators. Counselling psychologists' practice, clustered in private practice and counselling centres,

Table 13

Percentage of Time per Week that Counselling Professionals Spend in Foci of Intervention

Focus of intervention		Counselling Psychologist	Clinical Psychologist	Counsellor Educator	Counsellor	Other
Remediation	>76%	5	1	-·	1	-
	51-75%	9	3	3	7	-
	<26-50%	11	2	7	13	2
	<25%	14	2	12	17	5
	0	5	5	11	8	2
Mean % time		**38.3**	**27.7**	**19.9**	**29.2**	**15.1**
Education/development						
	>76%	3	1	3	3	4
	51-75%	4	1	10	4	-
	<26-50%	20	2	9	22	3
	<25%	15	6	4	11	2
	0	2	3	8	6	-
Mean % time		**34.8**	**25**	**43.7**	**34.2**	**54.2**
Prevention						
	>76%	-	-	-	-	-
	51-75%	1	-	1	-	-
	<26-50%	9	2	7	11	-
	<25%	24	5	19	28	5
	0	10	6	4	7	4
Mean % time		**16.7**	**12.3**	**20.3**	**18.6**	**3.6**
Psychotherapy						
	>76%	-	3			
	51-75%	-	-			
	<26-50%		1			
	<25%	1	-			
	0	42	9			
Mean % time		**0.3**	**24.6**			

appeared to be more similar to that of clinical psychologists, if one assumes that 'psychotherapy' is synonymous with remediation.

The growing trend towards remediation reported in the U.S. is alive and well in Canada also, where even counsellor educators spend a full fifth of their time. Education still maintains a position of some importance, especially for counsellors and counsellor educators, but prevention once hailed as a primary tenet of the profession is minimally represented.

Responses to question 26, shown in Table 14, identify the breakdown of traditional counselling activities counselling professionals engage in. Counselling psychologists, clinical psychologists, and counsellors reported spending an average of between 30 and 40% of their time doing individual counselling and no other counselling activity came even close. Vocational assessment and career counselling, the foundation on which Counselling and Counselling Psychology were built, accounted for an average of less than 10% of counselling psychologists' time and 12% of counsellors' time. This probably accounts for the doubts expressed by those affiliated with Counselling about the primacy of vocational concerns in Counselling Psychology. Counselling and clinical psychologists reported doing more couples and family counselling than counsellors, and counsellors did more group counselling than psychologists. Places of work may account for this difference. Types of activities and foci of intervention support a trend away from traditional Counselling and Counselling Psychology practices towards individual counselling focussed on remediation.

Table 15 shows a further breakdown of counselling professionals' work activities. Counsellor educators, as one would expect, reported spending an average of 20% of their time teaching. The remaining counselling professionals spent an average of 10% or less teaching, with counselling psychologists and 'others' ahead of counsellors and clinical psychologists. One would have expected counsellor educators to have spent more than an

Table 14

Percentage of Time per Week that Counselling Professionals Spend in Counselling
Activities

Counselling Activity		Counselling Psych'gist N = 58	Clinical Psych'gist N = 15	Counsellor Educator N = 46	Counsellor N = 59	Other N = 15
Individual counselling	>76%	-	2	1	2	1
	51-75%	9	2	3	13	1
	26-50%	22	5	11	21	2
	<25%	17	5	21	18	6
	0	10	1	10	5	5
Mean % time		**30.8**	**38.3**	**21**	**36.3**	**20**
Vocational assessment & counselling						
	>76%	1	-	-	-	-
	51-75%	1	-	-	-	-
	26-50%	4	-	2	11	-
	<25%	19	4	11	22	3
	0	33	11	33	25	12
Mean % time		**8.5**	**2**	**4.1**	**11.9**	**4**
Couples/Family counselling	>76%	-	-	-	1	-
	51-75%	-	-	-	1	-
	26-50%	4	-	3	2	-
	<25%	24	10	6	17	1
	0	30	5	37	38	14
Mean % time		**7.4**	**7.3**	**3.2**	**5.7**	**1.3**
Group counselling	>76%	-	-	-	-	-
	51-75%	-	-	-	1	-
	26-50%	2	-	1	5	-
	<25%	18	6	12	20	2
	0	38	9	33	33	13
Mean % time		**4.1**	**4.3**	**3.2**	**7.5**	**0.7**

Table 15

Percentage of Time per Week that Counselling Professionals Spend in Counselling
Activities (continued)

Counselling Activity		Counselling Psych'gist N = 58	Clinical Psych'gist N = 15	Counsellor Educators N = 46	Counsellor N = 59	Others N = 15
Teaching	>76%	-	-	3	1	1
	51-75%	-	1	-	-	-
	26-50%	6	-	10	2	1
	<25%	23	3	18	21	1
	0	29	11	15	35	12
Mean % time		**9.4**	**6.3**	**19.5**	**7**	**10.3**
Counsellor training	>76%	-	-	1	-	1
	51-75%	-	-	-	-	-
	26-50%	1	-	3	2	-
	<25%	16	3	14	9	3
	0	41	12	28	48	11
Mean % time		**3.6**	**1.1**	**7.9**	**2.5**	**7.7**
Staff training/ Organizational development	>76%	-	-	-	-	-
	51-75%	-	-	-	-	-
	26-50%	2	-	2	2	1
	<25%	15	5	15	16	6
	0	41	10	29	41	8
Mean % time		**3.0**	**2.3**	**4.6**	**3**	**7.4**
Research	>76%	-	-	-	1	1
	51-75%	-	-	1	-	-
	26-50%	9	2	1	1	-
	<25%	25	7	21	21	4
	0	24	6	23	35	10
Mean % time		**10.6**	**8.7**	**8.3**	**6.5**	**8.7**
Supervision	>76%	-	-	-	-	-
	51-75%	-	-	-	1	-
	<26-50%	3	1	1	1	-
	<25%	27	6	19	14	6
	0	28	8	26	43	9
Mean % time		**6.1**	**7**	**5**	**3.5**	**4.8**
Administration	>76%	2	-	-	2	-
	51-75%	-	-	2	-	1
	<26-50%	8	3	9	7	4
	<25%	27	5	18	26	3
	0	21	7	17	24	7
Mean % time		**13.5**	**9.9**	**14.4**	**12.4**	**17.7**

average of 8% of their time in counsellor training, but this may support the inference that a good proportion of those calling themselves counsellor educators are school counsellors /teachers. More than half of the group do no counsellor training. All professional groups are involved to some small extent in counsellor training and also in staff training and organizational development, in particular the 'other' category.

All groups of professionals reported spending an average of between 3.5% and 7% of their time in a supervisory capacity, but counsellor educators, clinical and counselling psychologists more so than counsellors. Administration occupied considerable amounts of counselling professionals' time, in particular the 'other' group with an average of 17.7%. Counselling psychologists (13.5%), counsellor educators (14.4%), and counsellors (12.4%) spent up to an average of one fifth, or one day, of their week in administrative duties.

Summary

Canadian counselling professionals in general reported spending considerable amounts of time in remedial types of practice. This was especially salient for counselling psychologists who estimated that 40% of their time is taken up in this kind of activity. Counsellors were also spending a good proportion of their time in remedial work which is not entirely consistent with their ideology. Prevention for most groups of professionals has taken a back seat to remediation and education/development with the exception of counsellor educators who somewhat surprisingly spent equal amounts of time in remediation and prevention, with the majority of their time spent in education. Although it seems that counselling psychologists' had a slightly more educational and preventive focus in their practice than clinical psychologists', it is not consistent with either the traditional philosophy of Counselling Psychology or the perceptions of professional identity of those affiliated with Counselling Psychology. While counsellors' practice seemed less remedial than that of counselling psychologists, educational and preventive aspects are very similar.

Although counsellors spent slightly more time than counselling psychologists doing vocational counselling and group work, in most other respects they were comparable. This may be part of the reason that counsellors in particular reported seeing little difference between Counselling and Counselling Psychology.

<div align="center">Section 3</div>

<div align="center">The Extent and Nature of Counselling Professionals' Research Activity</div>

Research in Counselling and Counselling Psychology has been the subject of much academic debate. All groups of professionals engage in research to some small degree. Over half of the counselling psychologists, clinical psychologists and counsellor educators reported spending an average of 10% of their time per week or less; counsellor educators' average (8.3%) was slightly lower than counselling (10.6%) or clinical (8.7%) psychologists. Slightly less than half of the counsellors were engaged in research with an average time per week of 6.5% which may account for counsellors' uncertainty with respect to the comparative research activity of counsellors and counselling psychologists.

Counselling professionals as a whole showed a fairly low average amount of time (about 10%) spent in research activities (question 26); Tables 16 and 17 shows a further breakdown of time spent in specific research tasks (question 27). All groups of counselling professionals spent an average of between 2 to 4 hours per week reviewing literature. While counselling psychologists and counsellor educators engaged more in research activities such as research design, writing for publication and supervising others' research, counsellors spent a far greater average time collecting and analyzing data on clients and developing funding proposals. However, interestingly, counsellors spent an average of 1.7 hours per week in personal research compared to counselling psychologists (1.1) and counsellor educators (1.0).

Question 31 asked respondents to indicate their publication rate, the results are shown in Table 18. The results were consistent with another Canadian study (Hunsley &

Table 16

Hours per Week Spent in Research Activities

Research Activity		Counselling Psych'gist N = 42	Clinical Psych'gist N = 9	Counsellor Educator N = 34	Counsellor N = 44	Other N = 11
Literature Review	> 21	-	-	-	-	-
	16-20	-	-	2	1	-
	11-15	-	1	-	-	-
	6-10	2	-	3	7	1
	1-5	28	5	22	28	6
	0	12	3	7	8	4
Mean hours / week		**2.1**	**2.7**	**3.5**	**3.6**	**1.8**
Research design/ Hypothesis formulation	> 21	-	-	-	-	-
	16-20	-	-	-	-	-
	11-15	1	-	-	-	-
	6-10	1	-	1	-	-
	1-5	7	2	8	4	1
	0	33	7	25	40	10
Mean hours / week		**0.8**	**0.4**	**0.8**	**0.2**	**0.1**
Field research	> 21	-	-	1	-	-
	16-20	-	-	-	-	-
	11-15	-	-	-	-	-
	6-10	1	-	-	1	-
	1-5	4	-	8	2	1
	0	37	9	25	41	10
Mean hours / week		**0.3**		**1.3**	**0.3**	**0.2**
Counselling outcome research	> 21	-	-	-	-	-
	16-20	-	-	-	-	-
	11-15	-	-	-	1	-
	6-10	-	-	1	-	-
	1-5	10	1	5	7	2
	0	32	8	28	35	9
Mean hours / week		**0.3**	**0.2**	**0.4**	**0.6**	**0.4**
Collecting and Analyzing data on clients	> 21	-	-	-	-	-
	16-20	-	-	-	1	1
	11-15	-	-	-	1	-
	6-10	-	-	1	4	-
	1-5	15	2	11	18	4
	0	27	7	22	19	6
Mean hours / week		**0.6**	**0.8**	**1.1**	**2.6**	**2.3**

Table 17

Hours per Week Spent in Research Activities (continued)

Research Activity		Counselling Psych'gist N = 42	Clinical Psych'gist N = 9	Counsellor Educator N = 34	Counsellor N = 44	Other N = 11
Developing	> 21	-	-	-	-	-
funding	16-20	-	-	-	1	-
proposals	11-15	-	-	-	-	-
	6-10	-	-	1	4	-
	1-5	7	1	7	5	2
	0	35	8	26	34	11
Mean hours / week		**0.3**	**0.3**	**0.7**	**1.6**	**0.4**
Programme	> 21	-	-	-	-	-
evaluation	16-20	-	-	-	-	-
	11-15	-	-	-	-	-
	6-10	1	-	2	1	-
	1-5	7	-	13	11	2
	0	34	9	19	31	9
Mean hours / week		**0.4**		**1.2**	**0.7**	**0.6**
Conducting	> 21	-	-	-	-	1
personal	16-20	-	-	-	-	1
research	11-15	2	-	-	1	-
	6-10	-	-	1	4	-
	1-5	8	3	11	11	2
	0	32	6	22	28	7
Mean hours / week		**1.1**	**0.7**	**1.0**	**1.7**	**4.7**
Writing for	> 21	-	-	-	-	-
publication/	16-20	-	-	-	-	-
presentation	11-15	-	-	-	-	-
	6-10	3	1	4	2	-
	1-5	20	3	11	12	3
	0	19	5	19	29	8
Mean hours / week		**1.6**	**1.5**	**1.8**	**1.1**	**0.4**
Supervising	> 21	-	-	-	-	-
research	16-20	-	-	-	-	-
e.g. grad students	11-15	-	-	1	-	-
	6-10	3	-	-	2	-
	1-5	7	2	10	2	-
	0	32	7	27	40	11
Mean hours / week		**1.1**	**0.8**	**1.1**	**0.5**	

Lefebvre, 1990) which identified that a small number of professionals were responsible for the bulk of publications. Ten percent of professionals who responded to this question appeared quite prolific having more than 20 publications to their credit. The majority of these were either counselling psychologists or counsellor educators. The modal response for each group was in the 1-4 category, with the exception of counsellors (mode = 0). Looking at categories above the 1-4 baseline shows that psychologists exceed all the other groups in terms of quantity, with a little under half of clinical and counselling psychologists having more than 5 articles published. About a third of counsellor educators and approximately an eighth of counsellors match this number.

Table 18

Counselling Professionals' Publication Rates

Number of publications	Counselling Psychologist N = 57	Clinical Psychologist N = 13	Counsellor Educator N = 36	Counsellor N = 43	Other N = 13
> 20	9	2	8	1	1
15 - 19	5	2	-	0	-
10 - 14	1	-	3	1	-
5 - 9	9	1	1	3	2
1 - 4	19	4	13	16	5
0	14	4	11	22	5

Summary

Counselling professionals in general reported spending an average of 10% or less of their time in research activities. Although counsellors exceeded other groups in terms of time spent in personal research, they were lowest in most individual research activities. One might infer that counsellors' research time was practice-related whereas counselling psychologists' and counsellor educators' time was more geared to academic pursuits. This

seems to be borne out in the publication rates of professionals, where counsellors' production rate was the lowest among the groups. A small number of professionals, mainly psychologists and counsellor educators were prolific in this respect.

Section 4

Current Trends in Counselling Professionals' Theoretical Orientation

Over the years, there has been a shift from single theory orientations towards eclecticism, and in this respect Canadian counselling professionals are no different. Table 19 shows the distribution of theoretical orientation for counselling professionals. The most popular theoretical orientations for counselling professionals as a whole were Eclectic, Eclectic/Humanist, Multiple Response and Cognitive/Behavioral. The Multiple Response category included those responses where participants either checked more than one category, included more than one orientation in the 'other' category, or who wrote in combinations of theoretical orientations. Examples of the 'other' category included Adlerian, Existential, Constructivist, and Transpersonal. Multiple responses included many diverse combinations but Cognitive and Eclectic components featured prominently.

Within sub-groups, Eclectic, Cognitive/Behavioral, and Eclectic/Humanist were represented most strongly by counselling psychologists, while clinical psychologists favored Multiple Response, Eclectic and Other. Counsellors favored Multiple Response, Eclectic, and Cognitive Behavioral, and counsellor educators' most popular theoretical orientations were Eclectic/Humanist, Cognitive/Humanist and Eclectic. The popularity of Eclecticism is consistent with the literature. The Humanist orientation still features prominently, especially among counsellor educators. At least half of all counselling professionals in all titled groups endorsed an eclectic or multiple theory orientation. The next most popular orientation overall indicates an increase in the popularity of a Cognitive perspective. These results support the trend of a decline in single theory orientations.

Table 19

Theoretical Orientation of Counselling Professionals Based on Title

Theoretical Orientation	Counselling Psych'gist N = 58	Clinical Psych'gist N = 15	Counsellor N = 60	Counsellor Educator N = 45	Other N = 18	N
Eclectic	12	3	11	5	1	32
Eclectic/ Existential	2	-	5	3	2	12
Eclectic/Humanist	11	-	5	11	4	31
Cognitive	0	-	0	1	-	1
Behavioral	2	-	0	2	-	4
Cognitive/ Behavioral	12	-	7	4	3	26
Behavioral/ Humanist	1	-	3	4	1	9
Cognitive/ Humanist	4	1	4	6	3	18
Humanist	1	-	1	3	-	5
Humanist/ Systems	0	-	2	0	2	4
Psychoanalytic	2	1	0	0	-	3
Gestalt	1	-	1	0	-	2
Feminist	0	1	1	0	-	2
Systems	0	-	2	1	-	3
Other	6	2	4	2	-	14
Multiple Response	4	7	14	3	2	30

Section 5

Professional Ties

Professional association membership has already been discussed in Chapter 3 with respect to composition. The reader will recall that members had a tendency to affiliate with either counselling or psychology but not both, dual membership was apparent for approximately 25%. Respondents also belonged to a great number of diverse specialist and regional groups. It was inferred that divided loyalties and fragmentation in membership impairs unity and hence professional development. In this section, professional ties are examined based on title; the results are shown in Table 20. Psychologists belonged to an average of 3 professional associations each, while counsellors, counsellor educators and the other category belong to an average of 2. The majority of counsellors, counsellor educators and others are fairly singular in their memberships and concentrated in CGCA.

Table 20

Professional Association Membership Based on Title

Professional Associations	Counselling Psychologist N = 58	Clinical Psychologist N = 14	Counsellor Educator N = 46	Counsellor N = 61	Other N = 18	Total
APA	24	6	2	4	-	36
ACA	17	-	8	10	2	37
CPA	43	14	8	7	7	79
CGCA	28	1	43	58	12	142
CSSE	3	1	3	-	1	8
AERA	3	1	3	-	2	9
Provincial Psych Assoc.	35	12	12	10	3	72
Other	23	5	17	34	7	86
totals	176	40	96	123	34	

This applied to clinical psychologists also who affiliate primarily with CPA and Provincial Psychological Associations. Counselling psychologists, on the other hand, supported both psychological and counselling organizations. While it may be the case that the level of training of counsellors would not allow them to become members of some psychological organizations, it is also the case that some psychologists, because of their jobs, could not join some of the associations to which counsellors belong, e.g., provincial teacher associations. It also is the case that individual counselling psychologists may be specialists in one or more specific areas of practice, e.g., drug addiction, sexual abuse, and therefore belong to professional associations that address their area of specialization. One could infer that collectively their loyalties are divided.

Summary

Counselling Psychology in Canada is in the midst of an identity crisis. Counselling professionals' perceptions are inconsistent with their practice and with the traditional philosophy of Counselling Psychology. There is more consensus in professionals' perceptions of the professional identity of Counselling, but again they deviate from traditional conceptions of Counselling. Counsellors' practice and ideology are somewhat disparate also. The trend to remediation is supported particularly for counselling psychologists, and prevention has diminished importance. Research activity is very poor with the exception of a few prolific writers who are mainly clinical and counselling psychologists. Over half of counselling professionals endorse an eclectic or multiple theory orientation and Humanist and Cognitive perspectives are salient in combinations. Counselling professionals tend to support memberships in either counselling or psychology, with the exception of counselling psychologists who appear to be divided between the two.

CHAPTER 5

DISCUSSION

The purpose of this research was to explore counselling professionals' perceptions of the professional identity of Counselling and Counselling Psychology along with their current practices in Canada. This chapter will summarize the research results and integrate them with existing literature in the area. The discussion will be organized around the research questions. First, counselling professionals' perceptions of the professional identity of Counselling Psychology and Counselling are discussed along with comparisons to other related professions. Next, the nature and scope of professional practice will be summarized and interpreted relative to the traditional philosophy of the professions and Canadian professionals' ideological perceptions. A discussion of the nature and extent of research activity is followed by summaries of theoretical orientation and professional ties of counselling professionals. The strengths and limitations of the study are addressed along with recommendations for future research.

It is apparent from the high response rate and the correspondence and requests for results that were received, that professional identity is of great concern to counselling professionals in Canada. The respondents are well educated, mature, and experienced in their respective professions. Their perceptions of professional identity and their practice activities will now form a database for further study in Canada.

Discussion and Interpretation of Results

Professional Identity of Counselling Psychology

Counselling professionals as a whole support Counselling Psychology as a psychology-based profession whose focus is normative, developmental, and facilitative to growth and change (Whiteley, 1984). Prominent work activities are perceived to be vocational assessment and career counselling, dealing with life crises and transitions, and health promotion. Slightly less prominent is psychometric assessment. There are two

main areas of discrepancy among professional groups: one concerns the foci of intervention used in Counselling Psychology practice, the other is related to whether or not a clinical/medical focus is part of Counselling Psychology identity.

Respondents affiliated with Counselling Psychology and Counsellor Education strongly support education/development as the primary focus of intervention in Counselling Psychology practice. Those affiliated with Counselling are supportive but not to the same degree. Equal support is given to both prevention and remediation by Counselling Psychology and Counsellor Education affiliates, whereas those associated with Counselling support remediation but are more doubtful about the role of prevention in Counselling Psychology practice.

Counselling Psychologists are themselves uncertain as to whether problems such as chronic illness and psychopathology are central to their practice. A similar trend is also reflected in the responses of those affiliated with Counsellor Education and Counselling. The tendency is for those in Counselling to be least supportive of the three groups towards the 'normal' focus of Counselling Psychology, and to be the least unsupportive of those elements of practice with a clinical/medical focus.

Professionals associated with either Counselling Psychology or Counsellor Education appear to adhere to the traditional tenets of the profession, but indicate an increasing emphasis on remediation to the detriment of prevention which is consistent with prior studies (Fitzgerald & Osipow, 1986; Watkins et al., 1986). Similarly, they also show signs leaning towards a more clinical focus, which supports the notion that Clinical and Counselling Psychology are becoming less discrete (Fitzgerald & Osipow, 1986). The minimal importance given to prevention is well documented (Watkins, 1983).

Professional Identity of Counselling

Overall, there is more consistency among professionals with respect to the professional identity of Counselling. Professionals view education as the foundation of

Counselling practice, but psychology features prominently also (Ivey, 1980). For those affiliated with Counselling, prevention and remediation are of equal importance in Counselling practice, but secondary to the primary focus, education/development. This is contrary to other groups' perceptions where education/development and prevention take precedence over remediation. An area of uncertainty for all professionals, including counsellors, was the place of psychometric assessment in Counselling practice.

All professionals endorse the traditional concept of Counselling, where clients are in the 'normal' range and client problems centre around life crises and transitions, vocational concerns, and health promotion. There is some uncertainty surrounding clinical/medical elements in practice. All professionals are unsure as to whether chronic/serious illness is a client problem central to Counselling practice, but those affiliated with Counselling in particular are also uncertain as to whether Counselling practice includes psychopathology.

It appears as though the traditional tenets of Counselling are endorsed by all professionals which suggests a clear public image that is consistent with their image of 'self as professional' and among counsellors in general (Lent, 1992). However, it has been noted that Counselling has traditionally been very responsive to social change (Herr, 1985) and counsellors' perceptions of remedial and clinical aspects of practice may reflect changes that are taking place at the practice level.

Comparisons of Counselling, Counselling Psychology, and Related Professions

When asked to compare Counselling and Counselling Psychology, counselling psychologists are more likely to believe that there is a difference than are counsellors. Main areas for differentiation centre around degree of training and education and training in psychometrics and test interpretation which is consistent with the literature (Whiteley, 1984). The scientist/practitioner model was not evident to those outside of Counselling Psychology in as much as research was not thought to be a distinguishing factor of

counselling psychologists, a fact well supported by several authors (Hiebert, 1988; Hunsley & Lefebvre, 1990; Watkins et al., 1986).

In comparison to Clinical Psychology, Counselling Psychology is distinguished by a 'normal' focus, however, the boundaries are perceived to be blurred between various areas of applied psychology (Fitzgerald & Osipow, 1986). Counselling psychologists in particular are of the opinion that Counselling Psychology should have a unique identity. Professional identity is central to profession development (Elliot, 1972; Romano,1992) and needs to be addressed prior to issues further along in the professionalization process described by Wilensky (1964) some of which are already in progress in Canada.

Nature and Scope of Practice

Counselling professionals maintain a diversity of roles and places of work (Herr, 1985; Tipton, 1982). Three quarters have at least two titles and corresponding places of work. Dual identity may contribute to a confused professional identity for the individual and multiple roles most likely play a role in the identity diffusion of the profession.

The main area of employment for counselling professionals is within the educational system in Canada, which is consistent with tradition (Sprinthall, 1990). About 15% of primary employment is in private practice, which is less than amounts found in other studies (Fitzgerald & Osipow, 1986; Hiebert & Uhlemann, 1993; Hunsley & Lefebvre, 1990; Watkins, et al., 1986). Of counselling professionals, clinical and counselling psychologists have the highest incidence in private practice. However, private practice is more prevalent as secondary employment, especially for those employed in academia and counselling centres which is consistent with U.S. findings (Fitzgerald & Osipow, 1986).

Counsellors are employed in a broad range of settings covering the spectrum of choices offered, but are concentrated in grade school, academia, and government agencies. Counselling psychologists and counsellor educators are more narrowly employed in

academia, counselling centres, private practice, and academia, and grade school respectively. Where professional associations are concerned, CPA members' employment is localized in private practice and counselling centres, whereas CGCA members' employment is primarily in schools and academia. This appears to be a clear differentiation of educational and psychology priorities and suggests that work may determine professional allegiance.

The trend towards remediation that is reflected in professionals' perceptions of identity is borne out in their practice related activities, particularly for counselling psychologists. In practice, although education is important, it takes second place to remediation for counselling psychologists and is almost equivalent to education for counsellors. Prevention comes last in all cases and is consistent with findings in the U.S.(Watkins et al., 1986). All professionals spend the largest amount of time in individual counselling (Fitzgerald & Osipow, 1986). Even counsellor educators spend as much time in individual counselling as teaching. This appears to reflect the dichotomous nature of the counsellor educators' group. Counsellors do more vocational and group work but in most other respects they do not vary from counselling psychologists, a concept more accurately perceived by counsellors than counselling psychologists. Administration ranks second in terms of time spent for most groups.

The practice of Counselling and Counselling Psychology is moving away from its traditional roots (Fitzgerald & Osipow, 1986; Hiebert & Uhlemann, 1993; Watkins et al., 1986). Counselling professionals' perceptions of identity appear to be a blend of traditional philosophy and current practices. This suggests that professionals may not have a strong sense of identity on entering the work force and therefore become socialized through other means, namely, work or professional associations (Elliot, 1972).

Extent and Nature of Research Activity

Research activity for counselling psychologists has been reputed to be abysmally low, even for academics (Hiebert, 1988). Canadians are no exception. Counselling professionals spend an average of 10% of their time in research activities. While counselling psychologists' and counsellor educators' appear to conduct more academic-related research, counsellors' research tends to be more practice-related. Counsellors appear to be implementing recommendations to incorporate scientific thinking into their practice (Belar & Perry, 1992; Martin, 1988; Pate, 1977). The scientist-practitioner model, once the hallmark of a counselling psychologist, is in serious decline (Coons, 1990; Watkins et al., 1986). A small number of professionals, notably counselling psychologists and clinical psychologists, are responsible for the bulk of publications, a point also noted by Hunsley and Lefebvre (1990).

There is much speculation as to why research output is so poor (Heppner, 1992; Hiebert, 1988; Lecomte et al., 1981; Magoon & Holland, 1984). Most recommendations point the finger of responsibility to counsellor educators in academia who have the potential to influence new graduates in Counselling and Counselling Psychology and ensure that "the scientific approach may become routinely inculcated into practice" (Heppner, 1992, p. 116). In addition, researchers are urged to consider new ways of approaching research questions with an eye to application (Heppner et al., 1992). 'Cross fertilization' of academics and practitioners in research projects would increase understanding of respective needs and foster respect between the two parties (Heppner et al., 1992).

Theoretical Orientation

Professionals' espoused theoretical orientations support the shift to eclecticism that is well documented (Hunsley & Lefebvre, 1990; Smith, 1982; Warner, 1991). Eclecticsm, alone and in combination, is the choice of over half of all the respondents. A Humanist orientation is still quite prominent especially for counsellor educators and the increasing

popularity of a Cognitive perspective is apparent. Of interest is a large number in the Multiple Response category. It is not clear why these professionals elected to state multiple combinations instead of choosing Eclecticism, but one could hypothesize that it reflects a integrative rather than an eclectic approach (Norcross & Grecavage, 1989). Single theory orientations are in considerable decline. Research ability and practice in integration are required to implement multiple theory orientation in practice (Corey, 1991). Again, this would imply that those responsible for counsellor training ensure that trainees be exposed to some practice in this area.

Professional Ties

It has been previously inferred that places of work may play a large part in professionals' selection of a professional association. Interests and regionality also come into play. Professionals on the whole are involved in at least 2 or 3 professional associations. All of the participants in this study were drawn from national organizations and there is no way of knowing at this time the percentage of counseling professionals who affiliate locally only. While most counselling professionals seem aligned with either counselling or psychology (Hiebert et al., 1992), counselling psychologists in this study appear somewhat divided between CPA and CGCA organizations. Unity within professions has been cited as paramount to successful profession development (Carr-Saunders & Wilson, 1966) and an hypothesis of divided loyalties may bear further scrutiny.

General Conclusions

Recognition as a profession is desirable for both professional autonomy and consumer confidence. In terms of professional status (Richie, 1990) Counselling Psychology in Canada meets the majority of Richie's criteria. The exception is related to a requirement for knowledge, theory, and skills that are scientifically-based, unique and not publicly known. It has already been mentioned that unique and 'secret' knowledge are a

thing of the past (Goode, 1960), but counselling psychologists are well able to demonstrate the scientific base of their knowledge, theory, and skills through the scientist-practitioner model. Its revitalization should be a priority for academics and practitioners.

In terms of Richie's (1990) criteria, Counselling is in a somewhat different position from Counselling Psychology . The lack of legal recognition of Counselling in Canada is a barrier to achieving professional status. There is currently no regulation of counsellors in Canada and therefore there are no minimum requirements for calling one's self a counsellor. Some of the same points regarding specialized knowledge that apply to Counselling Psychology, also apply to Counselling, but it is clear that some counsellors are incorporating scientific elements into their practice. Regulation does not appear to be a concern at this time for CGCA, but although restrictive in one sense, regulation does enhance group and individual credibility (Goode, 1960).

Counselling Psychology and Counselling are moving along in the professionalization process (Wilensky, 1964). Professional identity does seem to be of some concern and bears further scrutiny. This is generally considered to be the domain of professional associations and educators (Romano, 1992). Counselling Psychology in Canada appears to have covered all of Wilensky's (1964) stages and is now concentrating on accreditation and internship guidelines at the doctoral level. Counselling, on the other hand, has covered all stages with the exception of legal recognition, although certification through CGCA is now possible. CGCA is also progressing with accreditation of Master's programmes, and likewise may have to address identity issues before finalizing their plans.

Canadian counselling professionals share many of the same trends with their U.S. counterparts. However, Canadians may be able to forestall some of the problems that exist in the U.S. The divided membership and eternal debates over identity have been detrimental to the progress of Counselling Psychology in the U.S. The result has been disunity and an inability to self-advocate (Fretz & Simon, 1992). Unity on foundational

issues within the professions of Counselling Psychology and Counselling, and communication between CPA and CGCA will help to avoid the duplication and fragmentation that exists south of the border.

The professional identity of Counselling and Counselling Psychology in particular is somewhat diffuse. There is a disparity between traditional and current ideology, and between current ideology and practice. The demise of the scientist-practitioner model has been confirmed and in general, Counselling and Counselling Psychology are undifferentiated from each other and other related professions. Eclecticsm is increasing in popularity and there is fragmentation and divided loyalties in respect to professional association membership.

The onus for socializing new members of a profession lies with professional educators in training programmes. Counsellor educators' attention should be drawn to the following issues:

1. An emphasis on professional identity issues should be incorporated into the training programmes of counsellors and counselling psychologists.

2. The scientist-practitioner model should be modelled by educators and be incorporated into all aspects of the training programme, particularly the pre-practicum and practicum.

3. Raise awareness of the trends in theoretical orientation and provide practice in theoretical integration.

4. Educators are role models for prospective counsellors and counselling psychologists

Strengths and Limitations of the Study

The data produced in this study are the first to document the professional identity and practices of counselling professionals in Canada. The survey was conducted nationally, with a higher return rate than comparable Canadian studies (Hiebert &

Uhlemann, 1993; Hunsley & Lefebvre, 1990). The return rate is attributed to the interest that counselling professionals appear to have in this issue, and also the questionnaire.

The questionnaire was attractive, well laid out, and easy to complete. However, it contained extraordinary breadth both between and within categories. In addition, the content was specific and meaningful to counselling professionals because 1) it was based on professionals' responses in an earlier pilot study, 2) it was pilot tested on professionals and students in the field and their feedback was incorporated into the questionnaire, and 3) extant literature was used for further clarification. A covering letter explained the study and a follow-up letter resulted in an additional 10% respondents. Therefore, attention to detail in the planning and implementation stages paid off in terms of a high return rate.

Gaining perceptions of those outside of each profession added the advantage of being able to make comparisons between self-perceived identity and observable behaviors. Thus, professional identity was addressed in a comprehensive way incorporating both the internal and external components. The internal component was further enhanced by the use of professionals' self-imposed title for comparisons and analysis. It would have been useful, in retrospect, to have had a parallel professional identity section for Clinical Psychology in addition to Counselling Psychology and Counselling because of the overlap between professions.

The main limitation to the study is the inability to generalize the results of counsellor educators to academics. Counsellor education seems to represent positions other than those who are responsible for teaching counselling students, and perhaps further clarification of the term would have separated out the intended sample. In fact, counsellor educators (i.e., academics) could have been sampled directly from faculties and programme chairs instead of CGCA.

Future Research

Several possibilities emerge from this study for future research. One concerns the need to examine explicitly the perceptions of counselor educators within academic settings with respect to professional identity and role socialization of graduate students in Counselling and Counselling Psychology. A part of this study might involve recently graduated professionals' perceptions of the emphasis given to professional identity in their programme and the relationship of this to entering the work force. In addition, counsellor educators' perceptions of the importance of, and relative emphasis given to professional identity in their training programme would provide some indication of current attempts to socialize trainees.

A similar study could now be conducted between Clinical and Counselling Psychology which would further clarify the perceived overlap between professions and obtain professionals' thoughts on future directions for the professions. Information on professional identity is required in order for professional associations to conceptualize and plan future professional issues.

Finally, another possibility involves the public image of Clinical Psychology, Counselling Psychology, and Counselling. Working in conjunction, academics and practitioners could sample clients receiving counselling for their perceptions of the respective professions. Clients could be solicited through counselling practitioners who would distribute questionnaires on an anonymous basis. A general public comparison group could be randomly sampled from the telephone directories of several major cities in Canada. This information would complete the professional identity picture of Counselling professions in Canada.

Implications

Preliminary findings of the data were presented to the Counsellor Educator's Chapter of CGCA in May, 1993. They were well received and in response to concern

expressed by most members, a working committee was charged with creating a definitive statement of the nature and scope of practice of Counselling compared to Clinical and Counselling Psychology. This will be debated by CGCA Counsellor Education members and ultimately endorsed by CGCA. CGCA and educators have taken a vital step towards the issue of professional identity. If CPA conducts a similar enquiry, then a more clear articulation of the professional identity of counselling professionals in Canada would result.

Summary

A trend has been noted in the United States for counselling psychologists to become increasingly focussed on remediation in their practice to the detriment of educational and preventive services. A significant number of professionals are working in private practice, especially newer graduates. Research activity is poor and the scientist-practitioner model is no longer a salient part of counselling psychology practice. The professional identity of Counselling Psychology in the United States has become diffuse and undifferentiated from other related professions.

The current study has confirmed that a similar trend is taking place in Canada. Remediation now equals or exceeds education and prevention services. A growing number of professionals are in private practice, mainly as secondary employment. Research output is low. There is a discrepancy between counselling professionals' self-image and their practice, and a further discrepancy between their self-image and the traditional philosophies of the professions. This amounts to an identity crisis in Counselling Psychology and Counselling in Canada.

Responsibility for professional identity is said to belong to the professional associations and professional educators. In this respect, unity and enthusiasm within professional associations are vital. Counselling professionals may need to be mobilized in this direction.

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APPENDIX A

QUESTIONNAIRE

Counselling Psychology in Canada

Section 1
In this section I am trying to conceptualize the **identity** of **Counselling** and **Counselling Psychology**. Some professionals see a difference between **Counselling** and **Counselling Psychology** and others see no difference between the two disciplines. Please answer questions with your understanding of the two terms.

Answer questions **1-8** as they pertain to **Counselling Psychology**. (PLEASE RATE EACH COMPONENT OF EVERY QUESTION)	strongly disagree 1		undecided 3		strongly agree 5
1. Counselling Psychology's main affiliation is					
Psychology	1	2	3	4	5
Education	1	2	3	4	5
2. Counselling Psychology applies psychological principles to the practice of counselling	1	2	3	4	5
3. A major objective of **Counselling Psychology** is the study of how people relate to themselves and others through all the life stages.	1	2	3	4	· 5
4. In practice, **counselling psychologists**					
use interventions of a developmental / educational and preventative nature.	1	2	3	4	5
utilize psychometric assessment in the counselling process	1	2	3	4	5
assist people to achieve their goals	1	2	3	4	5
focus on problem solving and effective coping	1	2	3	4	5
5. Counselling Psychology's main client group is					
pathological	1	2	3	4	5
'normal'	1	2	3	4	5
at risk populations	1	2	3	4	5
6. The following client problems are central to **Counselling Psychology**					
vocational assessment and career counselling	1	2	3	4	5
chronic and/or serious illness	1	2	3	4	5
coping with life crises and transitions	1	2	3	4	5
psychopathological disorders	1	2	3	4	5
health promotion	1	2	3	4	5

	strongly disagree 1		undecided 3		strongly agree 5

7. The focus of **Counselling Psychology** is mainly:

	strongly disagree 1		undecided 3		strongly agree 5
preventative	1	2	3	4	5
developmental/educational	1	2	3	4	5
remedial	1	2	3	4	5

8. Rate the importance of the following to **Counselling Psychology** in numerical order i.e., 1 = most important and 3 = least important

prevention _____

development/education _____

remediation _____

Answer questions **9 - 16** as they pertain to **Counselling.** (PLEASE RATE EACH COMPONENT OF EVERY QUESTION)	strongly disagree 1		undecided 3		strongly agree 5
9. **Counselling's** main affiliation is					
Psychology	1	2	3	4	5
Education	1	2	3	4	5
10. **Counselling** applies psychological principles to the practice of counselling	1	2	3	4	5
11. A major objective of **Counselling** is the study of how people relate to themselves and others through all the life stages.	1	2	3	4	5
12. In practice, **counsellors**					
use interventions of a developmental and preventative nature.	1	2	3	4	5
utilize psychometric assessment in the counselling process	1	2	3	4	5
assist people to achieve their goals	1	2	3	4	5
focus on problem solving and effective coping	1	2	3	4	5
13. **Counselling's** primary client group is					
pathological	1	2	3	4	5
normal	1	2	3	4	5
at risk populations	1	2	3	4	5

	strongly disagree 1		undecided 3		strongly agree 5

14. The following client problems are central to **Counselling**

	strongly disagree 1		undecided 3		strongly agree 5
vocational assessment and career counselling	1	2	3	4	5
chronic and/or serious illness	·1	2	3	4	5
life crises and transitions	1	2	3	4	5
psychopathological disorders	1	2	3	4	5
health promotion	1	2	3	4	5

15. The focus of **Counselling** is mainly

preventative	1	2	3	4	5
developmental/educational	1	2	3	4	5
remedial	1	2	3	4	5

16. Rate the importance of the following to **Counselling** in numerical order i.e., 1 = most important and 3 = least important

prevention _____

development/education _____

remediation _____

The following questions ask you to compare **Counselling** and **Counselling Psychology** (PLEASE RATE EACH COMPONENT OF EVERY QUESTION)	strongly disagree 1		undecided 3		strongly agree 5
17. Contrast the practice of **Counselling** with **Counselling Psychology**					
Counselling Psychology is more bound by standards of ethical and legal conduct than **Counselling** is	1	2	3	4	5
the range of settings and client populations is narrower in **Counselling** than in **Counselling Psychology**	1	2	3	4	5
Counselling does not require research expertise whereas **Counselling Psychology** does	1	2	3	4	5
There are no differences between the practice of **Counselling** and **Counselling Psychology**	1	2	3	4	5

	strongly disagree 1		undecided 3		strongly agree 5

18. Comparing **counselors** to **counselling psychologists**

        counselling psychologists usually have more training and education than **counsellors** do.

	1	2	3	4	5

        counsellors work only with clients, whereas **counselling psychologists** work with clients and perform additional tasks (e.g.,. research)

	1	2	3	4	5

        counsellors have a narrower range of client problems than **counselling psychologists** do

	1	2	3	4	5

        counselling psychologists have more training in psychometrics and interpretation of tests than **counsellors.**

	1	2	3	4	5

> The following questions ask you to compare **Counselling Psychology** with **other branches of Psychology** (PLEASE RATE EVERY COMPONENT OF EACH QUESTION)

19. In comparison to **Clinical Psychology, Counselling Psychology**

        focuses on individuals with concerns arising through the normal course of development. e.g., relationships, vocational choice

	1	2	3	4	5

        focuses more on diagnosis and treatment

	1	2	3	4	5

        is more likely to use educationally-based techniques

	1	2	3	4	5

        is more likely to use and interpret psychological tests

	1	2	3	4	5

        is more of a synthesis of traditional, experimental and community psychology

	1	2	3	4	5

        is more an extension of education

	1	2	3	4	5

20. There is no real difference between **Counselling Psychology** and **Clinical Psychology**

	1	2	3	4	5

21. There is a blurring of the boundaries between the various areas of Applied Psychology e.g., clinical, industrial/organizational, community, counselling.

	1	2	3	4	5

	strongly disagree 1		undecided 3		strongly agree 5
22. **Counselling psychology** is unique and well differentiated from other areas of Applied Psychology.	1	2	3	4	5
23. **Counselling psychology** should be unique and well differentiated from other areas of applied Psychology.	1	2	3	4	5

Section II
This section addresses Counselling and Counselling Psychology practice in Canada.

24. Please indicate with an **X** your primary and, if applicable, secondary professional affiliation. Check only one alternative in each column.

PRIMARY		SECONDARY	
Counselling psychologist		Counselling psychologist	
Clinical psychologist		Clinical psychologist	
Counsellor educator		Counsellor educator	
Counsellor		Counsellor	
Other		Other	
		No secondary affiliation	

25. Please indicate with an **X** your primary and if applicable, your secondary areas of practice

PRIMARY		SECONDARY	
Private practice		Private practice	
Counselling centre		Counselling centre	
School K - Grade 12		School K - Grade 12	
Academia		Academia	
Research facility		Research facility	
Hospital/Mental health centre		Hospital/Mental health centre	
Government agency		Government agency	
Other		Other	

26. Please estimate **the percentage of time per week** spent in the following activities **and** foci of intervention;

ACTIVITY	% time per week	FOCUS OF INTERVENTION	% time per week
Individual counselling		Remediation	
Vocational assessment and counselling		Education/development	
Couples/Family counselling		Prevention	
Group counselling		Other, please specify	
Teaching			
Counsellor training			
Staff training/Organizational development			
Research			
Supervision			
Administration			
Other (please explain)			

27. How much time do you spend in research-based activity?

RESEARCH TASKS	Hours per week	as % of total research time
Literature review		
Research design/hypothesis formulation		
Field research		
Counselling outcome research		
Collecting and analyzing data on clients		
Developing funding proposals		
Programme evaluation		
Conducting personal research		
Writing for publication/presentation		
Supervising research e.g., graduate students		
Other		

Section III
This section explores the theoretical orientations and publication rates
of **Counsellors** and **Counselling Psychologists**

28. Please indicate with an **X** what you would describe as your primary theoretical orientation

Eclectic		Humanistic	
Eclectic/Existential		Humanistic / Systems	
Eclectic/Humanist		Psychoanalytic	
Cognitive		Gestalt	
Behavioral		Feminist	
Cognitive/Behavioral		Systems	
Behavioral/Humanist		Other (please explain)	
Cognitive/ Humanist			

29. Highest degree obtained?

PhD	PsyD EdD	Masters-Thesis	Masters - Non-Thesis	Bachelors

30. Number of years **since** completion of Masters Thesis or Doctoral dissertation ?

0-5		6-10		11-20		>21	

31. Number of publications **since** Masters Thesis or Doctoral Dissertation ?

0	1-4	5-9	10-14	15-19	>20

Section IV
Demographic information

32. Age	25-30	31-40	41-50	>51

33. Sex	M	F

34. Years of counselling experience	0-5	6-10	11-15	16-20	>20

35. Please indicate your professional memberships

APA _____ **AACD** _____ **CPA** _____ **CGCA** _____

CSSE _____ **AERA** _____ **Provincial** _____ **Other** _____
Psych Assoc.

36. In which Province are you currently practicing?_____

APPENDIX B

MEANS AND STANDARD DEVIATIONS

BASED ON PROFESSIONAL ASSOCIATION MEMBERSHIP

Views of Counselling Psychology	CPA		CGCA-CO		CGCA-CoEd	
	X	SD	X	SD	X	SD
1. **Counselling Psychology's** main affiliation is						
Psychology	4.49	.75	4.06	.88	3.94	1.11
Education	3.06	1.23	3.17	1.09	3.52	1.00
2. **Counselling Psychology** applies psychological principles to the practice of counselling	4.64	.71	4.26	.81	4.47	.61
3. A major objective of **Counselling Psychology** is the study of how people relate to themselves and others through all the life stages.	4.19	.99	4.13	.81	4.28	.78
4. In practice, **counselling psychologists**						
use interventions of a developmental / educational and preventative nature.	4.39	.87	4.03	.89	4.35	.77
utilize psychometric assessment in the counselling process	3.82	1.03	3.8	.94	3.89	.83
assist people to achieve their goals	4.53	.71	4.19	.94	4.33	.87
focus on problem solving and effective coping	4.47	.73	4.35	.8	4.41	.74
5. **Counselling Psychology's** main client group is						
pathological	2.59	1.25	2.76	1.2	2.66	1.27
'normal'	4.45	.97	3.95	1.01	4.14	1.05
at risk populations	3.96	1.14	4.00	.86	4.22	.68
6. The following client problems are central to **Counselling Psychology**						
vocational assessment and career counselling	4.25	1.03	3.34	1.3	3.94	1.12
chronic and/or serious illness	4.0	.56	3.46	.97	3.13	1.12
coping with life crises and transitions	4.64	.74	4.33	.84	4.57	.58
psychopathological disorders	2.63	1.01	3.15	1.22	3.02	1.36
health promotion	4.1	.96	3.55	1.04	3.88	.9

	CPA		CGCA-Co		CGCA-Co Ed	
	X	SD	X	SD	X	SD
7. The focus of Counselling Psychology is mainly:						
preventative	3.97	.92	3.48	1.05	3.92	1.01
developmental/educational	4.37	.95	3.85	1.03	4.41	.84
remedial	3.92	1.12	3.91	.96	3.91	.95
8. Rate the importance of the following to Counselling Psychology in numerical order i.e., 1 = most important and 3 = least important						
prevention	2.3		2.23		2.21	
development/education	1.45		1.77		1.59	
remediation	2.23		1.95		2.12	

Views of Counselling

	CPA		CGCA-Co		CGCA-Co Ed	
9. Counselling's main affiliation is						
Psychology	3.54	1.2	3.69	1.13	3.61	1.12
Education	3.93	.97	3.85	1.06	4.14	.97
10. Counselling applies psychological principles to the practice of counselling	4.03	1.06	4.24	.85	4.27	.73
11. A major objective of Counselling is the study of how people relate to themselves and others through all the life stages.	3.89	1.06	4.00	1.04	4.16	.99
12. In practice, counsellors						
use interventions of a developmental and preventative nature.	4.04	1.11	4.27	.89	4.38	.8
utilize psychometric assessment in the counselling process	3.28	1.32	3.36	1.12	3.46	1.13
assist people to achieve their goals	4.5	.71	4.53	.66	4.57	.58
focus on problem solving and effective coping	4.48	.75	4.61	.7	4.64	.48

	CPA		CGCA-Co		CGCA-Co Ed	
	X	**SD**	**X**	**SD**	**X**	**SD**
13. Counselling's primary client group is						
pathological	2.2	1.2	2.28	1.08	2.3	1.17
normal	4.38	.99	4.5	.75	4.45	.82
at risk populations	3.61	1.2	4.12	.96	4.11	.91
14. The following client problems are central to **Counselling**						
vocational assessment and career counselling	4.07	1.14	4.22	.94	4.31	.87
chronic and/or serious illness	2.73	1.28	3.00	1.23	3.06	1.14
life crises and transitions	4.14	1.03	4.34	.82	4.49	.64
psychopathological disorders	2.09	1.08	2.34	1.04	2.49	1.28
health promotion	4.01	.96	3.72	1.00	4.03	.94
15. The focus of **Counselling** is mainly						
preventative	3.96	1.00	4.11	.68	4.09	.91
developmental/educational	4.31	.94	4.4	.85	4.55	.66
remedial	3.42	1.3	3.79	1.03	3.89	1.17
16. Rate the importance of the following to **Counselling** in numerical order i.e., 1 = most important and 3 = least important						
prevention	2.12		2.06		2.05	
development/education	1.51		1.52		1.47	
remediation	2.4		2.34		2.39	

	CPA		CGCA-Co		CGCA-Co Ed	
	X	SD	X	SD	X	SD
17. Contrast the practice of **Counselling** with **Counselling Psychology**						
Counselling Psychology is more bound by standards of ethical and legal conduct than **Counselling** is	2.66	1.69	2.55	1.62	2.46	1.42
the range of settings and client populations is narrower in **Counselling** than in **Counselling Psychology**	2.92	1.45	2.45	1.4	2.56	1.48
Counselling does not require research expertise whereas **Counselling Psychology** does	3.12	1.47	2.58	1.44	2.41	1.19
There are no differences between the practice of **Counselling** and **Counselling Psychology**	2.55	1.25	2.67	1.33	2.96	1.27
18. Comparing **counselors** to **counselling psychologists**						
counselling psychologists usually have more training and education than **counsellors** do.	4.12	1.11	3.47	1.41	3.35	1.36
counsellors work only with clients, whereas **counselling psychologists** work with clients and perform additional tasks (e.g.,. research)	3.41	1.36	2.83	1.33	2.91	1.13
counsellors have a narrower range of client problems than **counselling psychologists** do	3.07	1.45	2.6	1.4	2.65	1.23
counselling psychologists have more training in psychometrics and interpretation of tests than **counsellors**.	4.00	1.14	3.62	1.32	3.74	1.08

	CPA		CGCA-Co		CGCA-Co Ed	
	X	SD	X	SD	X	SD
19. In comparison to **Clinical Psychology, Counselling Psychology**						
focuses on individuals with concerns arising through the normal course of development. e.g., relationships, vocational choice	4.25	.98	4.08	.92	4.27	.65
focuses more on diagnosis and treatment	2.32	1.06	2.68	1.11	2.55	.99
is more likely to use educationally-based techniques	3.86	1.00	3.73	1.06	3.91	.86
is more likely to use and interpret psychological tests	2.51	.98	3.06	1.35	2.94	1.06
is more of a synthesis of traditional, experimental and community psychology	3.32	1.17	3.47	1.15	3.58	.89
is more an extension of education	3.34	1.25	3.64	.99	3.79	.88
20. There is no real difference between **Counselling Psychology** and **Clinical Psychology**	2.28	1.13	2.39	1.12	2.14	.98
21. There is a blurring of the boundaries between the various areas of Applied Psychology e.g., clinical, industrial/organizational, community, counselling.	4.03	.95	3.91	.91	3.94	.77
22. **Counselling psychology** is unique and well differentiated from other areas of Applied Psychology.	2.6	1.05	2.41	1.01	2.38	.89
23. **Counselling psychology** should be unique and well differentiated from other areas of applied Psychology.	3.4	1.27	3.1	1.16	3.29	1.16

APPENDIX C

MEANS AND STANDARD DEVIATIONS

OF GROUPS BASED ON TITLE

Views of Counselling Psychology	Counselling Psychologist		Counsellor		Counsellor Educator	
	X	SD	X	SD	X	SD
1. **Counselling Psychology's** main affiliation is						
Psychology	4.47	.78	3.93	1.0	3.95	1.14
Education	3.06	1.23	3.31	1.1	3.73	.92
2. **Counselling Psychology** applies psychological principles to the practice of counselling	4.57	.78	4.17	.85	4.53	.55
3. A major objective of **Counselling Psychology** is the study of how people relate to themselves and others through all the life stages.	4.16	.99	4.12	.85	4.03	.79
4. In practice, **counselling psychologists**						
use interventions of a developmental / educational and preventative nature.	4.38	.9	4.13	.83	4.3	.77
utilize psychometric assessment in the counselling process	3.86	.94	3.82	.85	3.9	.9
assist people to achieve their goals	4.59	.7	4.17	.96	4.2	.9
focus on problem solving and effective coping	4.46	.75	4.1	.9	4.6	.62
5. **Counselling Psychology's** main client group is						
pathological	2.92	1.19	2.81	1.21	2.6	1.26
'normal'	4.41	.94	3.93	1.1	4.24	.96
at risk populations	4.13	.99	4.07	.84	4.11	.78
6. The following client problems are central to **Counselling Psychology**						
vocational assessment and career counselling	4.16	1.1	3.6	1.19	3.77	1.27
chronic and/or serious illness	3.33	1.08	3.35	.97	3.2	1.13
coping with life crises and transitions	4.67	.69	4.26	.89	4.63	.53
psychopathological disorders	3.05	1.22	3.21	1.21	2.81	1.28
health promotion	4.14	.94	3.69	.98	3.7	1.00

	Counselling Psychologist		Counsellor		Counsellor Educator	
	X	SD	X	SD	X	SD
7. The focus of Counselling Psychology is mainly:						
preventative	3.98	.96	3.57	.93	3.8	1.08
developmental/educational	4.31	.99	4.05	.81	4.3	1.05
remedial	4.03	1.08	3.81	.9	4.0	1.02
8. Rate the importance of the following to Counselling Psychology in numerical order i.e., 1 = most important and 3 = least important						
prevention	2.26		2.2		2.35	
development/education	1.58		1.6		1.7	
remediation	2.1		2.15		1.96	

Views of Counselling

	Counselling Psychologist		Counsellor		Counsellor Educator	
	X	SD	X	SD	X	SD
9. Counselling's main affiliation is						
Psychology	3.56	1.16	3.82	1.08	3.4	1.11
Education	3.98	1.05	3.89	.99	4.27	.85
10. Counselling applies psychological principles to the practice of counselling	4.12	.98	4.25	.86	4.2	.72
11. A major objective of Counselling is the study of how people relate to themselves and others through all the life stages.	3.91	1.01	4.08	1.08	4.13	.91
12. In practice, counsellors						
use interventions of a developmental and preventative nature.	4.14	1.09	4.00	.61	4.39	.81
utilize psychometric assessment in the counselling process	3.53	1.2	3.42	1.15	3.27	1.13
assist people to achieve their goals	4.6	.65	4.52	.68	4.56	.55
focus on problem solving and effective coping	4.48	.73	4.55	.7	4.7	.51

	Counselling Psychologist		Counsellor		Counsellor Educator	
	X	SD	X	SD	X	SD
13. Counselling's primary client group is						
pathological	2.13	1.15	2.59	1.1	2.09	1.07
normal	4.52	.84	4.38	.80	4.49	.73
at risk populations	3.72	1.19	4.22	.80	4.0	1.1
14. The following client problems are central to **Counselling**						
vocational assessment and career counselling	4.28	.98	4.22	.87	4.13	.99
chronic and/or serious illness	2.75	1.25	3.2	1.11	2.86	1.19
life crises and transitions	4.12	1.0	4.39	.83	4.41	.65
psychopathological disorders	2.18	1.15	2.49	1.07	2.19	1.19
health promotion	4.04	.89	3.86	.94	4.02	.99
15. The focus of **Counselling** is mainly						
preventative	4.13	.88	4.03	.67	4.07	.88
developmental/educational	4.47	.79	4.39	.83	4.58	.62
remedial	3.58	1.15	3.88	1.04	3.67	1.34
16. Rate the importance of the following to **Counselling** in numerical order i.e., 1 = most important and 3 = least important						
prevention	2.13		2.1		2.02	
development/education	1.43		1.48		1.46	
remediation	2.46		2.3		2.52	

	Counselling Psychologist		Counsellor		Counsellor Educator	
	X	SD	X	SD	X	SD

17. Contrast the practice of **Counselling** with **Counselling Psychology**

Counselling Psychology is more bound by standards of ethical and legal conduct than **Counselling** is	2.71	.61	2.39	1.52	2.69	1.55
the range of settings and client populations is narrower in **Counselling** than in **Counselling Psychology**	2.93	1.46	2.28	1.31	2.62	1.5
Counselling does not require research expertise whereas **Counselling Psychology** does	3.09	1.48	2.44	1.29	2.6	1.25
There are no differences between the practice of **Counselling** and **Counselling Psychology**	2.71	1.33	2.64	1.25	2.84	1.26

18. Comparing **counselors** to **counselling psychologists**

counselling psychologists usually have more training and education than **counsellors** do.	4.00	1.26	3.38	1.36	3.59	1.32
counsellors work only with clients, whereas **counselling psychologists** work with clients and perform additional tasks (e.g.,. research)	3.37	1.38	2.00	1.20	3.14	1.17
counsellors have a narrower range of client problems than **counselling psychologists** do	3.2	1.48	2.33	1.24	3.05	1.2
counselling psychologists have more training in psychometrics and interpretation of tests than **counsellors**.	3.78	1.22	3.7	1.1	3.86	1.53

	Counselling Psychologist		Counsellor		Counsellor Educator	
	X	SD	X	SD	X	SD
19. In comparison to **Clinical Psychology, Counselling Psychology**						
focuses on individuals with concerns arising through the normal course of development. e.g., relationships, vocational choice	4.21	.93	4.13	.76	4.21	.8
focuses more on diagnosis and treatment	2.45	1.08	2.7	1.13	2.52	1.02
is more likely to use educationally-based techniques	3.95	.94	3.82	.96	3.91	.88
is more likely to use and interpret psychological tests	2.8	1.08	3.00	1.21	2.91	1.18
is more of a synthesis of traditional, experimental and community psychology	3.57	1.08	3.48	1.04	3.41	1.02
is more an extension of education	3.48	1.07	3.74	.95	3.61	1.08
20. There is no real difference between **Counselling Psychology** and **Clinical Psychology**	2.44	1.13	2.25	.83	2.14	1.05
21. There is a blurring of the boundaries between the various areas of Applied Psychology e.g., clinical, industrial/organizational, community, counselling.	3.9	.92	3.93	.83	3.93	.79
22. **Counselling psychology** is unique and well differentiated from other areas of Applied Psychology.	2.72	1.06	2.33	.83	2.53	1.06
23. **Counselling psychology** should be unique and well differentiated from other areas of applied Psychology.	3.56	1.12	3.1	1.03	3.42	1.32

APPENDIX D

FREQUENCIES IN RESPONSE TO

QUESTIONS 8 AND 16

Question 8 asked counselling professionals to rate the importance of prevention, development/education, and remediation to **Counselling Psychology** in numerical order i.e., **1 = most important** and **3 = least important**

Professional group	PREVENTION		DEVELOPMENT/ EDUCATION		REMEDIATION	
TOTAL SAMPLE N = 200	1	32	1	108	1	65
	2	86	2	64	2	49
	3	82	3	28	3	86
CPA N = 69	1	9	1	43	1	18
	2	30	2	21	2	17
	3	30	3	5	3	34
CGCA-CO N = 65	1	13	1	29	1	25
	2	24	2	22	2	18
	3	28	3	14	3	22
CGCA-CE N = 66	1	10	1	36	1	22
	2	32	2	21	2	14
	3	24	3	9	3	30
Counselling Psycologists N = 57	1	11	1	29	1	19
	2	20	2	23	2	13
	3	26	3	5	3	25
Counsellors N = 58	1	9	1	35	1	16
	2	29	2	12	2	17
	3	20	3	11	3	25
Counsellor Educators N = 46	1	5	1	22	1	19
	2	20	2	16	2	10
	3	21	3	8	3	17

Question 16 asked counselling professionals to rate the importance of prevention,

development/education, and remediation to Counselling in numerical order

i.e., 1 = most important and 3 = least important

Professional group	PREVENTION		DEVELOPMENT/ EDUCATION		REMEDIATION	
TOTAL SAMPLE N = 197	1	40	1	120	1	41
	2	102	2	56	2	42
	3	55	3	21	3	114
CPA N = 67	1	10	1	41	1	16
	2	39	2	18	2	10
	3	18	3	8	3	41
CGCA-CO N = 64	1	16	1	39	1	11
	2	28	2	17	2	20
	3	20	3	8	3	33
CGCA-CE N = 66	1	14	1	40	1	14
	2	35	2	21	2	12
	3	17	3	5	3	40
Counselling Psycologists N = 54	1	8	1	35	1	12
	2	31	2	15	2	7
	3	15	3	4	3	35
Counsellors N = 59	1	13	1	37	1	11
	2	27	2	16	2	19
	3	19	3	6	3	29
Counsellor Educators N = 46	1	10	1	19	1	7
	2	25	2	13	2	8
	3	11	3	4	3	31