Goldberg, Kenneth Jay

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AN INVESTIGATION INTO THE ATTITUDES AND CHARACTERISTICS OF MEMBERS OF DIVISION 17 COUNSELING PSYCHOLOGY OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

by

KENNETH JAY GOLDBERG

B.A. BOSTON UNIVERSITY 1975
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APPROVED BY:

First Reader:

Eileen T. Nickerson

Eileen T. Nickerson, Ph.D.
Professor of Education

Second Reader:

Albert T. Murphy

Albert T. Murphy, Ph.D.
Professor of Education

Third Reader:

Orlo Strunk

Orlo Strunk, Ph.D.
Professor of Psychology in Religion
and Pastoral Psychology

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And to the Members of Division 17 (Counseling Psychology) of the American Psychological Association whose contributions are found withir. this dissertation.

ABSTRACT

AN INVESTIGATION INTO THE ATTITUDES AND CHARACTERISTICS OF MEMBERS OF DIVISION 17 COUNSELING PSYCHOLOGY OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

(Order No.)

Kenneth J. Goldberg, Ed.D.

Boston University, School of Education, 1982

Major Professor: Eileen T. Nickerson, Ph.D.
Professor of Education

Today, counseling psychologists face review of their credentials and roles in the health care field as psychotherapists and mental health counselors. Past studies have attempted to categorize counseling psychologists as a group based upon their training, educational backgrounds, or work settings. Fewer studies have attempted to describe counseling psychologists based upon their professional interests or individual competencies.

The present study attempted to examine the attitudes and characteristics of 162 Members of Division 17 (Counseling Psychology) of the American Psychological Association in five general research areas: professional orientation; activities; issues; kinds of clientele; and personal data. A mailed questionnaire was employed to obtain data regarding how the respondents felt about training issues, their preparedness as psychotherapists/mental health counselors, colleagues' competencies as administrators, researchers, and psychotherapists, the formality of their client relationships, and satisfaction with

professional designation and work function.

A descriptive analysis of data employing frequency tables revealed that respondents most often described themselves as theoretically eclectic. Respondents tended to participate in continuing education. Respondents most often felt that psychotherapists should be generically licensed. Respondents reported that they were moderately to well prepared to provide all types of mental health services, except child/play therapy. Respondents most often identified themselves as counseling psychologists; and asserted that counseling psychologist colleagues were the best administrators and psychotherapists/counselors. Clinical psychologists were viewed as the best psychological researchers. Respondents most often identified themselves as administrators or psychotherapists/counselors. Respondents most often reported being moderately to highly satisfied with their professional designation and work function. Most respondents reported working in a college setting.

Based upon the results, the investigator suggested further study of the Members of Division 17 (Counseling Psychology) as well as other mental health specialties to develop more relevant criteria for licensing mental health professionals. The investigator suggested that further study was needed to develop a consensus among educators, practitioners, and consumers regarding what personal qualities, attitudes, and skills are most essential to professional development.

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CHAPTER I: INTRODUCTION

Background of the Problem

During the annual convention of the American Psychological Association at Northwestern University in 1951, the voting members adopted a resolution to redesignate Division 17 "Counseling and Guidance" as Division 17 "Counseling Psychology". The following year, the change became official. This change seemed to reflect a growing recognition within the professional psychology community that counseling psychology was developing separate functions beyond traditional guidance and vocational roles (Super 1955). During 1952, the United States Veterans Administration announced the establishment of a new psychologist position: "counseling psychologist". By 1954, a Diploma in Counseling Psychology was established by the American Board of Examiners in Professional Psychology.

The decades of the 1950's marked the birth of counseling psychology as a distinct specialty within professional psychology. The decades since have been peppered with controversy surrounding the specific roles of counseling psychologists. Much of the debate has centered around the credentials, functions, and the future of counseling psychologists in the "health care" field as psychotherapists and as mental health counselors (Fretz & Mills 1980a). Fretz and Mills (1980a) write:

> In the last decade, counseling psychologists have encountered a seemingly endless number of obstacles in obtaining various forms of credentials, professional practice positions, and reimbursements for services by health insurance providers. While many similar obstacles are occurring for professionals trained in school psychology, community psychology, and industrial/organizational psychology, counseling psychology....has experienced perhaps a greater number of such problems than any of these other specialties. (p. 3)

Davis (1977) has suggested that professional identity, professional self concept, and professional behavior are interrelated. The purpose of this study was to examine particular attitudes and characteristics of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association that might contribute to their professional self concepts as psychotherapists or as mental health counselors.

Hogan (1980) has suggested that the need for a uniform code of conduct among all the psychology specialties within professional psychology has been fueled by the "prospects of psychotherapy's inclusion within national health insurance and its incorporation as a reimburseable form of treatment in health insurance policies" (p. 40). Hogan (1980) continues:

> As Congress moves closer to enacting a national health insurance program and because of its legitimate fears that the mental health field will be overrun with eligible providers, it needs assurance that the number of practitioners will be manageable in number. This has provided psychiatry with the potential leverage to drive psychology into the sea. Psychiatry's rapid and recent remedicalization, for instance, is in part an attempt to distinguish itself from psychology and to allow it to argue that only psychiatrists ought to be considered as legitimate and independent health service providers. Psychiatrists have also pointed out that no ends seems to exist as to the type and number of persons eligible to be licensed as psychologists. (p. 40)

The future professional practices of many counseling psychologists appear directly dependent upon the development of an intelligible and

reasonable set of guidelines for those services that will be included under the aegis of health care. This set of guidelines must be broad enough in approach, yet sufficiently specific in order to clearly delineate codes of conduct, professional responsibility, and accountability for the variety of services that may be practiced.

The dilemma confronting counseling psychologists appears to be the proverbial "box within a box within a box". Will a national health insurance policy be implemented over the next few years? If such a policy is implemented, will mental health services be integrated into the delivery system? Will mental health services include mental health counseling and vocationally-oriented services as well as more traditional psychotherapy? Will all psychologists be permitted to function independently within this policy or compelled to function under the auspices of the psychiatric profession? Will the "clinical" orientation exclude intentionally or accidentally certain psychological specialties? Will counseling psychologists be among those excluded? Fretz and Mills (1980b) write:

> A current dilemma for all mental health professions is the sparse investigation of whether different professions actually make unique contributions to mental health services. With no consensus for mental health services (Hogan 1979b), arguments about which professions should have what professional privileges tend to self-serving rhetoric rather than the data-based analyses one might expect from supposedly scientifically based professions. Given the present paucity of such data, it is unlikely that we will soon have empirical evidence to determine (1) who should be licensed, (2) who should be included in national health insurance, and (3) who can provide the most effective and reasonable services for the consumer. (p. 177)

Henry, Sims and Spray (1971) have suggested that the differences between psychiatrists, psychologists, psychoanalysts, and social workers are less striking than their similarities in values, attitudes and mores. Based upon their study of more than 4,000 mental health professionals, Henry, Sims and Spray (1971) have concluded that psychotherapy creates a "fifth profession" which forms an umbrella of practice for all mental health professionals. More recently, Taggart (1972), Houck (1974) and Herkelrath (1982) have even suggested that pastoral counselors/ psychotherapists may be similar in their attitudes and characteristics to traditional mental health professionals.

As a profession, counseling psychology finds itself contending at various levels with other psychological specialties for survival. Counseling psychologists along with other mental health disciplines must demonstrate a positive, measurable effect to Congress, to health insurance companies and to the consumer public. Counseling psychologists along with other psychologists must assert their rights for independent practices over the psychiatric community's protests. Counseling psychologists must affirm their equity and professional competence among other psychologists. Counseling psychologists find themselves contending with clinical psychologists.

Since the mid 1940's, clinical psychologists have enjoyed a close although bittersweet association with the psychiatric community. The christening issue of the Journal of Clinical Psychology in 1945 cited that a "clinical psychologist should have intensive training in the biological sciences of anatomy, biochemistry, physiology and pathology"

(p. 8). In the mid to late 1970's, clinical psychology has reaffirmed itself as a "health care" specialty (Wertlieb 1970). Lipowski (1977) has suggested a psychosomatic model which defines the human condition as a"biopsychosocial" phenomena. Within graduate training programs in clinical psychology, through field-based practicum and in the employment settings, clinical psychologists are redirecting their attention toward medically-oriented services and preventive programs (Lubin, Nathan & Matarazzo 1978; Kleinknecht et al. 1976; Witkin, Mensh & Cates 1972; Schofield 1969).

Cottingham (1980), Fretz and Mills (1980a), and Hogan (1980) point out that clinical psychologists have traditionally been more politically active than counseling psychologists. In the very first months of the Journal of Clinical Psychology, the Legal and Legislative Committee and the Executive Committee of IAPP proposed a bill to "define the term psychologist in such a way as to prevent the variety of quacks now using the term from designating themselves" (p. 8). Fretz and Mills (1980a) assert that clinical psychologists have tended to hold key or major positions on most national and state licensing and standards review boards involved with the regulation, discipline, and enforcement of professional practice in psychology. As a result, Fretz and Mills (1980a) contend that regulations governing psychological practice have often reflected clinical psychology's singular values and attitudes as well as expressing concerns more generally shared by all professional psychologists.

The schism between clinical psychology and counseling psychology -

in part because of the latter's political uninvolvement and traditional non medical orientation (outside of Veterans Administration hospitals) has been intensified by historical events. The Community Mental Health Act of 1963 and Public Law 94-142 spawned a proliferation of training programs and employment opportunities within the mental health field. There was a "widening of settings, kinds of clients, and kinds of methodological approaches" (Wrenn 1977).

The process of reviewing, certifying, and licensing mental health service providers has become more complicated by the emergence of "new" mental health specialties: pastoral psychotherapy and counseling (Herkelrath 1982; Houck 1974; Taggart 1972); mental health counseling (APGA 1980); new careerists including paraprofessionals, mental health aides, outreach workers (Alvarez et al. 1974; Eisdorfer & Golann 1969; Vander Kolk 1973); and the re-emergence of master's level "psychologists" (Dimond, Havens, Rathnow & Colliver 1977).

Clinical psychologists have been particularly vocal about their reservations regarding counseling psychologists' rights to enter health care delivery systems (Gazda 1980). Gazda (1980) notes that "it is interesting how clinical psychologists can not see the parallel between their treatment of counseling psychologists and psychiatry's treatment of them" (p. 22). Many clinical psychologists question whether counseling psychologists are competent as psychotherapists or whether counseling psychologists should limit their activities to vocational services. The view of many clinical psychologists is succinctly expressed by Nathan (1977).

> Counseling psychology, like all psychological specialties basic and applied, must be built on thorough knowledge of the psychological literature, including research and theory in social and developmental psychology, learning, measurement, sensation and perception, and so on....the counseling psychologist ought to be able to call upon many of the same kinds of information and experiences upon which other professional psychologists depend...In choosing this career option, however, the counseling psychologist joins a variety of other mental health professionals, including clinical psychologists, psychiatrists, psychiatric social workers and psychiatric nurses, some of whom have likely received better training in psychotherapy than the average counseling psychologist. For this reason, I am less likely to value highly the counseling psychologist who has chosen to become a full time psychotherapist. (pp. 36-37)

Weigel (1977), a counseling psychologist, responds to Nathan's (1977) remarks.

> In contrast to other groups, clinical psychologists are convinced that they understand us....Students in counseling psychology (who eventually become us) either couldn't get into a decent clinical psychology program to begin with, or flunked out of a clinical program first. There is little if any difference between us and counseling and guidance graduates, since after all, we are all interested in counseling. Many of us are manipulatively trying to sneak in as "back door clinicians", avoiding a rigorous training program. Undoubtedly, we are under-trained....Thus clinical psychology understands us as second raters. A clinical psychologist once gave me what he felt was a very fine compliment... "You're very competent, for a COUNSELING psychologist". (p. 52)

Some counseling psychologists have also questioned the appropriateness of counseling psychologists functioning as psychotherapists and mental health counselors. For some counseling

psychologists, it is unclear whether counseling psychology ought to emphasize psychotherapeutic services or developmental and career oriented (vocational) services. The past president of Division 17, Osipow (1977) has offerred his support to Nathan.

> Nathan appears to share my bias that the facilitation of normal development and a focus on career development probably lead to the most distinctive roles counseling psychologists can have and can assume, and when we move into the psychotherapy realm we become second raters compared with clinical psychologists, psychiatrists, and probably even social workers. (p. 93)

More recently, Osipow (1979) has modified his viewpoint by concluding that counseling psychologists have a future in the health care field as psychotherapists and mental health counselors, but only when directly related to the employment and work setting issues.

Some counseling psychologists have had difficulty demonstrating appropriate graduate training and field-based experiences that would establish their credentials as psychotherapists and mental health counselors. In the past, many counseling psychologists were graduated from programs that were "primarily psychological in nature" rather than psychology programs (Fretz & Mills 1980a,b). According to Fretz and Mills (1980a,b) these programs have been administratively housed in Schools of Education in a Department of Counselor Education or a Department of Counseling and Guidance. This educational and professional association with educational psychologists, school psychologists, and counselors may reflect poorly on a counseling psychologist's credentials as a psychotherapist or mental health counselor (health care service provider)

(Fretz & Mills 1980a,b). Counseling psychologists are often generically referred to in the literature as "counselors" rather than as "psychologists" (NIMH 1980). Wrenn (1977) places this issue in perspective.

> One of the spasms of alarm aroused by Sputnik resulted in Congressional action in 1958 to establish the National Defense Act, an act which permitted thousands to select university training in counseling at the master's and doctoral levels. The overall effect was beneficial, but some became counselors with only the legal minimum of preparation and many counselors were born at the doctoral level who were not psychologists. So a Ph.D. in counseling did not necessarily mean a Ph.D. in psychology, yet all were deemed equal "doctors" by the public. This was enough to make any identity-conscious "counseling psychologist" shiver a little! (p. 12)

Even counseling psychologists such as Super (1977) who has suggested that a "well-trained counseling psychologist can function as either a clinical psychologist or personnel psychologist" (p. 14) warns colleagues away from assuming "clinical" functions.

> In moving more towards clinical psychology and further from personnel psychology , as many counseling psychologists have done, they have tended to give up our special identity. This trend has made us seem to be, in fact, another group of clinical psychologists....Why have so many of us, as evidenced by our workshops, programs, and journals, spurned the source of livelihood that is peculiarly ours? Is it because there is more bread and butter, more cake, in psychotherapy? Is it because of fascination with personality problems, our own unresolved complexes and conflicts? Is it because career development, vocational choice and adjustment, role taking and role conflict, are less prestigious domains than intrapsychic and interpersonal problems? (p. 14)

Despite suggestions that vocational services have been primarily provided by counseling psychologists, this does not appear to be the case. Within the United States Veterans Administration, clinical psychologists were encouraged early on to assume direct roles in vocational guidance and career development (Bixler 1945; Traube 1945). Concomitantly, counseling psychologists have a long history of contribution to the theory and practice of psychotherapy (Tyler 1975). It is Iscoe's (1980) observation that clear distinctions between the professional roles of clinical and counseling psychology may not exist. Iscoe (1980) writes:

> What are the consequences of breaking the "education-connection"? Putting aside for a moment claims of elitism, the recommendation of rooting Counseling Psychology programs more firmly in Psychology Departments could serve to blur the distinction between Counseling Psychology and Clinical Psychology. Just as Clinical Psychology has turned away from its original purpose, i.e., dealing with mental illness; and invaded (even taken over) the turf of Counseling Psychology, so counseling psychologists could well take on a little bit more emphasis on psychopathology, dealing with disturbed families, children, rehabilitation and mental illness, etc. (p. 34)

Ivey (1979) has suggested that counseling psychology may be the "most broadly based applied psychology specialty" (p. 3). Hill (1977) writes:

> In my opinion, a counseling psychologist is a well-functioning Ph.D. level person who has been trained in a psychological oriented program both as a scientist (theoretical, researcher) and as a practitioner (counselor, psychotherapist,consultant, teacher and trainer). (p.48)

It it this "generalist"(Foreman 1977) orientation that Fretz and Mills(1980a) suggest may be undermining counseling psychology's attempts to establish an identity for itself.

> Diversity inherent in this definition is a major factor in counseling psychology's particularly vulnerable position in many of the credentialing actions. (p. 5)

It is apparent that many counseling psychologists do not agree about the roles and functions of their colleagues as psychotherapists and as mental health counselors. Many remain uncertain about their own professional identities. Wrenn (1977) writes:

> A counseling psychologist in a university felt secure in the fact that he or she was the real thing...Now such psychologists find themselves with strange bedfellows. Here is someone doing mental health work or community psychology, or they are psychologists in juvenile or reconciliation court, or in hospital or prison work....So uneasiness may be felt, because of the variety of practitioners bearing the same or similar titles - and doing very strange things! (p. 12)

Although Kagen (1977) has suggested that counseling psychology has a "legitimate professional lineage and ...a very coherent one" (p.4), Bessmer (1977) contends that many counseling psychologists do not wish to be identified as counseling psychologists. Cleveland (1980) has reported that counseling psychologists who enter the United States Veterans Administration system, for example, often apply for designation changes to be reclassified as clinical psychologists in order to increase their chances for promotion, salary increases and status improvement.

Ironically, counseling psychologists are generally viewed "as nice

guys, and as primarily eclectic in theory and counseling techniques" (Kaibel 1979). McQuire and Borowy (1979) report that the consumer public views counseling psychologists most favorably when compared to other mental health professionals including clinical psychologists, school psychologists, social workers, psychoanalysts, and so forth.

Counseling psychology as a health care service (involved with the provision of psychotherapeutic and mental health services) appears to exist amidst a plethora of controversies: the quality of an Ed.D. versus a Ph.D. (Bennett 1980); whether psychotherapy is more magic than science (Frank 1971); whether psychotherapy is more education than science (Rioch 1970); whether the psychotherapist is more artist than scientist (Jasnow 1978); and even if professional practice requires professional training (Vander Kolk 1973).

Cottingham (1980), Fretz and Mills (1980a) and Hogan (1980) remind us that competency-based criteria for the licensing of mental health professionals does not yet exist. Ivey (1980) and Osipow (1977) suggest that counseling psychology emphasizes the "healthy" development of the individual, the group and the society; clinical psychology emphasizes disease, illness, pathology. Prophetically, Hogan (1980) warns:

> ....even if counseling and guidance programs are equal to those in counseling psychology, the latter group may not be in a position to admit this.... Ultimately what concerns me about the present political climate is that counseling psychology will follow in the footsteps of psychiatry and clinical psychology....My fear is that counseling psychology's legitimate fight for inclusion in the mental health field will, if successful, quickly lead to an exclusionary stance towards lesser or differently trained professionals. (pp. 40-42)

The counseling psychologist "in search" of a professional identity seems to enter a labyrinth of interlocking issues and conflicts. Who am I as a counseling psychologist? What do I do, exactly? Can I be a counseling psychologist if my graduate program was administratively housed in a School of Education or a Department of Counselor Education or a Department of Counseling and Guidance? Should I obtain a Ph.D. or an Ed.D.? Can I be a counseling psychologist if my highest earned degree is a M.A. or Ed.M.? Does a Ph.D. or an Ed.D. mean that I am more competent than a master's level clinician? What is the difference between a psychology program and a program that is primarily psychological in nature? Do I confine my professional duties to vocational, occupational and career guidance? Am I qualified to provide mental health services? If I choose to function as a health service provider, can I be considered competent by other psychologists, health insurance providers , consumers? Can I really be a competent health services provider? Am I as competent as a psychiatrist, or clinical psychologist? Am I a psychotherapist or a counselor? Does one role require less training or skill than the other? Is my primary interest in peoples' health or in their illnesses? Do I interview clients or treat patients? Is my license to call myself a "Psychologist" sufficient to practice as a health services provider? What do I have in common with other professionals who call themselves industrial-organizational psychologists, school psychologists, educational psychologists, clinical psychologists, medical psychologists, experimental psychologists? What do I have in common with other mental health professionals in social work, rehabilitation, mental health

counseling, psychiatric nursing, and psychiatry? What is unique in my training and profession from these others? Do I remain a health services "generalist" or do I specialize through additional certifications beyond generic licensing which can be timely and costly? Do I or must I work in a college setting, private or public agency or private practice? Am I an artist or a scientist? Am I a technician or a professional? Can I integrate research, scholarship and practice? How do I upgrade my skills through continuing education? How do I predict and plan for changes in licensing laws and the "eventuality" of National Health Insurance? Will I become disenfranchised by future statues, that may reduce me in professional status, position and possibly income? How do I escape the "occupational" disease that mental health professionals have trouble in their most intimate relationships? If I am able to answer these questions satisfactorily for myself, can I also answer these questions and justify my professional existence to the American Psychological Association, the American Personnel and Guidance Association, and American Association of Marriage and Family Therapists, the American Association of Sex Educators, Counselors and Therapists, the American Board of Examiners in Professional Psychology, the Commission on Rehabilitation Counselor Certification, the National Academy of Certified Clinical Mental Health Counselors, the National Register of Health Service Providers in Psychology, Blue Cross/Blue Shield, other health insurance providers and the consumer public?

It is doubtful that a single counseling psychologist or convention of counseling psychologists can answer all of these questions or arrive at a general consensus of opinion.

Iscoe (1980) writes.

> We should bear in mind that these were prosperous times, the number of clients or patients were unlimited, and the need for psychological services was expanding. The Joint Commission Reports on Mental Health Manpower (Albee 1959) pointed to the shortages of psychologists to man mental health clinics, the expansion of college counseling centers, and in many ways it was deemed more important to turn out personnel than to worry too much about whether their origins were primarily in education or primarily in psychology. As we can see, this failure to root counseling training solidly in psychology has contributed strongly to the certification problems....From a historical perspective, therefore, the problems facing counseling psychologists are relatively new in terms of the history of a profession. It is also clear that Counseling Psychology today faces a crisis....Even under the best of circumstances we can look forward to years of litigation over the educational level appropriate for using the term psychologist, the basis of training who should be certified, and how, what restrictions there should be in terms of licensing, freedom of choice by the consumers, third party payments, and eligibility for payment under national health insurance if it ever becomes a reality. Counseling Psychology, as does Clinical Psychology and Professional Psychology, faces what best might be called a "transformational" crisis in which an institutionalized set of procedures must change or the institution suffer the consequences. (p. 33)

The national health insurance debate, licensing, certification and other regulatory functions placed upon the practice of professional psychology will continue to have a major impact on the development and quality of graduate training with respect to curriculum, practicum experience, and the selection of a work setting. During the past decade of controversy surrounding the role of counseling psychology as a health care service (providing psychotherapy and mental health counseling),

studies have attempted to categorize counseling psychologists as a group based upon their training (Banikiotes 1975; 1977; 1980), their educational backgrounds (Apanaitis et al. 1980), or their work settings (Yamamoto 1963). Fewer studies (Osipow 1980) have attempted to categorize counseling psychologists as a group based upon their professional interests, professional functions, and professional competencies as individuals. The present study attempted to identify general attitudinal trends and professional charcteristics among the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) to determine their professional interest in and/or involvement with psychotherapy and mental health counseling.

The selection of a training program may reflect some sense of professional orientation or a future career direction. It may also reflect circumstances or convenience. Coursework may reflect a trainee's ability to prepare himself or herself for a future work setting. It may also reflect a sparsity of certain courses among offered curriculum or a lack of qualified teaching staff available to instruct. A work setting may reflect professional career interests. It may also reflect economic necessity, employer bias, or a lagging economy with relatively few employment alternatives.

As Davis (1977) suggests " factors of identity, self concept and behavior are important in the development of professionals in their respective disciplines" (p. 1). In developing a professional self concept, a counseling psychologist may ask himself/herself a number of questions, even if these questions can not always be answered completely.

What do I want to do as a counseling psychologist? What do I think that I do as a counseling psychologist? What do I "really" do as a counseling psychologist? What do I think others want me to do as a counseling psychologist?

Statement of the Problem

The purpose of this study was to examine particular attitudes and characteristics of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association that might contribute to their professional self concepts as psychotherapists or as mental health counselors. Attitudes and characteristics were divided into five major categories or research dimensions: professional orientation; professional activities; professional issues; kinds of clientele; and personal data.

Major Research Dimensions

Five research dimensions were developed to provide a general focus for the study. The research dimensions were examined with respect to how respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association addressed professional issues as well as with respect to demographic features of the respondents such as ethnic background, religion, sex, marital status, income level, and so forth.

The reported theoretical orientations, attitudes regarding field-based training and graduate education for employment in mental

health settings, continuing education, licensing and relicensing as psychotherapists/mental health counselors of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association were examined in research dimension I.

The reported professional "preparedness" of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association as psychotherapists/mental health counselors to provide a variety of services including individual therapy/counseling, family therapy/counseling, marital therapy/counseling, group therapy/counseling, psychological testing was examined in research dimension II.

The reported perceptions of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association toward their counseling psychologist colleagues and colleagues from other psychology specialties as mental health administrators, psychological researchers, and psychotherapists/mental health counselors were examined in research dimension III.

The reported perceptions of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association toward the persons that they served as psychotherapists/mental health counselors were examined in research dimension IV (e.g., how respondents were addressed or addressed the persons that they served).

The reported satisfaction with their primary professional

designations (e.g., counseling psychologist, clinical psychologist, counselor educator, etc.) and primary professional functions (e.g., administrator, educator, researcher, therapist) of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association was examined in research dimension V.

Expected Findings

Based upon the five research dimensions, the following findings were expected. Within research dimension I, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group would report that their theoretical orientation was eclectic. It was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association as a group would report that they felt that a master's degree and a minimum of 501 to 1000 hours of supervised training should be required for employment in a supervised position in a public or private agency. It was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association would report that they felt that a doctorate degree and a minimum of 1501 - 2000 hours of supervised training should be required for employment in an unsupervised position in a public or private agency. It was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association as a group would report that they were involved in some kind of continuing education or postgraduate training. It was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association as a

group would report that they thought licensing of psychotherapists and mental health counselors should occur generically by professional designation (i.e., psychologist, social worker, counselor, and so forth). It was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association as a group would report that they thought relicensing of psychotherapists and mental health counselors should not occur after the initial licensing.

Within research dimension II, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group would report that they were moderately to well prepared to provide a variety of mental health services. It was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association would not generally distinguish between psychotherapy and mental health counseling as different intensities or types of mental health services. When distinctions were made, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association would report feeling equally capable, qualified or trained to provide both types of services.

Within research dimension III, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association as a group would report that they felt that their counseling psychologist colleagues were more competent as mental health administrators, psychological researchers, and as

psychotherapists/mental health counselors than colleagues from other psychology or mental health disciplines with the exception of clinical psychologists who would be rated as more competent in all the roles than counseling psychologists.

Within research dimension IV, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association as a group would report that they maintained a less formal relationship with the persons that they serve as characterized by addressing one another on a first name basis (i.e., rather than on a last name basis) and by identifying the persons that they serve as counselees or clients (i.e., rather than as patients).

Within research dimension V, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association as a group would report that they were moderately to highly satisfied with their primary professional functions (e.g., administrator, educator, researcher, therapist, etc.) but moderately to highly unsatisfied with their primary professional designations (e.g., counseling psychologist, clinical psychologist, counselor educator, etc.). It was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association would identify themselves primarily as counseling psychologists and identify their primary work settings as college settings.

Summary and the Overview of Chapter II, III, IV, V, and VI

A review of the relevant literature will be presented in Chapter II.

The subjects, the instrumentation, the pilot study, the data collection approach, the treatment of the data, and the limitations to the study will be presented in Chapter III. In Chapter IV, the results of this study will be presented. In Chapter V, a summary and discussion of the results will be presented, as well as implications and suggestions for future investigation on the topic of professional identity and self concept among Members of Division 17 (Counseling Psychology) of the American Psychological Association. In Chapter VI, a comparative analysis between this study's results and the results of another study that employed the same questionnaire (see Appendix B) with Fellows and Diplomates of the American Association of Pastoral Counselors to examine their professional involvement as psychotherapists and mental health counselors will be presented.

CHAPTER II: REVIEW OF THE LITERATURE

Overview of the Chapter

According to the 19th edition of Ulrich's International Periodicals Directory (1980), there are over 100 professional journals, bulletins, newsletters and other printed materials listed under psychology and its practice published in the United States and Canada exclusive of the contributions made to social work, nursing, counseling, psychiatry and other mental health specialties. As Hogan (1979 a,b,c,d) discovered, attempts to synthesize and to summarize this much information represents a Herculean task.

This review of the literature will be divided into five sections: Psychological Training; the Public Opinion Debate; the Clinical Versus Counseling Debate; the Practitioner's State of the Art; and Future Directions. These sections may provide a general focus for various issues that are involved in the controversies surrounding counseling psychologists' roles as psychotherapists and as mental health counselors.

Psychological Training

Training may be understood in terms of four issues: the academic origins; the curriculum; the psychological training and placement; and the master's level psychologist's in service delivery systems.

1. Academic Origins in Education or Psychology? At first glance, the quality and content of training should appear to offer some direction for examining the issue of professional identity and concomitantly to the

issue of professional role. As Fretz and Mills (1980a,b), Bennett (1980), Cottingham (1980) and others point out, this has not been the case for counseling psychology.

Fretz and Mills (1980a,b) have outlined the problems inherent for counseling psychologists (and those who become identified as counseling psychologists) who are graduated from academic departments within a School of Education. Very often, it is difficult to distinguish those graduates who are "psychologists" from those graduates who are "psychologically-oriented educators". Bennett (1980) writes:

> I apologize...but experience leads me to believe that professionals who have completed graduate programs in schools of education in fields that are psychologically oriented as opposed to those whose programs were housed in psychology have the most trouble understanding the distinction between certification and licensure. Assuredly both the Fretz and Mills paper and the report on the licensure status of Division 17 members (Apanaitis, Ference & Sturgis 1980) attest that it is graduates of "Counseling and Guidance Departments" or those who hold a doctorate in Education (Ed.D.) who "fared most poorly in terms of proportions licensed as psychologists, yet all are members of Division 17" (p.18). "Counseling and Guidance Departments" historically have graduated candidates for positions in the public schools, requiring meeting the State Department of Education standards for certification, but not necessarily the standards for State Boards of Examiners for licensing to practice as psychologists(p. 29).

Historically, health insurance providers, the "majority" of state licensing boards, and the National Register of Health Service Providers in Psychology accepted graduates from programs that were "primarily psychological in nature", as well as graduates from psychology programs.

As a result, it has been difficult to adequately and in fairness evaluate those graduates who were psychologists and those graduates who were psychologically oriented educators who became licensed as "professional psychologists". Bennett (1980) writes:

> Is there a difference between an educationally oriented psychologist - a psychologist committed to the application of psychological knowledge and skills to educational settings - and a psychologically oriented educator? And should a psychologically oriented educator (if s/he can be defined as a graduate of a program in Education (Counseling and Guidance) and holding an Ed.D) be licensed by psychology to practice psychology as an independent, autonomous, unsupervised professional? (p. 29)

Most recently this trend has reversed itself. To a some extent this may be due to a lack of consensus regarding what is meant by "primarily psychological in nature". It is clear from state surveys conducted by the American Psychological Association (1976; 1977) that no consensus exists. Fretz and Mills (1980b) write:

> Highlights of the findings from the survey were the following:
>
> 1. 95 percent of the states require a doctoral degree. Of those 18 percent require that the doctorate must be a Ph.D.
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> 2. One third of the states do not require that the degree be from a university which is regionally accredited.
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> 3. 93 percent of the states responding indicated that they have a requirement that the program be "primarily psychological in nature". There is no consistency on how Boards define or handle the phrase "primarily psychological in nature". It ranges from a literal interpretation of a major in psychology to a program in any major field as long as there are at least 30 credits in psychology.

> 4. 63 percent of the states with a requirement of "primarily psychological" interpret this to mean a major field in psychology. The major field in psychology is also very loosely interpreted and includes a range of definitions.
>
> 5. 76 percent of the states indicate that they have a requirement specifying a minimum number of credits in psychology. This can be in terms of a specified number of credit hours or a percentage of the total number of graduate hours.
>
> 6. 29 percent of the sample indicated that there was a requirement for a dissertation that was psychological.
>
> 7. About 5 states indicate that they use APA approval as a standard for evaluating the educational credentials (Sourcebook 1976).
>
> This information did help emphasize some of the difficulties encountered by persons licensed in one state who move to another. Despite equivalent laws, the interpretation of "primarily psychological in nature" varies greatly (pp. 39-40).

As counseling psychologists along with other professional psychologists struggle with their professional identities, regulatory agencies and organizations are narrowing the definition of the professional psychologist (Hogan 1979a). Fretz and Mills (1980b) write:

> Other significant developments in licensing and credentialing on the national level occurred in two meetings held in 1976 and 1977. These meetings stimulated changes in states laws, APA accreditation criteria, and the standards of eligibility for such non statutory credentials as the National Register of Health Service Providers in Psychology and the American Board of Professional Psychology....
>
> The 1976 conference was attended by thirty-nine invited participants representing such groups as the AASPB, various APA boards, and the councils of directors of clinical, counseling, and internship settings. No APA division representatives were invited. Most

> participants were primarily clinical psychologists. Participants were provided with a Sourcebook (1976), which included relevant APA documents...the APA Division of Counseling Psychology's statement on the licensing and credentialing of counseling psychologists (American Psychological Association, Division of Counseling Psychology, 1975) and the American Personnel and Guidance Association model for state legislation. Obviously, this material focused the discussion on the problems created by counselors, counseling psychologists or "whoever they are getting all those crazy degrees in departments that wouldn't know a psychologist if they saw one" (in the words of one of the participants). The other salient issue was "diploma mills" - schools not regionally accredited but authorized in various states to give degrees that seem to allow holders to represent themselves as psychologists to licensing boards.
>
> In the Sourcebook (1976) a paper by Berger presented some highlights from a survey concerning eligibility rules for the licensing examinations. Berger concluded that the term "primarily psychological in nature" is a euphemism for "not psychology". (pp. 38-39)

The National Register of Health Service Providers in Psychology has outlined a transition policy statement (1980.)

> The Board of Directors recognizing that the emergence of a national definition of a doctoral degree in Psychology has led to changes in a number of educational programs over the past several years. The Transition Policy Statement is intended to give consideration to graduates of such programs which have now clearly become psychology programs, and which were identified as other than psychology before. The policy statement applies to graduates of doctoral programs who earned degrees before some of the changes in the program were formally instituted and whose graduates were therefore ineligible for listing in the Register. The Transition Policy, which will be in effect until September 1, 1982, covers those individuals whose degrees were earned since January 1974. (p. 2)

Based upon increasingly consistent but inflexible positions being adopted by the National Register of Health Service Providers in Psychology, many state licensing boards, and private health insurance vendors, it appears that counseling psychologists may find themselves experiencing greater difficulties getting licensed as psychologists or at least enjoying the same or similar privileges that psychiatrists and clinical psychologists currently enjoy.

2. Curriculum. As a result of actions by regulatory bodies, some programs that historically have trained counseling psychologists are revising core curriculum as well as undergoing departmental redesignations (Boston University 1980). While it is unclear how such changes will effect the training of students within these programs, it is clear that academic standards will be different.

Some have suggested that graduate students (and by association graduates) of "counseling" programs may not be scholastically equal to graduate students in psychology programs. Bennett (1980) and Fretz and Mills (1980a) suggest that Ed.D. graduates perform less well on "usual measures of academic potential" such as the Graduate Record Examination or the Miller Analogies Test. (However, they do not explain the presence of some "superior" students in programs that are "primarily psychological in nature" and the presence of some "inappropriate" students in psychology programs.)

Does it matter whether a professional was graduated from a School of Arts and Sciences or a School of Education? Rioch (1970) suggests that

clear lines do not exist between the professional psychologist (psychotherapist) and the psychologically oriented educator.

> The term therapy means the treatment of people who are patients, of those who are sick, and therefore in need of having something done to them by someone else....The goal is that the "patient" shall know himself as well as or better than the "therapist" does...The model for this kind of procedure is not a medical model. It is an educational one. (pp. 61-62)

Hogan (1980) would also challenge whether academic success is an appropriate measure of potential competence as a professional psychologist (psychotherapist).

> The idea that success in school is a useful predicator of professional performance has been strongly attacked by a number of leading academics and researchers After an extensive literature review, Harvard's David McClelland (1973) has concluded that academic grades predict nothing but future grades or results on tests similar to those used in establishing grades. Even with highly technical and intellectual jobs like research scientist, superior on-the-job-performance is not related to better grades in college (Taylor, Smith & et al. 1963)....
>
> In the medical profession, grades in medical school appear to be unrelated to later performance as a doctor....Price, Taylor, Richards and Jacobsen (1964), for instance, used information obtained from a population of about 500 doctors to determine what constitutes a "good" physician.... "performance in formal education," as measured by gradepoint averages, comes out as a factor almost completely independent of all factors having to do with performance as a physician" (p. 208).
>
> In the mental health field itself, evidence exists that academic credentials are inappropriate as a means of identifying the competent practitioner. A reasonably large group of practitioners believe that extensive academic and professional training are not

> essential (Rioch 1966). Carkhuff (1969) concludes that traditional academic criteria in psychology have available and low ability to predict much at all....
>
> A replication study by Bergin and Jaspers (1969) found virtually no relationship at all between empathic ability and student grade-point averages....Similarly, Kelly and Goldberg (1959) have concluded that academia's criteria for selecting students is often irrelevant to their aptitude for becoming competent therapists. (p. 41)

There is little doubt that graduates holding Ed.D. degrees are less likely to be licensed than those holding Ph.D. degrees (Apanaitis, Ference & Sturgis 1980).

> Licensure was significantly related to graduating department. Significantly more of the academics who graduated from Psychology, Educational Psychology, and Education departments were licensed than those from Counseling and Guidance departments. (p. 18)

Ironically, Bennett (1980) reports on the Peterson, Eaton, Levine and Snepp study (in press) that found that Psy.D. graduates had no difficulty obtaining employment and viewed Ph.D. graduates as primarily research scientists. Ironically, Psy.D. graduates perceived themselves as more competent practitioners than the typical Ph.D. graduates, as Ph.D. graduates generally perceived themselves as more competent practitioners than typical Ed.D. graduates.

In light this research, the counseling psychologist whose roots are in a psychology program may not feel too "superior" or too better trained than his/her counterparts from a program which is "primarily psychological in nature". Using the origins of one's academic training or core curriculum as a measure of professional competence (and therefore

professional identity) may not provide a completely reliable or appropriate vehicle for anchoring one's sense of professional identity.

3. Psychological Training and Placement. Kagen (1977) has argued that it is the degree of training that distinguishes counseling psychologists from "counselors, guidance workers, college and student personnel workers". Kagen (1977) has reviewed the definitions of psychology programs that were outlined in the Education and Credentialing in Psychology II (APA 1977): doctoral level programs that are accredited by the American Psychological Association; programs "clearly identified and labeled" as psychology programs; "supervised practicum, internship, field or laboratory training," "instruction in scientific and professionals ethics and standards, research design and methodology, statistics and psychometrics," a core curriculum including the "biological base of behavior," "cognitive-affective bases of behavior," "social bases of behavior" and "individual differences" (p. 5).

Does practicum training provide an essential ingredient of professional identity for developing counseling psychologist? Hamilton (1977) writes:

> Though we take pride in evaluating our professional activities, we have neglected evaluating what may be the most significant activity of all, doctoral training which is the ultimate source of the future. The training process may hold answers to many of the questions about our professional identity. (p. 26)

Hamilton (1977) studied "directors of training in all 120 APA

accredited and provisional clinical and counseling psychology doctoral programs" (p. 27). Her findings indicate that "there are at least some important differences in stated values about training and about certain entry-level skills"(p. 28). Hamilton's (1977) findings suggest that there is agreement regarding "the importance of research orientation, assessment, or outreach" (p. 28). Counseling directors, however, tended to emphasize developmental issues and a tendency "to move toward greater delegation of responsibility and dissemination of skills rather than to continue reliance on a traditional (remedial) mode of service" (p. 28).

In the Halpin and Adams (1978) study of APA approved counseling psychology programs, counseling psychologist trainees gave "positive overall ratings for their doctoral programs" (p. 28). In general Halpins and Adams (1978) found that "students rated their experimental counseling training as primarily eclective rather than focused on a specific orientation....In general student's personal orientation was toward an eclective approach" (p. 655). Halpin and Adams (1978) continue:

> When research is emphasized, students seem to prefer that more attention be given to personal growth. There is also a general consensus among students that they would prefer more responsibility in developing course content and structure. (p. 657)

In 1975 and in 1977, Banikiotes studied students from APA and non-APA counseling psychology programs. He reported the following findings.

> There are large differences between APA and non-APA approved programs in the number of applications that they receive, and in financial assistance availability. There are many more applications (almost three times as many) for

> each student position in an APA approved program....
>
> Few differences existed between APA and non APA approved programs in the curriculum which their students were likely to complete. Counseling psychology students, in general, seem to complete a curriculum in professional practice, research, and scientific psychology. Students in non-APA approved programs were more likely to take courses in Supervision, Educational Psychology, and Foundations of Education, and students in APA approved programs were more likely to complete an internship....
>
> In spite of concerns about job placement, only 1.5% of the current graduates of counseling psychology programs are unemployed. It appears that fewer counseling psychologists are finding their way into positions in higher education. Academic and counseling center positions account for only 30.2% of the job placements. Employment in school systems or as school psychologists accounts for 18.4% of the placements, and employment in organized settings and in private practice accounts for 42.5% of the current job placements. This contrasts with the findings of Cates (1970) in which 66% of the counseling psychologists surveyed (n-2307) were employed in educational settings.... (p. 25-26)

Banikiotes (1977) concluded that while APA approved program graduates were "more highly represented" in community mental health centers, counseling centers and hospitals, non-APA approved program graduates were "more highly represented," in schools, child guidance clinics and as school psychologists (p. 26). Banikiotes (1977) found that APA approved program graduates tended to have closer affiliations with clinical psychology programs while non-APA approved programs tended to have "more overlap with counselor education programs" (p. 26). Banikiotes (1977) concluded "No differences existed in curriculum between APA and non-APA approved programs except where an internship was concerned. Approximately 1/3 of the non-APA approved programs did not require an

internship while all the APA approved programs required an internship (p. 26). When an internship was required, no difference was noted (Banikiotes (1977).

Banikiotes (1980) has recently completed a third study. The results are consistent with earlier studies.

> The results of the 1979 Survey of Counseling Psychology Programs were presented, and comparisons were made with data obtained in previous surveys. An increasing proportion of counseling psychology students are obtaining internships and initial job placements in community mental health centers. Private practice settings are also providing an increasing proportion of internship and employment placements, although the total number going into these settings is still small. Program directors perceive that they are receiving fewer but better applicants and their students are having a slightly easier time seeking internships and a more difficult time in securing job placements.

Lane and Janoka (1976) found that only 33 of 109 internship settings were willing to consider non-APA students. Portney and Barth (1978) reviewed the 33 programs identified by Lane and Janoka (1978).

> It is virtually impossible for students from non-APA approved programs to serve APA approved internships. (p. 71)

In light of these findings, Fretz and Mills (1980a) warnings maybe well heeded by counseling psychologists-in-training. They outline a trend towards only accepting APA-accredited program graduates or interns from APA training sites for licensure and inclusion in the National Register of Health Service Providers in Psychology. Counseling psychologists may seem to find suitable employment more easily, if they

have Ph.D.s (as Apanaitis et al 1980) discovered and if they are graduated from APA-approved programs. Counseling psychologists who have Ed.D.'s and are graduated from non-APA approved programs (such as some programs in counseling psychology or from counseling and guidance or counselor education programs) limit their chances for professional mobility, employability, and professional prestige.

Professional affiliation as student is often perceived as the first step towards professionalization. Division 17 (Counseling Psychology) of the American Psychological Association has allowed for broad membership; it is unclear how the membership should be defined (Fretz and Mills 1980a) and what effect this may have on the development of a student's professional identity. Bennett (1980) writes about this apparent problem within Division 17 (Counseling Psychology).

> Fretz and Mills comment that Division 17, the Division of Counseling Psychology, has "...encouraged many who are not trained as clearly identifiable psychologists" (p. 5). Perhaps it should be stated again and again that membership with the American Psychological Association and affiliation with most of its divisions are in no way intended to be a definition of competency to practice. (p. 29)

Bennett's (1980) observations are noteworthy, but she does not acknowledge that some levels of membership within the American Psychological Association are only open to doctoral level psychologists as defined by the various membership boards. Membership is clearly not a measure of competence as Bennett(1980) suggests, but membership may be recognition of one's professional affiliation with psychology or at least the desire and willingness to adhere to a standard code of practice in

psychology.

As Fretz and Mills (1980a,b), Hogan (1980) and Cottingham (1980) point out that competency-based criteria for evaluating professional competence do not yet exist. Bennett (1980) herself states that many "recognized" psychologists are not professional psychologists (practitioners) but are research scientists.

Bennett (1980) asserts that "licensure to practice means the professional psychologist is capable of making decisions about another human being without recourse to consultation with any other professional" (p. 29). This appears to be erroneous logic in that licensure as it is currently is used does not measure competence, but reflects a generic title based upon training and assumed competence.

The Academy of Certified Clinical Mental Health Counselors is one of the few professional bodies that currently grants certification on the basis of an evaluation of competence as opposed to solely on the basis of title, educational background, and graduate training. The American Personnel and Guidance Association (1979) has strived as of late to develop competency-based criteria counselors (Cogan and Noble 1979) and may very well develop such criteria for counselors ahead of the American Psychological Association (APA) and before APA is able to implement similar criteria for professional psychologists.

Bennett's (1980) assumption that a licensed psychologist ought to be able to practice without the need for consultation with colleagues moves away from the notion of reviewing the practices or malpractices of

members of a profession that can ill afford deregulation or sloppy quality control in light of increasing litigation and consumer actions against poorly provided services(Hogan 1979c).

4. The Master's Level Psychologist: Above and beyond the issue of Ed.D. versus Ph.D., the issue of master's level "psychologists" remains unresolved, as it has for the past 25 years (Dimond, Havens, Rathnow and Colliver 1977; Havens 1979). Bennett (1980) writes.

> For at least 25 years the American Psychological Association has struggled with whether persons holding a master's degree in psychology are "psychologists" (Woods 1971). Repeatedly this issue has been raised, although APA has reiterated its stand that only holders of the doctoral degree can use the title "psychologist", while all others with lesser levels of training are known as psychological associates, psychological assistants, or some other title that the holders of the lesser degrees view as perjorative, discriminatory, and designed to reduce their status to that of a second class citizen (APA 1977). On the other hand, APA has always recognized the value of and necessity for the services of others than doctoral level practitioners (Korman 1974). (p. 30)

Stevens, Yock and Perlman (1978) report that master's level clinical psychologists are perceived as competent by community mental health directors. Smith and Soper (1977) found that master's level clinical psychologists readily found employment in community mental health centers and state hospitals. Regrettably, few studies have investigated the employment practices of master's level counseling psychologists. As Fretz and Mills (1980b) point out, very often master's level counseling

psychologists become readily identified as master's level counselors rather than psychologists.

Dimond (1979) outlines a few critical issues within the "current MA controversy:" competence; competition; and third party reimbursement. Dimond (1979) suggests that while master's level psychologists may be competent, doctoral level psychologists may possess a higher level of competence. It is difficult to understand how one can be declared competent enough to see clients but not competent to receive equity with doctoral level psychologists.

This argument seems to reflect Bennett's (1980) assertion that "the professional psychologist is capable of making decisions about another human being without recourse to consultation with any other professional" (p. 29). Given the preponderance of master's level staff in most community mental health centers, it may be justified to ask how much time they actually have available to them to consult with "senior" doctoral level psychologists.

The second issue raised by Dimond (1979) regarding competition assumes that our society is getting healthier, thus limiting the client population and that competition would drive competent doctoral level psychologists "out of business". This reasoning may betray an underlying insecurity in doctoral level psychologists "that for all that extra training" they do not feel substantially more competent as psychotherapists, than their master's level colleagues.

The final issue raised by Dimond (1979) revolves around third party

payments. While it does appear that the days of "lassize faire" regulation and unlimited monetary sources are over, it is unfair to tell master's level psychologists "not to rock the boat" while their senior colleagues contend with psychiatrists and social workers for inclusion as health service providers. What may very well occur in the long run is that an organization such as the National Academy of Certified Clinical Mental Health Counselors will find large numbers of master's level clinical and counseling psychologists flocking to its organization seeking credentialing and membership.

The Public Opinion Debate

At the outset of this discussion, it is difficult to separate out psychology's reactions from the reactions of other mental health professionals to the consumer. There has been a rise in "consumer" activism among the recipients of mental health services (Hogan 1979b; Tennov 1973; Eberlein 1977; Swanson 1979). In the series forward to Hogan's (1979b) The Regulation of Psychotherapists Volume IV, Slovenko writes.

> The most critical issue facing the professions today is how they should be regulated....Professional associations have argued that the public does not have the ability to judge professional competence. The result has been a regulatory framework dominated by the professions, with little public input or control....
>
> The public is growing increasingly dissatisfied with the quality and cost of professional services. Malpractice suits against physicians, psychiatrists, psychologists, lawyers, and other professionals have multiplied in the last decade. (pp. xvii-xviii)

Until fairly recently, little formal attention was given to public opinion. Anschuetz (1979) writes.

> Psychologists know amazingly little about how the public views or values their endeavors, and what little is known is not very encouraging for either researchers or practitioners. If psychology is to advance as a profession that is supported by the public, psychologists must know more about the needs and satisfactions of consumers in order to (a) improve existing services, (b) develop new services, (c) educate the public about psychology, (d) improve training of psychologists, and (e) provide feedback to researchers... (p. 154)

It would appear that psychologists may no longer look the other way, either out of ignorance, apathy, or arrogance. The Community Mental Health Act of 1963 marked the first stages of consumerism within mental health delivery systems (Alvarez et al. 1974). Community boards, consisting of both professionals and consumers, were established to oversee the general development and administration of community-based mental health systems.

Within the last decade, "special" or minority groups in society are demanding "equal" treatment and services, free from professional bias and delivered by professionals competently trained to address the special problems that their clients may have (Tennov 1973; Jones 1978; Espin 1976; Vontress 1969; Stratton 1975). The professional mental health community has witnessed the development of feminist therapy collectives, homophilic health centers, cross cultural counseling specialties and so forth.

Anticipation and apprehension regarding national health insurance and the form that it will eventually assume has fueled psychologists' emerging interests in public opinion. Psychologists appear caught in the middle between a psychiatric community and a mental health conferation (Hogan 1980). Psychiatrists wish to exclude psychologists as independent health service providers. Social workers, mental health counselors, psychiatric nurses and others look to be included with psychologists as health service providers. As Hogan (1979b) points out, this has resulted in many antitrust suits being brought against various sectors of the mental health community by other disenfranchised factions looking for legalization of their professional identity and roles. It is noted in fairness to the psychiatric community that psychologists have not simply been the victims. Gazda (1980) writes:

> If we are going to tell it "like it is," let me recognize that psychologists, especially clinical, frequently criticize and belittle psychiatrists. There is much more than an economic issue involved here. There is a direct challenge of the competency of psychiatrists. (p. 22)

Anschuetz (1979) reveals:

> There are few published accounts of public views of psychology, but the ones that exist are not encouraging (Nunally & Kittros 1958; Small & Gault 1975; Thumin & Zebelman 1967). Such surveys have consistently shown the public to hold psychology in rather low esteem relative to other professions and to have no outstanding preference for psychologists over several other professionals to help them overcome personal problems. (p. 154)

Anschuetz (1979) cites a number of studies (Gurin, Veroff & Feld 1960; Thumin & Zebelman 1967; Small Gault 1975) indicating support of his position. In Small and Gault's (1975) study of Australians, the researchers discovered that people preferred to consult their physician or a clergyman rather than a mental health professional. These findings were supported by Thumin and Zebelman (1967) who also reported that laypersons preferred to consult non-mental health helpers. The most dramatic findings are revealed in Gurin, Veroff and Feld's (1960) study. Respondents tended to view problems externally, in "non psychological" terms and tended to seek assistance from "non psychological" sources. Of those who felt that they were "helped or helped a lot", 60-65% reported being helped by persons outside mental health professions when compared to 25-46% who felt helped by people inside mental health professions.

As Hogan (1979a) points out.

> Whether psychotherapy is of value however, and the extent to which it is effective, are empirical questions that have yet to be definitively determined. (p. 17)

It would appear as Fretz and Mill (1980a,b) point out that a lack of empirically-based data yet exists. What may exist is a "potential" in the public's viewpoint. It will need to be determined whether psychotherapy is (1) humanly effective and (2) cost effective.

To this point, the discussion has generally treated counseling psychologists along with other psychology specialists. Accordingly, a pretty dismissal future has been prophesized. However, public attitudes towards counseling psychologists vastly differ from general attitudes

towards psychologists. The dilemma for counseling psychologists remains whether to disassociate themselves from other psychologists and achieve greater public support but ultimately alienate counseling psychology from other specialties.

McGuire and Borowy (1979) studied eleven professional role categories. "clinical psychologist, counseling psychologist, marriage counselor, mental health attendant, nurse, physician, psychiatric nurse, psychiatrist, psychoanalyst, school psychologist, social worker". McGuire and Borowy (1979) cite their findings:

> Because of the high visibility of several professional role designations in the mental health field, this study included, for the first time, the role categories of counseling psychologist, marriage counselor, psychiatric nurse, and school psychologist. In this regard, Nunally and Kittross (1958) concluded that "the public attitude is definitely more favorable toward those professions identified with physical medicine, such as the doctor and nurse, than toward those professionals identified in the public mind with mental problems" (p. 593). The present data continue to support the notion that strictly medical professions are rated more favorably than psychologically designated roles. However, the present study's differentiation of the roles in psychology as counseling, clinical, and school psychologist reveals that some areas of psychology (especially counseling psychology) are viewed in a nearly equal light as the medical professions. (pp. 77-78)

These results are both revealing and surprising in light of clinical psychology's recent remedicalization. It may be hypothesized that the public may prefer professional psychologists to be counselors or therapists and the public may want psychologists to provide a function different from medicine and the public may look disfavorably on

psychologists becoming surrogate-physicians.

The Clinical Versus Counseling Debate

The perpetual debates between clinical psychology and counseling psychology appears a little like the sibling rivalry between an older brother and a younger one. The older brother fears losing his identity and his special position of privilege and views his younger brother as a competitor rather than ally. The younger brother strives so desperately for equity and the approval of others and of his older brother that he never appreciates his differences. Hence, both fight for the same position rather than carving out their individual niches.

Peterson (1976) suggests "psychology has had more trouble than most disciplines in defining itself as a profession" (p. 572). Amstrong (1947) suggests that "defining psychology as a profession gives pause even to a psychologist, in view of the protean forms of applied psychology" (p. 446). Amstrong (1947) suggests that a psychologist "thinks in terms of his own field or specialty or activities" (p.446). Hurst and Parker (1977) state that the purpose of a professional title is to limit the profession's activities conducted by non professionals and to convey what services can be expected from the profession by non professionals. In light of this statement, is counseling psychology different from clinical psychology? Do clinical psychologists provide a different professional service from the service provided by counseling psychologists? Osipow et al.(1979) comments on his and his colleagues study of Fellows/Members in Divisions 17, 12, 29 of the American

Psychological Association.

> It appears that it is possible for counseling psychologists to have a distinctive identity professionally but that many individuals who identify themselves as counseling psychologists have in fact, a greater identity as clinical psychologists, at least in terms of their divisional memberships, their professional interests, and their work settings. (p. 152)

Super (1977) offers his observations on the differences between counseling and clinical psychology.

> It is the difference between developmental and remedial help, between education and medicine, between pathology and hygienology. Clinical psychologists tend to look for what is wrong and how to treat it, while counseling psychologists tend to look for what is right and how to help use it. Oversimplification? Of course, but one that magnifies and clarifies without distorting or obscurring the truth. (p. 14)

Super (1977) continues:

> The Division of Counseling Psychology can and does play a role in helping us to achieve identity, even if we are self-reliant and even if we must in the last analysis, each of us create his or her own identity. (p. 15)

Wrenn (1977) has suggested.

> It is simple to state that a counseling psychologist is a psychologist at the doctoral level or he is prepared to practice counseling. The rub comes in defining counseling...perhaps every practitioner puts the stamp of his own individuality upon the definition. Part of the variance arises out of the varied settings in which counseling psychologists work--school, college, clinic, hospital, business, rehabilitation centers and so on, for an endless number of counseling environments. (p. 10)

Ivey (1979) has called counseling psychology "the most broadly-based applied psychology specialty" (p. 3). Ivey (1979) outlines three aspects: diversity and competence; a commitment to person-environment considerations; and an emphasis on mental health and development.

Stigall (1977) views the controversy between clinical and counseling psychologists in a more global manner. For Stigall (1977), the critical issues appear related more to whether both clinical and counseling psychologists can provide professional services rather than related to which specialty will provide what service. Stigall (1977) writes:

> What is needed, of course, is a greater degree of consensus among training programs, credentialing authorities, and practitioner as to minimum standards for professional preparation of all psychologists. Educators and trainers of psychologists need to know that their graduates will be eligible for licensure upon completion of the required curriculum. Students and prospective students deserve some assurance that the training program which they have chosen will prepare them to meet statutory requirements for licensure and practice. (p.41)

The Practitioner's State of the Art

If the counseling psychologist can reassure himself/herself that he/she is a professional psychologist, the counseling psychologist confronts a number of personal issues (Ehrilch 1977; Jasnow 1978; Rioch 1970). In brief, the issues range from the salutations offered to a client (Semler 1964) to the crises of the identifying what one does as a psychotherapist (Rioch 1970; Jasnow 1978; Hogan 1979a).

Frank (1971) has called psychotherapists the "modern day shamans".

Magic and artistry (Jasnow 1978) have long been recognized as part of the psychotherapist's image. This may prove especially bothersome for some counseling psychologists who are looking to legitimize their positions. Jasnow (1978) writes that "as psychotherapists we talk science but we do art"(p. 318). Jasnow (1978) suggests:.

> The term "psychotherapist" I do not intend to define, for two good reasons: first, because I don't need to and, second, because I cannot. Since we all know what a psychotherapist is and does, there is no need for further definition. As for the second reason, try to imagine a definition that would be broad enough to embrace the vast spectrum of those calling themselves psychotherapists and still be accepted by all of them. Keep in mind that such a definition would need to include among others, Freudian; orthodox; conservative and reformed; Gestaltists; Rogerians; Primal Screamers; Psychodramatists; Groupists in their infinite variety and permutations; Behavior Modifiers; Bioenergeticists; etc., and let us not forget the Eclecticists in their many numbers.

For the counseling psychologist who has spent effort and energy in becoming as a psychotherapist, imagine the disappointment and apprehension in discovering that the role that they aspire to is no more defined than the general professional designation. Imagine their bewilderment to find that their departure from an "educational background" or a "psychological background" may have led them back to an "educational role" (Rioch 1970).

Future Directions

Through the 1970's and into 1980's, efforts have intensified to establish a national health insurance policy and to develop guidelines

within that policy for the practice of professional psychology (of which counseling psychology may be viewed as one specialty). Critical attention has been placed by some on "futuristic" thinking to help shape future directions in counseling psychology and to ensure its continued existence and viability (Whiteley 1980; Ivey 1980, Fretz 1980). The Journal of Counseling Psychology has devoted an entire volume to this issue (Whiteley Eds. 1980) to exploring where counseling psychology has been, and where it should go. Whiteley (1980) writes:

> Counseling psychologists, however, have not seriously participated in futuristic thinking to any focused extent....There is expressed concern about the long term viability of the profession and many different conceptions are offered both of the future itself and the direction counseling psychology should take now in order to prepare adequately for a definite contribution at the turn of the century. (p. 2)

Whiteley (1980), Fretz (1980) and others appear a little impatient with counseling psychology's sluggishness in planning for the future. Fretz (1980) asserts that counseling psychology has "seldom shown leadership in responding" to social issues (p. 10). Fretz (1980) continues "we seem destined to be in a reactive rather than a proactive position for social issues" (p. 10). Whiteley (1980) offers his agreement.

> Counseling psychology traditionally has taken a reactive approach to the future. To this writer's knowledge, there are no academic courses offered on futurology's potential contribution to our profession....I can recall no APA convention program involving Division 17 on alternative futures. (p. 3)

Ivey (1980) challenges counseling psychology "to take charge!"

> Counseling psychology is strong and well....it only needs realize its strength and move forward to future contributions.(p. 12)

Despite these quixotic missions, counseling psychologists do not necessarily agree whether counseling psychology will reach its future goals (Fretz 1980).

Fretz (1980) offers:.

> Unless we radically change our present style of operation, it is very likely that counseling psychology in the year 2000 will not be very different from the field as we know it today....Counseling psychology, it seems is in the eye of the beholder. Further, whether or not this diversity in identity is problematic seems equally in the eye of the beholder (Super 1977). Finding the tie that binds seems Sisyphean. The major implication of this diversity in identity is that there is little collective, long-sustained effort by any significant proportion of our profession toward any one goal.... (p. 9).

> First some counseling psychologists have argued that our diversity is our strength, a vital component of the continued vitality of our profession, despite the lack of training grant support from NIMH or the National Science Foundation as clinical psychology has had and often without significant support within the psychology profession. (p. 9)

> Do we really want to know what all those who identify themselves as counseling psychologists think counseling psychology should be? Do we really want our professional colleagues in other fields of psychology and in mental health professions to know the full range of what some of our members would include in the rubric "counseling psychology"?

> The current absence of a consensual, concise, explicit differential statement of our professional mission is a second reality that

> will probably keep us from attaining many of the possible goals stated at the beginning of this paper. The lack of such a statement has been cited, informally, by both NIMH and APA as reasons for lack of greater support of counseling psychology training and representation. What do we do demonstratively different in training and service that we can agree on that all counseling psychologists can and should do? (pp. 9-10)

Super (1980) seems to share Fretz's (1980) concerns.

> Where will the discoveries or developments of the next 20 years lead us; how will the pressures, the fashions, and the fads change?... Counseling methods may become more diversely eclectic according to client needs as we mature professionally....Will our current diversity our current search for a place in fields now tilled largely by people in other specialties, and our present-day efforts to break new ground on our several frontiers, lead a significant number of us to move from counseling psychology and from Division 17 to other specialties and to other, perhaps new divisions? (p. 23)

Not all counseling psychologists forecast such a bleak and undirected future. Magoon (1980) writes:

> My initial impression of counseling psychology and psychologists in the year 2000 is one of considerable diversity in roles and functions. (p. 26)

Osipow (1980) who adamantly condemned counseling psychology's attempts to become "clinically" oriented in 1977 writes of the future.

> First, I predict a continuation of the blurring of the human service specialties in psychology to the point where functionally specialties will be very discreet but nominally they will not. It would not surprise me to see no distinction among the specialty areas in psychology by name, such as clinical counseling, school, and so on, but I do expect to see highly differentiated functional specialties with

> regard to the nature and services provided, defined largely in terms of agency settings, goals, populations served, skills and techniques applied, and the like. (p. 18)

Osipow (1980) continues:

> Our impact on health psychology should be major....Of a professional nature, I would predict the following: Counseling psychologists will be found in increasingly diverse situations and will be very widely accepted. They may continue to be the closest thing to the general practitioner that mental health specialties provide. We may not be called counseling psychologists anymore, and I suspect that we will be looking for our identity....Counseling psychology as a specialty may be impossible to differentiate from other human service specialties.... (p. 19)

While counseling psychologists may disagree whether counseling psychology will in Super's (1980) words "shall...blend and balance... or shall... split and splinter" (p. 23), there is little disagreement where counseling psychology should be going. Thompson (1980), Super (1980) Bordin (1980), Tiedeman (1980), Wrenn (1980), Allen (1980), Ivey (1980), Fretz (1980), Tyler (1980), and others have a surprisingly clear concept of where counseling psychology should be going.

Whiteley (1980) may sum up for all in this manner.

> In counteracting the more stressful physical environment expected in 2000 A.D., counseling psychology can contribute by incorporating insights from environmental psychology and environmental planning into its substantive base. The knowledge thus incorporated into the profession can be translated into both practice and research. In practice, environmental psychology and planning can help clients organize their immediate surroundings to reduce stress, and be more

> productive. From a research view there is much to learn about counseling practices from incorporating environmental variables into research design. (p. 6)
>
> Counseling psychologists have insufficiently incorporated life-span developmental psychology into the training curriculum....In order for counseling psychologists to have the knowledge to assist their clients with the problems associated with changing roles....the basic curriculum of counseling psychology must be modified. As with courses on aging, courses on the psychology of men and women, sex roles, parenting, sexuality, and child rearing infrequently appear in the core programs of counseling psychologists. (p. 6)
>
> Counseling psychology as a profession can impact these by developing more refined approaches to building a psychological sense of community; helping individuals learn to identify their rights and those of others in a situation; then teaching them how to assert themselves to achieve what they want without violating the rights of others; problem solving and conflict resolution; decision-making; and social organization self-renewal. All of these content areas are represented currently in aspects of some training programs. (p. 6)
>
> Helping people benefit from advances in understanding the biological bases of living represents another content area that must be incorporated within counseling psychology training programs. (p. 7)
>
> Computer, communications systems Finally counseling psychology as a profession could benefit from a continued assessment of the future within its regular curriculum. (p. 7)

Bordin (1980) suggests:

> This family-based life-cycle orientation of the counseling psychologist in the 21st century has gotten her or him so involved in a broad base application of psychological knowledge as to dim that earlier question whether to consider oneself an educator or a clinician. (p. 5)

Ivey (1980) seems to agree with Bordin's (1980) viewpoint.

> Counseling psychology in its constant search for an identity seems to have forgotten that it indeed does have a strong and well-documented history and purpose - the reasoned search for individual-society or person-environment connectedness leading to the growth of both individual persons and their significant others (family, groups, organizations, institutions)....the counseling psychologist of the future will be a psychoeducator, but her or his work will move far beyond that of present day psychoeducation and will focus on the critical person-environment transactions that occur in the community. Kelly has noted that as eclectism becomes more systematic, it tends to lose its eclectic flavor.... With this realization interest in meta-theory--theory about theory--will increase. Counseling psychologists will no longer be satisfied with me theory or with a seemingly random selection of treatment techniques: they will be searching for logical consistency in their procedures.... a rationale for what one is doing. (pp. 12-14)

Summary of the Review of the Literature

A review of literature reveals that the issue of professional self concept for counseling psychologists is very complex. Students in counseling psychology must decide whether to attend APA approved or non APA approved counseling psychology programs. Concomitantly, it would appear that they must evaluate enrollment in a counseling psychology program with the advantages or disadvantages of enrollment in a counselor education or a counseling & guidance program which may be more oriented towards the practitioner. Latter programs may meet a student's immediate desire to go out "help" people, but may not insure future recognition or the ability to be licensed (and therefore) reimbursed as service

provider.

To a certain extent, it remains unclear how students who select formal counseling psychology programs become trained as competent psychotherapists or counselors (health service providers) if that is their career direction. It would appear that psychology programs (especially those with APA approval) stress the scientist-practitioner model which may be outdated as it is currently defined (i.e., stressing the biological or so-called "hard" sciences first and the human relations second). Clearly, counseling psychology programs like all psychology programs understand the value of empirically-based and naturalistic observational research but remain unclear how to apply such research methods most effectively to work in human relations.

Competency as a health care provider (i.e., mental health counselor, or psychotherapist may not be derived simply as a result of attending a counseling psychology program). Identification as a mental health care provider may not offer any way for counseling psychologists to distinguish themselves from other mental health care providers (Henry, Sims & Spray 1971; Houck 1974; Taggart 1972). Identification as a mental health care provider may actually undermine counseling psychologists attempts to create unique practitioner identities.

Reviewing the "state of the art" in counseling psychology as a mental health discipline is a little bit like trying to umpire five baseball games that are going on at once. You are never really certain which game to watch or which player within each game to watch first, or for that matter last. Now imagine that as you are attempting to umpire

these five games, the players on each field are also attempting to watch what is going on in all the other games and often finding themselves unknowingly wandering over into another field. As a spectator are you confused? Unfortunately so are the players.

In reviewing the literature, it appears that more information regarding the professional attitudes and characteristics of counseling psychologists is needed to design graduate training programs and practicum in the future, as well as to establish academic and competency-based criteria for licensing or certifying counseling psychologists as independent mental health service providers (i.e., psychotherapists or mental health counselors). The present study was designed to explore particular professional attitudes and charcteristics among sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association that might contribute to their professional self concepts as psychotherapists or as mental health counselors. Particular professional attitudes and characteristics were divided into five categories or research dimensions: professional orientation; professional activities, professional issues; kinds of clientele; and personal data. The exact details of the methodology that were employed will be presented in the next chapter.

CHAPTER III: METHODOLOGY

Overview of the Chapter

For narrative clarity and for the convenience of the reader, Chapter III will be divided into six sections: (1) Subjects; (2) Instrumentation; (3) the Pilot Study; (4) Data Collection Approach; (5) the Treatment of the Data Approach; and (6) Limitations to the Study.

Subjects

The sample population was drawn from the general Membership of Division 17 (Counseling Psychology) of the American Psychological Association. There are four levels of membership open to counseling psychologists and related mental health professionals. Graduate students may join the American Psychological Association as non voting Student Affiliate members. Predoctoral and master's level "psychologists" may join as Associate members. Licensed, doctoral level psychologists may join the American Psychological Association as regular Members. This level of membership is also open to licensed, master's level psychologists who fall into "grandfathered" or "grandmothered" categories. Licensed, doctoral level psychologists may be nominated by their colleagues for Fellow membership. Related mental health professionals may join the American Psychological Association as Associate members (see Appendix A for a copy of the membership guidelines as published by the American Psychological Association in 1981). Hence, the sample population was drawn solely from the general Membership. This

procedure excluded Student members, Associate members, and Fellows from the sample population. This procedure eliminated intervening variables related to the level of membership in the American Psychological Association.

Subjects were selected through a random sampling. Each member of the sample population was assigned a number. Numbers were drawn randomly, until 500 numbers were selected. There are approximately 2119 Members in Division 17 (Counseling Psychology) of the American Psychological Association (APA). The 500 Members of Division 17 (APA) whose corresponding numbers were randomly selected were mailed a questionnaire; the one hundred and sixty-two who completed and returned the questionnaire were the subjects of the study. Subjects represented the forty-eight continental United States and the District of Columbia. Addresses for subjects were obtained through the APA membership directory published in 1978. The size of the actual sample population studied was determined by the investigator in cooperation with members of the dissertation committee to insure that a respondent population of at least one hundred Members of Division 17 of the American Psychological Association would be obtained. No review of the sample population was undertaken to insure that either women or "minorities" were represented within the sample population proportionate to their representation within the general Membership.

Instrumentation

The instrument for data collection was a mailed questionnaire (see Appendix B). The questionnaire and general methodological approach was developed in cooperation with Herkelrath (1982) who distributed the

questionnaire to Fellows and Diplomates of the American Association of Pastoral Counselors to examine their attitudes and characteristics that might contribute to their professional self concept as psychotherapists and as mental health counselors. The questionnaire (see Appendix B) was developed after reviewing previous research and questionnaires by Davis (1977), Henry, Sims and Spray (1971), Houck (1974) and Taggart (1972) which addressed issues about professional self concept among mental health specialists.

The questionnaire was professionally printed. The printer was consulted with respect to the manufacturing of the questionnaire and to particular physical features of the questionnaire. The questionnaire was a single fold with a double insert. The color of the paper was be ivory. The ink used for printing was dark blue. Roman bold-faced type print was selected for the questionnaire. The paper was 8 1/2 X 11 inches. There was an average of five questions per page. There were nine pages of questions for total of 40 questions.

The investigator consulted the printer regarding question spacing. Blank or "white" space was carefully considered in order to enhance the aesthetic appearance of the questionnaire. Proper spacing helped prevent subjects from feeling discouraged or overwhelmed by the length of the questionnaire.

Questions on the questionnaire (see Appendix B) were constructed by reviewing relevant studies (Davis 1977; Henry, Sims & Henry 1971; Houck 1974; Taggart 1972). Questions were placed in clusters that reflected general categories: Professional Orientation; Professional Activities;

Professional Issues; Client Data; and Personal Data. Attitudinal questions regarding professional orientation were placed in the first section of the questionnaire. Attitudinal questions regarding professional activity and professional issues were placed in the middle section of the questionnaire. Factual questions regarding client data and personal data were placed in the final section of the questionnaire. Oppenheim (1966) recommends this format for placing questions. More general questions should be introduced in the first section; more specific or more sensitive attitudinal questions should be placed in the middle section. Client data and personal data questions should be placed in the final section, hopefully after respondents "perceive the questionnaire as genuine inquiry".

There was an attempt to word questions in a simple and straightforward manner. Questions contained no more than 25 words per question. The questions were worded in such a way as to attempt to avoid giving the respondents the impression that they should know the answer. Questions were worded in such a way as to attempt to avoid "prestige bias" (i.e., giving the respondents the impression that there was a correct or "better" answer over other choices). Questions were worded in such a way as to avoid "embarrassment bias" (i.e., giving the respondents the impression that their answers would be unsuitable or reveal unprofessional attitudes). Questions were worded in such a way as to avoid "ordinal bias" (i.e., unintentionally ordering alternative choices in a valuative manner). All questions were offered in a multiple choice format. Where applicable, the final choice for a specific question was "other". This allowed respondents to record an individual preference or

answer not among those choices on the questionnaire. Except in these instances and for the some personal data questions, subjects were generally instructed to check off selected answers. This was the main method of answering questions throughout the questionnaire (see Appendix B for a copy of the questionnaire).

Pilot Study

The following prestudy procedures were conducted after the proposal hearing. The investigator submitted the questionnaire (see Appendix B) to a group of four "expert" raters in order to help determine the degree of content validity (i.e., the degree to which the questionnaire sampled the content area under investigation). The raters also evaluated the questionnaire for construct validity (i.e., the degree to which the questionnaire related to a theoretical understanding of the behavior under investigation). The expert raters were faculty members within the School of Education or the School of Theology at Boston University who were actively involved in ongoing social sciences research. Each rater was consulted to discuss his comments regarding the questionnaire's format, structure, and content. It is noted that only male raters were employed out of circumstance rather than design. It is unclear what effect this may have had on attempts to validate the questionnaire (see Appendix B). Each rater was informed that he would receive a copy of the formal study's abstract upon request.

Following the proposal hearing and interviews with expert raters, an abstract (see Appendix C), a copy of the questionnaire (see Appendix B),

and a copy of an informed cover letter to acccompany the questionnaire to each subject (see Appendix D) was submitted to the School of Education Research Review Committee as required for all studies involving human subjects (see Appendix E for a copy of the letter sent to the Education Research Review Committee requesting that they review the proposal of the study). The President of Division 17 of the American Psychological Association was notified in writing that the membership of Division 17 was going to be approached through the mail with the questionnaire (see Appendix F).

The investigator conducted a pilot study with a pilot study population of five (see Appendix G). Pilot study subjects were psychologists who were Members of the American Psychological Association, Division 17 (Counseling Psychology). The investigator conducted follow up interviews with each of the pilot study subjects to discuss his/her comments regarding the questionnaire format (see Appendix G), structure, and content to help determine face validity (i.e., the degree to which the questionnaire appeared reasonable to the subjects). The pilot subjects were informed that they would be sent an abstract of the formal study's results upon request.

Data Collection Procedures

The questionnaire (see Appendix B) was mailed to 500 sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association. A self-addressed stamped envelope was enclosed with the questionnaire. An informed cover letter (see Appendix D) accompanied the

questionnaire (see Appendix B) to provide a general orientation for the subjects. The informed cover letter (see Appendix D) succinctly explained the purpose of the study. The informed cover letter (see Appendix D) stressed that all information and each respondent's identity would remain confidential. In the informed cover letter (see Appendix D), the investigator thanked the subjects for taking the time to complete and to return the questionnaire to the investigator. Subjects were informed that an abstract of the formal study's results would mailed to them upon request.

Two weeks after the first mailing, the investigator sent a "reminder" letter to subjects (see Appendix H). The letter again requested that they complete the questionnaire (see Appendix B) and return it to the investigator's address. Of the 500 sampled Members, 162 or one-third of the total sample completed and returned the questionnaire.

Treatment of the Data

Frequency tables were constructed to examine the answers on the questionnaire (see Appendix B) of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association. Statistical procedures such as a Chi square, a Cramer's V, or analysis of variance (inferential statistics) were not applied to measure statistically significant relationships between respondents' answers on various questions, because many cells representing parts of questions or entire questions were left empty by respondents(Ary et al. 1972). Frequency tables were employed to describe attitudinal or characteristic trends among respondents from the sampled

Members of Division 17 (Counseling Psychology) of the American Psychological Association as they related to the five research dimensions.

Limitations of the Study

The use of a mailed questionnaire presented a number of potential limitations with respect to instrumentation and data collection that should be reviewed. Controversy over the validity of mailed questionnaires is ongoing (Wallace 1954; Oppenheim 1966). There is always a danger that important information will be lost when a questionnaire is used as a study instrument. Miller (1977) has cautioned that mailed questionnaires have a low response rate, often under 50%. In fact, the present study obtained a response rate of 32.4%. This may limit either validity of the research instrument or the findings based upon collected data, as well as the potential to generalize observed trends to the general Membership of Division 17 (Counseling Psychology) of the American Psychological Association, or to other levels of membership within Division 17. Official approval from officers of Division 17 was not sought, which might have effected the response rate. Members may have been encouraged or more motivated to respond, if the potential findings of the study had been acknowledged by officers in Division 17 in the Informed Cover Letter (see Appendix D). Certain precautions for insuring adequate returns were attempted by enclosing a self addressed stamped envelope with the questionnaire (see Appendix B) and by sending out a reminder letter (see Appendix H) after two weeks. Attempts were made to keep the instructions to the questionnaire (see Appendix B) brief and

simple to attempt to avoid either discouraging subjects from completing the questionnaire and to attempt to avoid subjects misunderstanding questions. It was attempted to word questions in a simple and straightforward multiple choice format to facilitate completing the questionnaire. The questionnaire was kept brief in length, taking approximately 15 to 20 minutes.

Response bias represented another potential loss of information. Goode (1952) has suggested that respondents to mailed questionnaires represent a non random sample population of subjects tending to be more interested in the issues addressed in the questionnaire. Furthermore, Goode (1952) and Oppenheim (1966) have suggested that respondents tend to be better educated and more conscientious. Members of Division 17 (Counseling Psychology) of the American Psychological Association who were disinterested in the issues addressed in the questionnaire (see Appendix B) may have been inclined not to respond, thus prejudicing the collected data. The investigator did intentionally select only one level of membership in the American Psychological Association in hopes of eliminating intervening variables directly related to the level of membership that could not be controlled.

The questionnaire (see Appendix B) was a multiple choice format. Loss of spontaneity and expressiveness may occur (Oppenheim 1966). In a sense, the investigator will never know what the subjects thought on their own accord. Multiple choice answers might present subjects with choices that they would not have considered on their own and therefore maybe eschewing their actual viewpoints or opinions of their professional

self concepts as counseling psychologists. Multiple choice questions must be written in a straightforward and less subtle fashion. There is no opportunity to clarify or follow up on responses. There is a danger in losing rapport with the subjects. Presented choices may not accurately reflect the personal choices of some subjects. These subjects may resent that their choices were overlooked. It is difficult, if not impossible for the investigator to measure how this might effect the subjects' attitudes or completions of the questionnaire. It is also equally impossible to measure contradictions between the subjects' attitudes and their actual behaviors. Subjects may look to cover up real motivations.

Subjects' response patterns may have been effected greatly by the positioning and wording of questions. It was attempted to write questions in a simple and straightforward manner to avoid semantic problems, or injecting investigator bias: prestige bias (i,e., giving the subjects the impression that there was a correct answer); embarrassment bias (i.e., giving the subjects the impression that their answers reflected poorly on their professionalization); ordinal bias or the totem pole effect (i.e., placing multiple choice answers in such a way as to give the impression that some answers were the correct or more sought after answers).

Issues regarding questionnaire design (instrumentation) were somewhat addressed by conducting a small pilot study and follow up interviews with the respondents in order to approximate face validity and content validity. A panel of expert raters from faculty members in the

School of Education and the School of Theology who are involved in ongoing social sciences research was consulted. The expert raters were consulted regarding the questionnaire's (see Appendix B) content and construct validity. It is noted that no women raters were available. This may have influenced efforts attempt to partially validate the questionnaire (see Appendix B) through the use of expert raters.

Despite the potential limitations detailed, a number of advantages should also be reviewed. Ary, Razavieh and Jacobs (1972), Gorden (1975) and Miller (1977) have indicated that a structured questionnaire provides relative anonymity for the respondents, permits the investigator to sample a larger population and a more economic instrument for standardized analysis of data. The subjects can react to presented questions without intervening variables such as the interviewer's personal appearance or conduct which might influence data collected.

Summary and Overview of Chapter IV, V, and VI

The subjects, the instrumentation, the pilot study, the data collection approach, the treatment of the data, and the limitations to the study was presented in Chapter III. In Chapter IV, the results of this study will be presented. In Chapter V, a summary and discussion of the results will be presented, as well as implications and suggestions for future investigation on the topic of professional identity and self concept among Members of Division 17 (Counseling Psychology) of the American Psychological Association. In Chapter VI, a comparative analysis between this study's results and the results of another study

that employed the same questionnaire (see Appendix B) with Fellows and Diplomates of the American Association of Pastoral Counselors to examine their professional involvement as psychotherapists and mental health counselors will be presented.

CHAPTER IV: RESULTS

Overview of Chapter

The results of this study are presented in Chapter IV, according to the methodology presented in Chapter III. The purpose of this study was to examine particular attitudes and characteristics of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) that might contribute to their professional self concepts as psychotherapists or as mental health counselors. Attitudes and characteristics were divided into five major categories: professional orientation; professional activities; professional issues; kinds of clientele; and personal data. Chapter IV is divided into four sections: Introduction to the Results; Demographic Characteristics of the Respondents; Treatment of Data; Demographic Data; and Research Dimensions.

Introduction to the Results

During the past decade of controversy surrounding the role of counseling psychology as a health care service (psychotherapy and counseling), studies have attempted to examine counseling psychologists as a group based upon their training (Banikiotes 1975; 1977; 1980), their educational backgrounds (Apanaitis et al. 1980), or their work settings (Yamamoto 1963). Fewer studies (Osipow 1980) have attempted to explore counseling psychologists as a group based upon their professional interests, professional functions, and professional competencies as

individuals. The present study attempted to identify general attitudinal trends and professional characteristics among the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association to determine their professional interest and/or involvement in psychotherapy/ mental health counseling through the use of a mailed questionnaire (see Appendix B).

Five research dimensions were developed in order to provide a general focus for the study. The research dimensions were examined with respect to how respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association addressed professional issues as well as with respect to demographic features of the respondents such as ethnic background, religion, sex, marital status, income level, and so forth. Frequency tables were constructed to report attitudinal or characteristic trends among the sampled Members of Divison 17 (see Ary 1972).

The reported theoretical orientations, attitudes regarding field-based training and graduate education for employment in mental health settings, continuing education, licensing and relicensing as psychotherapists/mental health counselors of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association were examined in research dimension I.

The reported "preparedness" of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association as psychotherapists/mental health counselors to provide a variety of services including individual therapy/

counseling, family therapy/counseling, marital therapy/counseling, group therapy/counseling, psychological testing was noted in research dimension II.

The reported perceptions of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association toward their counseling psychologist colleagues and colleagues from other psychology specialties as mental health administrators, psychological researchers, and psychotherapists/mental health counselors were explored in research dimension III.

The respondents' reported perceptions of the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association toward the persons that they served (e.g., Were they identified as patients or clients?) as psychotherapists/mental health counselors were detailed in research dimension IV.

The reported satisfaction with their primary professional designations (e.g., counseling psychologists, pastoral counselors, counselor educator, etc.) and primary professional functions (e.g., administrator, educator, researcher, therapist, etc.) of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association was examined in research dimension V.

On July 2 and 3, 1981, informed cover letters (see Appendix D) and questionnaires (see Appendix B) were mailed to 500 Members of Division 17 (Counseling Psychology) of the American Psychological Association. Members of the sample population were randomly selected. The sample

population excluded Members residing outside the continental United States or the District of Columbia. A total of 121 questionnaires were returned between July 5, 1981 and July 16, 1981. This represented a return rate of 24.2%.

On July 17, 1981, a reminder letter (see Appendix H) was sent out to each of the 500 Members in the sample population with the exception of those who had previously identified themselves after the first mailing by requesting a copy of the study's results, or writing a return address on the envelope, or by declining to answer the questionnaire because they were retired. Reminder letters (see Appendix H) were also not sent out to members of the sample population when the questionnaire (see Appendix B) was returned by the United States Post Office with the notation "address unknown" or "forwarding address expired". Reminder letters were not sent out to 45 members or 9% of the sample population. A total of 41 questionnaires were returned between July 17, 1981 and August 2, 1981. The cumulative return rate for the first and second mailings was 162 or 32.4%. Some of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association choose not to answer every question or all parts of each question. As a result, the actual number of respondents varied from question to question.

Demographic Characteristics of the Respondents

As shown in Table 1, questionnaires (see Appendix B) were sent to sample members residing in 45 continental United States and the District of Columbia. Of the 500 members of the sample population, 245 or 49%

Table 1
Summary of the Sample and the Respondent Distributions By State

States	Sample Frequency	Sample Percent	Respondent Frequency	Respondent Percent
Alabama	7	1.4	1	0.62
Arizona	7	1.4	1	0.62
Arkansas	5	1.0	1	0.62
California	40	8.0	9	5.56
Colorado	12	2.4	4	2.47
Connecticut	2	0.4	1	0.62
Florida	25	5.0	9	5.56
Georgia	7	1.4	3	1.85
Idaho	1	0.2	0	0.00
Illinois	21	4.2	5	3.09
Indiana	13	2.6	5	3.09
Iowa	6	1.2	3	1.85
Kansas	18	3.6	6	3.70
Kentucky	3	0.6	2	1.23
Louisiana	3	0.6	0	0.00
Maine	1	0.2	1	0.62
Maryland	13	2.6	3	1.85
Massachusetts	25	5.0	8	4.94
Michigan	13	2.6	2	1.23
Minnesota	9	1.8	4	2.47
Mississippi	5	1.0	1	0.62
Missouri	13	2.6	4	2.47
Nebraska	6	1.2	3	1.85
New Hampshire	2	0.4	1	0.62
New Jersey	8	1.6	2	1.23
New Mexico	9	1.8	5	3.09
New York	53	10.6	17	10.49
North Carolina	5	1.0	2	1.23
North Dakota	1	0.2	1	0.62
Ohio	20	4.0	7	4.32
Oklahoma	2	0.4	0	0.00
Oregon	9	1.8	2	1.23
Pennsylvania	32	6.4	8	4.94
Rhode Island	1	0.2	1	0.62
South Carolina	6	1.4	3	1.85
South Dakota	1	0.2	0	0.00
Tennessee	9	1.8	6	3.70
Texas	29	5.8	10	6.17
Utah	3	0.6	2	1.23
Virginia	11	2.2	5	3.09
Washington	11	2.2	3	1.85
Washington D.C.	9	1.8	0	0.00
West Virginia	4	0.8	0	0.00
Wisconsin	17	3.4	7	4.32
Wyoming	2	0.4	1	0.62
Postmark Unknown	0	0.0	3	1.85
Total	500	100.0	162	100.00

resided in the states of California, Florida, Illinois, Masssachusetts, New York Ohio, Pennsylvania, and Texas. Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association came from 43 continental United States and the District of Columbia. Of 162 respondents, 73 or 45.1% came from the states of California, Florida, Illinois, Massachusetts, New York, Ohio, Pennsylvania, and Texas.

Questionnaires (see Appendix B) were mailed to both male and female Members of Division 17 (Counseling Psychology) the American Psychological Association (see Question 35, Appendix B). As shown in Table 2, questionnaires were sent to 397 males or 79.4% of the sample population. Questionnaires were sent to 103 females or 20.6% of the sample population. Of the 397 males in the sample population, 120 or 30.2% responded to the questionnaire. Of the 103 females in the sample population, 42 or 40.8% responded to the questionnaire.

The respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association most often reported having family affiliations. Of the 161 respondents, 132 or 82% reported being currently married. Of the 161 respondents, 16 or 9.9% reported being single, never married. Of the 161 respondents, 13 or 8.1% reported not being married (see Question 36, Appendix B). Of 159 respondents, 133 or 83.65% having a child or children (see Question 37, Appendix B).

Respondents from Division 17, as shown in Table 3, most often described themselves as white, non-hispanic (see Question 39, Appendix B). Of the 159 respondents, 153 or 96.3% described themselves as white,

Table 2

Summary of the Males and Females Within the Sample and Respondent Populations

Frequency/Percentage	Male	Female	Total
Sample Frequency	397	103	500
Sample Percentage	79.40	20.60	100.00
Respondent Frequency	120	42	162
Respondent Percentage	30.20	40.80	100.00

Table 3

Summary of the Distribution of Ethnic Backgrounds

Ethnic Background	Male		Female		Total	
	(N)	(%)	(N)	(%)	(N)	(%)
Black non-hispanic	2	1.20	0	0.00	2	1.20
American Indian	0	0.00	0	0.00	0	0.00
White non-hispanic	114	70.40	42	25.90	153	96.30
Hispanic	1	0.60	0	0.00	1	0.60
Other	3	1.90	0	0.00	3	1.90
Total	120	74.10	42	25.90	162	100.00

non-hispanic (Caucasian). Of the 159 respondents, 2 or 1.2% described themselves as black (non-Hispanic). Of the 159 respondents, one or .6% described himself as hispanic. Of the 159 respondents, 3 or 1.9% described themselves as belonging to an ethnic group not among presented choices.

As shown in Table 4, respondents from the sampled Members of Division 17 most often indicated that they held Ph.D. degrees (see Question 34, Appendix B). Of the 162 respondents, 118 or 72.9% held a Ph.D. degree. Of the 162 respondents, 43 or 26.5% held an Ed.D. degree. One respondent or .6% held a M.S. degree.

Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association, as shown in Table 5, most often reported that they are currently licensed or certified as psychologists eligible for independent practice, regardless of their educational degree (see Question 34, Appendix B). Of 162 respondents, 136 or 84% are licensed or certified as psychologists eligible for independent practice. Of the 136 respondents who are licensed or certified as psychologists eligible for independent practice, 99 or 72.8% held a Ph.D. degree. Of the 136 licensed or certified respondents, 37 or 27.2% held an Ed.D. degree.

As shown in Table 6, 16 of the 136 respondents from Division 17 reported that they are Diplomates in a psychology specialty (see Question 34, Appendix B). Of the 16 Diplomates, 12 are diplomates in Counseling Psychology, and 3 are diplomates in Clinical Psychology, and one is a diplomate in School Psychology.

Table 4

Summary of the Distribution of Educational Backgrounds Within the Respondent Population

Degree	Male		Female		Total	
	(N)	(%)	(N)	(%)	(N)	(%)
Frequency of Ph.D.'s	88	54.30	30	18.60	118	72.90
Frequency of Ed.D.'s	31	19.10	12	7.40	43	26.50
Frequency of M.S.'s	1	.60	0	0.00	1	.60
Total	120	74.00	42	26.00	162	100.00

Table 5

Summary of the Distribution of Licenses As A Psychologist By Educational Background

Degree	Male		Female		Total	
	(N)	(%)	(N)	(%)	(N)	(%)
Frequency of licensed Ph.D.'s	70	51.50	29	21.30	99	72.80
Frequency of licensed Ed.D.'s	28	20.60	9	6.60	37	27.20
Frequency of licensed M.S.'s	0	0.00	0	0.00	0	0.00
Total	98	72.10	38	27.90	136	100.00

Table 6

Summary of the Distribution of Diplomates
Among the Licensed Respondents

Specialty	Male	Female	Total
Clinical Psychology	2	1	3
Counseling Psychology	11	1	12
School Psychology	1	0	1
Total	14	2	16

As depicted in Table 7, respondents from Division 17 reported belonging to a variety of professional organizations (see Question 32, Appendix B). Of the 162 respondents, 38 or 23% reported belonging to the Academy of Certified Clinical Mental Health Counselors. Of the 162 respondents, 46 or 28% reported belonging to the American Association of Marriage and Family Therapists. Of the 162 respondents, 34 or 21% reported belonging to the American Association of Pastoral Counselors. Of the 162 respondents, 157 or 97% reported belonging to the American Psychological Association. Of the 162 respondents, 120 or 75% reported belonging to the American Personnel and Guidance Association. Of the 162 respondents, 35 respondents or 22% reported belonging to a variety of miscellaneous professional organizations not included among the presented choices.

As shown in Table 8, respondents from Division 17 most often reported that their income from all professional activities was between $ 30,000 to $ 49,999 per year (see Question 31, Appendix B). Of the 156, respondents, 38 or 24% reported having an income between $30,000 to $34,999 per year. Of the 156 respondents, 31 or 20% reported having an income between $35,000 to $39,999 per year. Of the 156 respondents, 28 or 18% reported having an income between $40,000 to $49,999 per year.

Results of the Research Dimensions Studied

Research Dimension I. According to research dimension I, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group

Table 7

Summary of the Distribution of Respondents' Membership in Professional Organizations

Professional Organization	0-1 (N)	0-1 (%)	2-4 (N)	2-4 (%)	5-10 (N)	5-10 (%)	Over 10 (N)	Over 10 (%)
Academy of Certified Mental Health Counselors Total = 38	34	89.00	1	3.00	1	3.00	2	5.00
American Association of Marriage and Family Therapy Total = 46	28	61.00	5	11.00	8	17.00	5	11.00
American Association of Pastoral Counselors Total = 34	32	94.00	0	0.00	1	3.00	1	3.00
American Psychological Association Total = 157	2	1.00	3	2.00	35	22.00	117	75.00
American Personnel and Guidance Association Total = 120	5	4.00	6	5.00	18	15.00	91	76.00
Other Total = 35	3	9.00	5	14.00	12	34.00	15	43.00

Table 8

Summary of the Distribution of Respondents' Annual Income From All Professional Activities

Annual Income	(N)	(%)
$ 4,999 or less	0	0.00
$ 5,999 to 9,999	2	1.00
$ 10,000 to 14,999	1	1.00
$ 15,000 to 19,999	2	1.00
$ 20,000 to 24,999	10	6.00
$ 25,000 to 29,999	22	14.00
$ 30,000 to 34,999	38	24.00
$ 35,000 to 39,999	31	20.00
$ 40,000 to 49,999	28	18.00
Over $ 50,000	22	14.00
Total	156	100.00

would report that their theoretical orientation was eclectic (see Question 1, Appendix B). Respondents were permitted to list as many orientations as they felt applied to them. As shown in Table 9, respondents most often listed several orientations. Of the 162 respondents, 52 or 32.1% reported that their theoretical orientation was Rogerian. Of the 162 respondents, 48 or 29.6% reported that their theoretical orientation was cognitive. Of the 162 respondents, 46 or 28.4% reported that their theoretical orientation was eclectic. Of the 162 respondents, 45 or 27.8% reported that their theoretical orientation was behavior modification.

According to research dimension I, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group would report that they felt that a minimum of 501 to 1000 hours of supervised training should be required for a supervised employment position in a public or private agency (see Question 17, Appendix B) and that 1501 to 2000 hours of supervised training should be required for an unsupervised employment position in a public or private agency (see Question 18, Appendix B). As shown in Table 10, 37 of the 149 respondents, or 25% felt that 501 to 1000 supervised hours of training should be required for a supervised employment position in a public agency. Of the 148 respondents, 38 or 26% felt that 501 to 1000 supervised hours of training should be required a supervised employment position in a private agency. Of 145 respondents, 24 or 17% felt that 1501 to 2000 hours of supervised training should be required for an unsupervised employment position in a public agency. Of the 145 respondents, 29 or 20% felt that 1501 to 2000

Table 9

Summary of the Distributions of Respondents' Theoretical Orientations (Total N = 162)

Theoretical Orientations	(N)	(%)
Adlerian	13	8.00
Behavior Modification	45	27.80
Cognitive	48	29.60
Ego Psychology	19	11.70
Encounter	5	3.10
Existential	26	16.00
Family Systems	22	13.60
Freudian	7	4.30
Eclectic	46	28.40
Gestalt	17	10.50
Jungian	4	2.50
Neo Freudian	8	4.90
Rankian	2	1.20
Rational Emotive	22	13.60
Reality Therapy	28	17.30
Rogerian	52	32.10
Transactional Analysis	12	7.40
Other	19	11.70

Table 10

Summary of the Distribution of Minimum Supervised Hours Of Training for Employment Required By Respondents

Setting	None	100-200	201-500	501-1000	1001-1500	1501-2000	Over 2000
Supervised mental health services position in a public agency Total = 149	5 (3%)	31 (21%)	36 (24%)	37 (25%)	17 (11%)	13 (9%)	10 (7%)
Supervised mental health services position in a private agency Total = 148	6 (4%)	30 (20%)	38 (26%)	38 (26%)	15 (10%)	11 (7%)	10 (7%)
Unsupervised mental health services position in a public agency Total = 145	3 (2%)	7 (5%)	16 (11%)	17 (12%)	31 (21%)	24 (17%)	4 (32%)
Unsupervised mental health services position in a private agency Total = 145	3 (2%)	7 (5%)	15 (10%)	16 (11%)	27 (19%)	29 (20%)	48 (33%)

hours of supervised training should be required for an unsupervised employment position in a private agency.

According to research dimension I, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group would report that a Master's degree should be required for a supervised employment position in a public or private agency (see Question 18, Appendix B). It was expected that respondents would report that a doctorate degree should be required for an unsupervised employment position in a public or private agency. As shown in Table 11, 109 of the 156 respondents, or 70% felt that a Master's degree should be required for a supervised employment position in a public agency. Of the 157 respondents, 102 or 65% felt that a Master's degree should be required for a supervised employment position in a private agency. Of the 156, 102 or 65% felt that a doctorate degree should be required for employment an unsupervised employment position in a public agency. Of the 157 respondents, 112 or 72% felt that a doctorate should be required for an unsupervised employment position in a private agency.

According to research dimension I, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group would report that they were involved in some kind of continuing education or postgraduate training (see Question 19, Appendix B). As shown in Table 12, respondents most often reported participating in some type of continuing education and/or postgraduate study. Of the 162 respondents, 35 or 21.6%

Table 11

Summary of the Distribution of the Minimum Educational Requirements for Employment Stated By Respondents

Setting	Bachelor's	Master's	Predoctorate	Doctorate
Supervised mental health services position in a public agency Total = 156	18 (12%)	109 (70%)	15 (10%)	14 (9%)
Supervised mental health services position in a private agency Total = 157	15 (10%)	102 (65%)	21 (13%)	19 (12%)
Unsupervised mental health services position in a public agency Total = 156	1 (1%)	32 (21%)	21 (13%)	102 (65%)
Unsupervised mental health services position in a private agency Total = 156	1 (1%)	25 (16%)	18 (12%)	112 (72%)

Table 12

Summary of the Distribution of the Types of Continuing Education Reported By Respondents

Continuing Education	(N)	(%)
Consultation	37	21.60
Group Supervision	13	8.00
Individual Supervision	13	8.00
Institute Courses	19	11.70
Personal Study/Reading	88	54.30
Professional Conferences	55	55.50
Specialty Workshops	72	44.40
Study Group	15	9.30
University Courses	14	8.60
None	35	21.60
Other	13	8.00

reported that they participated in no continuing education or post graduate study. Of the 162 respondents, 90 or 55.6% reported that they attended professional conferences. Of the 162 respondents, 37 or 21.6% reported receiving consultation. Of 162 respondents, 88 or 54.3% reported continuing personal reading and studying. Of 162 respondents, 72 or 44.4% reported attending specialty workshops.

According to research dimension I, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group would feel that psychotherapists and mental health counselors should be licensed (see Question 15, Appendix B). As shown in Table 13, respondents most often felt that psychotherapists and mental health counselors should be licensed generically by professional designation or title. Of 158 respondents, 132 or 84% felt that psychotherapists and mental health counselors should be licensed generically by professional designation, i.e., psychologist, social worker mental health counselor and so forth.

According research dimension I, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group would feel that licensing or relicensing should not occur after the initial licensing (see Question 16, Appendix B). As shown in Table 14, respondents most often felt that licensing or relicensing should occur after five years. Of the 155 respondents, 50 or 32% felt that licensing should occur every five years. Of 155 respondents, 21 or 14% felt that relicensing should occur annually. Of the 155 respondents, 22 or 14% felt that relicensing

Table 13

How Respondents Felt Psychotherapists Should Be Licensed

Kind of Licensing	(N)	(%)
Generically by professional designation (i.e., psychologist, social worker, etc.)	132	84.00
By service specialization (i.e., family, group, play, etc.)	12	8.00
By work setting position	2	1.00
Other	12	8.00
Total	158	100.00

Table 14

When Respondents Felt Relicensing Should Occur

Time Period	(N)	(%)
Never	17	11.00
Annually	21	14.00
Every Two Years	22	14.00
Every Three Years	27	17.00
Every Four Years	5	3.00
Every Five Years	50	32.00
Every Ten Years	5	3.00
Other	8	5.00
Total	155	100.00

should occur every two years. Of 155 respondents, 27 or 17% felt that relicensing should occur every three years. Of the 155 respondents, only 17 or 11% felt that licensing or relicensing should not occur.

Research Dimension II. According to research dimension II, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group would report that they were moderately well prepared to very well prepared to provide a variety of mental health services including assessment and intake, family therapy, group therapy, individual therapy, marital therapy, mental health administration, play therapy, psychological research psychological testing (see Question 10, Appendix B). In general, the majority of respondents felt moderately to well prepared to provide most mental health services with the exception of play therapy. As shown in Table 15, respondents most often felt moderately to well prepared to provide a variety of mental health services with the exception of play therapy/counseling. Of the 160, 145 or 90% felt that they were moderately to well prepared to provide assessment and intake services. Of 159 the respondents, 88 or 56% felt that they were moderately to well prepared to provide family therapy/ counseling services. Of 159 the respondents, 121 or 76% felt that they were moderately to well prepared to provide group therapy/counseling services. Of 161 the respondents, 158 or 98% felt that they were moderately to well prepared to provide individual psychotherapy/ counseling. Of 154 the respondents, 105 or 68% felt that they were moderately to well prepared to provide marital therapy/counseling. Of

Table 15

Respondents' Reported Preparedness to Provide Services

Type of Service	Very well Prepared	Moderately well Prepared	Somewhat Prepared	Not at all Prepared
Assessment & Intake Total = 160	103 (64%)	42 (26%)	14 (9%)	1 (1%)
Family therapy/couns. Total = 159	33 (21%)	55 (35%)	51 (32%)	20 (13%)
Group therapy/couns. Total = 159	59 (37%)	62 (39%)	29 (18%)	9 (6%)
Individual therapy & counseling Total = 161	123 (76%)	35 (22%)	3 (2%)	0 (0%)
Marital therapy/couns. Total = 154	48 (31%)	57 (37%)	33 (21%)	16 (10%)
Mental health program Total = 160	35 (22%)	43 (27%)	49 (31%)	33 (21%)
Play therapy/couns. Total = 159	6 (4%)	21 (13%)	42 (26%)	90 (57%)
Psychological research Total = 160	55 (34%)	64 (40%)	40 (25%)	1 (1%)
Psychological testing Total = 159	81 (51%)	55 (35%)	23 (14%)	0 (0%)
Other Total = 142	15 (75%)	4 (20%)	1 (5%)	0 (0%)

160 the respondents, 78 or 49% felt that they were moderately to well prepared to perform mental health administration. Of 159 the respondents, 27 or 17% felt that they were moderately to well prepared to provide play therapy/counseling. Of 160 the respondents, 119 or 74% felt that they were moderately to well prepared to provide psychological research. Of 159 the respondents, 136 or 86% felt that they were moderately to well prepared to perform psychological testing.

According to research dimension II, it was that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group would report that they used the terms psychotherapy and mental health counseling to distinguish between types or intensities of direct mental health services (see Question 12, Appendix B). Of the 161 respondents, 65 or 40% indicated that they did use the terms to distinguish between intensities or types of direct mental health services. Of the 161 respondents, 96 or 60% indicated that they did not use psychotherapy and mental health counseling as terms to distinguish between different intensities or types of mental health services.

According to research dimension II, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) who reported distinguishing between psychotherapy and mental health counseling as different types of mental health services, would indicate that they primarily provided psychotherapy (see Question 13, Appendix B). Of the 67 respondents, 28 or 42% reported primarily providing psychotherapy while 39 or 58% reported

primarily providing mental health counseling.

According to research dimension II, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group would report feeling equally capable, qualified, or trained to provide both types of mental health services (see Question 14, Appendix B.). Of the 100 respondents, 78 or 78% reported that they felt capable to provide psychotherapy or mental health counseling. Of the 100 respondents, 22 or 22% reported not feeling capable.

Research Dimension III. According to research dimension III, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group would report that counseling psychologists were more competent as mental health administrators, psychotherapists and mental health counselors and psychological researchers than colleagues from other mental health disciplines with the exception of clinical psychologists who would be rated as more competent than counseling psychologists (see Questions 5, 6, and 7, Appendix B).

As shown in Table 16, respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group most often felt that counseling psychologists were the best mental health administrators. Of 150 respondents, 64 or 43% % felt that counseling psychologists were the best administrators. Of 150 respondents, 22 or 15% felt that clinical

Table 16

Professionals the Respondents Felt Were the Best Mental Health Administrators

Professional Designation	(N)	(%)
Clinical psychologists	22	15.00
Counselor educators	14	9.00
Counseling psychologists	64	43.00
Educational psychologists	5	3.00
Marriage & family therapists/counselors	2	1.00
Organizational/industrial psychologists	7	5.00
Pastoral counselors/psychotherapists	0	0.00
Rehabilitation psychologists	1	1.00
School psychologists	2	1.00
Other	33	22.00
Total	150	100.00

psychologists were the best administrators.

As presented in Table 17, respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group most often felt that clinical psychologists were the best psychological researchers. Of 156 respondents, 54 or 35% felt that clinical psychologists were the best psychological researchers as compared to 36 or 23% who felt that educational psychologists were the best psychological researchers. Of the 156 respondents, 23 or 15% felt that counseling psychologists were the best psychological researchers.

As depicted in Table 18, respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group most felt that counseling psychologists were the best psychotherapists and mental health counselors. Of the 156 respondents, 78 or 50% felt that counseling psychologists. were the best psychotherapists and mental health counselors. Of the 156 respondents, 59 or 38% felt that clinical psychologists were the best psychotherapists.

Research Dimension IV. According to research dimension IV, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group would report that they maintained an informal relationship with the persons that they served as characterized by addressing one another on a first name basis (rather than on a last name basis) and by identifying the persons that they served as counselees, or clients rather

Table 17

Professionals the Respondents Felt Were the Best Psychological Researchers

Professional Designation	(N)	(%)
Clinical psychologists	54	35.00
Counselor educators	9	6.00
Counseling psychologists	23	15.00
Educational psychologists	36	23.00
Marriage & family therapists/counselors	1	1.00
Organizational/industrial psychologists	12	8.00
Pastoral counselors/psychotherapists	0	0.00
Rehabilitation psychologists	0	0.00
School psychologists	0	0.00
Other	21	13.00
Total	156	100.00

Table 18

Professionals the Respondents Felt Were the Best Psychotherapists and Mental Health Counselors

Professional Designation	(N)	(%)
Clinical psychologists	59	38.00
Counselor educators	4	3.00
Counseling psychologists	78	50.00
Educational psychologists	0	0.00
Marriage & family therapists/counselors	8	5.00
Organizational/industrial psychologists	0	0.00
Pastoral counselors/psychotherapists	0	0.00
Rehabilitation psychologists	0	0.00
School psychologists	0	0.00
Other	7	4.00
Total	156	100.00

than as patients (see Questions 22, 23, 25, Appendix B). Of 158 respondents, 104 or 66% indicated that they addressed the persons that they served by the person's first name. Of the 158 respondents, 34 or 22% indicated that it varied from person to person. Of the 158 respondents, 15 or 9% indicated that they addressed the persons by their last names. Of the 158 respondents, 5 or 3% indicated that they addressed the persons that they served in a manner different than the presented choices. By comparison, 91 of the 161 respondents or 57% most often reported that they were addressed as Dr. by the persons they served. Of 161 respondents, 58 or 36% most often reported that they were addressed by their first names by the persons they served. Of the 161 respondents, 12 or 7% most often reported that they were addressed by the persons they served in some other manner.

According to research dimension IV, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group would most often view the kinds of persons that they served as clients or counselees. Of the 161 respondents, 78 or 50% most often viewed the persons that they served as clients. Of the 161 respondents, 28 or 17% most often viewed the persons that they served as counselees. Of the 161 respondents, 3 or 2% most often viewed the persons that they served as friends. Of the 161 respondents, 1 or .5% most often viewed the persons that they served as parishioners. Of the 161 respondents, 22 or 13% most often viewed the persons that they served as patients. Of the 161 respondents, 25 or 15.5% most often viewed the persons that they served by a category other than the presented choices. Of the 161 respondents, 4 or 2% most often

viewed the persons that they served as acquaintances.

Research Dimension V. According to research dimension V, it was expected that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group would report that they were moderately to highly satisfied with their primary professional functions, interests, and primary work settings, but unsatisfied with their primary professional designation (see Questions 28 and 29, Appendix B).

As shown in Table 19, respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) as a group most often identified their primary professional designations as counseling psychologists (see Question 4, Appendix B). Of the 161 respondents, 80 or 50% identified themselves as counseling psychologists. Of 161 the respondents, 27 or 17% identified themselves as counselor educators. Of 161 the respondents, 23 or 14% identified themselves as clinical psychologists. Of the 161 respondents, 31 or 19% identified themselves by other professional designations. Of 162 respondents, 156 or 96% reported being moderately to highly satisfied with their primary professional designation. Only 6 or 4% reported being moderately to highly dissatisfied.

As portrayed in Table 20, respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) most often reported that their primary professional function was in mental health education and training (see Question 2,

Table 19

Respondents' Reported Primary Professional Designation

Professional Designation	(N)	(%)
Clinical psychologist	23	14.00
Counselor educator	27	17.00
Counseling psychologist	80	50.00
Educational psychologist	6	4.00
Marriage & family therapist/counselor	3	2.00
Organizational/industrial psychologist	2	1.00
Pastoral counselor/psychotherapist	1	1.00
Rehabilitation psychologist	1	1.00
School psychologist	4	2.00
Other	14	9.00
Total	156	100.00

Table 20

Respondents' Reported Primary Professional Function

Professional Function	(N)	(%)
Mental health administration	18	11.00
Other administration	18	11.00
Career and vocational services	14	9.00
Mental health education & training	32	20.00
Other education & training	23	14.00
Long term psychotherapy and mental health counseling	13	8.00
Short term psychotherapy and mental health counseling	29	18.00
Organizational and industrial consultation	4	2.00
Psychological research	1	1.00
Other research	1	1.00
Other	9	6.00
Total	162	100.00

Appendix B). Of the 162 respondents. 32 or 20% reported that they were primarily working in mental health education and training. Of the 162 respondents, 23 or 14% reported that they were primarily working in other education and training. Of the 162 respondents, 29 or 18% reported that they were primarily providing short term psychotherapy/mental health counseling. Of the 162 respondents, 78 or 48% reported that they were primarily working in other kinds of activities. Of the 160 respondents, 149 or 93% reported being moderately to highly satisfied with primary professional activity. Only 11 or 7% reported being moderately to highly unsatisfied with primary professional activity.

With respect to research dimension V, the primary work settings (see Question 20, Appendix B) of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) were noted. As shown in Table 21, respondents as a group most often reported that their primary work settings were college settings. Of the 157 respondents, 94 or 60% reported that their primary work settings were colleges. Of the 157 respondents, 17 or 11% reported that their primary work settings were hospitals. Of the 157 respondents, 22 or 14% reported that their primary work settings were independent practices. Of the 157 respondents, 24 or 15% reported that their primary work settings were some other setting.

With respect to research dimension V, the investigator examined why respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) had selected current primary work setting (see Question 30, Appendix B). Respondents

Table 21

Respondents' Reported Primary Work Setting

Work Setting	(N)	(%)
Church affiliated setting	2	1.00
Church housed setting	0	0.00
College setting	94	60.00
Community based private agency	2	1.00
Community based public agency	0	0.00
Court setting	5	3.00
Hospital setting	17	11.00
Independent setting	22	14.00
Prison setting	1	1.00
Public school setting	6	4.00
Other	8	5.00
Total	157	100.00

reported that they had selected their present primary work setting because of a variety of reasons. Of the 160 respondents, 49 or 30.6% selected their present primary work setting on basis of geographical reasons. Of the 160 respondents, 32 or 20% selected their current primary work setting on the basis of economic reasons. Of the 160 respondents, 24 or 15% selected their current primary work setting on the basis of career orientation. Of the 160 respondents, 23 or 14.4% selected their current primary work setting on the basis of career change. Of the 160 respondents, 11 or 6.9% selected their current primary work setting on the basis of promotion. Of the 160 respondents, 21 or 13.1% selected their current primary work setting on the basis of reasons not included in among the present choices.

With respect to research dimension V, the investigator examined respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) primary professional interests (see Question 3, Appendix B). As shown in Table 22, respondents most often reported that their primary professional interests were in short term psychotherapy and mental health counseling. Of the 161 respondents, 40 or 25% reported that their primary professional interest was in short term psychotherapy and mental health counseling. Of the 161 respondents, 34 or 21% reported that their primary interest was mental health education and training. Of the 161 respondents, 24 or 15% reported that their primary interest was in other education and training. Of the 161 respondents, 63 or 39% reported that their primary interest was in some other area.

Table 22

Respondents' Reported Primary Professional Interests

Professional Interests	(N)	(%)
Mental health administration	11	7.00
Other administration	7	4.00
Career and vocational services	13	8.00
Mental health education & training	34	21.00
Other education & training	24	15.00
Long term psychotherapy and mental health counseling	15	9.00
Short term psychotherapy and mental health counseling	40	25.00
Organizational and industrial consultation	4	2.00
Psychological research	3	2.00
Other research	4	2.00
Other	6	4.00
Total	161	100.00

Summary and Overview of Chapter V and VI

In Chapter IV, the results of this study were presented. In Chapter V, a summary and discussion of the results will be presented, as well as implications and suggestions for future investigation on the topic of professional identity and self concept among Members of Division 17 (Counseling Psychology) of the American Psychological Association. In Chapter VI, a comparative analysis between this study's results and the results of another study that employed the same questionnaire (see Appendix B) with Fellows and Diplomates of the American Association of Pastoral Counselors to examine their professional involvement as psychotherapists and mental health counselors will be presented.

CHAPTER V: SUMMARY, DISCUSSION AND IMPLICATIONS

Overview of the Study

The decades of the 1950's marked the birth of counseling psychology as a distinct specialty within professional psychology. The succeeding decades have been peppered with controversy surrounding the specific roles of counseling psychologists. Much of the debate has centered around the credentials, functions, and the future of counseling psychologists in the "health care" field as psychotherapists and as mental health counselors (Fretz & Mills 1980a).

Some counseling psychologists have experienced difficulty demonstrating appropriate graduate training and field-based experiences that would establish their credentials as psychotherapists and as mental health counselors. In the past, many counseling psychologists were graduated from programs that were "primarily psychological in nature" rather than psychology programs (Fretz & Mills 1980a,b). Historically, these programs have been administratively housed in Schools of Education in a Department of Counselor Education or a Department of Counseling and Guidance (Fretz & Mills 1980a,b). This educational and professional association with educational psychologists, school psychologists, and counselors has reflected poorly on some counseling psychologists' credentials as psychotherapists or as mental health counselors (Bennett 1980; Hogan 1980; Wrenn 1977).

As a mental health profession, counseling psychology finds itself contending in a variety of arenas with other psychological specialties for survival. Counseling psychologists along with other mental health professionals are called upon to demonstrate their effectiveness to

Congress, to health insurance companies, and to the consumer public. Counseling psychologists along with other psychologists are attempting to assert their rights for independent practices over the psychiatric community's protests (Hogan 1980). Counseling psychologists are struggling to affirm their equity and professional competence among other psychologists (Weigel 1977). In many instances, counseling psychologists often find themselves contending with clinical psychologists (Gazda 1980; Nathan 1977).

The national health insurance debate, licensing, certification and other regulatory functions placed upon the practice of professional psychology will continue to have a major impact on the development and quality of graduate training with respect to curriculum, practicum experience, and the selection of a work setting (Cottingham 1980; Hogan 1980). It is apparent that many counseling psychologists do not agree about the roles and functions of their colleagues as psychotherapists and as mental health counselors (Osipow 1977; Super 1977). Many remain uncertain about their own professional identities (Wrenn 1977).

During the past few decades of controversy surrounding the roles of counseling psychologists as psychotherapists and as mental health counselors (Cottingham 1980; Iscoe 1980), studies have attempted to categorize counseling psychologists as a group based upon their training (Banikiotes 1975; 1977; 1980), their educational backgrounds (Apanaitis et al. 1980), or their work settings (Yamamoto 1963). Fewer studies (Osipow 1980) have attempted to ascertain the professional interests, professional functions, and professional competencies of counseling

psychologists as individuals or as a group of professionals sharing a common psychological designation.

The selection of a training program may reflect some sense of professional orientation or a future career direction. It may also reflect circumstances or convenience. Coursework may reflect a trainee's ability to prepare himself or herself for a future work setting. It may also reflect a sparsity of certain courses among offered curriculum or a lack of qualified teaching staff available to instruct. A work setting may reflect professional career interests. It may also reflect economic necessity, employer bias, or a lagging economy with relatively few employment alternatives.

Davis (1977) has suggested that professional identity, professional self concept, and professional behavior are interrelated. Through the use of a mailed questionnaire (see Appendix B) the present study attempted to examine particular attitudes and characteristics of the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association that might contribute to their professional self concepts as psychotherapists or as mental health counselors.

As stated in Chapters I and IV, five research dimensions were developed to provide a general focus for the study. Attitudes and characteristics were divided into five major categories: professional orientation; professional activities; professional issues; kinds of clientele; and personal data. Through the use of frequency tables (Ary 1972), a descriptive analysis of the collected data was presented in Chapter IV.

The reported theoretical orientations, attitudes regarding field-based training and graduate education for employment in mental health settings, continuing education, licensing and relicensing as a psychotherapist/mental health counselor of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association were explored in research dimension I.

The reported "preparedness" of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association as psychotherapists/mental health counselors to provide a variety of services including individual therapy/counseling, family therapy/counseling, marital therapy/counseling, group therapy/counseling, psychological testing was noted in research dimension II.

The perceptions of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association toward their counseling psychologist colleagues and colleagues from other psychology specialties as mental health administrators, psychological researchers, and psychotherapists/mental health counselors were examined in research dimension III.

The perceived relationships of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association toward the persons that they served as psychotherapists/mental counselors were detailed in research dimension IV.

And finally, the reported satisfaction of the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association with their primary professional designations and primary professional functions was examined in research dimension V.

Discussion of the Results

Demographic Data. Five hundred Members were sampled from the general Membership of 2119 in Division 17 (Counseling Psychology) of the American Psychological Association. One hundred and sixty-two completed and returned the questionnaire (see Appendix B). The respondent population represented 7.6 % of the general Membership of Division 17 and 32.4% of the sample population. Throughout the discussion, it should be noted that the suggested trends are based only upon data collected from the respondents, which represents 7.6% of the general Membership. Recommended trends and observations may not reflect the sentiments of those Members who choose not to respond or who were not sampled, and the possibility should be entertained that the identified trends were only representative of the sampled respondents (Goode 1952). For example, 60% of the respondents reported that they worked in college settings. This was surprising, since it has been suggested by Banikiotes (1980) and others that counseling psychologists have become more highly represented in community agencies than in the past. It may be suggested that respondents from college settings would be more likely to complete a doctoral canidate's questionnaire than respondents from other settings (e.g., community agencies, private practices, etc.) who are not directly

involved in academic research. The geographical distribution of the respondents may have also influenced observed response patterns. Of the 162 responding Members, 45.1% came from the eight states of California, Florida, Illinois, Massachusetts, New York, Ohio, Pennsylvania, and Texas. Although it has been informally noted that many of the officers from various professional organizations live in the Southern, Midwestern, or Rocky Mountain states, it was not expected that 54.9% of the respondents would have come from outside the Northeast or industrial states. The response percentages may reflect a greater concern regarding professional issues among Members in Division 17 (Counseling Psychology) of APA from academic settings or particular geographic regions.

It should be noted that the investigator did not seek the "official" sanction of the American Psychological Association (APA). Davis (1977) and Houck (1974) requested and received the blessings of officers in the American Association of Marriage and Family Therapists and the American Association of Pastoral Counselors respectively; and their respective response rates were 57% and 47%. On the basis of these findings, it may be suggested that a higher return rate may have been obtained if the investigator had received official approval from officers in Division 17 (Counseling Psychology) of the APA. The absence of official approval from Division 17 may have biased the types of Members from Division 17 who responded to the questionnaire (see Appendix B). For example, practitioner-oriented Members may rely more heavily on professional journals or newsletters to keep abreast of mental health issues. These Members may have been more motivated to complete the questionnaire (see Appendix B), if they felt that the importance of the study's potential

findings regarding professional issues had been acknowledged by the Division 17 officers.

Based upon demographic data, the following trends were observed. among the respondents from Division 17 of the American Psychological Association. Sixty-four percent of the respondents from Division 17 of the APA reported that they were males; 36% reported they were females. Ninety-six percent of the responding Members reported that they were Caucasion (non hispanic). Eighty-two percent of the respondents reported that they were currently married; and over eighty-three percent reported that they had children. Of the respondents, ninety-nine percent reported that they holding doctorates, with a Ph.D. to Ed.D. ratio of 2.7 to 1. Eighty-four percent of the respondents reported that they are licensed or certified as psychologists eligible for independent practice. Ninety-seven percent of the respondents reported that they belonged to the American Psychological Association (APA). Seventy-five percent of the respondents reported belonging to the American Personnel and Guidance Association (APGA).

The demographic data collected in this study appears contrary to some of Bennett's (1980) observations that the general Membership in Division 17 (Counseling Psychology) of the American Psychological Association is open to many "non-psychologists" as well as to the findings of Apanaitis (1980) that a higher percentage of Ph.D's as compared to Ed.D.'s are licensed. At this time, individuals from the general Membership who were surveyed were primarily doctoral level persons who were licensed or certified as psychologists, regardless of

their doctoral degree. The demographic data appears to support Kagen's (1977) assertion that counseling psychologists share a certain common lineage or educational background among themselves and in general with other psychologists. These findings may also offer some comfort to students in psychology programs conferring an Ed.D. rather than a Ph.D. In the final analysis, it may be suggested that licensing and certification are most often conferred on professionals based upon a variety of factors including training and employment experience as well as their educational backgrounds.

While other divisions within the American Psychological Association (APA) have developed around specific issues such as ethnicity or women's concerns, it is unclear how these issues would be addressed or perceived by the general Membership of Division 17 (Counseling Psychology) of the APA, since women and minority groups were not adequately represented among the respondents. Only four percent of the respondents reported belonging to a minority ethnic group. It has been estimated that 50% of the general Membership in Division 17 consists of women, yet women only represented 20% of the sample popultaion and 25% of the respondents. This represents a potential bias in the data that would eschew the reported characteristics of the general Membership as well as raising questions regarding observed response patterns about professional attitudes.

It should be further noted that suggested trends among the respondents of the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association may not be entirely reflective

of those persons not sampled who retain general Membership status in Division 17, or whom retain a Fellow, Associate, or Student status. Generalizations, hence, should be made cautiously when discussing the responses of the Members studied.

Research Dimensions Studied

Dimension I. 1. Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association most often reported that their theoretical orientations were eclectic. It is noted that respondents were instructed to list all applicable orientations.

Kaibel's (1979) description of counseling psychologists as "eclectic" appears to be partially supported by the results obtained from the available data in research dimension I as presented in Chapter IV. Respondents from the sampled Members of Division 17 (Counseling Psychology) of American Psychological Association reported embracing a few to several theoretical orientations (hence identifying them as eclectic). In general, respondents tended to prefer "here and now" or reality-based theoretical orientations such as Rogerian (32.1%), cognitive (29.6%), behavior modification (27.8%), reality therapy (17.3%), rational emotive (13.6%) or family systems (13.6%). Respondents did not favor theoretical orientations that heavily relied on psychodynamic principles such as Freudian (4.3%), Neo-Freudian (4.9%), ego psychology (11.7%), Rankian (1.2), Jungian (2.4%), or Alderian (8%). It may be suggested that the respondents' theoretical orientations reflected their closer association and involvement with issues that arise

from everyday problems and daily living crises, rather than mental illness or chronic maladapation beyond the control or resources of the "client" (Super 1977). The preferred orientations would tend to place more responsibility on the client or counselee in the therapeutic or counseling relationship. The therapist or counselor would tend to provide a more educative function. This interpretation is also consistent with observations made by Ivey (1979), Osipow (1977) and Super (1977) who have suggested that counseling psychology involves "developmental assistance, education, and hygienology" rather than "remedial help, pathology, and medicine".

According to the data, respondents from the sampled Members of Division 17 (Counseling Psychology) of American Psychological Association may also be described as a theoretically diverse group of professionals who are potentially capable of understanding the world at large or their clients through a multifaceted perspective and may be equally capable of relating professionally in a variety of roles (Hill 1977). Ivey's (1979) claim that counseling psychology "may be the most broadly-based applied psychology" appears consistent with the available data. It is noted, however, that the respondents may also simply represent those individuals among the general Membership who feel comfortable functioning beyond the rigid dogma of a single theoretical orientation. Data may also reflect a "veteran" Membership which, as Brammer and Shostrom (1968) have observed, become more eclectic, and therefore more similar in theory and practice with increased professional experience.

On the basis of available data in this study, it is unclear how the

theoretical orientation of a respondent's graduate program or most respected supervisor influenced a variety of answers regarding theoretical orientation as well as training, education, licensing, and so forth. Brammer and Shostrom (1968) have suggested that less experienced professionals have a stronger identification with their training programs or supervisors than more experienced individuals. Unfortunately, questions regarding the number of years of experience as a mental health professional were not included on the questionnaire (see Appendix B).

Dimension I. 2. Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association most often felt that 501 - 1000 hours of supervised training should be required for employment in a supervised position in a public or private agency. Twenty-five to twenty-six percent felt that 501 - 1000 hours of supervised training should be required for supervised employment. An additional twenty-four percent felt that 201 - 500 hours of supervised training should be required for employment in a supervised position in a public or private agency. Sixty-five to seventy percent felt that a Master's degree should be required for supervised employment in a public or in a private agency. Forty-nine to fifty-three percent felt that 1501 or more hours of supervised training should be required for employment in an unsupervised position in a public or private agency. Sixty-five to seventy-two percent felt that a doctorate should be required for employment in an unsupervised position in a public or private agency.

Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association presented themselves in a traditional manner with respect to their attitudes regarding educational and practicum requirements for employment in

supervised and unsupervised mental health settings. Many, if not most, Master's programs offering a terminal degree, require an internship of 15-20 hours. Over a nine month period, this would provide a trainee with approximately 500 to 900 hours of supervised experience. Requiring a doctorate with 1500 or more hours of supervised experience for unsupervised professional employment is consistent as well with policies adopted by the many state licensing boards (Fretz Mills 1980a,b) and the National Register of Health Service Providers in Psychology (1980). The reader is reminded that 60% of the respondents reported working in college settings and 34% of the respondents reported being directly involved in mental health or other education and training. Available data may reflect a heightened sensitivity regarding training issues or required guidelines for entry into mental health positions. Less likely, respondents' answers may reflect as a sense of needing to justify their positions as psychologists by demanding "rigorous" requirements. As Hogan (1980) has suggested, some counseling psychologists may be looking to intentionally exclude professionals from emerging mental health disciplines to safeguard their own professional positions.

Dimension I. 3. Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association tend to participate in some kind of continuing education or postgraduate training experience.

While it may be expected that fifty-five percent would attend professional conferences, it was somewhat surprising that forty-four percent of the respondents reported attending specialty workshops. It would seem that respondents may view specialty workshops as means of

upgrading or maintaining their skills once their graduate training has ceased. Although it was not directly examined, it would appear cogent to the planning of policies for the continuing education of psychologists, to know in more detail which kinds of continuing education respondents felt were critical for upgrading or maintaining skills as opposed to which kinds of continuing education were more for personal appreciation or interest. This data would appear especially critical, since 60% of the respondents worked in college settings where there might be a greater opportunity for the exchange of professional ideas, or attendance at lectures, workshops, or conferences. Community-based practitioners would seem to have or to make less time available for continuing education, since it would tend to mean rescheduling or cancelling appointments with clients or counselees. Based upon collected data, it is not clear what kinds of issues should be addressed through continuing education or through what particular format. Administrators, educators, researchers, and practitioners might choose very different modes or mediums in this respect. It must be noted, again, that data was collected from only 7.6% of the general Membership, leaving open to question how other Members might perceive issues around continuing education.

Dimension I. 4. Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association most often felt that psychotherapists or mental health counselors should be licensed generically (i.e., as psychologists, social workers, etc.).

Hogan (1980) has speculated that some counseling psychologists may want to exclude professionals from emerging mental health specialties

from being licensed as independent practitioners, even as counseling psychologists themselves, struggle to be included along with other professional psychologists as independent mental health practitioners. It was expected that respondents from Division 17 (Counseling Psychology) of the American Psychological Association would indicate that licenses should be granted generically by professional designation (i.e., psychologists, social workers, counselors and so forth). It was expected that respondents would view generic licensing as a means of securing or insuring a privileged position as independent practitioners in the traditional hierarchy (psychiatrist, clinical psychologist, psychiatric nurse, social worker, counselor, etc.) as described by Nathan (1977). However, generic licensing does not insure competence to provide mental health services (Fretz & Mills 1980a,b). Generic licensing also does not insure that individual therapists are qualified to provide all kinds of therapy or counseling (i.e., family therapy or group therapy or play therapy).

Ironically, master's level practitioners often serve the less desireable (and by implication the more difficult) clients or patients. If master's level practitioners can not be licensed as psychologists, which is the case in most states (Hogan 1979b), it remains unclear how they are to be evaluated or how they should be licensed or certified. While some states such as Missouri (Hogan 1979b) certify master's level practitioners as "psychological associates" or "psychological assistants", their functions are not always clearly defined.

Certification by specialty, as presently promoted among physicians,

may provide a direction towards competency based criteria for the licensing of the psychologists and other mental health specialists. Undoubtedly, some counseling psychologists (as well as other mental health professionals) present themselves as being well trained to provide some services with which they have only been casually acquainted. While psychology like other mental health or allied health professions requires novices to learn and to practice on "live" clients or patients, perhaps professionals should take greater care in accurately presenting their credentials to the consumer community. Unfortunately, even certification, as it now applies in some areas, may only represent several hours or a weekend of study rather than intensive preparation over an extended period of professional and personal development.

Issues around licensing or certification often involve judgements by some professional bodies or organizations regarding avante garde or "creative" modalities. It remains unclear in the literature or in the available collected data from this study, how respondents would evaluate or regulate these practices. Ordinarily, it would appear that traditionally trained professionals, who are generally untrained in these newer modalities, are called upon to evaluate their efficacy and the ethical conduct of practitioners who employ such "creative" techniques. The consumer may do well to seek out professionals who are not only licensed as psychologists but also certified in a specialty (e.g.,as family therapists, children's therapists, etc.), just as physicians are currently certified. While this does not insure competency, it may eliminate the consumer's selection of potential incompetent professionals.

Dimension I. 5. Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association felt that relicensing should occur. Respondents most often felt that relicensing should occur every five years.

Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association tended to address issues regarding relicensing in a predictable manner (i.e., they felt relicensing should occur). There is a growing trend calling for the reevaluation of mental health professionals' competencies on a periodic basis, and to require an updating of practitioner skills as in psychiatry and social work. Many organizations such as the Academy of Certified Clinical Mental Health Counselors have called for recertification every five years. The call for relicensing also seems to reflect a growing awareness of consumer issues and sensitivity to consumer pressures within the professional psychology community to provide increased safeguards and closer monitoring to prevent potential malpractice (Hogan 1979B). Since data from only 7.6% of the general Membership was available in this study, collected data regarding relicensing may reflect the sentiments of respondents who would feel most comfortable having their credentials reevaluated periodically. Since respondents came from the general Membership, it is also unclear how licensing and relicensing issues would be addressed by Associate or Student members who may hold master's degrees, but feel disenfranchised within Division 17 (Counseling Psychology) of the American Psychological Association or underprivileged in their work settings with respect to salary or the selection of clientele. It may be anticipated that growing numbers of master's level

practitioners will seek a professional (i.e., licensing or certification), or a political (i.e., establishing master's level associations) solution to their concerns regarding licensing, relicensing, and so forth.

Dimension II. Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association felt that they could provide most mental health services: assessment; individual; family; marital; group; and psychological testing. Respondents generally did not feel prepared to provide play therapy.

Despite assertions by Whiteley (1980), Fretz (1980), Ivey (1980) and Osipow (1980) that counseling psychologists ought to address issues around the healthy development of the individual, many counseling psychologists may only be trained to assist adult clients. This may reflect one of the most visible deficiencies in counseling psychology training programs. To a certain extent, this may also undermine counseling psychology's future role as a mental health service as children's services are increasingly emphasized over the next few decades.

It may be asked how family therapists can function without being able to directly work with the children who are most often members of a family. Perhaps some respondents who reported being prepared to provide family therapy only saw families in which all members were adults or choose to distinguish between services offerred to children through a family modality and services offerred through an individual or group modality. It is also possible that some respondents perceived child or

play therapy as different from working with children on an individual, insight-oriented basis or in a group context.

It is unclear from the available data in this study how respondents from Division 17 (Counseling Psychology) of the American Psychological Association defined "preparedness". It would appear that some individuals may define the term "preparedness" differently based upon their theoretical orientations, training, personal philosophies and so forth. Potential semantic confusion may lead the reader to ask what criteria respondents would select in determining their "prepareness". It is striking, if not curious, that so many respondents felt moderately to well prepared to provide a variety of specialized mental health services. Although Foreman (1977) has referred to counseling psychologists as "generalists", it would be unlikely that a majority of respondents would feel so equally prepared to provide individual, family, marital, and group therapy/counseling, assessment and psychological testing services. It is again noted that respondents represented only 7.6% of the general Membership. Perhaps, only the most prepared Members elected to answer the questionnaire; or perhaps only those Members who perceived themselves as primarily mental health educators or practitioners answered the questionnaire (see Appendix B) which was clearly directed towards those Members interested or involved with mental health issues.

Dimension III. Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association most often viewed their counseling psychology colleagues as the most competent mental health administrators, and as the most competent psychotherapists and mental health counselors. Respondents most often viewed clinical psychologists as the best Psychological researchers.

Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association viewed counseling psychologists as more competent than clinical psychologists. The respondents most often perceived counseling psychologists as the best mental health administrators and as the best psychotherapists. Their perception of clinical psychologists as the best psychological researchers appears to be consistent with Bennett's (1980) report that clinical psychologists are often viewed as primarily psychological researchers. While response patterns seem to reflect the confidences of Super (1977), Ivey (1979) Hill (1977) and others, which suggest that counseling psychologists can function in a variety of roles, thirty-eight percent of the respondents felt that clinical psychologists were the best psychotherapists. This may reflect the ongoing debate cited in the literature as reviewed in Chapter II, regarding the counseling psychology's lack of clarity over its role as a newer mental health service, as well as its greater concern with normal developmental crises and growth which may be viewed as an educative function rather than as psychotherapy or mental health counseling. Data may potentially reflect the interest of a selective group of Members within Division 17 (Counseling Psychology) who responded to a questionnaire (see Appendix B) specifically addressing mental health issues, which was of little sustained interest to the general Membership.

Dimension IV. Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association were most often addressed by their first names. Respondents most often addressed their clients by their first names. Respondents

most often perceived the persons that they served as clients.

As expected, respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association tended to maintain less formal relationships with the persons that they served. Without overinterpreting the significance of this, it would appear that most respondents who reported functioning as psychotherapists or as mental health counselors viewed themselves as partners in a therapeutic alliance with the persons that they served as opposed to "doing" something to or for their clients. Presented data may indicate the educative function of some respondents. The "informal" quality of the relationships as reported by respondents need not indicate unprofessional or less professional conduct. Older ideas regarding transference and countertransference within the therapeutic or counseling relationship have been revised to the extent that informality is sometimes recommended to promote or to facilitate the therapeutic alliance and to increase the client's motivation. The suggested informality may reflect a larger emphasis on developmental or situational, rather than unresolveable or chronic crises (Super 1977; Ivey 1979; Osipow 1977).

Dimension V. 1. Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association most often identified themselves as counseling psychologists.

Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association most often identified themselves as counseling psychologists (50%). However, seventeen percent identified themselves as counselor educators. Bennett

(1980) distinguishes between mental health and educational roles. Although Rioch (1970) would observe that psychotherapy is an educational process, it remains unclear from collected data whether respondents considered counselor education as educationally-oriented psychology or as psychologically-oriented education. As Fretz and Mills (1980a,b) have pointed out the term "counseling" has tended to be associated with education rather than with mental health. In the final analysis, the distinctions may appear more semantic than substantive. Fourteen percent of the respondents from Division 17 (Counseling Psychology) identified themselves as clinical psychologists, consistent with Cleveland's (1977) findings that there is an exodus by some counseling psychologists to seek redesignation as clinical psychologists.

Ninety-six percent of the respondents of the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association reported that they were moderately to highly satisfied with their primary professional designations. The respondents' reported satisfaction with primary professional designation was unexpected based upon current debate regarding the roles of Division 17 Members. Data may indicate that primary professional designations (i.e., titles) are changed, as the need arises. Respondents may alter professional designations, consistent with what professional group they choose to affiliate. Those who responded may also represent the "elite" of their field or those who are genuinely satisified with their designations.

Dimension V. 2. Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association most often functioned in mental health roles although not exclusively as psychotherapists or as counselors. As expected, respondents

reported that they were satisfied with primary professional function.

Data from the respondents would seem to suggest that Members from Division 17 (Counseling Psychology) of the American Psychological Association define who they are primarily by their function rather than their professional designation. It is striking that although respondents identified themselves by a number of designations, they reported that they were satisified with their primary functions. This observation supports the findings of Henry, Sims and Spray (1971), Houck (1974) and Taggart(1972) who all suggest that mental health professionals are more alike than dissimilar. In Judaic tradition, it is related that God revealed to the Jews that they would know him by his deeds and not his name, since he was known by many names. English history also reveals that men took their last names by virtue of what they did for work (i.e., John Coppersmith, Jack Tailor, George Carpenter, and so forth). Perhaps available data simply reveals that respondents are continuing a historical tradition as measuring themselves as "who they are" by "what they do", rather than by "what they are called". In the last analysis, do we refer people to various mental health professionals on the basis of what these professionals are called, or on the basis of what they can do to help those persons whom we refer?

Respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association most often worked in college settings which was predictable based upon mailing addresses and past studies by Banikiotes (1975; 1977; 1980). It was unexpected that respondents would be so poorly represented in community agencies.

Ninety-three percent reported being moderately to highly satisfied with their primary professional functions. As suggested earlier, it may be the Members who worked in college settings were more highly represented by their willingness to complete the questionnaire (see Appendix B) than colleagues working in other settings.

Implications for Future Research

As noted in the limitations to the study section in Chapter III, a mailed questionnaire does not allow for follow up interviews or further inquiry with respondents. The present study appears to suggest certain trends might exist among the respondents from Division 17 (Counseling Psychology) of the American Psychological Association which may reflect more general trends among the general Membership. However, further investigation is necessary to confirm this hypothesis and to determine if trends among Members would be consistent with attitudes and characteristics among individuals from other levels of membership in Division 17 (Counseling Psychology) including Student Affiliates, Associates or Fellows. Further investigation would also help in our understanding of these trends, as well as in their identification. More sophisticated studies should be attempted to clarify trends that may be developed into predictable patterns of professional behavior and conduct that could illuminate either how to train or how to not train counseling psychologists, as well as mental health professionals in the future.

While the present study has highlighted attitudinal and characteristic trends among the respondents from the sampled Members of

Division 17 (Counseling Psychology) of the American Psychological Association, it was not its purpose to determine and to identify objective measures of professional competence as a psychotherapist or as a mental health counselor. The Academy of Certified Clinical Mental Health Counselors has developed a working set of guidelines for evaluating professional competence, but such a set of guidelines for psychologists is not in operation (Hogan 1979a, Fretz & Mills 1980a). Although ambitious, costly, and difficult to design, it is recommended that competency may best be evaluated as a joint effort among service providers, the consumers, mental health educators, and supervisors. Some professionals seem to develop a sense of their professional competence through their work and the feedback they receive from clients, supervisors, and colleagues. It may be argued that a large part of one's professional self concept as a psychotherapist or as a mental health counselor is generally based upon personal philosophy and qualities, as well as academic criteria. A study might be designed that would involve interviews with psychotherapists or mental health counselors, their program or case supervisors and the recipient(s) of the services to determine if there are areas of general agreement about the quality of the specific services, but also if there are general areas of agreement about how to define or to recognize a competent professional.

Others are welcomed to replicate the present study with Members of Division 17 (Counseling Psychology) or other mental health specialists. Specific issues regarding theoretical orientation, continuing education, preparedness to provide mental health services, work satisfaction, and so forth have only been skimmed in the present study. Others are also

invited to focus more directly on these specific issues or other issues of interest or relevance. For example, it is recommended that a study be conducted regarding the types of continuing education that are thought to be most helpful for upgrading or maintaining professional competence. As counseling psychology, along with other mental health professions, becomes increasingly specialized, studies detailing particular trends related to sex, income level, and age gain importance as training programs are established and refined to assist previously overlooked or unacknowledged consumer groups. In fact, this study might be replicated in other countries where the people are first attaining standards of living that afford them the luxuries of introspection and reflection and the concern with existential existence that follows prosperity, and relief from the struggle of daily physical survival.

Summary

In summary, it would appear that respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association tend to have some generally shared attitudes and characteristics regarding their self concepts as psychotherapists and as mental health counselors. These respondents clearly see themselves involved in the mental health field as educators and as service providers. They report that they are satisfied with their professional designations and with their professional functions. Respondents overwhelmingly felt that licensing should be done by generic title (i.e., psychologist, social worker, etc.). The respondents reported being generally eclectic in their theoretical orientations and as preferring

reality based theories of human behavior. Based upon societal mental health needs, it is expected that Members of Division 17 (Counseling Psychology) of the American Psychological Association will continue to play an important role in the mental health field. It is hoped that this study will aid in the resolution of some of the internal debates that have hampered the development of a clearer self concept within the professional organization Division 17 (Counseling Psychology) of the American Psychological Association.

CHAPTER VI: RELATED RESEARCH

Introduction

A comparative discussion of the present study and a study simultaneously conducted by Herkelrath (1982) employing the same questionnaire (see Appendix B) will be presented in this Chapter. The particular attitudes and characteristics of Fellows and Diplomates of the American Association of Pastoral Counselors that might contribute to their professional self concepts as psychotherapists and as mental health counselors was assessed in Herkelrath's (1982) study, in contrast to the Members of Division 17 (Counseling Psychology) of the American Psychological Association, who were the subjects of this study. Chapter VI is divided into three sections: Comparative Analysis; Implications for Future Research; and the Summary.

A comparison of counseling psychologists and pastoral counselors/psychotherapists seems timely, since both are relatively newer mental health disciplines in contrast to, for example, clinical psychology or psychiatry. Counseling psychology and pastoral counseling/psychotherapy appear to have arisen during the 1950's and 1960's in part to meet the community's increasing mental health needs. At present, counseling psychologists and pastoral counselors/psychotherapists face ongoing review of their credentials and their functions as psychotherapists and as mental health counselors (Fretz & Mills 1980a; Hogan 1980). Counseling psychologists and pastoral counselors/psychotherapists appear to be struggling to answer a few central questions: Who are we as professionals? What do we do as professionals? What do others expect us to do as professionals?

Within counseling psychology and pastoral counseling/psychotherapy, active debate exists regarding what roles Members, and Fellows and Diplomates respectively should play in the mental health field. A growing number of counseling psychologists and pastoral counselors/psychotherapists have sought the privilege and the option of practicing as independent and unsupervised psychotherapists and/or mental health counselors. To date, some counseling psychologists and pastoral counselors/psychotherapists (perhaps who have come from less orthodox graduate programs) have found themselves often unable to practice independently under their own professional designations. Individuals from both mental health disciplines have found themselves sometimes having to adopt other designations such as clinical psychologist, or social worker to maintain a degree of professional autonomy as a practitioner.

Davis (1977) observes that professional identity, professional self concept, and professional behavior are interrelated. However, some counseling psychologists and pastoral counselors who have incorporated a psychotherapeutic or counseling function into their professional identities are being challenged by other groups such as clinical psychologists, psychiatrists, social workers, etc. who have also historically incorporated a psychotherapeutic function into their professional identities as well. Can these groups share this mutual portion of their professionalism? Perhaps as Hogan (1979a; 1980) suggests, the rumblings of a national health insurance policy and

growing fears that the number of eligible vendors will exceed the consumer demand have precipitated some of the controversy. Yet, it would appear superficial and quite cynical to suggest that all of the criticism leveled at counseling psychologists and pastoral counselors/psychotherapists is economically motivated. Many critics are dedicated professional colleagues who seem to believe that many or most counseling psychologists and pastoral counselors are underqualified or improperly trained to provide mental health services, except in a limited sense or under the strictest supervision of a clinical psychologist or psychiatrist.

In this Chapter, Members of Division 17 (Counseling Psychology) of the American Psychological Association will be compared with Fellows and Diplomates of the American Association of Pastoral Counselors. Both mental health disciplines will then be compared and contrasted through five research dimensions including professional orientation, professional activities, professional issues, kinds of clientele, and personal data. The Members of Division 17 (Counseling Psychology) of the American Psychological Association sampled in the present study and the Fellows and Diplomates of the American Association of Pastoral Counselors (Herkelrath 1982) were surveyed through the use of a mailed questionnaire (see Appendix B). General methodological approaches (e.g., duration of the study and sample size) were standardized for both groups. The present study was specifically interested in exploring how Members of Division 17 viewed themselves as psychotherapists or as mental health counselors. By way of comparison, Herkelrath (1982) was

primarily interested in examining whether Fellows and Diplomates of the American Association of Pastoral Counselors were more secularized or more sacred within their assumed/acknowledged roles as psychotherapists and as mental health counselors. The succeeding sections of Chapter VI will present a comparative summation of major findings that appear interesting, and hopefully provide a meaningful comparison highlighting the similarities and dissimilarities of these two studied groups of mental health professionals.

Comparative Analysis

As shown in Table 23, there was a greater variety of degrees received by Fellows and Diplomates of the American Association of Pastoral Counselors than by Members of Division 17 (Counseling Psychology) of the American Psychological Association. These findings may be expected, since Fellows and Diplomates come from a wider variety of backgrounds and have a greater number of courses of study (secular and sacred) available to them than the typical Member of Division 17 who graduates from a psychology program or a counseling program. A smaller percentage of Fellows and Diplomates of the American Association of Pastoral Counselors (AAPC) were licensed as mental health professionals than Members of Division 17 of the American Psychological Association (APA). Eight-four percent of the sampled Members of Division 17 of the APA were licensed as psychologists eligible for independent practice. By comparison, only eight percent of the studied Fellows and Diplomates of the AAPC were licensed as psychologists; nine percent were licensed as marriage and family therapists; and six percent were certified as counselors. Again, this was not unexpected, since many Fellows and

Table 23

A Comparative Summary of the Distribution of Educational Backgrounds Within the Respondent Populations

Degree	Herkelrath Study (1982) Male (%)	Female (%)	Total (%)	Goldberg Study (1982) Male (%)	Female (%)	Total (%)
Frequency of Ph.D.'s	28.91	15.38	27.93	54.30	18.60	72.90
Frequency of D.Min.'s	30.72	38.46	31.28	0.00	0.00	0.00
Frequency of Th.D.'s	4.81	0.00	4.47	0.00	0.00	0.00
Frequency of Ed.D.'s	0.60	7.69	I.12	19.10	7.40	26.50
Frequency of M.Div.'s	11.44	7.69	11.17	0.00	0.00	0.00
Frequency of STM's	6.62	15.38	7.26	0.00	0.00	0.00
Frequency of STD's	1.20	0.00	1.12	0.00	0.00	0.00
Frequency of M.A.'s	7.83	0.00	7.26	0.00	0.00	0.00
Frequency of M.S.'s	0.00	0.00	0.00	0.60	0.00	0.60
Frequency of Th.M.'s	3.61	7.69	3.91	0.00	0.00	0.00
Frequency of B.D.'s	0.60	7.69	1.12	0.00	0.00	0.00
Frequency of other	3.61	0.00	3.35	0.00	0.00	0.00

Diplomates might lack the graduate courses, internships, or program certification that have been historically required for licensing as a psychologist. If pastoral counselors/psychotherapists are to become independent practitioners in the future, it may logically follow that discrepancies in curriculum or in training between the studied groups would recede. It must also be noted that Herkelrath (1982) has observed that some pastoral counselors/psychotherapists may purposely reject being licensed as psychologists, viewing this as undermining their efforts to receive recognition as a distinct mental health specialty.

As depicted in Table 24, income levels were generally within a middle class range for Members of Division 17 (Counseling Psychology) of the American Psychological Association (APA) and Fellows and Diplomates of the American Association of Pastoral Counselors (AAPC). Seventy-six percent of the Members of Division 17 reported having an income over $ 30,000.00. Fifty-seven percent of the Fellows and Diplomates of the AAPC reported having an income over $ 30,000.00. The data is somewhat surprising, since there has been a general public misconception that pastoral counselors/psychotherapists were doing primarily religious counseling, and therefore either were unconcerned with receiving money/payment or were volunteering their services (Since their room and board was supported by the congregation.). It is likely that the Fellows and Diplomates of the AAPC may be atypical in that many do not have an identified congregation or parish which supports them. It should be noted that Fellows and Diplomates, as the Title implies, tend to have more graduate training in counseling in many instances.

Table 24

A Comparative Summary of the Distribution of Respondents' Annual Income From All Professional Activities

Annual Income	Herkelrath Study (1982) (%)	Goldberg Study (1982) (%)
$ 4,999 or less	1.00	0.00
$ 5,999 to 9,999	1.00	1.00
$ 10,000 to 14,999	1.00	1.00
$ 15,000 to 19,999	5.00	1.00
$ 20,000 to 24,999	13.00	6.00
$ 25,000 to 29,999	22.00	14.00
$ 30,000 to 34,999	15.00	24.00
$ 35,000 to 39,999	16.00	20.00
$ 40,000 to 49,999	14.00	18.00
Over $ 50,000	12.00	14.00
Total	100.00	100.00

Most Fellows and Diplomates appear to work in settings that require a financial base to support the organization and delivered services. In a sense, there really are "no free lunches". Paradoxically, in today's economy, Fellows and Diplomates may be financially less well off than the common pastor whose room and board in addition to their salaries are provided.

As shown in Table 25, Members of Division 17 (Counseling Psychology) of the American Psychological Association tended to prefer "here and now" or reality-based theoretical orientations (i.e., Rogerian, Reality Therapy, Rational Emotive, Cognitive, Behavior Modification). Fellows and Diplomates of the American Association of Pastoral Counselors tended to prefer theoretical orientations that relied more heavily on psychodynamic principles (i.e., Freudian, Neo-Freudian, Ego Psychology, Jungian, Alderian, etc.). In general, both groups tended view themselves as eclectic, although their kinds of eclectism were quite different. Differences seem to indicate that Members from Division 17 (Counseling Psychology) may see themselves serving a less disturbed population in a primarily educative role, while Fellows and Diplomates may see themselves as serving individuals who require services over an extended period of time or at least appear to, since they remain associated with a church or congregation that provides a counseling service.

As presented in Table 26, Members of Division 17 (Counseling Psychology) of the American Psychological Association and Fellows and Diplomates of the American Association of Pastoral Counselors most

Table 25

A Comparative Summary of the Distribution of Respondents' Theoretical Orientations

Theoretical Orientations	Herkelrath Study (1982) (%)	Goldberg Study (1982) (%)
Alderian	3.13	8.00
Behavior Modification	10.42	27.80
Cognitive	7.81	29.60
Ego Psychology	46.35	11.70
Encounter	3.13	3.10
Existential	26.04	16.00
Family Systems	40.63	13.60
Freudian	28.65	4.30
Eclectic	21.35	28.40
Gestalt	27.08	10.50
Jungian	23.96	2.50
Neo Freudian	25.00	4.90
Rankian	2.08	1.20
Rational Emotive	5.21	13.60
Reality Therapy	8.85	17.30
Rogerian	32.29	32.10
Transactional Analysis	17.71	7.40
Other	9.90	11.70

Table 26

A Comparative Summary of How Respondents Felt Psychotherapists Should Be Licensed

Kind of Licensing	Herkelrath Study (1982) (%0	Goldberg Study (1982) (%)
Generically by professional designation (i.e., psychologist, pastoral counselor, etc.)	66.86	84.00
By service specialization (i.e., family, group, etc.)	17.44	8.00
By work setting position	3.49	1.00
Other	12.21	8.00
Total	100.00	100.00

often felt that licensing should occur by generic designation (i.e., psychologist, social worker, pastoral counselor, etc.). It appears that both counseling psychologists and pastoral counselors/psychotherapists wish to remain autonomous and to receive recognition in their own right as mental health professionals. Members of Division 17 (Counseling Psychology) appear to want to retain their identities as "psychologists", while Fellows and Diplomates of the American Association of Pastoral Counselors wish to acquire a separate and distinct identity and professional recognition as pastoral counselors/psychotherapists.

As presented in Table 27, Members of Division 17 (Counseling Psychology) and Fellows and Diplomates of the American Association of Pastoral Counselors felt moderately to well prepared to provide many kinds of mental health services, with the exception of child/play therapy. This may indicate mutual similarities, as well as some deficiencies in current training programs and/or choices of courses to study. Additionally, Fellows and Diplomates of the AAPC did not feel well prepared to provide psychological testing or to do psychological research. This may reflect special limitations in their training. Again, it is noted that it is unclear how family therapists could report to be able to work with families, but feel unable to work with children, when most families have children members. It may also be suggested that counseling psychologists have traditionally concerned themselves with mental health issues related to employment, career

Table 27

A Comparative Summary of the Respondents' Reported Preparation to Provide Mental Health Services

Type of Service	Very well Prepared	Moderately well Prepared	Somewhat Prepared	Not at all Prepared
Assessment & Intake				
Herkelrath Study (1982)	(75%)	(23%)	(2%)	(1%)
Goldberg Study (1982)	(64%)	(26%)	(9%)	(1%)
Family ther./couns.				
Herkelrath Study (1982)	(45%)	(37%)	(17%)	(1%)
Goldberg Study (1982)	(21%)	(35%)	(32%)	(13%)
Group ther./couns.				
Herkelrath Study (1982)	(48%)	(34%)	(17%)	(1%)
Goldberg Study (1982)	(37%)	(39%)	(18%)	(6%)
Individual ther./couns.				
Herkelrath Study (1982)	(93%)	(7%)	(0%)	(0%)
Goldberg Study (1982)	(76%)	(22%)	(2%)	(0%)
Marital ther./couns.				
Herkelrath Study (1982)	(75%)	(22%)	(3%)	(0%)
Goldberg Study (1982)	(31%)	(37%)	(21%)	(10%)
Mental health program ad.				
Herkelrath Study (1982)	(10%)	(29%)	(43%)	(18%)
Goldberg Study (1982)	(22%)	(27%)	(31%)	(21%)
Play ther./couns.				
Herkelrath Study (1982)	(2%)	(7%)	(28%)	(64%)
Goldberg Study (1982)	(4%)	(13%)	(26%)	(57%)
Psychological research				
Herkelrath Study (1982)	(3%)	(17%)	(36%)	(44%)
Goldberg Study (1982)	(34%)	(40%)	(25%)	(1%)
Psychological testing				
Herkelrath Study (1982)	(8%)	(16%)	(32%)	(44%)
Goldberg Study (1982)	(51%)	(35%)	(14%)	(0%)
Other				
Herkelrath Study (1982)	(65%)	(19%)	(0%)	(15%)
Goldberg Study (1982)	(75%)	(20%)	(5%)	(0%)

orientation, leisure time, and so forth. These activities are not generally thought of as children's activities. Counseling psychologists may simply have more experience working with adults than with children. Likewise, pastoral counselors/psychotherapists have historically worked with members of a congregation or parish around marital issues, alcoholism and drug abuse, spiritual self doubts, and so forth. This too may indicate that pastoral counselors may have more experience working with these "adult" problems, rather than with children who are most likely referred to secular "helpers" by their parents, as the need arises.

As shown in Tables 28 and 29, Members of Division 17 (Counseling Psychology) of the American Psychological Association and Fellows and Diplomates of the American Association of Pastoral Counselors most often felt that colleagues from their respective disciplines were the best mental health administrators and the best psychotherapists/mental health counselors. The response patterns seem to reflect a bias in the questionnaire (see Appendix B) that might have tended to polarize respondents and to instigate them to respond strongly and affirmatively on their own behalf. As shown in Table 30, both groups felt that clinical psychologists were the best psychological researchers. These findings are predictable given Bennett's (1980) observations that mental health professionals from other disciplines also perceive clinical psychologists as skilled researchers. This viewpoint is also apparently shared by many clinical psychologists (Nathan 1977).

Table 28

A Comparative Summary of Professionals the Respondents Felt Were the Best Mental Health Administrators

Professional Designation	Herkelrath Study (1982) (%)	Goldberg Study (1982) (%)
Clinical psychologists	14.00	15.00
Counselor educators	5.00	9.00
Counseling psychologists	3.00	43.00
Educational psychologists	1.00	3.00
Marriage & family therapists/counselors	4.00	1.00
Organizational/industrial psychologists	6.00	5.00
Pastoral counselors/psychotherapists	50.00	0.00
Rehabilitation psychologists	0.00	1.00
School psychologists	0.00	1.00
Other	17.00	22.00
Total	100.00	100.00

Table 29

A Comparative Summary of Professionals the Respondents Felt Were the Best Psychotherapists and Mental Health Counselors

Professional Designation	Herkelrath Study (1982) (%)	Goldberg Study (1982) (%)
Clinical psychologists	5.00	38.00
Counselor educators	1.00	3.00
Counseling psychologists	5.00	50.00
Educational psychologists	1.00	0.00
Marriage & family therapists/counselors	7.00	5.00
Organizational/industrial psychologists	0.00	0.00
Pastoral counselors/psychotherapists	72.00	0.00
Rehabilitation psychologists	0.00	0.00
School psychologists	1.00	0.00
Other	10.00	4.00
Total	100.00	100.00

Table 30

A Comparative Summary of Professionals Respondents Felt Were the Best Psychological Researchers

Professional Designation	Herkelrath Study (1982) (%)	Goldberg Study (1982) (%)
Clinical psychologists	68.00	35.00
Counselor educators	3.00	6.00
Counseling psychologists	2.00	15.00
Educational psychologists	10.00	23.00
Marriage & family therapists/counselors	4.00	1.00
Organizational/industrial psychologists	1.00	8.00
Pastoral counselors/psychotherapists	2.00	0.00
Rehabilitation psychologists	1.00	0.00
School psychologists	0.00	0.00
Other	10.00	13.00
Total	100.00	100.00

Table 31

A Comparative Summary of Respondents' Reported Primary Professional Designation

Professional Designation	Herkelrath Study (1982) (%)	Goldberg Study (1982) (%)
Clinical psychologist	1.00	14.00
Counselor educator	0.00	17.00
Counseling psychologist	2.00	50.00
Educational psychologist	0.00	4.00
Marriage & family therapist/counselor	6.00	2.00
Organizational/industrial psychologist	0.00	1.00
Pastoral counselor/psychotherapist	77.00	1.00
Rehabilitation psychologist	0.00	1.00
School psychologist	0.00	2.00
Other	13.00	9.00
Total	100.00	100.00

As shown in Table 31, Members of Division 17 (Counseling Psychology) of the APA identified themselves most often by a variety of professional designations (Counseling psychologist was selected by 50% of the respondents.). Fellows and Diplomates primarily identified themselves as pastoral counselors/psychotherapists. Pastoral counselors would seem to have fewer options available (as suggested in the findings presented in Table 23), since many lack the academic credentials to be licensed as psychologists. Pastoral counselors may view generic licensing and recognition of a pastoral counselor designation as the most politically and economically viable option open to them. Members of Division 17 (Counseling Psychology) may be afforded greater options in how they choose to describe themselves, although their general training and educational backgrounds would qualify some and/or many to be licensed as psychologists, without necessarily changing their day to day professional designations. In a sense, some Members may be licensed as psychologists for convenience (and economic reasons), rather than philosophical ideology or a sense of what a "psychologist" is. Recall comments by Bennett (1980) that it is sometimes difficult to distinguish psychologically-oriented educators from educationally-oriented psychologists. It is not clear how Members of Division 17 who identify themselves as "counselor educators" should be categorized.

As presented in Table 32, Fellows and Diplomates of the American Association of Pastoral Counselors most often reported working as psy-

Table 32

A Comparative Summary of Respondents' Reported Primary Professional Functions

Professional Function	Herkelrath Study (1982) (%)	Goldberg Study (1982) (%)
Mental health administration	4.00	11.00
Other administration	4.00	11.00
Career and vocational services	0.00	9.00
Mental health education & training	2.00	20.00
Other education & training	9.00	14.00
Long term psychotherapy and mental health counseling	48.00	8.00
Short term psychotherapy and mental health counseling	24.00	18.00
Organizational/industrial consultation	1.00	2.00
Psychological research	0.00	1.00
Other research	0.00	1.00
Other	8.00	6.00
Total	100.00	100.00

chotherapists or as mental health counselors, while Members from Division 17 (Counseling Psychology) of the APA most often reported working as mental health educators and as psychotherapists or mental health counselors secondly. In general, both studied groups appear predominantly involved in the training and/or delivery of mental health services. Again, Members may have more options for employment in colleges or universities in mental health training programs than Fellows and Diplomates who might be excluded from secular teaching positions, because of their background and may find positions within pastoral counseling training programs to be more limited, since there are fewer programs across the country.

Both studied groups reported that they were moderately to highly satisfied with their primary professional designations and primary professional functions. Ninety-six percent of the Members of Division 17 who were sampled reported that they were moderately to highly satisfied with their primary professional designations. In contrast, ninety-three percent of the sampled Members reported that they were moderately to highly satisfied with their primary professional functions. By comparison, ninety-seven percent of the studied Fellows and Diplomates stated that they were moderately to highly satisfied with their primary professional designations; ninety-seven percent also reported that they were moderately to highly satisfied with their primary professional functions. In light of the current debate surrounding these two groups of mental health professionals, the findings are surprising. As stated in Chapter V, perhaps Members (and Fellows and Diplomates) derive their

Table 33

A Comparative Summary of Respondents' Reported Primary Work Settings

Work Setting	Herkelrath Study 1982 (%)	Goldberg Study 1982 (%)
Church affiliated setting	26.00	1.00
Church housed setting	15.00	0.00
College setting	2.00	60.00
Community based private agency	13.00	1.00
Community based public agency	3.00	0.00
Court setting	0.00	3.00
Hospital setting	14.00	11.00
Independent practice	18.00	14.00
Prison setting	1.00	1.00
Public school setting	1.00	4.00
Other	8.00	5.00
Total	100.00	100.00

professional satisfaction more fully by what they do as professionals, rather than by how they are addressed by clients, colleagues, and others. Perhaps, professional self concept is more a function of professional activity, rather than a function of professional title or designation.

As shown in Table 33, Members of Division 17 (Counseling Psychology) of the American Psychological Association and Fellows and Diplomates of the American Association of Pastoral Counselors tend to work in very different settings. Fellows and Diplomates tended to work in church-affiliated or church-housed counseling centers, or in private practices. Sampled Members of Division 17 (Counseling Psychology) tended to work in college settings. This may reflect a lack of employment opportunities open to pastoral counselors, as well as reflecting a preference to remain associated with a congregation or the ministry. As Banikiotes (1975; 1977; 1980) has noted, counseling psychologists tend to be more highly visible in college settings, although this trend is reported to be changing. Based upon collected data, however, counseling psychologists were poorly represented within community agencies. This may reflect some sense of historical exclusion of counseling psychologists from community agency positions.

Implications for Future Research

Based upon the preceding discussion, it would appear that more in depth interview style research should be conducted with these two groups of mental health professionals. It remains unclear what are the motivations involved in becoming a counseling psychologist. Perhaps, it is more a question of what motivations are involved in pro-

viding a particular professional function. It is not clear what effect recent legislative decisions or initiatives have had on these groups' overall enthusiasm for their chosen professions. It can only be hypothesized from the respondents of the sampled Members of Division 17 (Counseling Psychology) and the Fellows and Diplomates of the American Association of Pastoral Counselors whether they retain their interest and enthusiasms for their chosen professions, despite some concerns and reservations about their abilities to remain independent practitioners. It might be interesting to compare groups of Members and Fellows and Diplomates who were graduated from the same university or to compare groups of these mental health professionals who were graduated from different universities within different geographical regions. It can only be wondered what attitudinal or characteristic behaviors or ideologies would be reflected within a university, within a geographical region, or across the United States.

A number of other observations may provide some promising research dimensions. It is interesting that neither group reported feeling prepared to work with children or through an action-oriented modality. It would be interesting to know whether these observed trends are peculiar to the respondents from the sampled Members of Division 17 (Counseling Psychology) of the American Psychological Association and Fellows and Diplomates of the American Association of Pastoral Counselors or characteristic of each discipline in general, or even reflective of an overall lack of competency to work with children among other than mental health disciplines. Such an analysis might

present serious implications for family therapists, since most families include children.

It would be interesting to study whether consumers perceived critical differences in the services that they received based upon their perceptions of their therapist's academic credentials. It might also be helpful to know whether academic credentials hinder these therapists' abilities to develop comprehensive treatment plans for their clients or counselors. And, it would be useful to know how the respondents of each discipline viewed their roles in the mental haelth field over the next five, ten and twenty years.

Summary

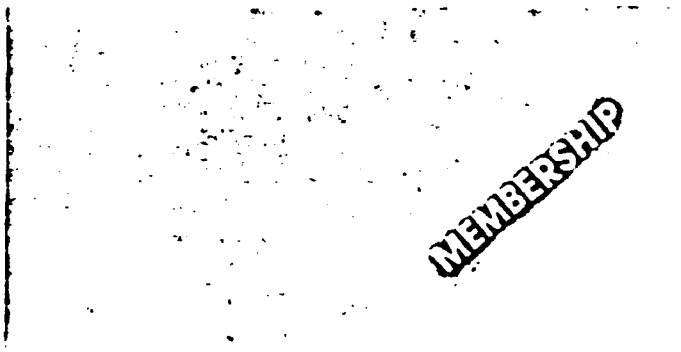
In summation, it appears that Members of Division 17 (Counseling Psychology) of the American Psychological Association and Fellows and Diplomates of the American Association of Pastoral Counselors share many similarities and fewer dissimilarities. Members of Division 17 and Fellows and Diplomates of the AAPC are alike in their general primary professional interests, roles, attitudes toward mental health training, licensing, and so forth. Once again, one is reminded of the observations made by Henry, Sims and Spray (1971) Houck (1974), and Taggart (1972), all of whom have concluded that mental health professionals are more alike in attitudes, more, and values than dissimilar.

Members of Division 17 and Fellows and Diplomates of the AAPC appear most dissimilar in their present work settings, perhaps as a function of available opportunities open to both groups, rather than reflecting ideological differences. Fellows and Diplomates of the American Association of Pastoral Counselors may present themselves as a more cohesive group, with a clearer understanding of their professional designation, function, and interest. Members of Division 17 (Counseling Psychology) of the American Psychological Association appear to be a more hetereogenous group with some members not quite in agreement about professional designation, although perhaps more so about professional function or mission.

This later observation might also be reflective of the general tenor and trend in the helping services fields. That is, increasingly, it appears that there is no one helping approach or therapeutic orientation, etc. which works best for all (Nickerson 1981). Rather, it is a question of what works best for whom and under what circumstances. Hence, for counseling psychology both a generic psychological background and experience is needed, as well as specific theory and skill development in selected realms. And in general, the newer field of counseling psychology needs to take sustenance from its varying inputs and orientations to feel the validity of its multi-faceted origins.

APPENDIX A:

American Psychological Association Membership Guidelines



MEMBERSHIP

There are three classes of membership in APA: Associate, Member, and Fellow. Qualified psychologists throughout the world are encouraged to apply.

Associates

To qualify as an Associate an applicant must meet one of two sets of requirements:

1. Must have completed two years of graduate work in psychology at a recognized graduate school and be engaged in work or graduate study that is primarily psychological in character; or
2. Must have received the master's degree in psychology from a recognized graduate school, have completed, in addition, one full year of professional work in psychology, and be engaged in work or graduate study that is primarily psychological in character.

Associates initially may not vote or hold office in the Association. After five consecutive years of membership, Associates may vote. Annual dues are $54.

Members

The minimum standard for election to Member status is the receipt of the doctoral degree based in part upon a psychological dissertation, or granted from a program primarily psychological in nature, and conferred by a graduate school of recognized standing.

Members may vote and hold office. Annual dues are $69, with a reduction to $57 for each of the first two years.

(Applicants for Associate or Member status must have their applications completed by August 1. New members are elected in the fall; their membership is dated as of the next year).

Fellows

Properly qualified Members may, upon nomination by an APA Division and election by the Council of Representatives, become Fellows of the APA. Fellows must previously have been Members for at least one full year, have a doctoral degree in psychology and at least five years of acceptable experience beyond that degree, hold membership in the nominating Division, and present evidence of unusual and outstanding contribution or performance in the field of psychology.

Fellows may vote and hold office.

Annual dues are $69.

Dues-Exempt Status

Exemption from dues is open to members who have reached the age of 65 and who have been members for at least 25 years, or to any member who has been adjudged permanently and totally disabled. An annual contribution of $10 is invited.

Special Note:

All Associates, Members, and Fellows receive the American Psychologist and the APA Monitor automatically. They may also subscribe to all APA journals and the Biographical Directory or Membership Register at reduced rates. The services of the Placement Office are available to all members.

Affiliates

Foreign Affiliates

Psychologists who are foreign nationals in countries other than the United States or Canada and who desire affiliation with the APA may become Foreign Affiliates. They must either be members of regularly established psychological associations in other countries, or, if no such association exists, they must present evidence of appropriate qualifications and must be endorsed by two psychologists known to APA.

The annual fee for Foreign Affiliates is $7.50. Subscriptions to any of the journals published by the Association are available at the special rates charged to members.

High School Teacher Affiliates

Teachers of psychology classes in high schools who are not eligible for APA membership may become High School Teacher Affiliates. The word psychology need not be a part of the course title.

APPENDIX B:
QUESTIONNAIRE OF PROFESSIONAL

ATTITUDES and CHARACTERISTICS

K.Goldberg
W.Herkelrath

Please answer all of the following questions to the best of your ability, even if some of the answers are only rough approximations of your sentiments or opinions. Do not skip any questions because you are unable to provide a precise answer. Please feel free to qualify your answers in the spaces available. Please place a check next to the answer which closest approximates your sentiment or opinion. ALL INFORMATION IS STRICTLY CONFIDENTIAL. Thank you for your interest and cooperation.

I. PROFESSIONAL ORIENTATION

1. Which of the following therapeutic orientations, approaches or schools of thought in the mental health field BEST characterizes your current theoretical foundation? (Check as many as you feel are appropriate.)

_____Adlerian
_____Behavior Modification
_____Cognitive
_____Ego psychology
_____Encounter
_____Existential
_____Family Systems
_____Freudian
_____Gestalt
_____Jungian
_____Neo Freudian
_____Rankian
_____Rational emotive
_____Reality therapy
_____Rogerian
_____Transactional Analysis
_____Eclectic (Please specify components.)_____
_____
_____Other (Please specify.)_____

2. Which activities do you view as your MAIN professional functions? (Please rank order your PRIMARY and SECONDARY functions.)

_____Mental health administration
_____Other administration (Please specify.)_____
_____Career and vocational services
_____Mental health education and training
_____Other education and training (Please specify.)_____
_____Long term psychotherapy and mental health counseling
_____Short term psychotherapy and mental health counseling
_____Organizational and industrial consultation
_____Psychological research
_____Other research (Please specify.)_____
_____Other (Please specify.)_____

3. Which activities do you view as your MAIN professional interests? (Please rank order your PRIMARY and SECONDARY interests.)

_____Mental health administration
_____Other administration (Please specify.)_____
_____Career and vocational services
_____Mental health education and training
_____Other education and training (Please specify.)_____
_____Long term psychotherapy and mental health counseling
_____Short term psychotherapy and mental health counseling
_____Organizational and industrial consultation
_____Psychological research
_____Other research (Please specify.)_____
_____Other (Please specify.)_____

4. Which title do you view as your PRIMARY professional designation?

_____Clinical psychologist
_____Counselor educator
_____Counseling psychologist
_____Educational psychologist
_____Marriage and family therapist/counselor
_____Organizational/industrial psychologist
_____Pastoral counselor/psychotherapist
_____Rehabilitation psychologist
_____School psychologist
_____Other (Please specify.)_____

5. Based upon your experience, professionals from which of the following backgrounds are the BEST mental health program administrators? (Please rank order the BEST and the SECOND BEST.)

_____Clinical psychologists
_____Counselor educators
_____Counseling psychologists
_____Educational psychologists
_____Marriage & family therapists/counselors
_____Organizational/industrial psychologists
_____Pastoral counselors/psychotherapists
_____Rehabilitation psychologists
_____School psychologists
_____Other (Please specify.)_____

6. Based upon your experience, professionals from which of the following backgrounds are the BEST psychological researchers? (Please rank order the BEST and the SECOND BEST.)

_____Clinical psychologists
_____Counselor educators
_____Counseling psychologists
_____Educational psychologists
_____Marriage & family therapists/counselors
_____Organizational/industrial psychologists
_____Pastoral counselors/psychotherapists
_____Rehabilitation psychologists
_____School psychologists
_____Other (Please specify.)_____

7. Based upon your experience, as a group professionals from which of the following backgrounds are the BEST psychotherapists/mental health counselors? (Please rank order the BEST and the SECOND BEST.)

_____Clinical psychologists
_____Counselor educators
_____Counseling psychologists
_____Educational psychologists
_____Marriage family therapists/counselors
_____Organizational/industrial psychologists
_____Pastoral counselors/psychotherapists
_____Rehabilitation psychologists
_____School psychologists
_____Other (Please specify.)_____

8. From whom would praise mean the MOST in terms of your professional competence? (Please rank order the MOST and the SECOND MOST.)

_____Clinical psychologists
_____Counselor educators
_____Counseling psychologists
_____Educational psychologists
_____Marriage family therapists/counselors
_____Organizational/industrial psychologists
_____Pastoral counselors/psychotherapists
_____Rehabilitation psychologists
_____School psychologists
_____Other (Please specify.)_____

II. PROFESSIONAL ACTIVITY

9. How much of your CURRENT activity or time is devoted to the following areas? (Please check an appropriate rating for each category.)

	Less than 10%	10-24%	25-49%	50-74%	75% or more
Mental health administration	_____	_____	_____	_____	_____
Other administration	_____	_____	_____	_____	_____
Career and vocational services	_____	_____	_____	_____	_____
Mental health ed. and training	_____	_____	_____	_____	_____
Other education and training	_____	_____	_____	_____	_____
Long term psychotherapy and mental health counseling	_____	_____	_____	_____	_____
Short term psychotherapy and mental health counseling	_____	_____	_____	_____	_____
Organ. & industrial consult.	_____	_____	_____	_____	_____
Psychological research	_____	_____	_____	_____	_____
Other research	_____	_____	_____	_____	_____
Other (Please specify.)	_____	_____	_____	_____	_____

_____

10. On the basis of your training and experience, HOW WELL PREPARED are you to provide the following services ?(Please check an appropriate rating for each category.)

	Very well Prepared	Moderately well Prepared	Somewhat Prepared	Not at all Prepared
Assessment and intake	_____	_____	_____	_____
Family therapy/counseling	_____	_____	_____	_____
Group therapy/counseling	_____	_____	_____	_____
Individual ther./counseling	_____	_____	_____	_____
Marital therapy/counseling	_____	_____	_____	_____
Mental health program administration	_____	_____	_____	_____
Play therapy/counseling	_____	_____	_____	_____
Psychological research	_____	_____	_____	_____
Psychological testing	_____	_____	_____	_____
Other (Please specify.)	_____	_____	_____	_____

_____

11. Please indicate the CLOSENESS of your working professional association with the following professional groups.(Please check an appropriate rating for each category.)

	Very close	Moderately close	Somewhat close	Not close
Clinical psychologists	_____	_____	_____	_____
Counselor educators	_____	_____	_____	_____
Counseling psychologists	_____	_____	_____	_____
Educational psychologists	_____	_____	_____	_____
Marriage & family therapists/couns.	_____	_____	_____	_____
Organizational/industrial psychol.	_____	_____	_____	_____
Pastoral counselors/psychotherapists	_____	_____	_____	_____
Rehabilitation psychologists	_____	_____	_____	_____
School psychologists	_____	_____	_____	_____

Other (Please specify.)_____

12. Do you use the terms "mental heath counseling" and "psychotherapy" to distinguish between types or intensities of direct mental health services?
_____Yes _____No

13. If YES, which term is MOST appropriate for describing the PRIMARY type of mental health services that you CURRENTLY provide?
_____Mental health counseling _____Psychotherapy

14. Do you feel equally capable, qualified or otherwise trained and experienced to provide BOTH types of mental health services?
_____Yes _____No

III. PROFESSIONAL ISSUES

15. Should psychotherapists and mental health counselors be licensed?
_____Generically by professional designation(i.e. psychologist, social worker, counselor, psychiatric nurse, etc.)
_____By service specialization(biofeedback, cognitive therapy,family therapy, marital therapy, play therapy, rehabilitation, sex therapy, etc.)
_____By work setting position
_____Other (Please specify.)_____

16. When, if ever, should relicensing occur?
_____Never
_____Annually
_____Every two years
_____Every three years
_____Every four years
_____Every five years
_____Every ten years
_____Other (Please specify.)_____

17. What do you believe should be the basic MINIMUM number of supervised practicum experience hours required for entry into the following employment positions?

	None	100-200	201-500	501-1000	1001-1500	1501-2000	Over 2000
Supervised mental health services position in a public agency	____	____	____	____	____	____	____
Supervised mental health services position in a private agency	____	____	____	____	____	____	____
Unsupervised mental health services position in a public agency	____	____	____	____	____	____	____
Unsupervised mental health services position in a private agency	____	____	____	____	____	____	____

18. What do you believe should be the basic MINIMUM educational requirements for entry into the following employment positions?

	Bachelor's	Master's	Predoctorate	Doctorate
Supervised mental health services position in a public agency	_____	_____	_____	_____
Supervised mental health services position in a private agency	_____	_____	_____	_____
Unsupervised mental health services position in a public agency	_____	_____	_____	_____
Unsupervised mental health services position in a private agency	_____	_____	_____	_____

19. Are you currently ENROLLED or RECEIVING any continuing education or postgraduate training which are related to your PRIMARY professional activity?(Please check all appropriate categories.)

_____Consultation
_____Group supervision
_____Individual supervision
_____Institute courses
_____Personal reading/study
_____Professional conferences
_____Specialty workshops
_____Study group
_____University courses
_____None
_____Other (Please specify.)_____

IV. CLIENT DATA

20. Please indicate your CURRENT work settings. (Please rank order your PRIMARY and SECONDARY work settings.)

_____Church affiliated setting
_____Church housed setting
_____College setting
_____Community based private agency
_____Community based public agency
_____Court setting
_____Hospital setting
_____Independent practice
_____Prison setting
_____Public school setting
_____Other (Please specify.)_____

21. By whom are "patients", "clients" or "counselees" **MOST OFTEN** referred to you? (Please rank order your **PRIMARY** and **SECONDARY** sources of referral.)

_____Clinical psychologists
_____Counselor educators
_____Counseling psychologists
_____Educational psychologists
_____Marriage & family therapists/counselors
_____Organiational/industrial psychologists
_____Pastoral counselors/psychotherapists
_____Pastors
_____Patients, clients, counselees
_____Rehabilitation psychologists
_____School psychologists
_____Agency, institution, etc. (Please specify.)_____
_____Other (Please specify.)_____

22. By what title do you **MOST OFTEN** address the persons that you service? (Please check only **ONE**.)

_____First name
_____Last name
_____Variable
_____Other (Please specify.)_____

23. By what title are you **MOST OFTEN** addressed by the persons that you service? (Please check only **ONE**.)

_____First name
_____Dr.
_____Miss
_____Mr.
_____Mrs.
_____Ms.
_____Reverend, Pastor, Father
_____Other (please specify)_____

24. By what title are you **MOST OFTEN** addressed by your colleagues? (Please check only **ONE**.)

_____First name
_____Dr.
_____Miss
_____Mr.
_____Mrs.
_____Ms.
_____Reverend, Pastor, Father
_____Other (please specify)_____

25. As best you can, please indicate how you MOST OFTEN view the persons that you service.(Please rank order your PRIMARY and SECONDARY choices.)

_____Acquaintances
_____Clients
_____Counselees
_____Friends
_____Parishioners
_____Patients
_____Other (please specify)_____

26. On the average, please estimate how many interviews/sessions you conduct per week in each modality.

	1-5	6-10	11-15	16-20	21-25	26-30	More than 30
Assessment and intake	____	____	____	____	____	____	____
Consultation	____	____	____	____	____	____	____
Family therapy/counseling	____	____	____	____	____	____	____
Group therapy/counseling	____	____	____	____	____	____	____
Individual ther./counseling	____	____	____	____	____	____	____
Marital therapy/counseling	____	____	____	____	____	____	____
Play therapy/counseling	____	____	____	____	____	____	____
Psychological testing	____	____	____	____	____	____	____
Other (Please specify.)	____	____	____	____	____	____	____

27. Please estimate average dollar fee per interview/session charged by yourself or your agency for your services.

	1-10	11-15	16-20	21-25	26-30	31-35	36-40	More than 40
Assessment and intake	____	____	____	____	____	____	____	____
Consultation	____	____	____	____	____	____	____	____
Family therapy/counseling	____	____	____	____	____	____	____	____
Group therapy/counseling	____	____	____	____	____	____	____	____
Individual ther./counseling	____	____	____	____	____	____	____	____
Marital therapy/counseling	____	____	____	____	____	____	____	____
Psychological testing	____	____	____	____	____	____	____	____
Other (Please specify.)	____	____	____	____	____	____	____	____

V. PERSONAL DATA

28. To what degree are you satisfied with your CURRENT primary professional activity?

_____Highly satisfied
_____Moderately satisfied
_____Moderately dissatisfied
_____Highly dissatisfied

29. To what degree are you satisfied with your CURRENT primary professional designation/title?
_____Highly satisfied
_____Moderately satisfied
_____Moderately dissatisfied
_____Highly dissatisfied

30. Why did you select your CURRENT primary work setting?
_____Geographical reasons
_____Economic reasons
_____Career orientation
_____Career change
_____Promotion
_____Other (please specify)_____

31. Please indicate your annual gross income from all professional activities.
_____$ 4,999 or less
_____$ 5,999 to 9,999
_____$10,000 to 14,999
_____$15,000 to 19,999
_____$20,000 to 24,999
_____$25,000 to 29,999
_____$30,000 to 34,999
_____$35,000 to 39,999
_____$40,000 to 49,999
_____Over $50,000

32. How many years have you belonged to the following professional organization(s)?

	0-1	2-4	5-10	Over 10
Academy of Certified Mental Health Counselors	____	____	____	____
American Association of Marriage & Family Ther.	____	____	____	____
American Association of Pastoral Counselors	____	____	____	____
American Psychological Association	____	____	____	____
American Personnel and Guidance Association	____	____	____	____
Other(Please specify.)	____	____	____	____

_____

33. Highest earned degree.

_____

34. What licenses and certifications do you CURRENTLY hold?

_____
_____
_____
_____

35. Sex: _____Male _____Female

36. Current marital status:
_____Single, never been married
_____Married
_____Not married currently

37. Do you have any children?
_____Yes _____No

38. Denominational preference?
___Baptist ___Episcopal ___Luthean ___Pentecostal
___Buddhist ___Evangelical ___Methodist ___Presbyterian
___Chr. Sci. ___Hindu ___Moslem ___Rom. Catholic
___UCC/Congreg. ___Jewish ___Orthodox ___Unitarian Universalist
___Other (please specify)_____

39. Ethnic background:
_____Black non-hispanic
_____American Indian/Alaskan native
_____White non-hispanic (caucasion)
_____Hispanic (Spanish American)
_____Other _____

40. Comments:_____
_____
_____
_____

APPENDIX C
Abstract to the Education Research Review Committee

The investigators have developed a questionnaire instrument regarding the attitudes and characteristics of mental health professionals. The instrument was designed after researching other questionnaire instruments (Davis 1977; Henry, Sims & Spray, 1971; Houch, 1974; Taggart, 1972). The questionnaire will be employed in two separate dissertations studying professional identity among counseling psychologists and pastoral counselors/psychotherapists.

W. Herkelrath will investigate the attitudes and characteristics of fellows and diplomate members of the American Association of Pastoral Counselors. K. Goldberg will investigate the attitudes and characteristics of Members of Division 17 (Counseling Psychology) of the American Psychological Association.

Both studies have been designed with similar instrumentation and research methods so that statistical comparisons may be made. Each study will randomly draw a sample population of 500 prospective respondents. Both studies will utilize membership directories to obtain mailing addresses for the sample population. Although neither study will have the approval of any representative of the professional association's governing body, appropriate administrative representatives will be notified that the memberships will be solicited.

The investigators will attempt to validate the instrumentation in the following manner. A panel of four expert raters will be polled in order to help determine the construct and content validity of the instrumentation. A small pilot study of five pastoral counselors/psychotherapists and a small pilot study of five counseling psychologists will be conducted in order to help determine face validity of the instrumentation.

General research dimensions will include how studied groups rate practitioners from their discipline as compared to those from allied fields, to what extent studied groups identify with colleagues from their own disciplines, whether studied groups are satisfied with their current professional activities but report being dissatisfied with their professional titles.

APPENDIX D
Informed Cover Letter

Dear Division 17 Member:

As a professional psychologist, you may be aware of continuing efforts to investigate some of the characteristics that professional psychologists share with other mental health professionals and other efforts to identify some of the characteristics that are unique to various psychology specialties.

The present investigation is being conducted as a dissertation to be submitted in partial fulfillment of the requirements for a Doctoral degree in Counseling Psychology in the School of Education at Boston University.

Enclosed with this letter, you will find a questionnaire designed to complement past efforts in this area. While the President of Division 17 has been notified in writing of the intention of this investigation, this questionnaire's distribution should not be interpreted as having the official approval or blessing of any officer or other representative of the American Psychological Association or Division 17, Counseling Psychology.

The present investigation is concerned with professional activities, attitudes and issues in the Counseling Psychology profession. Issues regarding professional identity and self concept, licensure, certification, training, qualifications and continuing education for Counseling Psychologists as health service providers (psychotherapists and mental health counselors) will be critically reviewed over the next decade as a national health insurance policy is developed. Your participation may offer a perspective or information that has been overlooked or gone unconsidered to this point in time. The questionnaire will take no more than 15 to 20 minutes to complete.

Questions have been shortened to a forced-choice format which may not adequately reflect your sentiments and opinions. The investigator apologizes in this event. Please answer all questions to the best of your ability since your responses will be pooled with others for use as group data ONLY. ALL INFORMATION WILL BE KEPT IN THE STRICTEST CONFIDENCE.

The results of this study will be submitted for publication in professional journals. Your comments and questions regarding this investigation or related research are welcome and should be addressed to me at 737 Washington St. APT. #4, South Easton, Massachusetts 02375.

Thank you in advance for your interest and cooperation.

Sincerely,

Kenneth J. Goldberg

APPENDIX E
Letter to the Education Research Review Committee

June 26, 1981

Boston University
School of Education
Research Review Committee
765 Commonwealth Avenue
Boston, MA 02215

ATTENTION: Dr. Gardner

I am requesting exemption of normal review exemption categories (45 CFR 46.101(b)) item 3.

Thank you,

Kenneth Goldberg

APPENDIX F
Letter to the President of Division 17 (Counseling Psychology)
of the
American Psychological Association

July 1, 1981

Kenneth J. Goldberg
737 Washington Street
Apartment 4
South Easton, MA 02375

Donald H. Blocher
SUNY at Albany
Educational Psychology
214 Educational Building
Albany, New York 12222

Dear Dr. Blocher:

I am currently a doctoral canidate in Counseling Psychology at Boston University. My dissertation is titled "Professional Attitudes and Characteristics of Members of the American Psychological Association Within Division 17". Over the next month, I will be sending out questionnaires to 500 regular Members of Division 17. Their names were selected randomly through the APA Directory published in 1978. While I am not asking for any official sanction or moneies to support this research project from APA or Division 17, I did want to inform you of my intentions. I have enclosed for your review a copy of the questionnaire and cover letter that will be sent to Members. Please note that disclaimed regarding Division 17 authorization has been included and that the questionnaires are not numbered so as to insure confidentiality.

Any questions regarding this dissertation may be forwared directly to me. As a point of information, the questionnaire was first submitted to a pilot study as well as a panel of expert raters in social sciences research from the School of Education. The proposal was also sumbitted as required to the Research Review Committee for my school at Boston University. My dissertation committee consists of Eileen Nickerson Ph.D., Chairperson, Albert Murphy Ph.D., both from the Division of Special and Counselor Education and Orlo Strunk Ph.D., from the Danielson Counseling Center and the School of Theology at Boston University.

Thank you for your time and understanding.

Sincerely,

Kenneth J. Goldberg Ed.M.

APPENDIX G

Summary of the Results of the Pilot Study

The investigator selected a sample population of five. All members of the sample population were members of Division 17 (Counseling Psychology) of the American Psychological Association. All members of the sample population were professional colleagues of the investigator and were readily available and agreeable to being interviewed after completing the questionnaires.

In general, respondents felt that questions were worded simply and in a straight forward manner. Respondents felt that the instructions to the questionnaire were easy to follow. Respondents made few corrective comments on the overall format of the questionnaire. Respondents tended to offer suggestions regarding the multiple choices on each question. In general, respondents suggested additional choices for several of the questions. The respondents reported that the questionnaire took ten to fifteen minutes to complete. Respondents indicated that they were not offended by the wording of any of the questions but did sometimes feel frustrated by the lack of space provided for write-in answers or essays.

All respondents identified themselves as counseling psychologists who were working in community based agencies as psychotherapists and mental health counselors. All respondents reported that they were eclectic in their theoretical orientation. All respondents reported that they were well prepared to provide a variety of mental health services. All respondents reported that they felt as competent as clinical psychologists in the psychotherapist role. All respondents felt that

psychotherapists and mental health counselors should not be relicensed. All respondents felt that licensing should be by generic designation (i.e., psychologist, social worker, etc.). Respondents addressed their clients or patients in a variable manner depending upon the individual. Respondents indicated that they permitted their clients or patients to address them by their first names on occasion, and depending upon the circumstances. One respondent felt that he was more competent than colleagues in a mental health administration role. None of the respondents viewed themselves as competent psychological researchers. All respondents reported that they were dissatisfied with their primary professional designation but satisfied with their primary professional function.

APPENDIX H
Reminder Letter

Dear Division 17 Member:

You may have received a questionnaire concerned with professional activities, attitudes and issues in the Counseling Psychology profession. The present investigation is being conducted as a dissertation to be submitted in partial fulfillment of the requirements for a Doctoral degree in Counseling Psychology in the School of Education at Boston University.

Issues regarding professional identity and self concept, licensure, certification, training, qualifications and continuing education for Counseling Psychologists as health service providers (psychotherapists and mental health counselors) will be critically reviewed over the next decade as a national health insurance policy is developed. Your participation is again requested. Your viewpoint may offer a perspective or information that has been overlooked to this point in time. The questionnaire will take no more than 15 to 20 minutes to complete.

If you have misplaced or lost the questionnaire, please contact me so that I may forward another copy of the questionnaire to you so that your sentiments and opinions may be included in group data.

Another copy of the questionnaire may be obtained from me at 737 Washington St. #4, South Easton, MA 02375.

Sincerely,

Kenneth J. Goldberg Ed.M.

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Vita:

Education:	Boston University	B.A.	1975
	Boston University	M.Ed.	1977

Employment:

1979-1981	Counseling & Family Services, Inc. Brockton, MA 02401 (Director, Div. of Children's & Family Ser.)
1979-1980	Blue Hills Technical Regional School Canton, Massachusetts 02021 (Psychological Consultant)
1977-1979	Stoughton Youth Commission Stoughton, Massachusetts 02072 (Director)
1977-1979	Brockton Family & Community Resources, Inc. Brockton, Massachusetts 02401 (Staff psychologist)
1975-1977	New Bedford Area Center for Human Services, Inc. New Bedford, Massachusetts 02741 (Data Base Administrator)

Internships:

1977-1978	Tri City Community Mental Health Center Malden, Massachusetts 02148
1977	Brockton Veterans Administration Hospital Brockton, Massachusetts 02401
1976-1977	Children's Services New Bedford, Massachusetts 02741

Professional Organizations:

American Association of Psychiatric Services for Children
American Personnel & Guidance Association
American Psychological Association
Massachusetts Psychological Association
Society for Family Therapy & Research