Chapter 2
Professional Identity and Ethics

Professional Identity

Defining and establishing a professional identity is a continuous process for all professions. A strong professional identity is important for a profession to succeed, advance, and establish prestige over time. Ideally, clinical mental health counselors with a strong professional identity should be able to: accurately describe their graduate program, accreditation, and associated approach to practice; identify their qualifications, areas of expertise, and licensing credentials; identify and explain key similarities and differences between their profession and other similar professions; and have a sense of belonging among other clinical mental health counselors. Furthermore, professional identity development plays a central role in establishing and maintaining sound ethical practice (Corey, Corey, & Callanan, 2010; Granello & Young, 2012).

Professional identity is an especially nebulous concept for clinical mental health counselors due to varying backgrounds in education; different accreditation, professional memberships, and state licensing bodies; varying roles/duties; much overlap with similar professions, and relatively short established history. These professional development and practice factors greatly contribute to the lack of collective identity among clinical mental health counselors. Perhaps there will always be at least some variation in professional identity among clinical mental health counselors (see American Counseling Association [ACA], Council for Accreditation of Counseling and Related Education Programs [CACREP], American Mental Health Counselors Association [AMHCA], Masters in Psychology and Counseling Accreditation Council [MPCAC]). Having multiple professional organizations (e.g., ACA and AMHCA) and multiple accrediting bodies (e.g., CACREP and MPCAC) may actually have more benefits than drawbacks for the profession of clinical mental health
Chapter 2
Professional Identity and Ethics

counselors. Such diversity in training can have the added value of expanding the quality of mental health care for the public good, as long as evidence-based practices are utilized.

The following discussion of professional identity will not be a history of a specific field or type of program. Such information does have relevance, but it is best left up to each specific program and other texts that primarily focus on history. Developing a collective identity based on history and philosophies is not advocated for either. Rather, what may be the most important is how you integrate your personal attributes/identity and professional training within the context of professional practice and community. With that said, even those from different training, accreditation, and professional membership backgrounds have much more in common than differences.

Education and Accreditation

The required education level for clinical mental health counselors is a master’s degree. Clinical social work and psychiatric nursing also both require a master's degree. Psychologists require a doctoral degree (e.g., Ph.D. or Psy.D.) and psychiatrists require a medical degree (M.D.). A master’s degree that leads to licensure as a clinical mental health counselor can come from a variety of graduate programs: mental health counseling, clinical mental health counseling, clinical community mental health, counseling psychology, clinical psychology, clinical-counseling psychology, applied psychology, school counseling, and counselor education. Although there will be some curriculum differences related to program name/degree (e.g., clinical-counseling psychology vs. counselor education) and accreditation (e.g., CCREP or MPCAC), the required core content for state requirements for licensure will have more similarities than differences with regard to required
core content for state requirements for licensure. (See Chapter 5 for a more detailed discussion about education and licensure requirements.)

The two most common professional associations associated with clinical mental health counselors is the ACA and AMHCA. Until recently (April, 2019), AMHCA used to be a division of ACA, but they are now separate associations. Of course, there are many different types of counselors across the nation. However, AMHCA was charged with supporting the needs of clinical mental health counselors. On the other hand, ACA focuses on all counselors across multiple specialties (e.g., rehabilitation counselors, school counselors, employment counseling). Currently, as a standalone association, AMHCA “is the only one that is “uniquely dedicated to the academic, internship, supervision, and licensure of clinical mental health counselors. AMHCA supports students, faculty, supervisors, supervised pre-licensed and licensed clinical mental health counseling professionals” (AMHCA, 2019). AMHCA and ACA will continue to work together on mental health issues and topics of mutual interest. Of course, counselors solely affiliated with ACA can often still get their professional needs met. There may be other counselors who are affiliated with both ACA and AMHCA. Understandably, like having different training and accreditation backgrounds, it can be hard to develop a collective identity with different professional associations representing the “same” group of clinical mental health counselors. Some may argue that it is best for training programs to “choose” one membership over another (similar to accreditation). Others may argue that it is best for students to choose one or both based upon their individual professional needs and goals. Regardless of membership, there are often more similarities than differences due to similar professional interests.
Overall, the closest approach towards collective identity seems to come from state licensure; at least regarding required curriculum, professional recognition, and reimbursement from managed care. Thus, regardless of whether you graduate from a clinical-counseling psychology or counselor education program, or your program is CCREP accredited or MPCAC accredited, you are on the same “professional team.” Your professional identity should at least be similar with regard to goals for the profession, including advocacy and legislation (e.g., vs. licensed social workers or licensed psychologists). In the end, it is more productive for same-licensed individuals to work together through their similarities and mutual interests, rather than focusing on their differences.

**Scope and Approach to Practice**

The specific activities that counselors can engage in is based upon “scope of practice,” a common term used by licensure boards to describe the rights and limitations of any practicing profession. This includes the clients served by the practicing profession, including necessary procedure and processes. Licensure boards determine the scope of practice for clinical mental health counselors, which then becomes state law. Because of this, scope of practice for clinical mental health counselors varies by state. With that said, there is much similarity in scope of practice throughout the states. “In most states, in addition to mental health counseling, clinical mental health counselors are able to engage in assessment (intake and many other formal assessments), diagnostic evaluation, and case management. The populations served with these activities include, individuals, families, couples, and groups. Most clinical mental health counselors engage in other activities such as teaching and advocacy. Be sure to research your state law to know the
licensure requirements, professional title of your license to practice, and scope of practice, including limitations. (See Chapter 5 for a more extensive discussion about licensure.)

Also keep in mind that clinical mental health counselors work with many other mental health professionals in other related fields (e.g., social workers, psychologists, psychiatrists) and engage in many of the same activities as other professionals do. However, the services provided by itself is not fully indicative of one’s professional identity. Rather, the training philosophy, professional membership, and theoretical orientation is more representative of one’s professional identity.

It can be a challenge to identify what distinguishes clinical mental health professionals from other mental health professions. In the late 1970s professional mental health counseling was defined as “an interdisciplinary multifaceted, holistic process of (1) the promotion of healthy life-styles, (2) identification of individual stressors and personal levels of functioning, and (3) preservation or restoration of mental health” (Seiler & Messina, 1979, p. 6).” In other words, many clinical mental health counselors espouse the wellness and strength-based model over the medical model (see Remley, p. 28), which is more commonly associated with psychologists and psychiatrists. While the wellness and strength-based model focuses on enhancing strengths to maximize potential, the medical model views emotional distress as an illness that requires “curing” from a diagnostic perspective. Additionally, the wellness and strength-based model views mental health distress as a part of normal development taking into account life stages. There is also a stronger emphasis on prevention and early intervention rather than curing, which can include empowerment. On the other hand, the medical model primarily first focuses on identifying problems from a pathology perspective. These different perspectives can
clearly result in how clients’ emotional distress and problems are conceptualized and treated, including goals and interventions. The wellness and strength-based model can be helpful component to a clinical mental health counselors’ professional identity. However, you should be aware that other mental health professionals would also state they subscribe to this approach (i.e., not all psychologists or psychiatrists strictly follow the medical model). Furthermore, even mental health counselors who strongly subscribe to the wellness and strength-based model will still need to be well versed in the medical model as this is an inherent part of the mental health care system, including working with managed care organizations.

**Professional Identity Development**

It is okay if you do not follow a specific identity model. Clinical mental health counselors all have personal attributes, unique backgrounds, and great variety in their education and training. Furthermore, specialization (e.g., addiction, trauma, eating disorders), population served (e.g., adolescents, veterans, geriatric), and setting (e.g., outpatient, schools, hospital) are significant factors in counselor identity development (Myers et al., 2002). Professional identity is unique to each individual. With that said, in addition to your professional organization affiliations (e.g., ACA or AMHCA), knowing your scope of practice, and the wellness and strength-based model can be a good start to the foundation of your professional identity. This can also help clinical mental health counselors find at least some common ground across a very diverse group professionals. A key aspect of your professional identity is to be continuously mindful of how your professional (roles, decisions, ethics) and personal (values, morals, perceptions) selves evolve over time (Auxier, Hughes, & Kline, 2003). Ultimately, your professional identity
Chapter 2
Professional Identity and Ethics

will greatly influence your thoughts, emotions, and behaviors, including how you perceive and treat your clients.

As a beginning clinical mental health counselor, your professional identity development includes intrapersonal and interpersonal dimensions (Gibson, Dollarhide, & Moss, 2010). The intrapersonal dimension includes integrating your own personal identity with the identity of the profession (i.e., personal and professional selves). This includes transitioning from external authority figures and experts (e.g., professors) to authorities in the profession (e.g., clinical supervisors). Over time, this includes embracing professional values, ethics, attitudes, roles, skills, and ways of thinking and solving problems (Auxier, Hughes, & Klines; Nugent & Jones, 2009). Of course, your perception of the identity of the profession will be greatly influenced by those you work closest with (e.g., colleagues, clinical supervisor, agency as a whole) and “the actual experience of counseling clients” (Gibson et al., 2010). The interpersonal dimension includes receiving and processing feedback from other more experienced professionals as attempts are made to enter and assimilate into the professional culture of clinical mental health counseling (Dollarhide & Miller, 2006; O’Byrne & Rosenberg, 1998). Here, new information is compared with previous understandings, evaluated, and either intergraded or rejected. These two-processes co-occur in a reciprocal fashion. In other words, development in one dimension will influence development in the other dimension. You will notice that your professional identity development will include a continuous cycle of learning, practice, and feedback while experiencing both autonomy and dependence. This process is often associated with initial self-doubt and anxiety. Ultimately, a key indicator that your professional identity is
“mature” is when you notice increasing self-efficacy and that your locus of evaluation and validation is primarily internal.

**ACTIVITY 2.1: Reflecting on Your Own Professional Identity Development**

*Activity not complete. However, consider the following questions for class discussion*

- Your professional image
- Your personal/public image
- The role/influence of being a cognitive-behavioral therapist
- The role/influence of espousing empirically-supported treatments (i.e., practitioner-scholar)
- Professional ethics; do no harm
- What distinguishes your identity from other professions? (i.e., “between-group” differences)
- What distinguishes your identity from other people in “our” profession (i.e., other mental health professionals)? (i.e., “within-group” differences)
- Are there any life events/experiences that have shaped your professional identity?
- Are there any people (either generally or specifically) that have shaped your professional identity?
- Within the field of mental health, what do you do besides therapy that shapes your professional image?