

AN EXPLORATORY STUDY OF CAREER COUNSELOR PROFESSIONAL IDENTITY

by

LISA JANINE LITTLEFIELD

(Under the Direction of Diane L. Cooper)

ABSTRACT

Lack of a unified and distinguishable professional identity across specialty areas has created a threat to the field of counseling in maintaining its position as a unique mental health resource in the spectrum of psychology-based disciplines. The purpose of this research study was to contribute to the understanding of counselor professional identity through investigation of the specialty population of career counselors. To this end, this study quantitatively explored professional identity beliefs held by career counselors within five possible dimensions tested in prior research using the Professional Identity Scale in Counseling (PISC). The study sample consisted of 285 working career counselors with, at minimum, master's degrees in counseling or closely related fields and who were also members in the National Career Development Association. Subscales of the PISC addressed Knowledge of the Profession, Philosophy of the Profession, Roles and Expertise, Attitudes, and Engagement Behaviors. Data, from a nine-question demographic survey along with a 55 Likert scale item question set, was collected through an online platform. Previous testing of the PISC indicated that afore mentioned professional identity characteristics resonated with both mental health and school counseling groups. Findings of this study supported the reliability of the PISC to measure the strength with which career counselors aligned with these professional identity constructs as well. Multiple

comparisons of groups, partitioned by demographic features including sex, achieved level of education, accreditation of educational training programs, number of professional affiliations, professional roles, years of work experience, and setting of employment were made using t-test and analysis of variance statistical procedures. These analyses showed a variety of statistical significant differences at the $p < .05$ level between multiple groups within the career counselor study sample.

INDEX WORDS: professional identity, career counseling, Professional Identity Scale in Counseling, comprehensive counseling definition, counselor educators, master's level career counselors, career counseling practitioners, doctoral level career counselors, National Career Development Association, Knowledge of the Profession, Philosophy of the Profession, Roles and Expertise, Attitudes, Professional Pride, Engagement Behaviors

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by

LISA JANINE LITTLEFIELD

B.A., Southern Illinois University, 1982

M.A., Georgia State University, 1999

M.S., Georgia State University, 2005

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LISA JANINE LITTLEFIELD

Major Professor: Diane L. Cooper
Committee: Pamela O. Paisley
Rosemary E. Phelps

Electronic Version Approved:

Suzanne Barbour
Dean of the Graduate School
The University of Georgia
May 2016

DEDICATION

This research is respectfully dedicated to career counseling professionals who honor the foundations of counseling daily through their delivery of education, support, and advocacy to people across the globe and from all walks of life.

I also wish to dedicate this dissertation to my wonderful husband David Tulis and amazing daughter Lauren Tulis for your unwavering love and faith in me.

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CHAPTER 1

INTRODUCTION

Statement of the Problem

Professional counselors have acknowledged for several decades potential threats to the field resulting from a lack of unified, understandable, and distinguishable professional identity (Auxier, Hughes, & Klein, 2003; Gale & Austin, 2003; Goodyear, 1984; Hanna, Bemak, & Chung, 1999; Hawley & Calley, 2009; Hill, 2004; Leinbaugh, Hazler, Bradley, & Hill, 2003; Prosek & Hurt, 2014; Ramsey, Cavallaro, Kiselica, & Zila, 2002; Swickert, 1997). In 2007, the American Counseling Association (ACA), as part of an ongoing examination of the health and future of the profession, identified seven specific areas that needed to be addressed (Rollins, 2007). These areas included strengthening the identity of counselors, presenting counseling as a single profession, improving public image, ensuring portability of licensure, expanding the research base of the profession, focusing on cultivating students, and finally, promoting client welfare and advocacy. Assertions within the “ACA 20/20: A Vision for the Future” initiative, were directed at the critical need for the profession to address its core identity or to be at risk of losing its unique position in the spectrum of psychology-based disciplines (Hawley & Calley, 2009; Kaplan & Gladding, 2011; Kaplan, Tarvydas, & Gladding, 2014; Rollins, 2007).

An ACA published consensus document from 2011 articulated these initiatives further by outlining specific recommendations for strengthening counselor identity (Kaplan & Gladding, 2011). Central to achieving these recommendations was the need to build greater individuation of the profession’s distinct foundations. These were identified as philosophical grounding in a

wellness perspective, the support of humanistic and developmental theories, and an ongoing emphasis on prevention (Reiner, Dobmeier, & Hernandez, 2011). In addition to these differences, also of note was counseling as the sole mental health profession to have its genesis in advocacy through vocational guidance (Engels, Minor, Sampson, & Howard, 1995; Herr, 2012; Kaplan, 2006; King & Stretch, 2013; Pope, Briddick, & Wilson, 2013).

Counselor educators and researchers alike have speculated on the long-term threats to the field if a unified professional identity remains unrealized. These threats include lack of governmental support, inability to receive payment for services, exclusion from insurance panels, denied portability of licensure, discontinuation of research, and potential detriment to client welfare (Calley & Hawley, 2008; Cashwell, Kleist, & Scofield, 2009; Kaplan & Gladding, 2011; Reiner, Dobmeier, & Hernandez, 2013). The serious nature of these outcomes underscores the importance of understanding shared professional identity features across counseling specialties.

A lack of agreement among the multiplicity of counselor specialties has contributed to a fractured view of professional identity for counselors. Evidence of this is the existence of nearly 20 divisions with the American Counseling Association (ACA), many of which have varied competencies, codes of ethics, and training requirements. The ACA has repeatedly called upon leaders in the field to take steps to promote and solidify a unified professional identity however a lack of quantitative research on professional identity characteristics across specialty areas has hindered efforts. The ACA has defined a modern conceptualization of counselor professional identity as a, "...relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (ACA, 2012; Kaplan, Tarvydas, & Gladding, 2014). This definition offers clarity to the goals of counseling that make it distinct among mental health professions.

The uniqueness of the ACA definition and philosophy become evident when compared with the philosophy and competencies of the American Psychological Association (APA). The APA offers a highly developed model of professional development addressing both foundational and functional competencies applicable to psychologists (Rodolfa et al., 2014; Rodolfa et al., 2005). Foundational guidelines of the APA show overlap with those of the ACA in highlighting the importance of factors such as forming a therapeutic alliance, maintaining confidentiality, understanding diverse populations, and practicing ethical decision-making. Functional competencies however, as designated by APA benchmarks, illustrate significant departure from ACA standards by placing a primary focus on assessment and diagnosis, both activities reflective of medically-based models (Fouad et al., 2009). These factors demonstrate fundamental differences from the non-pathological wellness-based philosophy of counseling and counseling psychology that consider elements of preventative care, career development, social justice, and advocacy as seminal features (Kaplan, 2006; Melin, Hunt, & Nichols, 2011; Pope, Briddick, & Wilson, 2013; Reiner, Dobmeier, & Hernandez, 2013). Emphasis on diagnosis and the exclusive use of evidence-based practices has led to debate among psychologists who fear placing clients at risk of undue labelling or denial of broad-spectrum and alternative interventions (Larson, Brooks, & Loewenthal, 2012; Scott, 2010). Yet, as individuate areas in the training rubric of psychologists, these elements are considered essential to the practice of professionals across specialty areas of the field (Rodolfa et al., 2005).

Whether similarities exist in core identity constructs across specialties has been a theme in the literature of the counseling profession as well. While career is one of the significant aspects of the ACA definition of counseling, little empirical research exists on the professional identity of counselors trained and working in this area. The National Career Development

Association (NCDA) competencies require career counselors to attain specialized training beyond core counseling skills; however, research has yet to quantitatively explore professional identity characteristics of this distinct category of professionals (NCDA, 2009). Investigation of career counselor professional identity may reveal shared characteristics across specialties and assist in clarifying mutual beliefs, roles, functions, and engagement behaviors important in academic training and continuing education (Brott & Myer, 1999; Grimmit & Paisley, 2008; Ponton & Duba, 2009).

While the field of counseling overall is struggling to achieve parity with other forms of mental health services, specialties such as career and school counseling, often face similar challenges to recognition within the field (Aubrey, 1993; Gibson, Dooley, Kelchner, Moss, & Vacchio, 2012; Mascari & Webber, 2013; Savickas, 2003). Career counseling, as an area of expertise, has the unique claim of being one of the historic cornerstones of the counseling field (Engels et al., 1995; Pope, 2000; Pope, Briddick & Wilson, 2013). Despite this distinction, graduate programs often fail to adequately address career theory and practice in their curricula (Lara, Kline, & Paulson, 2011; Savickas, 2003; Savickas, Esbroeck, & Herr, 2005; Tinsley, 2001; Watts, 2005). Establishing a measurement of career counselor professional identity could encourage and increase student interest in the specialty thus preventing the loss of trained career counselors and supporting advocacy and services to clients (Engels, et. al., 1995; Hartung, 2005; Lara, Kline, & Paulson, 2011).

Purpose of the Study

The purpose of this study was to develop a preliminary understanding of professional identity factors in the population of working career counselors. Efforts have been made to quantitatively understand the constructs of counselor professional identity, but research had not

yet investigated these constructs with career counselors (Auxier, Hughes, & Klein, 2003; Gale & Austin, 2003; Goodyear, 1984; Hanna, Bemak, & Chung, 1999; Hawley & Calley, 2009; Hill, 2004; Leinbaugh, Hazler, Bradley, & Hill, 2003; Ramsey, Cavallaro, Kiselica, & Zila, 2002; Swickert, 1997).

Four significant studies have attempted to develop a comprehensive assessment to quantitatively measure counselor professional identity (Emerson, 2010; Moore-Pruitt, 1994; Puglia, 2008; Woo, 2013). These efforts established a link between six professional identity elements for counselors. All studies however have failed to include a representative population of career counselors. This study sought to extend the body of knowledge on counselor professional identity through administration of the previously-tested question set with the population of career counselors. Specific investigation centered on how closely career counselor responses aligned with five professional identity characteristics tested by the Professional Identity Scale in Counseling (PISC) (Woo, 2013).

Research Questions

The purpose of this study was to quantitatively explore professional identify concepts held by career counselors within five possible dimensions identified in prior research (Emerson, 2010; Gray, 2001; Moore-Pruitt, 1994; Puglia, 2008; Woo, 2013). The study utilized the previously tested question set of the Professional Identity Scale in Counseling (PISC) (Woo, 2013) with the population of working, master's level career counselors, who were members of the National Career Development Association (NCDA). Specifically, the study used the PISC subscales questions covering Knowledge of the Profession, Philosophy of the Profession, Professional Roles and Expertise, Engagement Behaviors, and Attitude. The goal of the

investigation was to gather descriptive data that would contribute to a better understanding of the self-reported professional identity of career counselors by posing the following questions.

1. Does the self-reported professional identity of career counselors, as measured by the PISC, differ based on sex?
2. Does the self-reported professional identity of career counselors, as measured by the PISC, differ based on race?
3. Does the self-reported professional identity of career counselors, as measured by the PISC, differ based on the level of achieved education?
4. Are differences present in master's level career counselor's self-reported professional identity, as measured by the PISC, based on the area of degree focus?
5. Are differences present in doctoral level career counselor's self-reported professional identity, as measured by the PISC, based on area of degree focus?
6. Are differences present in career counselor's self-reported professional identity, as measured by PISC, based on the type of accreditation of participant's educational program?
7. Does career counselor self-reported professional identity, as measured by the PISC, differ based on professional role in setting (career counseling practitioner versus counselor educator)?
8. Does career counselor self-reported professional identity, as measured by the PISC, differ based on the number of affiliations with professional organizations?
9. Does career counselor self-reported professional identity, as measured by the PISC, differ based on the setting of employment?

10. Does career counselor self-reported professional identity, as measured by the PISC, differ based upon the number of years of experience in the field?

Professional Identity Definition

Professional identity, as defined by the Council for Accreditation and Counseling and Related Educational Programs (CACREP, 2009), is demonstrated by both external and internal constructs and behaviors. According to these standards, counselors exhibit membership in the broader external professional community through affiliation with counseling organizations, participating in research, pursuing feedback through supervision, and staying abreast of the latest advancements in the field (CACREP, 2009). Internal factors may include elements such as self-identification with a field, the codified and sanctioned "...skills, values, roles, attitudes, ethics, modes of thinking, and patterns of problem solving" (Dollarhide, Gibson, & Moss, 2012, p.137).

Previous research supports the inclusion of both external and internal influences and furthermore provides segmentation of counselor professional identity into six separate dimensions (Emerson, 2010; Gray, 2001; Moore-Pruitt, 1994; Puglia, 2008; Remley & Herlihy, 2007; VanZandt, 1990; Woo, 2013). This study accepted these definitions as having strength and relevance within the population of career counselors and used the question set developed by the PISC to explore five factors. A sixth question set, investigating the factor of professional values, was eliminated from the study based on evidence of substandard reliability. These terms and definitions are as follows.

1. Knowledge of the Profession: A basic knowledge of the profession's history including pivotal moments and important individuals (CACREP, 2009; Emerson, 2010; Remley & Herlihy, 2007; Vacc & Loesch, 1987; Woo, 2013).

2. **Philosophy of the Profession:** Knowledge of the core belief system of the profession and its four elemental components: developmental perspective, wellness perspective, prevention, and empowerment (Puglia, 2008; Remley & Herlihy, 2007).
3. **Roles and Expertise:** Knowledge of the various roles and functions of counselors and the ways in which they are distinguishable from other mental health professions. Knowledge of the roles and functions of specialties within the counseling profession (Emerson, 2010; Remley & Herlihy, 2007; Woo, 2013).
4. **Attitude:** Appreciation of the profession's history, dedication to present practices, and belief in the future of the profession (Emerson, 2010; Gray, 2001; Myers, Sweeney, & White, 2002; Remley & Herlihy, 2007; Van Zandt, 1990; Woo, 2013).
5. **Engagement Behaviors:** Behaviors that indicate being a member of the profession including membership and leadership in professional organizations; attendance of professional conferences, workshops, and seminars; legislative lobbying; advocacy for clients and the profession; participation in research; and communicating one's professional identity to others (Feit & Lloyd, 1990; Puglia, 2008; Spruill & Benschoff, 1996; Van Zandt, 1990; Zimpfer, Mohdzain, West, & Bubenzer, 1992).

Summary

The collective opinion of the American Counseling Association has repeatedly called for a unified definition of counselor identity (Auxier, Hughes, & Klein, 2003; Gale & Austin, 2003; Goodyear, 1984; Hanna, Bemak, & Chung, 1999; Hawley & Calley, 2009; Hill, 2004; Leinbaugh, Hazler, Bradley, & Hill, 2003; Prosek & Hurt, 2014; Ramsey, Cavallaro, Kiselica, & Zila, 2002; Swickert, 1997). To achieve this goal, it is necessary to understand the professional

identity held by those in specialties of the field. This study undertook an exploratory survey investigating career counselor professional identity presented in five chapters.

CHAPTER 2

LITERATURE REVIEW

Chapter one presented a rationale for exploring career counselor professional identity and established the need for understanding if common factors found in the larger population of counselors exist within this group. Chapter two offers a review of literature relevant to the study as follows: (a) the importance of counselor professional identity, (b) study definitions and consideration of professional identity elements including Knowledge of the Profession, Philosophy of the Profession, Professional Roles and Expertise, Engagement Behaviors, and Attitude, (c) a review of the Professional Identity Scale in Counseling (PISC) and its constructs. The chapter concludes with a summary underscoring the importance and need for gaining an understanding of career counselor professional identity.

The Importance of Counselor Professional Identity

The evolution of counseling is firmly rooted in the lengthy history of sociocultural change in America (Jones, 1994; Pope, Briddick, & Wilson, 2013; Zunker, 2012). Originators of the profession were a small group who self-identified as reformists, philanthropists, and educators (Pope, 2000; Savikas, 2003). Vocational counseling in the early 1900s advocated for immigrant populations often neglected or oppressed by communal and interpersonal social systems (Engels, Minor, Sampson, & Splete, 1995; Jones, 1994). The mission of these early counselors in many ways mirrors the social justice values of those in the field today and provides a common bond between counselors in differing environments working with diverse clients (Pope, Briddick, & Wilson, 2013; Savickas, 2003). A strong and unified professional identity

across counseling specialties can therefore significantly assist in maintaining the centrality of advocacy within the field and in advancing services to those in need (Hill, Bandfield, & White, 2007; Myers, Sweeny, & White, 2002). Conversely, a lack of unified professional identity undermines counselors' ability to be advocates, erodes professional status, and potentially stifles the growth of the field (Borders & Benschhoff, 1992; Gladding & Newsome, 2004; Healey & Hays, 2011; McLaughlin & Boettcher, 2009; Myers, Sweeney, & White, 2002; O'Bryant, 1992; Remley & Herlihy, 2007).

Present-day branches of counseling reach across more than 20 specialty areas with differing academic and professional standards, training, credentialing, and personal interests that call into question what constitutes counselor professional identity (Gale & Austin, 2003; Gibson, Dooley, Kelchner, Moss, & Vacchio, 2012; Myers, 1995). Unification of a professional identity definition can contribute to a collective synergism between counselors, can support specialization, and can protect the future of the profession (Gale & Austin, 2003; O'Bryant, 1992; Woo, 2013). McLaughlin and Boettcher (2009) asserted that the tendency toward specialization is not a new phenomenon and that it has been an aspect of the counseling profession since its inception. They noted the emergence of vocational, school, and humanistic personal counseling at nearly the same period. As an illustration of the importance of a unified counselor professional identity, they offered three parallel cases involving medical professions that have faced contentious philosophical and identity differences. These include homeopathic versus allopathic medicine, chiropractic versus osteopathic approaches, and more currently the debate between osteopathic and allopathic practices. Each case demonstrated the dominance and sustainability, whether in Europe or America, of the group with the more strongly unified professional identity. Three key themes emerged from their analysis; counselors should resist

conformity to a medical model; counselors should assertively defend their distinctive approach to human wellness; and counselors should use their skill with group dynamics to achieve a consensus viewpoint on what constitutes a unified professional identity for the field (McLaughlin & Boettcher, 2009).

A historical overview examining 30 years of literature on what constitutes a profession identifies three essential elements (Feit & Lloyd, 1990). In brief, these are specialized training, a common code of ethics, and organizations that articulate and foster the profession. Feit and Lloyd (1990) concluded that counseling does meet these basic standards. Despite this achievement, many in the field continue to struggle to gain a unified view of professional identity. At the heart of this may be a failure to differentiate between unique functions of specialty areas and the profession as a whole (Melin, Hunt, & Nichols, 2011). Gale and Austin (2003) aptly deconstructed the challenges for professionals who share the title of counselor through analysis of the discourse of senior counseling professionals. One thematic concern was the movement of the field toward clinical mental health training, standards, testing, and credentialing. Those reviewed in their study acknowledged the potential of this action to alienate counselors practicing in non-clinical environments. Therefore, alignment with clinical models may produce parity with other mental health fields and third party reimbursement but may also generate the unfortunate consequence of pushing away those in specialties such as “college, community, career, or gerontological counseling” (Gale & Austin, 2003, p. 5). Rediscovery of the common threads that bind counselors across specialties: developmental work with healthy, diverse humans, across environments ultimately strengthens the profession and promotes collaboration versus fragmentation (Barnes, Rak, Austin, & Louw, 2012; Gale & Austin, 2003;

Heppner, Rogers, & Lee, 1984). Quantitative research on professional identity factors in counseling specialties may reveal important core values, beliefs, and attitudes supporting attainment of this goal.

Practicing counselors and counselor educators, while expressing support for specialties, generally voice concern over fragmentation in the field and its implications (Reiner, Dobmeier, & Hernandez, 2013). Educators strongly agree that a unified identity would facilitate growth of the profession along with offering the benefits of license portability and third party reimbursement (Reiner, Dobmeier, & Hernandez, 2013). Owens and Neale-McFall (2014), in an exposition of identity growth in student trainees, provided a concise summary of contemporary literature on the subject. The importance of a unified definition, that sets standards across specialties for knowledge, skills, and ethics, from their perspective, is important on both macro and micro levels. Their analysis supported the concept that professional identity emanates from internal values, attitudes, and beliefs that parallel socially constructed views of what it means to be a counselor. Developing a clear vision of professional identity is, therefore, the necessary first step in providing context for developmental experiences that support a committed and capable body of counselors for the future.

In pursuit of a baseline measure of ego identity in the population of counselors in training, Moore-Pruitt (1994) constructed the Counselor Identity Scale (CIS) as a means to operationalize counselor identity. Counseling, she proposed, drew upon developmental theory as a core and distinguishing tenant. Therefore, she argued, there was a rationale for developmental orientation in the investigation of counselor identity. She noted a second compatibility between ego identity perspective and counseling philosophy as approaches that eliminate pathological, abnormal, or developmentally delayed labeling. Using Erikson's (1956, 1959, 1963, 1968)

development stage model, she conceptualized four states in which students enter into graduate counseling programs. These states represented a range from the highly committed student to one who finds equal or greater satisfaction from any other area of study. The 36-item CIS, given to 213 counseling graduate students, produced evidence of ego states but failed to distinguish thoroughly between the four proposed levels. Moore-Pruitt's contention was that further investigation into ego identity states and developmental stages could produce a means for counselor educators to influence performance of students in training. She concluded that investigation of counselor change should not be limited to training programs but should be extended to post-graduate stages as well.

A subsequent investigation of counselor professional identity, undertaken by Puglia (2008), attempted to understand the strength and relationship of three core belief areas in master's level graduate students. The Professional Identity and Engagement Survey (PIES) measured the influences of beliefs in counseling philosophy, licensure, accreditation, and certification along with the perceived importance of professional engagement. As a predicative factor of professional engagement, Puglia added professional pride as a distinct element. Responses from 1,011 master's level students in Counsel for Accreditation of Counseling & Related Educational Programs (CACREP) accredited programs showed counseling philosophy and beliefs about professional engagement as strong but discrete themes. Puglia acknowledged the exclusive participation of master's level students in CACREP programs as potentially influential on the strength of philosophy, beliefs about the profession, and engagement scores. Clear correlations between factors did not emerge however and a delineated rubric of professional identity elements remained unclear. She interpreted this to mean that counselor educators were presenting important identity development concepts but not going far enough in

defining post-graduate expectations for trainees. To solidify identity concepts, she suggested that counselor educators needed to be more consistent in presenting the importance of licensure and credentialing options for trainees and new professionals.

In 2010, Emerson conducted a study aimed at developing a professional identity assessment that, through common identifying core beliefs and characteristics, would provide a valid instrument for quantitatively assessing counselor identity, the Counselor Professional Identity Measure (CPIM). Prior research, she believed, left a fragmented view of counselors as it only addressed individual or partial components of identity. A comprehensive assessment would shed light on how counselor professional identity forms, how counselor educators could more effectively support identity growth, and foster continuous post-graduation professionalism (Emerson, 2010). Her efforts pursued an instrument that would provide a quantifiable and holistic measure of professional identity. Using concepts from Moore-Pruitt (1994), Puglia (2008), and Remley and Herlihy (2007), her study provided conceptual evidence for six areas of professional identity. These included a common philosophy, defined roles and functions, articulated ethical standards, a sense of professional pride, professional engagement, and a common understanding of a shared history (Remley & Herlihy, 2007). Respondents in the Emerson study were predominantly in the specialty areas of school, mental health, and community counseling. Results indicated that the initial approach to the six professional identity characteristics was too simplistic. Analysis suggested complexities within subscales made a single factor approach ineffective. Significant differences between populations and specialty areas also proved problematic. Differences arose between master's and doctoral students as well as between counselor educators and supervisors. Similarly, variances of note existed between

school, college, and couples and family counselors. Recommendations for further research, refinement of the question set, and examination of specialties were set forth.

Hong Ryun Woo took up this vein of research utilizing Moore-Pruitt's (1994), Puglia's (2008), and Emerson's (2010) initial findings as the basis for a similar study (Woo, 2013). Primary concerns for Woo were the proliferation of counseling specialty areas and the resultant disparity of views on a common professional identity (Calley & Hawley, 2008; Gale & Austin, 2003; Woo, 2013). A clear understanding of counselor characteristics across specialties, in his view, could safeguard the profession as well as strengthen advocacy as a central and unique core of the field. To this point, the use of target populations in previous studies, to form a comprehensive definition of counselor professional identity, was a significant limitation. Developing and testing an assessment to measure professional identity across specialties and counselor populations were his objectives.

Like Emerson (2010), Woo utilized six core elements of counselor professional identity, as described by Remley and Herlihy (2007). However, his definition of professional identity was more reflective of his desire to be all-inclusive and his goal of generalizability. Professional identity, in his terms was a, "state of mind that characterizes an individual as a member of a selected profession and develops over time" (Woo, 2013, p. 30). To arrive at this definition, he offered an extensive ancestral review of previous instruments and literature resulting in an initial 61-item instrument, the Professional Identity Scale in Counseling (PISC). A twelve-member expert panel reviewed the question set for content validation. Woo sought those who had published articles on the topic of counselor professional identity, counselor educators, and leaders of national professional associations. After refinements, the final length of the question set was 62 accompanied by a demographic survey of 11 items.

Woo's survey sample consisted of 371 counseling professionals from master's and doctoral counseling programs, counseling practitioners, and counselor educator groups. Most heavily represented were school counselors ($n = 250$) along with mental health counselors ($n = 74$) (Woo, 2013, p. 52). Woo did not, however, distinguish between specialty areas within the mental health counseling category such as rehabilitation, addictions, or marriage and family counseling. This missing data presented a significant loss of information supporting his attempt to create a broad-based instrument for use across multiple specialty areas. Significantly underrepresented in the test pool were career counselors, with only 15 respondents or four percent participation. Ultimately, a gap remained in understanding how distinct groups, trained in specialty areas of mental health and career counseling, may be similar or vary from one another.

The PISC did, however, offer strong support for five professional identity characteristics identified by Remley and Herlihy (2007) and in the research of Emerson (2010). Engagement Behaviors, Knowledge of the Profession, Professional Roles and Expertise, Attitude, and Philosophy of the Profession achieved a Cronbach's alpha higher than .70. The characteristic of professional values failed to reach this measure of internal reliability at .44. Independent t-tests revealed statistically significant differences between master's level and doctoral counseling students, master's student and counselor educators, doctoral students and practitioners, and counselor educators and practitioners. Overall findings indicated the instrument did successfully explore underlying factors of professional identity as defined in previous literature. This suggested that the instrument was able to investigate collective constructs of counselor professional identity and would be useable in further exploratory research of the specialty group of career counselors.

Implications for Counselor Educators and Supervisors

The influence of socialization, leading to internalized values and behaviors, operates between personal experiences and professional context (Gibson et al., 2010; Gibson, Dooley, Kelchner, Moss, & Vacchio, 2012; O'Byrne & Rosenberg, 1998). Achieving a professional identity is a protracted and evolutionary learning process within a frame of internal thoughts, societal boundaries, and professional guidelines (Borders & Usher, 1992; Moss, Gibson, & Dollarhide, 2013; Skovholt & Ronnestad, 1992). Unique choices play out over the lifespan as individuals self-regulate their behaviors based upon personal beliefs, observations, and positive rewards and negative consequences within the environment (Bandura, 1963, 1977, 1986, 1995, 2002; Krumboltz, 1975, 1979, 1990, 1994, 1996). As counselors-in-training accept knowledge and supervision from counselor educators in authority and professional positions, they simultaneously adopt attitudes, perspectives, and the problem-solving strategies of the more established group (Dollarhide & Miller, 2006; Moss, Gibson, & Dollarhide, 2013; Skovholt & Ronnestad, 1992). Post-graduation self-evaluation of identity stems, in part, from environmental features, certification and licensure requirements, and professional organizations standards (Gibson, Dooley, Kelchner, Moss & Vacchio, 2012; Luke & Goodrich, 2010; Myers, Sweeney, & White, 2002; Sweeney, 2007). Through improved understanding of career counselor professional identity, counselor educators and supervisors may have the ability to develop progressive learning opportunities promoting a pattern of ongoing professional growth both in training programs and in post-graduate practice.

Moore-Pruitt (1994) suggested that graduate level students enter counseling programs with a wide variety of personal and professional experiences. Demographic features, such as age and gender, may play into the spectrum of identity development. Stressed in her research was the

need for counselor educators to understand the relationship between training experiences and counselor development. Without delineation of identity dimensions, she emphasized that an understanding of trainee development is purely assumptive. To support her argument she undertook an examination of supervision training models as a preface to testing her Counselor Identity Scale (CIS). Her conclusion was that training models rely heavily on the supposition of development versus empirical evidence of change. This potentially false assumption of significant change during training, in her view, precipitates a bias in counselor supervisors to continue use of models lacking documented effectiveness (Ellis, 1991; Fisher, 1989; Hess, 1986; Holloway, 1987; Moore-Pruitt, 1994).

Others in the field have also expressed concern that counseling supervision models may lack relevance for students and fail to provide understanding of ongoing transitions for post-graduates and advanced level counselors (Borders, 1989; Moore-Pruitt, 1994). Puglia (2008) added to the discussion of how counselor educators may improve professional growth and engagement while students are in training programs. In her discussion of professional experiences that lead to stronger levels of engagement, she noted the importance of relationships between students and educators (Gray, 2001; LaFleur, 2007, Puglia, 2008). She suggested that counselor educators can be intentional in modeling ongoing professional identity development. Puglia expressed similar concerns about counselors-in-training, the population of her research, who reported learning about professional identity activities, such as licensure and credentialing, from sources outside their training programs (Puglia, 2008).

Emerson (2010) concurred with the necessity of understanding professional identity as a prerequisite for counselor educator and supervisor effectiveness. Understanding the key components of professional identity in counselors she said may shed light on how these elements

come together in both a process and framework. She highlighted the link between a strong professional identity and counseling's foundation of advocacy (Emerson, 2010; Eriksen, 1997; Myers, Sweeney, & White, 2002; Puglia, 2008). If professional identity remains undefined, there is an increased risk for falling short of the ACA's 20/20 Vision of unity and ultimately the weakening of counselor's ability to advocate for the profession as well as others (Emerson, 2010).

Finally, Woo's (2013) discussion of results from his instrument, the Professional Identity Scale in Counseling (PISC), implied counselor educators may be achieving success in providing resources and models of professionalism but perhaps not equivalently across master's and doctoral students. Environments and opportunities for professional development of doctoral students, he said, aim toward producing future researchers, teachers, and supervisors. Therefore, Woo (2013) reasoned, professional identity and commitment to the profession, is stronger in doctoral students as their training and socialization creates an anticipated demand for, "...publication, self-proclaimed identity, and professional advocacy efforts" (p. 88).

Study Definitions and Considerations

While professional standards and constraints must be in place for recognition by the public and other professionals, those who work in a profession must have strength in identity, internal motivation, and the knowledge to uphold, defend, and implement the ideals, ethics, and best practices to external groups (Remley & Herlihy, 2007). This study bases its definition of terms on the extensive writings of Remley & Herlihy (2007) on what constitutes a profession and what it means to be an ethical professional counselor (Myers, 1992). Previous literature used these terms and definitions in attempts to formulate a definition of a counselor professional identity (Emerson, 2010; Moore-Pruitt, 1994; Puglia, 2008; Woo, 2013). These terms are

compatible with CACREP (2009) standards of counselor orientation and include, knowledge of the profession's history, counseling philosophy, roles and expertise of counselors, professional attitudes, and engagement behaviors. The following is an elaboration on the definitions of these terms.

Knowledge of the Profession

The historical roots of the counseling profession are key contributors to the way in which the field has grown and operates today (Savikas, 2003; Vacc & Loesch, 1987). Core CACREP (2009) accreditation standards place emphasis on the knowledge of counseling history for students in training programs. In tandem, the National Board for Certification of Counselors (NBCC) has included the history of counseling as a significant knowledge area on the National Counselor Exam (NCE) (<http://www.nbcc.org/certifications.ncc/>). These standards delineate a threshold of foundational requirements for those entering the field to be ethically performing professionals (Emerson, 2010; Leach, Stoltenberg, McNeill, & Eichenfield, 1997; McNeill & Stoltenberg, McNeill, 1989; Woo, 2013). Remley and Herlihy (2007) pointed out the significance of historical understanding to professionalism particularly as it contributes to counselors' ability to distinguish themselves from other mental health professions.

Additionally of note are the parallel growth and contributions, throughout the profession's history, of career counseling. This parallel is dramatically present during pre- and post-war periods, Women's and Civil Rights Movements, educational, economic, and social changes and underscores the common origins of career and mental health counseling (Amundson, Harris-Bowlsbey, & Niles, 2009; Jones, 1994; Zunker, 2012). Inasmuch as the potential divergence of counseling specialties presents a threat to a unified counseling professional identity, historic common grounds such as these are of increased importance.

Understanding the ways in which counseling has evolved to meet changing human needs, world events, and social injustices offers counselors the opportunity to reflect upon the profession's past achievements and the historical similarities of specialties within the field.

Philosophy of the Profession

Four core areas define the distinct philosophy and nature of the counseling field. These include developmental and wellness perspectives, prevention, and empowerment (Emerson, 2010; Puglia, 2008; Remley & Herlihy, 2007). These essential cornerstones of the profession differ significantly from those of other mental health professions as they eschew the necessity of illness at the root of most human problems and the medical treatment model (Healy & Hays, 2011; Pistole & Roberts, 2002). For the purposes of this study, the definition of counseling philosophy is a developmental, wellness, and preventative based practice with the aim of empowering clients to reach their maximum potential. Knowledge of and agreement with these guiding principles are the base of counselor professional identity (LaFleur, 2007; Myers, 1992).

Developmental perspective. The developmental perspective embraces the idea that overcoming a range of challenges is both a normal and necessary part of human life and growth (Ivey & Rigazio-DiGilio, 1991; Remley & Herlihy, 2007). Many problems, brought by clients to counseling sessions, are opportunities for individual growth versus pathological issues (Remley, 1991; Remley & Herlihy, 2007; Van Hesteren & Ivey, 1990). In counseling, the helping process focuses on removing developmental blocks or delay (Ivey & Rigazio-DiGilio, 1991). As a distinction of counseling, this educational and developmental view, contributes to the concept of the field as a separate profession (Emerson, 2010; Woo, 2013).

Wellness perspective. The wellness perspective does not presume that the problems and issues of clients are a result of mental deficiency or illness (Goodyear, et al., 2008; Myers, 1992).

Other mental health professions, grounded in a medical model, such as psychiatry and clinical psychology, or clinical social work, begin with the diagnosis of illness and subsequently assign treatments to cure the illness (Remley & Herlihy, 2007). Counseling, from a wellness perspective, begins with an examination of multiple scales of functioning across a variety of life situations. From this broad assessment, counselors attempt to identify areas of strength of the client and obstacles that may be hindering full functioning in other domains (Myers & Sweeney, 2008). The focus is holistic and seeks to optimize the client's mental and emotional growth and wellbeing in as many areas as possible (Emerson 2010; Myers, Sweeney, & White, 2000, 2001; Puglia, 2008; Woo, 2013). While other medical and mental health professions may utilize some degree of wellness in practice, it is a prominent central philosophical tenant of counseling (Healey & Hays, 2011).

Prevention. A core philosophical construct of counseling is to help clients avoid problems that may interfere with their success or wellness (ACA, 2007; Ivey & Van Hesteren, 1990; Myers, 1992; Puglia, 2008; Remley, 1991; Remley & Herlihy, 2007). As such, counselors call upon a wide variety of activities with the aim of teaching clients how to prevent conflicts, stressors, and environmental conditions that can lead to emotional or psychological problems. Remley and Herlihy (2007) stated, this operationalization of counseling philosophy to strategies, represents a preference for promoting mental health versus remediation. Prevention is therefore a form of counseling that offers benefit to those who are not yet experiencing problems or greatly de-escalates early-stage problems forming for clients (Remley & Herlihy, 2007). By placing emphasis on preventative services, some speculate, there may be a reduction in mental illnesses, maladjustment, and pathology in the general population (Albee, 1982; Myers, 1992).

Empowerment. Counseling philosophy supports the independence of clients both in their environment and in the counselor-client relationship (Emerson, 2010; Healey & Hays, 2011; LaFleur, 2007; McWhirter, 1991; Myers, 1992, Puglia, 2008; Remley & Herlihy, 2007; Woo, 2013). Counselors acknowledge that clients are not able to control all forces within their lives and teach coping and problem-solving skills to help clients maximize their wellness (Healey & Hays, 2011; Remley & Herlihy, 2007). Of primary importance is to assist clients in ways that do not foster dependency upon the counselor but rather promote awareness of the external forces and barriers.

With awareness, clients are better equipped to pursue as much control over their lives as possible (Puglia, 2008). Empowerment is therefore a demonstration of advocacy in support of the counseling profession as well as for multiple layers of society ranging from individuals to communities (LaFleur, 2007; Myers, 1992; Myers, Sweeney, & White, 2002; Puglia, 2008; Remley & Herlihy, 2007). Within the scope of this study, empowerment was defined as counselor commitment to the ideology and practice of fostering client independence, maximizing wellness, and supporting advocacy for clients and the profession (Emerson, 2010; Woo, 2013).

Roles and Expertise

Counselors may define professional standing through a complete understanding of their history and philosophy (LaFleur, 2007; Myers, 1992; Vacc & Loesch, 1987). As stated earlier, the directives of these two areas are that the work of counselors has, as its guide, the historical theme of advocacy through empowering clients, focuses on early intervention and prevention, and uses a non-medical developmental perspective in working toward maximizing wellness (Healy & Hays, 2011; Pistole & Roberts, 2002; Remley & Herlihy, 2007). Adding to this understanding is the comparison of counselor roles and functions to those in similar professions

or to those who use similar descriptive titles. Remley and Herlihy (2007) pointed out that many non-mental health professionals use the term *counsel* to describe their work. They offer that professionals in fields such as legal, accounting, medical, and financial services do counsel clients but not in the area of mental health concerns (Remley & Herlihy, 2007). Within the mental health professions, they contrast the services of; psychiatrists, whose primary function is to medically diagnosis and treat; psychologists, who work mainly with assessment; psychiatric nurses, who provide hospital-based mental health case management; and social workers, who direct clients to community resources (Remley & Herlihy, 2007, p. 26).

What comprises counseling as a profession, however, is a specific body of knowledge of the field, not merely the delineation of functional roles of practitioners (Myers, et al., 2002; Van Zandt, 1990). Achieving this understanding provides clarity and stronger professional identity for counselors even in the face of overlap of duties with other mental health professions (Pistole & Roberts, 2002; Remley & Herlihy, 2007; Woo, 2013). CACREP accreditation standards offer seven distinct areas for counselor training, competencies, and practice. These include; addictions; career; clinical mental health; marriage, couple, and family counseling; student affairs and college counseling; and counselor education and supervision (<http://www.cacrep.org/>). These further illustrate the broad definition, scope, and appropriate roles and functions of counselor. Within these areas counselors may supporting functions such as “assessment, teaching, diagnosing, and case management” but “the primary services by counselors is mental health counseling” (Remley & Herlihy, 2007, p. 26).

Attitude

The elements constituting professional pride, within this study’s definition, are having appreciation of the history of the profession, a dedication to its practices, and a belief in the

future of the profession (Emerson, 2010; VanZandt, 1990). Counselors, who hold these beliefs, understand the significance of services to the public, can articulate ways in which the profession is unique from other fields, grasp the importance of competencies through training programs, and have a sense of pride in the profession (Remley & Herlihy, 2007). This depth of knowledge fosters commitment, greater satisfaction, positive feelings about career choice, and stronger professional identity (Gray, 2001). A positive relationship between one's view of self and their profession contributes to professional identity (Brott & Myers, 1999; Emerson, 2010; Gale & Austin, 2003; VanZandt, 1990; Woo, 2013). Along with pride comes the ability to defend the profession from detractors, communicate pride to others, and maintain a positive reputation for the field by providing quality and ethical services (Myers, Sweeney, & White, 2002; Remley & Herlihy, 2007). Hence, an attitude of professional pride is a significant element of strong professional identity and a prerequisite for advocacy of the profession in society as well as for clients (Gray, 2001; Myers, Sweeney, & White, 2002; Remley & Herlihy, 2007; Sweeney, 2001).

Engagement Behaviors

Professional engagement is a set of supporting, advocating, and affiliating behaviors and actions (Borders & Benschhoff, 1992; Emerson, 2010; Gale & Austin, 2003; Puglia, 2008; Spruill & Benschhoff, 1996; Woo, 2013). The study definition of engagement includes; leadership and membership in professional organizations; attendance of professional conferences, workshops, and seminars; supporting legislative lobbying efforts; advocating for clients and the profession; participating in research; and communicating professional identity of the field to others (Emerson, 2010; Healey & Hays, 2011; Puglia, 2008; Woo, 2013). These elements are interrelated as professional organizations often provide leadership opportunities, continuing

education and research forums, support legislative lobbying on behalf of the profession, and organize efforts assisting specific segments of the general population (Remley & Herlihy, 2007). Model professional behaviors include writing professional manuscripts, participating in advocacy efforts, attending conferences, and supporting professionalism within the field, both as trainees and as practitioners (Feit & Lloyd, 1990; Puglia, 2008; Spruill & Benschhoff, 1996; VanZandt, 1990).

Professional associations are critical to professional identity in that they formalize channels for individuals to share information, establish and communicate ethical standards, advocate for the profession and clients, and promote professional affirmations such as certification and licensure (Gale & Austin, 2003; Myers et al., 2002; Spruill & Benschhoff, 1996; VanZandt, 1990). Engagement with professional associations provides research opportunities and professional journals detailing the most current research findings. Interaction with other professionals, staying abreast of newest advancements, and news of opportunities and challenges to the field, are the responsibility of professionals and a building block of professional identity (Remley & Herlihy, 2007; VanZandt, 1990). The transmission of philosophical knowledge, advanced training, and definition of ethical roles and functions, flows through social learning experiences within professional association activities (Benschhoff & Paisley, 1996; Bernard & Goodyear, 1998; Borders, 1996; Gibson et al., 2010; Hall, 1987; LaFleur, 2007; Remley & Herlihy, 2007; Woo, 2013). These socialization experiences include mentoring relationships, and supervision by and consultation with other professionals, improving the self-confidence of students and new professionals (Bernard & Goodyear, 1998; Woo, 2013).

The Professional Identity Scale in Counseling (PISC)

The counseling profession has made great strides in advancement since its inception in the early 1900s (Calley & Hawley, 2008). Evidence of this is the establishment of credentialing for professionals, accreditation of training programs, and ethical standards for the field and specialties (Gale & Austin, 2003; Woo, 2013). One aspect of full-fledged professional status the field has yet to achieve is an agreed upon unified professional identity (Calley & Hawley, 2008; Gale & Austin, 2003). Woo (2013) used, what he termed, a professional identity “rift” (p. 1) among counselors and specialty areas as the impetus for conducting research on the development of a reliable and valid counselor professional identity assessment. He acknowledged previous efforts to clarify counseling professional identity but noted that a proliferation of counseling specialties has fueled divergent viewpoints (Calley & Hawley, 2008; Gale & Austin, 2003; Gladding & Newsome, 2004; McLaughlin & Boettcher, 2009; Myer, Sweeney, & White, 2002). Counseling at the specialty level has brought about development of differing national standards, credentials, ethics, and training (Woo, 2013). The resultant Professional Identity Scale in Counseling (PISC) aimed to provide a measure of professional identity across specialties and underscore commonalities relating to shared beliefs and body of counselor knowledge. Strong professional identity, stemming from a core foundational philosophy, would increase ethics of the field, the wellness orientation, and awareness of beliefs, appropriate roles and functions of counselors (Brott & Myers, 1999; Grimmit & Paisley, 2008; Ponton & Duba, 2009; Woo, 2013).

Understanding of professional identity and support for a unifying definition are crucial to the growth, advocacy, quality, and sustainability of the field (Borders & Benschhoff, 1992; Melin, Hunt, & Nichols, 2011; Myers, Sweeney, & White, 2002; O’Bryant, 1992; Peterson & Nisenholz, 1999). Woo pointed to three key organizations as historic leaders in efforts to

distinguish counseling from other psychology-based organizations and to gain professional recognition. Driving efforts to establish ethical standards, foster appreciation of counseling history, individuate unique skills of the field, and advocate for members and the profession is the American Counseling Association (ACA) (Remley & Herlihy, 2007). Significant advocacy, particularly through continuing education and training opportunities as well as government relations, is the hallmark of the ACA. These activities act in concert with other organizations to promote the key objective of gaining a shared professional identity (Woo, 2013).

Woo (2013) additionally identified the Council for Accreditation of Counseling and Related Education Programs (CACREP) (<http://www.cacrep.org/>) as a primary support and advocate for professionalism. Evidence of the desire to promote stronger counselor identity, he said, are recent changes in CACREP Standards (2009) excluding non-counseling faculty from teaching in CACREP accredited counseling education programs. Protecting the integrity of counseling education, through core curriculum requirements ensures quality in graduate level training, promotes unity amongst counselors, and advances both individuals and the profession in the public sector (Woo, 2013).

Finally, Woo cited the contributions of the National Board of Certified Counselors (NBCC) (<http://www.nbcc.org/>) who, as a body, identify along with CACREP, the criteria for professional credentialing of counselors. Advocacy, support of quality assurance, continuity, and excellence in education comprise the efforts of NBCC. Pursuing cross-state licensure, fair legislation, and a positive image in the public eye strengthens and sustains the profession and the identity of those in the field (Feit & Lloyd, 1990; Myers et al., 2002; Ritchie, 1990; White, 2009; Woo, 2013).

Assessment of core specialty identity constructs supports efforts to show existence and strength of mutual beliefs, values, and roles and functions making counseling distinct from other health and helping professions (Woo, 2013). Woo reached into past literature to initially establish support for a set of six criteria and characteristics of professional identity (Bernard & Goodyear, 2004; Calley & Halley, 2008; Emerson, 2010; Gray, 2001; Moore-Pruitt, 1994; Mrdjenovich & Moore, 2004; Puglia, 2008; Remley & Herlihy, 2007). He conceptualized these as forming an overarching body of knowledge from which counselors ground their individual professional identity and drew upon the work of Carla Henderson Emerson (2010) in the formation of his terms and definitions. While some naming alterations of professional identity components occur, Woo's definitions parallel the core descriptions of Emerson (2010). Categories of philosophy and professional engagement remain intact from Emerson's work (Woo, 2013, p. 9). However, his changes include the use of "knowledge of the profession" to encompass history and professional standards, "attitude" reflects the principles of what Emerson (2010) called pride in the profession, and "roles and expertise" replaced her use of roles and functions (Woo, 2013, p. 9). Finally, "interaction" was Woo's (2013) term in place of the previous descriptor of ethics (p. 10). Terms and definitions, for the basis of this present study, conform to the constructions of Woo (2013).

Woo began his investigation of professional identity across specialties and populations by conducting an exhaustive review of previous literature on constructs, previous research studies, and question sets. This was the basis for his construction of a 61-item instrument using a subject-centered Likert (1932) scale. Accompanying this was a demographic questionnaire designed to illicit broad-based and specialty area information from respondents. Woo vetted his questions through a panel of counseling experts who examined the questions for appropriateness in relation

to the defined descriptors of professional identity. From expert consideration of the literature review, study definitions of professional identity, and the question pool, Woo added one additional item and reworded 10 existing questions to form the PISC.

In tandem with the PISC, Woo elected to administer the Professional Identity and Values Scale (PIVS, Healey, 2009). The PIVS, derived from a qualitative study of female counselors' perceptions of professional identity, offered a validation tool for the subscale elements of counseling philosophy, education, and identity development. The rationale for use of the PIVS emanated, in part, from its demonstration of convergent validity with the Professional Identity and Engagement Scale (PIES) (Puglia, 2008), a precursor to the PISC (Woo, 2013, p. 56). A shorten version of the Marlowe-Crowne Social Desirability Scale (MCSDS) (Crowne, & Marlowe, 1960), the M-C 20, provided a secondary validity element. The M-C 20 (Strahan & Gerbasi, 1972) assessed for response distortions based on the desire of respondents to portray them in a favorable light (Woo, 2013, p. 56).

Distribution of the PISC was online with participants solicited through the ACA graduate student listserv (COUNSGRADS), the Counselor Education and Supervision Network (CESNET-L), and the American School Counseling Association (ASCA) membership directory. The distribution yielded 435 responses, 64 of whom failed to answer a sufficient number of questions and an additional 28 who withdrew in an early stage of the assessment. Data from 371 cases was then used for an Exploratory Factor Analysis (EFA). Woo (2013) explained his choice based on the small amount of previous research directly targeting professional identity assessment (p. 57). To obtain an understanding of differences within a largely heterogeneous group, Woo used a Principle Component Analysis (PCA) based on the hypothesis that subscales

would not correlate. To address concerns, parallel analysis (PA) was an additional measure of factor retention (Woo, 2013, p. 58). Interrelated reliability was measured by a minimum Cronbach's alpha of .70 or higher as acceptable.

Initial results of the PCA indicated 15 factors; however, an eigenvalue near one eliminated three of the factors. Additionally, a scree plot flattened beyond six factors, indicating a smaller set may be most interpretable. Parallel analysis (PA) revealed a possible seven-factor solution but the additional seventh element loaded on multiple factors. Thus, Woo combined his initial areas of Engagement Behaviors and Interaction and established a new construct of Professional Values to represent the additional factor. A factor loading of greater than .40 was required for retention and as a base indication of construct representation. Together these six factors represented nearly 43% of the total variance within the dataset.

Interpretation of loadings eliminated eight items that fail to meet cross-loading standards or fail to reach the .40 or higher loading requirement. This reduced the question set from 62 to 55 items. The greatest loading was on factor 1, which represented professional behaviors and interaction. Fifteen items in this area loaded greater than .40, had a Cronbach alpha greater than .80, and accounted for more than 10% of the total variance within the PISC (p. 70). The factor of engagement behaviors included advocacy for the profession, seeking leadership roles, and obtaining feedback or consultation from peers. Factor 2, Knowledge of the Profession, represented 11 items and was slightly greater than 10% of the total variance. These questions asked respondents to report their self-perception of knowledge of counseling profession. Professional Roles and Expertise, factor 3, was captured in nine items encompassing professional training and responsibility to clients' accounts for slightly more than 7% of variance. Factor 4, Attitude, was represented by nine items accounting for 6.57% of variance and factor 5,

Philosophy of the Profession, retained nine items as well with 5.1% of the total variance. Attitudes described positive feelings and satisfaction with professional roles and life, while Philosophy of the Profession represented distinguishing unique counseling attributes and differentiation from other mental health professions. Finally, factor 6, Professional Values, was made up of four items accounting for less than 4% of the total variance.

Internal consistency was evident in four of the six factors with Cronbach alphas at or above .80. The fifth and sixth factors, Philosophy of the Profession and Professional Values, demonstrated underperformance with a .72 and a .44 reliability alpha respectively. Pearson correlations between the PICS and the Professional Orientation and Values (POV) and Professional Development (PD) components of the PIVS as well as the overall PIVS were positive. Discriminant validity investigation utilizing the M-C (20) indicated that social desirability was not a significant motivator for respondents.

Independent t-tests were conducted to see if significant differences could be determined between respondent groups. Master's-level counselors-in-training were compared to doctoral-level counseling students, counseling practitioners, and counselor educators. Doctoral students were compared to counseling practitioners and counselor educators. Finally, counseling practitioners were compared with the group of counselor educators. Statistically significant differences were present between masters and doctoral students; master's students and counselor educators; doctoral students and practitioners; and counselor educators as compared to practitioners. Woo posited that years of education and experience may particularly influence professionalism and engagement behaviors.

Summary

Are counselors, across specialties, part of a wider unified body of professionals or are they members of distinct professional specialties who share a common name? Understanding the identity of counselors across specialties is an essential first step in answering this question. If this question remains unaddressed, counselors, regardless of specialty area, may not effectively advocate for their profession or others (Gibson, Dooley, Kelchner, Moss, & Vacchio, 2012).

Woo (2013), in an effort to develop an identity assessment effective across counseling specialties, utilized previous research to develop the Professional Identity Scale in Counseling (PISC) (Emerson; 2010; Gray, 2001; Moore-Pruitt, 1994; Puglia, 2008). The results of his study supported a five-factor model defining and measuring counselor professional identity across predominantly three counseling specialties. Results of the PISC are limited by an over-representation of school counselors (67.4%) and mental health counselors (19.95%). Other specialty areas, such career counselors (4.00%), are disproportionally surveyed, leaving questions regarding their professional identity unanswered. In addition, the majority of those surveyed were counselors in training at master's (35.04%) and doctoral (14.02%) levels as well as counselor educators (22.91%). This represents a gap in explanatory data regarding professional identity of those actively working in the field, advocating for clients, and sustaining the profession.

Of the five factors, supported by the PISC the subscale labeled engagement behaviors emerged as the most central construct. Following this factor, sequentially in strength, were Knowledge of the Profession, Professional Roles and Expertise, Attitude, and Philosophy of the Profession. Professional values, a sixth factor considered in the study, yielded a low reliability coefficient alpha (.44). Woo suggested this may be due to a low number of questions

investigating this area. Comparison of subscales showed convergent validity between the Professional Identity and Values Scale (PIVS) and discriminant validity in comparison to the Marlowe-Crowne (20). This was evidence of high validity for professional identity constructs and low likelihood of answer distortion based on socially desirability influences. The PISC also showed an ability to investigate differences among counselor populations with distinguishing differences between master's student, doctoral student, counselor educator, and practitioner results. For these reasons, the PISC represents a valid instrument to continue exploration counselor professional identity in specialty groups including that of career counselors.

CHAPTER 3

METHODOLOGY

Career counselors provide a unique service as mental health practitioners and develop distinct skills to support their role as they progress through academic and professional training. A career counselor's professional identity reflects this training and specific skill set (Engels, Minor, Sampson, & Splete, 1995; Hartung, 2005; Jones, 1994; Lara, Kline, & Paulson, 2011; Lent, 2001; Manuele-Adkins, 1992; Savikas, 2003). This exploratory study quantitatively measured how career counselors responded to and aligned with professional identity dimensions as defined in previous literature (Emerson, 2010; Moore-Pruitt, 1994; Puglia, 2008; Woo, 2013). Specifically, the Professional Identity Scale in Counseling (PISC) (Woo, 2013), an assessment developed to measure the professional identity of the general counseling population, was used in a cross-sectional study limited to the specialty population of working career counselors. Included in this chapter are a description of the participant sample, a review of the survey design, an overview of the distribution method, and analysis procedures.

Study Participants

Participants for this study were gathered from the specialty population of National Career Development Association (NCDA) members. Criteria for participants included membership in the NCDA, a master's degree or higher in counseling or a related field, and employment experience in a career counseling capacity. Utilization of NCDA members enhanced the likelihood of capturing relevant data aligned with those who had exposure to the concepts of career counselor professional identity, who had motivation to participate in a study related to this

topic, who were working in the field, and who had core academic training and supervision in this specialty. Similarly, the selection of this purposive group supported exclusion of subjects for whom career counseling was not a primary role or an area of interest.

NCDA membership across all categories at the time of this study, as reported by executive director, Deneen Pennington (personal communication, March 23, 2016) was an estimated 5,326, of which 3,250 potentially met the desired participation parameters. Monthly renewals, new memberships, and member discontinuations caused minor fluctuations in exact membership numbers. A minimum 185 of participants were sought for this study in order to achieve ample power for statistical analysis.

Instrument Design

The survey question set of the Professional Identity Scale in Counseling (PISC) was used for this study (Woo, 2013). Developed with the intention of investigating professional identity across counseling specialties, the PISC produced evidence of five statistically significant factors. These elements included; (a) Engagement Behaviors, (b) Knowledge of the Profession, (c) Professional Roles and Expertise, (d) Attitude, and (e) Philosophy of the Profession. A sixth factor of the PISC, professional values, failed to meet an acceptable reliability score of .70 or greater and was excluded from further consideration in this study. The demographic questionnaire and individual questions of the PISC were derived from the Counselor Professional Identity Measure (CPIM) (Emerson, 2010). Both the CPIM and PISC were designed to measure professional identity across counselor specialties however, both failed to reach statistically significant numbers of career counselors. Therefore, utilization of the PISC, with the specialty population of working career counselors, was of potential benefit to the field of counseling by contributing information about a previously unassessed group.

Prior to taking the online survey, participants reviewed consent information outlining the importance of the study, content areas, study approval by The University of Georgia, and potential risks to participants. The consent form concluded with the option for participants to indicate their understanding of the study and to agree or decline to participate (Appendix B).

The consent form was followed by a demographic questionnaire (Appendix C). Demographic questions from the PISC were minimally modified to gather information specific to the career counseling training and the work experience of respondents. A total of nine questions comprised this section. Questions asked for information related to gender, ethnicity, level of education, focus of educational program, type of program accreditation, professional association affiliations, years of career counseling experience, and work setting. If respondents failed to meet the minimum master's level education or necessary membership in the NCDA, they were directed to the end of the survey and eliminated from the final sample.

The next set, following demographic questions, were five individualized sections replicating, without alteration, questions from the PISC (Appendix D). Section one included 10 questions related to the participant's knowledge of the profession and the history of counseling. Section two contained 11 items related to philosophy of counseling and how it is distinguished from other mental health fields. Following this, 11 questions covered professional roles and areas of expertise related to knowledge of counseling theory, methods of assisting clients, and competency in specialized skills. Section four, entitled Engagement Behaviors, included 11 questions related to participant's involvement in professional associations and other activities such as publishing, presenting at conferences, and reading professional publications. The final grouping of questions included 12 items devoted to professional attitude, pride in the profession, and level of commitment to the future of the profession.

Directions, prefacing the test, asked participants to rank items on a six-point Likert scale (1932) based on the degree of appropriateness in describing professional identity with relevance to career counselors. Items were rated using the following equivalencies: 1-2 = not in agreement; 3-4 = neutral/uncertain; and 5-6 = in total agreement (Woo, 2013). Use of a six-point scale allowed for the selection of a neutral response while revealing subtle attitudes of respondents and differences between subjects (Dawis, 1987). Appendix D provides the question set.

Three optional open-ended questions at the end of the survey elicited information on the respondent's self-description of professional identity and explored whether or not they believed differences exist between career counselors and other types of counseling professionals. The final question of the survey asked for feedback on the assessment or any individual items it contained. Response to these questions was not mandatory for meeting the qualification of a completed survey. Information gathered from these final questions was held in reserve for future research efforts. Subjects had the option to provide their contact information if they wanted a summary of findings at the conclusion of the study.

Distribution

Distribution of the PISC to NCDA members took place between January and March 2016. NCDA members were accessed via email and the use of the membership distribution list was provided free of charge to the researcher for the purposes of this study. The body of the recruitment email included a brief letter identifying the researcher, institutional affiliation, and information about the content of the assessment (Appendix A). A link to the instrument, in the online Qualtrics platform, was placed at the conclusion of the recruitment email and allowed respondents to confidentially access all elements of the survey. Participant email addresses were not linked to responses to prevent any identifying information from accompanying answers.

Analysis

A demographic data report included a summary of characteristics (gender, ethnicity, professional training, program accreditation, work setting, professional organization affiliation, and number of years of career counseling experience). This provided an accurate description of the study sample, detected missing data, and identified possible response biases. A post-hoc power analysis, utilizing the G*Power software, determined effect size and also that sufficient power was represented in the sample to achieve statistical significance for independent t-test and one-way analysis of variance (ANOVA). In order to determine if responses provided a reliable set of scores, Cronbach's alpha reliability coefficient was calculated. A .70 or higher coefficient value was considered acceptable in the representation of internal consistency.

Means and standard deviations were computed for responses on the six-point Likert scale. Each of the following research questions were address using the following measures. Statistical significance was set at a p-value at or less than .05.

Research Question 1. Does the self-reported professional identity of career counselors, as measured by the PISC, differ based on sex?

Means were calculated for the composite scores of the PISC for male and female respondents. Independent t-test was used to examine possible differences based upon the characteristic of sex.

Research Question 2. Does the self-reported professional identity of career counselors, as measured by the PISC, differ based on race?

Insufficient respondent data, representing ethnicities, was collected in the sample. As a result, this question was not addressed through statistical procedures.

Research Questions 3. Does the self-reported professional identity of career counselors, as measured by the PISC, differ based on the level of achieved education?

The means of PISC composite scores were calculated for two groups, those who held master's degrees and those with earned doctorates. The means were compared for possible differences using independent t-test analysis.

Research Question 4. Are differences present in master's level career counselor's self-reported professional identity, as measured by the PISC, based on the area of degree focus?

Three overarching educational categories emerged and were utilized for comparison of means of PISC scores. These groups included: (a) academic/career focus, (b) mental health focus, and (c) community focus. Using ANOVA, means were compared to determine if significant differences existed between groups.

Research Question 5. Are differences present in doctoral level career counselor's self-reported professional identity, as measured by the PISC, based on area of degree focus?

An insufficient number of doctoral degree respondents prevented within group comparison based on degree focus.

Research Question 6. Are differences present in career counselor's self-reported professional identity, as measured by PISC, based on the accreditation of participant's educational programs?

Using composite scores of the PISC, six means were calculated based upon respondent's reported accreditation of academic program. These groups, as designated in the demographic survey, included the American Psychological Association (APA), Council for Accreditation of Counseling & Related Educational Programs (CACREP), Council of

Rehabilitation Education (CORE), non-accredited program, not sure of program accreditation, or other (non-listed accreditation). ANOVA was used to determine if differences existed between groups.

Research Question 7. Does career counselor self-reported professional identity, as measured by the PISC, differ based on professional role in setting (career counseling practitioner versus counselor educator)?

Means from PISC composite scores were calculated for two groups, career counselor practitioner and counselor educator. Independent t-test was used to determine if significant differences existed in self-reported professional identity between the respondents.

Research Question 8. Does career counselor self-reported professional identity, as measured by the PISC, differ based on the number of affiliations with professional organizations?

Means were calculated based upon the number of affiliations respondents had with professional organizations in addition to membership in the National Career Development Association (NCDA). Specifically, respondents were broken into three groups of affiliation: NCDA only, NCDA plus one, NCDA plus two or more organizations. ANOVA was used to determine if differences existed between respondents based on the number of professional organizations with which they were affiliated.

Research Question 9. Does career counselor self-reported professional identity, as measured by the PISC, differ based on the setting of employment?

Using composite scores of the PISC, means were calculated for six respondent groups based on setting of employment including governmental agency, mental health facility,

nonprofit or community agency, private practice, university or college, or other (non-listed agency). ANOVA was used to determine if differences existed between these groups based on work environment.

Research Question 10. Does career counselor self-reported professional identity, as measured by the PISC, differ based upon the number of years of experience in the field?

ANOVA was used to determine if differences existed between mean scores of respondents based on the interval measure of number of years of experience. Specifically examined were the scores of respondents falling within 0-2 years, 3-5 years, 6-10 years, 11-15 years, and more than 15 years of experience.

To provide additional insight, mean scores from the five individual subsets of the PISC (Knowledge of the Profession, Philosophy of the Profession, Professional Roles and Expertise, Engagement Behaviors and Attitude) were examined. The following analyses were conducted for each of the five subsets to determine if statistical differences could have been affiliated with specific professional identity characteristics.

1. Independent t-test to determine if differences exist between female and male respondents.
2. Independent t-test to determine if differences exist between master's level counselors and those with earned doctorates.
3. ANOVA to determine if differences exist between master's level counselors based on area of degree focus.
4. ANOVA to determine if differences exist between respondents based on accreditation of academic institution.

5. Independent t-test to determine if differences exist between respondents based upon role in setting, specifically career counseling practitioner versus counselor educator.
6. ANOVA to determine if differences exist between respondents based on the number of affiliations with professional organization.
7. ANOVA to determine if differences exist between respondents based on work setting.
8. ANOVA to determine if differences exist between respondents based on number of years in the field.

Limitations of the Study

Several factors may have contributed to limitations of this study. Previous research utilizing the accepted definition of terms and question set had yet to address the specialty population of working career counselors. Significant differences between counselor specialty populations may have limited the descriptive power of these terms and questions in examining the professional identity constructs of career counselors. Additionally, a majority of respondents were female (79%). Missing data representing male participants may have left this population insufficiently explored. A considerably larger number of respondents were Caucasian (83%). Missing data prevented this research study from investigating possible difference held by career counselors of other ethnicities. Similarly, an insufficient number of responses from doctoral level career counselors category ($n = 25$) prevented a within group analysis of differences based on degree focus.

The study was limited to career counselors who held membership in the National Career Development Association, a professional entity of the American Counseling Association. As such, this study may not be representative of all career counselors. Those who have opted for membership in a professional organization, such as the NCDA, may naturally hold stronger

beliefs related to the elements of engagement behaviors and professional attitude than those with no or other affiliations. NCDA membership respondents may or may not have more highly developed professional identity characteristics or stronger opinions about the research topic than other career counselors.

Utilization of a web-based survey had the potential to limit responses based on those who had access or were more inclined to engage in the use of on-line technology. The overall length of the question set, at 55 items, may have presented a fatigue threat or affected the quality of the data as respondent attention could have declined. Meta-analysis of research on web-based response rates has indicated the possibility of lower yield of responses or completed surveys rates (Manfreda, Bosnjak, Berzelak, Hass, & Vehovar, 2008).

CHAPTER 4

RESULTS

In this chapter, the results of the study are presented using descriptive, independent t-test, and analysis of variance (ANOVA) statistics. First, the characteristics of the sample are described. Second, findings of the analysis to test each research question are presented. The Statistical Package for Social Sciences (SPSS) program was used for computation of group statistics with all ANOVA post hoc comparisons calculated using the Tukey Least Significant Difference (LSD) test. The G*Power calculator was used for the determination of sufficient power of the data set for statistical analysis.

Sample Characteristics

Invitations to participate in the research study were sent to 3,250 potential participants, whose email addresses were obtained from the National Career Development Association. Of the 440 (14%) individuals who accessed the online data collection site, 154 were inadmissible, either because they did not meet the minimum educational requirement or because they self-selected not to complete the Likert scale portion of the assessment. These individuals were dropped from the sample pool, resulting in a final participant sample of 285 (9%). In order to assure the sample had sufficient statistical power, a post hoc power analysis was conducted using G*Power (Faul & Erdfelder, 1998). The alpha level used for this analysis was $p < .05$. The analyses indicated that with a medium effect size of .27 (medium effect size for ANOVA defined by Cohen (1992) as any value between .25 and .50), the power was .97, indicating that there was more than adequate statistical power to proceed with further analyses.

Table 1 presents a summary of participant demographics including sex, ethnicity, degree level, focus of educational training, educational program accreditation, professional organization affiliation, years of career counseling experience, and work setting. Over three-fourths of participants were female (n = 226, 79%) and 20% were male (n = 58). More than three-fourths of respondents identified as Caucasian (n = 237, 83%), 6% (n = 16) as Black/African American, and 3% (n = 9) as Hispanic. The remaining 8% (n = 22) identified in the following numbers and categories; 2% (n = 6) Asian/Pacific Islander; 1% (n = 3) Biracial/Multicultural; .7% (n = 2) Native American; .4% (n = 1 Asian American); and 11 (4%) selected a variety of ethnicities other than the listed categories.

Primary professional roles and education levels are also represented in Table 1. All participants had to have completed, at minimum, a master's degree in counseling or a related field in order to be retained in the study. Participants were allowed to select multiple degrees and roles in this category. Responses were sorted into singular categories based on uniqueness of education and professional roles. In cases of dual selection, of the career counseling practitioner and master's level counselor, the higher priority was given to the career counselor practitioner choice as the primary focus of the study. The counselor educator category was defined as both those who may be faculty members or career counseling professionals whose primary work function was considered educational. This professional educator role could encompass instruction of clients and/or counselors in training. More than half of the participants were included in the career counselor practitioner category (n = 163, 57%), followed by counselor educator (n = 43, 15%), doctoral level counselor/student (n = 25, 9%), and master's level counselor (n = 2, .7%). Fifty-two respondents (18%) identified various other roles or counseling

related academic/training programs outside these parameters (e.g. master's degree human resources, master's degree social work, and doctorate education administration).

Master's level counselor only responses ($n = 109$, 38%) were subsequently sorted by the focus areas of their educational training (Table 1). Educational categories were created by dividing responses into three overarching groups based on similarity of academic concentration. These categories were labeled academic/career counseling, mental health counseling, and community counseling (Table 1). The academic/career counseling category encompassed career counseling, college counseling/student affairs, and school counseling educational foci. This category represented more than half of respondents ($n = 60$, 55%). The mental health counseling category was comprised of mental health, psychology, gerontology, marital, couples, or family counseling academic concentrations. Thirty-four respondents ($n = 34$, 31%) were within the mental health counseling group. Finally, the community counseling category was made up of educational programs focused on either community counseling or social work disciplines. Fifteen participants ($n = 15$, 14%) were within the community counseling category.

Doctoral level participants ($n = 25$, 9%) were asked to identify the focus of their educational programs (Table 1). Three academic categories were provided along with a choice of other than the listed areas. Responses included seven participants (28%) who identified their focus of education as counseling psychology, five (20%) who selected counseling education and supervision, and four (16%) who chose psychology. Nine additional responses identified a variety of educational foci outside these designations (e.g. rehabilitation counseling, human resources, and health psychology).

Respondents were asked to identify the accrediting body of their educational program (Table 1). More than two-thirds ($n = 120$, 42%) of respondents identified the Council for

Accreditation of Counseling & Related Educational Programs (CACREP), 9% (n = 27) identified the American Psychological Association (APA), and an additional 9% (n = 27) chose the non-accredited selection. Other responses to this question were either not sure of program accreditation (n = 81, 28%) or identified a variety of accrediting sources (n = 34, 12%) (e.g. Council of Rehabilitation Education (CORE), Southern Association of Colleges and Schools (SACS)).

All qualified participants were required to hold membership in the National Career Development Association (NCDA). Respondents were asked to identify all memberships they held in all additional professional organizations (e.g. American Counseling Association, Association for Counseling Education and Supervision, and National Board for Certified Counselors). Responses were categorized by number of affiliations and described as NCDA only, NCDA plus one additional membership, and finally NCDA with two or more additional memberships (Table 2). Thirty-eight percent of participants (n = 108) held membership in the NCDA only category. The next largest category was the NCDA plus one additional membership which was comprised of 101 responses (35%). Seventy-six participants (27%) held memberships in the NCDA plus two or more organizations.

The number of years of career counseling experience expressed by participants was presented in the demographic survey as 0-2 years, 3-5 years, 6-10 years, 11-15 years, and 15 or more years of experience (Table 2). Forty-five percent of respondents (n = 128) indicated they had 15 or more years of experience as career counselors. The next largest groups were those participants with 3-5 years of experience (n = 47, 16%) and 6-10 years of experience (n = 45, 16%). The smallest groups were those with 11-15 years of experience (n = 39, 14%) and those with 0-2 years of experience (n = 26, 9%).

The final question of the demographic survey asked participants to identify their current work setting (Table 2). Possible selections were governmental agency, mental health facility, nonprofit/community agency, private practice, university or college, or other than these specified choices. The largest group was those who identified work in university or college settings (n = 192, 67%), followed by those in private practice (n = 44, 15%), those in governmental agencies (n = 20, 7%), and those in nonprofit/community agencies (n = 9, 3%). Twenty additional responses were outside these categories and primarily included secondary school, business, and corporate settings (n = 20, 7%).

Table 1

Participant Demographics and Characteristics

Characteristic	Frequency	Percent Sample	N
Sex			
Male	58	20.4	285
Female	226	79.3	285
Other	1	.4	285
Race/Ethnicity			
Asian/Pacific Islander	6	2.1	285
Asian American	1	.4	285
Biracial/Multicultural	3	1.1	285
Black/African American	16	5.6	285
Caucasian	237	83.2	285
Hispanic	9	3.2	285
Native American	2	.7	285
Other	11	3.9	285
Level of Education/Current Role			
Master's Level Counselor	2	.7	233
Doctoral Level Counselor/Student	25	8.8	233
Career Counselor Practitioner with Master's Degree or Higher	163	57.2	233
Counselor Educator with Master's Degree or Higher	43	15.1	233
Focus of Master's Degree/Program – Multiple Selections			

Career Counseling	40	14.0	198
College Counseling	21	7.4	198
Community Counseling	27	9.5	198
Gerontological Counseling	0	0	198
Counseling Psychology	17	6.0	198
Marital/Couples/Family Counseling	3	1.1	198
Mental Health Counseling	45	15.8	198
School Counseling	18	6.3	198
Social Work	1	.4	198
Student Affairs	12	4.2	198
Psychology	10	3.5	198
Other	4	1.4	198
Master's Degree Focus - Academic Grouping			
Academic/Career Counseling	60	55.0	109
Mental Health Counseling	34	31.1	109
Community Counseling	15	13.7	109
Focus of Doctoral Degree/Program			
Counselor Education and Supervision	5	1.8	25
Counseling Psychology	6	2.1	25
Psychology	1	4.0	25
Other	13	4.6	25
Educational Program Accreditation			
APA – American Psychological Association	27	9.3	288
CACREP – Council for Accreditation of Counseling & Related Educational Programs	120	41.6	288
CORE – Council of Rehabilitation Education	5	1.7	288
Non-accredited	26	9.0	288
Not Sure of Program Accreditation	81	28.1	288
Other	29	10.0	288

Table 2

Professional Associations, Years of Experience, and Work Setting

Characteristic	Frequency	Percent Sample	N
Professional Associations			
ACA – American Counseling Association	89	31.2	752
ACES – Association for Counseling Education and Supervision	14	4.9	752
APA – American Psychological Association	20	7.0	752

NBCC – National Board for Certified Counselors	100	35.1	752
NCDA – National Career Development Association	285	100	752
NECA – National Employment Counseling Association	11	3.9	752
Other(s)	233	81.8	752
Number of Professional Affiliations			
NCDA Only	108	37.8	285
NCDA Plus One Additional	101	35.4	285
NCDA Plus Two or More Additional	76	26.6	285
Years of Career Counseling Work Experience			
0 - 2 Years	26	9.1	285
3 - 5 Years	47	16.5	285
6 - 10 Years	45	15.8	285
11 - 15 Years	39	13.7	285
More Than 15 Years	128	44.9	285
Current Work Setting			
Governmental Agency	20	7.0	285
Mental Health Facility	0	0	285
Nonprofit or Community Agency	9	3.2	285
Private Practice	44	15.4	285
University or College	192	67.4	285
Other	20	7.0	285

Data Analyses and Results

The Professional Identity Scale in Counseling (PISC) was created to measure characteristics of professional identity across specialty areas of counselors. This administration of the PISC, to a population of working career counselors, was conducted with the intent of exploring whether or not this group identified with five professional identity characteristics of the instrument. This section will provide results of tests used to address research questions as stated in the methodology section.

Reliability

In this study, reliability was supported by high internal consistency ($\alpha > .70$) for three of the five PISC subscales. These were reflected by the following Cronbach's alphas (Table 3): Knowledge ($\alpha = .867$), Roles and Expertise ($\alpha = .813$), and Engagement Behaviors ($\alpha = .780$). Two of the subscales failed to meet the desired .70 or greater score but produced acceptable Cronbach's alphas greater than .60: Philosophy ($\alpha = .691$), and Attitude ($\alpha = .649$). Overall, this supported the reliability of the PISC to measure intended identity characteristics within the study population.

Table 3

PISC Subscale: Cronbach's Alphas

PISC Subscale	Cronbach's Alpha
Knowledge of the Profession	.867
Roles and Expertise	.813
Engagement Behaviors	.780
Philosophy of the Profession	.691
Attitude	.649

Research Questions

Research Question 1. Does the self-reported professional identity of career counselors, as measured by the PISC, differ based on sex?

An independent t-test was conducted to compare mean scores of male and female respondents. The t-test demonstrated statistically significant differences in two areas (Table 4). There was a significant difference in mean scores in the Knowledge subscale between males ($M = 4.91$, $SD = .70$) and females ($M = 4.66$, $SD = .73$); $t(288) = 2.33$, $p = .02$. There was, additionally, a significant difference in Engagement Behaviors subscale scores between males ($M = 4.46$, $SD = .87$) and females ($M = 4.21$, $SD = .74$); $t(280) = 2.24$, $p = .02$.

Table 4

T-test Statistics for Differences Based on Sex

PISC Subscale	t	Sex	N	M	SD
Knowledge	2.337*	Male	58	4.9182	.70877
		Female	226	4.6659	.73934
Philosophy	1.941**	Male	58	4.9309	.45014
		Female	225	4.7998	.46086
Roles/Expert	.196***	Male	57	5.5223	.42511
		Female	224	5.5112	.37118
Attitude	1.615***	Male	58	5.0580	.45469
		Female	222	4.9548	.42783
Engagement	2.242*	Male	58	4.4655	.87497
		Female	224	4.2100	.74551

* $p < .05$. ** $p < .01$. *** $p < .001$.

Research Question 2. Does the self-reported professional identity of career counselors, as measured by the PISC, differ based on race?

Responses to the demographic survey question on ethnicity showed more than 80% ($n = 237$) of respondents identified as Caucasian. The next largest populations were Black/African American with 5% ($n = 16$) and Hispanic with 3% ($n = 9$). There was insufficient data in this sample to answer this research question.

Research Questions 3. Does the self-reported professional identity of career counselors, as measured by the PISC, differ based on the level of achieved education?

A one-way between subjects ANOVA was conducted to identify possible differences based on level of achieved education between career counselor practitioners, counselor educators, master's level counselors, and doctoral level students/counselors. This comparison, presented in Table 5, showed a significant difference, at the $p < .05$ level, between these groups on four subscales of the PISC. These including Knowledge [$F(3, 229) = 3.70, p = .01$], Roles and Expertise [$F(3, 226) = 2.70, p = .04$], Attitude [$F(3, 225) = 6.99, p = .00$], and Engagement

Behaviors [$F(3, 227) = 14.0, p = .00$]. The fifth subscale, Philosophy, failed to show statistically significance differences between groups [$F(3, 228) = .980, p = .40$].

Post hoc comparisons of groups, using the Tukey LSD test, indicated that counselor educators had higher scores than all other groups in the Knowledge, Roles and Expertise, Attitude, and Engagement Behavior subscales. The greatest differences between group mean scores by category were: Knowledge subscale, counselor educators ($M = 5.03, SD = .73$) versus career counseling practitioners ($M = 4.61, SD = .72$); Roles and Expertise subscale, counselor educators ($M = 5.63, SD = .33$) versus master's level counselors ($M = 5.09, SD = .12$); Attitude subscale, counselor educators ($M = .521, SD = .38$) versus master's level counselors ($M = 4.5, SD = .11$); Engagement Behaviors subscale, counselor educators ($M = 4.79, SD = .82$) versus master's level counselors ($M = 3.72, SD = .25$).

Table 5

ANOVA for Comparison of Achieved Academic Levels/Professional Roles

PISC Subscale		Sum of Squares	df	Mean Square	F	Sig.
Knowledge	Between Groups	5.897	3	1.966	3.706	.012
	Within Groups	121.468	229	.530		
	Total	127.366	232			
Philosophy	Between Groups	.617	3	.206	.980	.403
	Within Groups	47.903	228	.210		
	Total	48.520	231			
Role/Expert	Between Groups	1.096	3	.365	2.703	.046
	Within Groups	30.539	226	.135		
	Total	31.635	229			
Attitude	Between Groups	3.550	3	1.183	6.997	.000
	Within Groups	38.059	225	.169		
	Total	41.609	228			
Engagement	Between Groups	19.601	3	6.534	14.030	.000
	Within Groups	105.713	227	.466		
	Total	125.314	230			

Research Question 4. Are differences present in master's level career counselor's self-reported professional identity, as measured by the PISC, based on the area of degree focus?

Three categories were created to segment master's level respondents based on similarity of degree focus. These groups included academic/career focus, mental health focus, and community focus. The academic/career focused group included those with career, college, students affairs, and school counseling degree concentrations (n = 91). The mental health focus category represented those with psychology, mental health, counseling psychology, gerontology, and marital/couples/family counseling specialization (n = 76). The third group, community focus, was comprised of those with community or social work concentrations (n = 28).

A one-way between subjects ANOVA was conducted to compare these groups based on educational focus. This test showed no significant difference between group scores, at the $p < .05$ level, on all subscales of the PISC including Knowledge [$F(2, 106) = .18, p = .83$], Philosophy [$F(2, 106) = .07, p = .92$], Roles and Expertise [$F(2, 106) = .43, p = .64$], Attitude [$F(2, 105) = .06, p = .93$], and Engagement Behaviors [$F(2, 106) = .61, p = .54$].

Research Question 5. Are differences present in doctoral level career counselor's self-reported professional identity, as measured by the PISC, based on area of degree focus?

Doctoral level students and counselors were broken into four groups by area of degree focus. These included counselor education and supervision (n = 5), counseling psychology (n = 6), psychology (n = 1), and other (n = 13). There was insufficient data in this sample to answer this research question.

Research Question 6. Are differences present in career counselor's self-reported professional identity, as measured by PISC, based on the accreditation of participant's educational programs?

Three accrediting categories, representing 60% of participant responses, were utilized for a one-way between subjects ANOVA. Groups for comparison were those with educational program accreditation by the Council for Accreditation of Counseling & Related Educational Programs (CACREP) (n = 120, 42%), the American Psychological Association (APA) (n = 27, 9%), and non-accredited programs (n = 26, 9%). Those who indicated accreditation by the Council of Rehabilitation Education (n = 5, 2%), were unsure of the accreditation of their program (N = 81, 28%), and who selected the other category (e.g. state board of education, Association of Theological Schools, and Southern Association for Colleges and Schools) (N = 29, 10%) were not included in the comparison.

Results, presented in Table 7, indicated that there were significant differences, at the $p < .05$ level, between group scores in one subscale, Knowledge [$F = (2, 170) = 3.89, p = .02$]. Post hoc comparisons of the three groups, using the Tukey LSD test, indicated that those who graduated from CACREP programs ($M = 4.95, SD = .60$) had significantly higher scores in the Knowledge subscale when compared to those who graduated from either APA programs ($M = 4.73, SD = .900$) or those who completed non-accredited programs ($M = 4.5, SD = .84$).

Table 6

ANOVA for Differences Comparing Educational Program Accreditation Groups

PISC Subscale		Sum of Squares	df	Mean Square	F	Sig.
Knowledge	Between Groups	3.753	2	1.877	3.891	.022
	Within Groups	81.979	170	.482		
	Total	85.732	172			
Philosophy	Between Groups	.794	2	.397	2.027	.135
	Within Groups	33.098	169	.196		
	Total	33.892	171			
Role Expert	Between Groups	.401	2	.201	1.465	.234
	Within Groups	23.158	169	.137		
	Total	23.560	171			
Attitude	Between Groups	.123	2	.062	.305	.738

	Within Groups	34.143	169	.202		
	Total	34.267	171			
	Between Groups	.147	2	.074	.131	.877
Engagement	Within Groups	95.511	170	.562		
	Total	95.658	172			

Research Question 7. Does career counselor self-reported professional identity, as measured by the PISC, differ based on professional role in setting (career counseling practitioner versus counselor educator)?

Study participants were asked to identify their professional roles as either a master's level career counselor practitioners ($n = 163, 57\%$) or counselor educators ($n = 43, 15\%$). An independent t-test was conducted to compare mean scores of the two groups. The t-test demonstrated statistically significant differences in four subscales all of which indicated lower mean scores for career counseling practitioners (Table 4). In the Knowledge subscale career counseling practitioners ($M = 4.63, SD = .72$) and counselor educators ($M = 5.03, SD = .74$); $t(213) = -3.28, p = .00$. In Roles and Expertise subscale scores career counseling practitioners ($M = 5.48, SD = .37$) and counselor educators ($M = 5.62, SD = .33$); $t(210) = -2.28, p = .02$. The Attitude subscale, career counseling practitioner ($M = 4.94, SD = .39$) and counselor educators ($M = 5.15, SD = .47$); $t(210) = -3.38, p = .00$. Finally, in the Engagement Behavior subscale, career counselor practitioner ($M = 4.12, SD = .66$) and counselor educators ($M = 4.81, SD = .81$); $t(211) = -5.87, p = .00$.

Table 7

T-test Statistics for Differences Based on Educator Versus Practitioner Roles

PISC Subscale	t	Role	N	M	SD
Knowledge	-	Practitioner	169	4.6304	.72738
	3.287***	Educator	46	5.0304	.74829

Philosophy	-1.511	Practitioner	168	4.7916	.44757
		Educator	46	4.9059	.48122
Roles/Expert	-2.289**	Practitioner	166	5.4860	.37657
		Educator	46	5.6265	.33702
Attitude	3.385***	Practitioner	166	4.9244	.39782
		Educator	46	5.1584	.47200
Engagement	5.870***	Practitioner	167	4.1289	.66203
		Educator	46	4.8103	.81353

* $p < .05$. ** $p < .01$. *** $p < .001$.

Research Question 8. Does career counselor self-reported professional identity, as measured by the PISC, differ based on the number of affiliations with professional organizations?

Requisite for participation in the research study was membership in the National Career Development Association (NCDA). Respondents were asked to identify all additional professional organizations in which they held membership (e.g. American Counseling Association, Association for Counseling Education and Supervision, and National Board for Certified Counselors). Responses were subsequently categorized by number of affiliations and described as NCDA only, NCDA plus one additional membership, and NCDA with two or more additional memberships (Table 2). Thirty-eight percent of participants ($n = 108$) held membership in the NCDA only category. The next largest category was the NCDA plus one additional membership, which was comprised of 101 responses (35%). Seventy-six participants (27%) held memberships in the NCDA plus two or more organizations.

A one-way between subjects ANOVA indicated differences between group scores in all of the subscale categories at a $p < .05$ level (Table 9). These included Knowledge [$F(2, 282) = 26.07, p = .000$], Philosophy [$F(2, 281) = 3.13, p = .045$], Roles and Expertise [$F(2, 279) = 6.28, p = .002$], Attitude [$F(2, 278) = 3.02, p = .050$], and Engagement Behaviors [$F(2, 280) = 18.80, p = .000$]. A post hoc comparison of the three groups, using the Tukey LSD test, indicated that those participants with the highest number of professional memberships (NCDA plus two or

more organizations) had the highest scores in four of the five subscales (Knowledge, Philosophy, Attitude, and Engagement Behaviors). The NCDA plus one additional membership had the highest score in the Roles and Expertise subscale as well as the second highest score in three other subscales (Knowledge, Philosophy, and Engagement Behaviors). Finally, the NCDA only group had a marginally higher score in the Attitude subscale ($M = 4.94$, $SD = .44$) than the group with NCDA and plus one additional membership ($M = 4.93$, $SD = .39$). Beyond this Attitude subscale, the NCDA only group had the lowest scores for all other subscales.

The Knowledge subscale mean score for the NCDA plus two or more memberships ($M = 5.14$, $SD = .58$) was significantly higher than the NCDA plus one additional membership ($M = 4.72$, $SD = .67$). For the Philosophy subscale, the mean score for the NCDA plus two or more memberships ($M = 4.92$, $SD = .44$) was significantly different than the NCDA plus one additional membership ($M = 4.83$, $SD = .48$). In the Engagement Behaviors subscale, the mean score for the NCDA plus two or more memberships ($M = 4.69$, $SD = .76$) was significantly higher than the NCDA plus one additional membership ($M = 4.16$, $SD = .67$). Lastly, the mean score for the NCDA plus two or more memberships in the Attitude subscale ($M = 5.08$, $SD = .46$) was significantly different than the NCDA only scores ($M = 4.94$, $SD = .44$).

Table 8

ANOVA Comparison Based on Number of Professional Affiliations

PISC Subscale		Sum of Squares	df	Mean Square	F	Sig.
Knowledge	Between Groups	24.120	2	12.060	26.071	.000
	Within Groups	130.450	282	.463		
	Total	154.570	284			
Philosophy	Between Groups	1.309	2	.654	3.137	.045
	Within Groups	58.620	281	.209		
	Total	59.928	283			
Role/Expert	Between Groups	1.761	2	.881	6.285	.002
	Within Groups	39.089	279	.140		

	Total	40.850	281			
Attitude	Between Groups	1.134	2	.567	3.028	.050
	Within Groups	52.068	278	.187		
	Total	53.202	280			
Engagement	Between Groups	20.199	2	10.100	18.804	.000
	Within Groups	150.392	280	.537		
	Total	170.591	282			

Research Question 9. Does career counselor self-reported professional identity, as measured by the PISC, differ based on the setting of employment?

A one-way between subjects ANOVA was conducted to compare, by work setting, four groups comprising 92% of the total sample. These groups included private practice (n = 44, 15%), university or college setting (n = 191, 67%), government agency (n = 20, 7%), and nonprofit or community agency (n = 9, 3%). The other response category (e.g. K-12 school counseling, church related, and corporate) (n = 20, 7%) was not included in the comparison. Results of the ANOVA indicated differences between group scores at the $p < .05$ level in one area, Engagement Behaviors [$F(3, 259) = 4.24, p = .00$]. The Knowledge [$F(3, 261) = .88, p = .44$], Philosophy [$F(3, 260) = 2.04, p = .10$], Roles and Expertise [$F(3, 258) = 1.94, p = .12$], and Attitude [$F(3, 258) = .93, p = .42$] subscales showed no significant differences between group scores. A post hoc comparison of scores in the Engagement Behaviors subscale, using the Tukey LSD test, showed that the mean score for those in private practice settings ($M = 4.61, SD = .74$) were most significantly different from those working in university and college environments ($M = 4.17, SD = .75$).

Research Question 10. Does career counselor self-reported professional identity, as measured by the PISC, differ based upon the number of years of experience in the field?

Career counseling experience was considered in five categories by number of years in the field. These were, 0-2 years, 3-5 years, 6-10 years, 11-15 years, and 15 or more years of

experience. The largest group was career counselors with 15 or more years of experience ($n = 128$), followed by participants with 3-5 years ($n = 47$), 6-10 years ($n = 45$), 11-15 years ($n = 39$), and 0-2 years ($n = 26$). A one-way between subjects ANOVA showed significant differences, at the $p < .05$ level, in three of the subscales of the PISC, Knowledge [$F(4, 280) = 2.98, p = .01$], Attitude [$F(4, 276) = 2.56, p = .03$], and Engagement Behaviors [$F(4, 278) = 2.91, p = .02$]. Post hoc comparisons of scores in each of the three subscales, using the Tukey LSD test, showed that respondents with the greatest number of years of experience (15 years or more) had the highest mean scores. Study participants with the lowest number of years of experience (0-2 years) had the lowest mean scores in each category. In the Knowledge subscale, the 15 years or more career counselors ($M = 4.87, SD = .67$) were followed most closely by respondents with 11-15 years of experience ($M = 4.68, SD = .72$). However, this was not true in either the Attitude or Engagement Behavior subscales. In the Attitude subscales, 15 years or more career counselors scores ($M = 5.05, SD = .78$) were followed most closely by those with 3-5 years ($M = 4.97, SD = .35$). This order remained true in the Engagement Behaviors subscale as well with 15 years or more career counselors scores ($M = 4.14, SD = .78$) followed most closely by those participants with 3-5 years of experience ($M = 4.23, SD = .77$).

Table 9

ANOVA for Differences Based on Number of Years of Experience

PISC Subscale		Sum of Squares	df	Mean Square	F	Sig.
Knowledge	Between Groups	6.322	4	1.581	2.985	.019
	Within Groups	148.248	280	.529		
	Total	154.570	284			
Philosophy	Between Groups	.450	4	.112	.528	.716
	Within Groups	59.479	279	.213		
	Total	59.928	283			
Role/Expert	Between Groups	.811	4	.203	1.402	.233
	Within Groups	40.040	277	.145		

	Total	40.850	281			
	Between Groups	1.909	4	.477	2.569	.038
Attitude	Within Groups	51.293	276	.186		
	Total	53.202	280			
	Between Groups	6.874	4	1.718	2.918	.022
Engagement	Within Groups	163.717	278	.589		
	Total	170.591	282			

CHAPTER 5

DISCUSSION

Through their services counseling professionals seek to proactively improve the lives of millions. Whether through preventative and wellness-based practices or through educational and mental health interventions, the preservation of the counseling profession is a crucial factor in maintaining and improving the vitality of this and future generations. Bringing about cohesion across counseling specialties, confirming elements of a unified professional identity, and recognizing the valuable and equitable contributions of all aspects of the field are of the utmost importance in insuring the longevity of the profession. Finding an instrument to measure professional identity constructs across specialties is a necessary first step in achieving these important goals. To this end, the primary purpose of this study was to contribute to the body of knowledge about specialty areas of counseling by exploring professional identity characteristics of career counselors. This research study tested how closely the thoughts, values, and beliefs of career professionals aligned with constructs assessed by the Professional Identity Scale in Counseling (PISC) (Woo, 2013) an instrument previously tested with significant numbers of school and mental health counselors. A sample of 285 career counselors was solicited from the membership of the National Career Development Association (NCDA) for participation in this exploratory research. Chapter five summarizes the findings and implications of this study and concludes with suggestions for future research.

Discussion of Findings

An overarching goal of this research was to contribute to an understanding of counselor professional identity. To do this, the study extended investigation of the PISC's ability to measure professional identity characteristics across specialty areas of the counseling profession. Previous testing indicated five areas of professional identity successfully measured by the assessment. This administration explored whether these five characteristics would resonate with a sample of working career counselors. High reliability ($\alpha > .70$) was found for the question sets of three the PISC subscales (Table 3). These were Knowledge of the Profession ($\alpha = .867$), Roles and Expertise ($\alpha = .813$), and Engagement Behaviors ($\alpha = .780$). The remaining two subscales achieved acceptable Cronbach's alphas greater than .60. These were the Philosophy of the Profession ($\alpha = .691$) and Attitude ($\alpha = .649$) subscale categories. These findings indicate that the PISC was an appropriate instrument for use with the study sample and warrants further exploration with other counseling specialty populations. Lower reliability values in the Philosophy and Attitude areas shows that some expansion or adjustment to the question set of these subscales may be topics for future research.

Within this study, two subscales appeared most frequently as demonstrating significance in group score comparisons. These were the Knowledge of the Profession and Engagement Behaviors categories. In the development of the PISC, Woo (2013) identified these two factors as the most central aspect of his findings regarding the instrument and as important constructs of professional identity. His conclusions, supported by previous literature, were that foundational knowledge of the profession is the bedrock of competency and, thus, a critical predictor and component of professional identity. Engagement behaviors, in his analysis, represented a reciprocal relationship between professional affiliations that encourage interpersonal interaction.

These interactions in turn, he posited, solidify and strengthen identification and engagement with professional organizations. Initial findings of this exploratory study suggested that career counselor attitudes and behaviors may align with these concepts.

Career counselors are required to gain knowledge of all aspects of counseling prior to acquiring the skill set of the specialty. Achieving these broad-based skills allows for assessment of client needs, exploration of decision influencing life experiences, and advocacy for clients to overcome personal and societal barriers to career fulfillment. Career counselors often may propose activities associated with the Engagement Behaviors construct to clients as a means to affirm occupational choice, to enhance advancement opportunities, and to gaining clarity and strength of professional identity. Thus, as modalities used in career counseling, identification with aspects of the Knowledge and Engagement Behaviors subscales should be expected within the career counselor population. However, subsequent analysis in this study revealed that career counselor practitioner PISC scores in these two areas were lower than those of counselor educators or other types of counseling professionals. This suggests that these two areas, during educational and training experiences, may be important access points for activities designed to improve the strength of career counselor professional identity and possibly within other specialty counseling groups.

Demographic Comparisons

A post hoc power analysis at the $p < .05$ level indicated the sample size of 285 participants from the membership of the NCDA was sufficient to achieve statistical power for ANOVA at the .97 level. Using a six point Likert scale (1932), participants ranked items based on whether or not the content reflected their beliefs and behaviors. Responses ranged from; 1-2 = not in agreement; 3-4 = neutral/uncertain; and 5-6 = in total agreement. Subsequent t-test and

ANOVA procedures, comparing score means partitioned by demographic features, showed significant differences at the $p < .05$ level in multiple categories.

Research question one investigated possible differences between respondents based on sex. T-test comparison of male and female responses (Table 4) indicated that male respondents had significantly higher mean scores than did female participants in both the Knowledge of the Profession and Engagement Behaviors categories. In the Knowledge of the Profession subscale, participants were asked to rank statements related to the origins of the profession, ethical guidelines, professional organizations, counseling publications, and familiarity with specialty areas of the field. Higher scores in this area (male, $M = 4.91$; female, $M = 4.66$) indicated that male participants had greater feelings of confidence about their foundational knowledge of the profession, important organizing groups, and regulating bodies. Engagement Behavior statements were associated with membership in professional organizations, conducting research to advance the field, certifications and licensure, and advocacy activities. Higher scores in response to the Engagement Behaviors subscale (male, $M = 4.46$; female, $M = 4.21$) suggested that male career counselors place greater emphasis on professional affiliations and memberships and may seek leadership roles more actively than female participants.

Findings from both subscales were consistent with previous research on gender-based differences in counselors that indicated greater self-efficacy, feelings of empowerment, and pursuit of position of leadership by males in the profession (Brott & Myers, 1999; Healy & Hays, 2011; Melin & Nichols, 2011). Given that advocacy for historically oppressed groups, such as women, is a primary directive of the counseling profession, this inequity poses a particularly salient problem. Public and internal directives of the profession may be greatly influenced by those in leadership roles. Representation by women, in key roles, could be a critical factor in

whether issues such as pay equity, sexual harassment, and other types of discrimination against women will continue to be at the forefront of professional initiatives.

Research question two was aimed at exploring differences between career counselors based on self-identified ethnicity. There was insufficient data collected from this sample to make statistical comparisons based on these attributes. As with the aforementioned professional identity concerns related to gender, understanding professional identity constructs of career counselors of different ethnicities represents an important research area for the future.

Academic Comparisons

Four research questions were directed at discerning possible differences between respondents based on achieved education, academic program focus, and accreditation. Addressed by research question three, in the category of achieved education, counselor educators had significantly higher mean scores from all other groups including career counselor practitioners, master's level counselors, and doctoral level students/counselors ($p < .05$) on four subscales of the PISC (Table 5). The most notable difference was found between counselor educators and master's level counselors in three categories: Roles and Expertise (counselor educators, $M = 5.63$; master's counselors, $M = 5.09$), Attitude (counselor educators, $M = 5.21$; master's counselors, $M = 4.58$), and Engagement Behaviors (counselor educators, $M = 4.79$, master's counselors, $M = 3.72$). Questions within the Attitude subscale were focused on individual's pride in profession and confidence in achieving positive outcomes from their work. The Roles and Expertise section included statements centered on training, self-evaluation, and specialty counseling boundaries. In the Knowledge of the Profession category, the greatest difference

between mean scores was found between counselor educators and career counseling practitioners (counselor educators, $M = 5.03$; career counselors, $M = 4.61$). No significant differences were found between groups in the Philosophy subscale.

These comparisons showed that counselor educators felt a stronger relationship to statements related to the history of the field, boundaries of practice, areas of specialization, pride in the profession, and being involved in professional organizations. Score differences may suggest that choice of occupational role, educator versus practitioner, has influence on the strength of professional identity beliefs held by career counselors (Brott & Myers, 1999; Gale & Austin, 2003; Gibson & Dollarhide, 2010). Activities and transformational tasks associated with advanced training, research, and/or involvement in professional organizations, may be delineating considerations. Attributes and attitudes found within academic environments, such access to research tools or financial support for professional engagement activities, may also be explored as contributing factors in differences (Auxier, Hughes & Kline, 2003; Calley & Hawley, 2008; Dollarhide, Gibson, & Moss, 2013; Nelson & Jackson, 2000). While research, leadership, and advocacy, from an academic perspective, are important in discerning shifting needs of the profession and client populations, practitioners bring first-hand views of client experiences and social problems. Failure to maintain involvement of career counseling practitioners in research and continuing education could represent a loss of important information and knowledge of client needs, emerging trends, and threats to the field.

Research questions four and five explored possible differences based on the academic degree focus for those with master's degrees and then separately for those with doctoral degrees. Comparisons of master's level counselors, by educational clusters (academic/career focus, mental health focus, and community focus), found no significant differences between group

scores at a $p < .05$ level in any of the PISC subscales. This may be attributed to subtle differences or similarities between academic training programs that fostered like attitudes and reactions to subscale questions and statements. In regard to doctoral degree participants, insufficient data was collected from the sample for statistical comparison of possible differences based on degree focus. Further research, at both the master's and doctoral level, could possibly reveal and explain underlying similarities.

The final academically-based comparison was between scores related to accreditation of educational training programs. Comparison of three accreditation groups (Table 7) indicated significant differences between participants from CACREP, APA, and non-accredited programs ($p < .05$) in only one category. Those who completed CACREP programs showed significantly higher mean scores in the Knowledge of the Profession ($M = 4.90$) subscale, followed respectively by those who participated in APA accredited ($M = 4.73$), and non-accredited ($M = 4.56$) programs. Possible differences in program standards and designs aimed at training a variety of mental health professionals may be contributing factors to these score variations. CACREP accredited programs, as counseling specific, may place greater emphasis on the history, foundations, and significant figures of the counseling field than other accrediting bodies (Davis & Gressard, 2011; Hanna & Bemak, 1997). These findings suggest that maintaining and emphasis on the evolution of the field may contribute to the professional identity development of counselors across specialty areas. As a bonding anchor, core knowledge of the profession, may powerfully contribute to mutual respect and unity across specialties.

Occupational Differences

The final four research questions of the study were aimed at exploring differences between respondents based on occupational roles, settings, and years of experience. Research

question seven addressed possible differences in subscale scores between counselor educators and career counseling practitioners. A t-test comparison indicated significant differences at the $p < .05$ level in four PISC subscales; Knowledge of the Profession, Roles and Expertise, Attitude, and Engagement Behaviors (Table 7). In all cases, counselor educator scores were higher than those of career counseling practitioners. This was consistent with previously reported results pertaining to multiple group score comparisons based on achieved level of education.

The greatest difference between counselor educators and career counseling practitioners was seen in the Engagement Behaviors subscale (counselor educators, $M = 4.81$; career counseling practitioners, $M = 4.12$). Characteristics of environments and occupational choice may play roles in influencing counselor educator scores. As discussed earlier, academic environments, as unique work settings, may provide faculty members with greater access to or support for professional affiliations. Distinguishing whether the difference between educators and practitioners has its origins in the academic or post-graduate experience could be an important area of future research. This determination would be a factor in how educators or professional associations develop programming or experiences to increase feelings of confidence and pride in the population of working career counselors.

Research question eight considered group differences in relation to the number of memberships respondents held in professional organizations. Membership in the National Career Development Association (NCDA) was a minimum eligibility requirement for participation in the study. Responses were categorized as NCDA only, NCDA plus one additional membership, and finally NCDA with two or more additional memberships (Table 2). The largest group was represented by the NCDA only category, followed by the NCDA plus one additional membership, and NCDA plus two or more organizations. An ANOVA comparison indicated

differences between these group scores in all of the subscale categories at a $p < .05$ level (Table 9). Post hoc comparison of the three groups indicated that participants with the highest number of professional memberships (NCDA plus two or more) had significantly greater mean scores in four of the five PISC subscales; Knowledge of the Profession, $M = 5.14$; Philosophy of the Profession, $M = 4.92$; Attitude, $M = 5.08$; and Engagement Behaviors, $M = 4.69$. In the Roles and Expertise subscale, the NCDA plus one additional membership had the highest mean score ($M = 5.58$) followed closely by the NCDA plus two or more memberships group ($M = 5.56$). The NCDA plus one additional membership had the second highest mean scores in three subscales (Knowledge of the Profession, Philosophy of the Profession, and Engagement Behaviors). This pattern, in which the higher number of affiliations produced greater mean scores, suggested that membership in professional organizations could be a potential influencing factor in how strongly career counselors feel alignment with the PISC subscale characteristics. This is in accord with previous research that supported the concept of affiliations and involvement with professional organizations as influential in relation to professional identity strength in counselors (Emerson, 2010; Luke & Goodrich, 2010; Melin, Hunt, & Nichols, 2011; Puglia, 2008; Woo, 2013). Understanding what compels individuals and groups to join and maintain membership in professional organizations and how this strengthens the professional identity of career counselors specifically are areas for further investigation.

Work setting was the focus of research question nine. An ANOVA, compared group categories of private practice, university or college setting, government agency, and nonprofit or community agency, showed significant differences at the $p < .05$ level in only one subscale, Engagement Behaviors (Table 9). Post hoc comparison of group scores in this subscale indicated the greatest difference was between those in private practice ($M = 4.61$) and those working in

university and college environments ($M = 4.17$). These results suggested that individuals working in private practices may value more highly or may more actively seek affiliations with professionals and membership organizations than those in other types of work settings. Prior writings on counselor professional development support the integral role professional affiliation and socialization plays in the growth of counselors and sustainability of the field across environments (Feit & Lloyd, 1990; Puglia, 2008; Remley & Herlihy, 2007; Ronnestad & Skovholt, 2003; Woo, 2013). In order to maintain and grow the number of career counselors, who work in private practice and who serve those not affiliated with educational institutions, encouraging and easing access to professional organizations could be vital to a significant segment of workforce as well as to the counseling profession.

Research question ten considered the number of years of experience of career counselors as a possible differentiating factor between groups. An ANOVA comparison indicated a greater number of years of experience in the field corresponded with higher mean scores on subscales of the PISC (Table 10). Study participants with 15 or more years of career counseling experience had consistently higher scores than other included groups (0-2 years, 3-5 years, 6-10 years, and 11-15 years). Score differences, as tested by a between group ANOVA, were present at a $p < .05$ level in three subscales, Knowledge of the Profession ($M = 4.87$), Attitude ($M = 5.05$), and Engagement Behaviors ($M = 4.41$). The greatest difference within all groups across subscales was found between the long-term group (15 or more years), who had the highest mean scores, and newer professionals (0-2 years of experience), who had the lowest means scores.

Results of these analysis suggested that as career counselors mature in the profession, they have more solidified feelings of knowledge of the profession, have a positive attitude toward their professional work, and are more likely to be members of professional organizations

(LaFleur, 2007; Luke & Goodrich, 2010; Woo, 2013). Findings also offered some support for similar attitudes of mid-level professions with 3-5 years of experience toward professional affiliations and in feelings of pride in counseling as a profession. Additional research of this mature group of professionals, as to how they have achieved stronger feelings of profession identity, could provide important information in developing a committed and sustaining population of younger professionals who are unified in ideology and purpose.

Suggestions for Future Research

Promoting a unified professional identity across counseling specialties is a formidable, but necessary, task for leaders, educators, and members of the field. Finding mechanisms capable of measuring shared professional identity constructs is an important step in affirming and cultivating mutual attitudes and beliefs in new and existing members of the profession. This exploratory study of career counselor professional identity offers support for the Professional Identity Scale in Counseling as a valuable resource in accomplishing this goal. Evidence suggested that subscales exploring beliefs and attitudes toward of Knowledge of the Profession, Roles and Expertise, and Engagement Behaviors strongly resonated with this sample of career counselors. While adequate support was found for items in the PISC Attitude and Philosophy of the Profession subscales, future research and refinement of these question sets may produce strengthened reliability of these sections.

Testing of the PISC now encompasses a significant sample from the population of working career counselors in addition to the mental health and school counselors included in Woo's (2013) research. However, a single administration, consisting of members of one professional organization, may not be sufficient to fully understand professional identity characteristics of career counselors. Further testing, of a broader range of career counselors, from

organizations such as the National Employment Counseling Association (NECA), National Association of College and Employers (NACE), National Academic Advising Association (NACADA), and National Association of Student Personnel Administrators (NASPA) is suggested for the future.

Some demographic areas were not fully represented in this study's participant pool. While there was diversity amongst respondents, the majority of participants in the study were Caucasian. Future research should attempt gain a fuller picture of career counselor perspectives by including greater involvement from a variety of ethnic and cultural groups. The study also lacked representative numbers of doctoral level students/counselors, leaving questions related to differences that may reside within this group unanswered. Seeking members of this category in future administrations of the PISC could provide valuable insight for faculty members and for those who may choose to make education a vocation.

Recruitment for this study was performed exclusively through an on-line platform utilizing Likert scale questions. These methodologies inherently present limitations in access, in usability of the instrument, and in restriction of participant ability to diverge from provided responses. Future studies may utilize in-person data collection methods, such as focus groups or in-depth interviews, to overcome these limitations and gain important qualitative information that could offer a fuller picture of career counselor professional identity.

Some differences were noted among respondents based on accreditation of educational programs. Exploration of standards and variations in training programs may assist in a better understanding of how identity constructs are conveyed and supported throughout the journey of

counselors from students to professionals. Focused study of individuals based on accreditation of their educational programs may bring consensus to groups that may question the value of these standards and program requirements.

Finally, the overarching purpose of this study was to contribute to the body of knowledge on shared professional identity constructs across counseling specialties. Administration of the PISC, to professionals in other specialties including, but not limited to, rehabilitation, marriage and family, community, military, substance abuse, and college counseling is a logical next step in testing the PISC's abilities and outcomes. Continuation of this vein of research could contribute significantly to the unification of counseling professionals, sustainment of services, and, ultimately, the longevity of the field.

Implications for Practice

The implications of this research may be most relevant to those in academic environments. Counselor educators, in their developmental roles with new counselors and as those leading research and professional organizations, are foundational contributors to the professional identity of the field. Subscale scores, for counselor educators participating in this study, suggested higher confidence in their knowledge of profession, greater pride than others in the profession, and a stronger differentiation of counseling from other mental health disciplines. Conveyance of these values and attitudes may be an assumed function of academic and training experiences. However, responses from this study suggested this may not be the case with consistency across specialty areas. Universities and colleges rigorously measure the learning outcomes of students in relation to factual content. Equally, accrediting bodies and counseling programs go to great lengths to assure the competency and ethical practice of students. More

research may need to be conducted on how effectively less-tangible elements, such as professional pride, are developed in students and what relationship these factors may have with career counselor professional identity.

A tacit link may exist between academic role, the characteristics of pride in the profession, and engagement behaviors. Counselor educators had significantly higher scores in Attitude and Engagement Behavior subscales of the PISC than did career counseling practitioners or master's level counselors. This indicates that educators were more active in professional memberships, continuing education, and assuming leadership roles in professional organizations. In analysis of the Attitude subscale, two additional factors were salient, the number of memberships held by individuals, as well as the number of years of experience in the field. Participants with the greatest number of memberships and the most years of experience had the highest Attitude scores. Taken together, these results suggested that to proactively develop feeling of pride and professional identity in students and new counselors, counselor educators, who may also be senior professionals, need to innovate ways to involve these groups. Additional research may produce a greater understanding of what unique features of engagement behaviors effectively evoke feelings of pride and solidify counselor professional identity.

Finally, this study, and other recent research in the area of gender influences on professional engagement, showed differences for male and female counselors. Male counselors had higher scores in the PISC in the Engagement Behavior subscale, indicating greater likelihood to have memberships and hold leadership roles in professional organizations. Counselor educators may play a role in reshaping the gender dynamic by consciously encouraging and advocating for female counselors to pursue leadership in student and professional groups. As an important element supporting professional identity, research on real and perceived barriers to

engagement could provide important insight into strengthening the field across counseling specialties.

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APPENDIX A
RECRUITMENT EMAIL

Greetings Career Counselors,

My name is Lisa Littlefield and I am a doctoral student in the College of Education, Department of Counseling and Human Development Services at The University of Georgia. I am seeking career counselors to participate in my dissertation research. The focus of this study is to examine the views, beliefs, and experiences that career counselors have had or hold as professionals.

Those eligible to participate include anyone who has a master's degree or higher in counseling, works in a career counseling capacity, and holds membership in the National Career Development Association (NCDA).

Your participation will include completing an online survey that will take approximately 20 minutes to complete. If you are willing to participate in this study, please click the link provided here (insert hyperlink to survey here).

If you have any questions regarding this study, please do not hesitate to contact me at the following email address: lisalitt@uga.edu. Your participation is greatly appreciated. Thank you in advance for your time.

Sincerely,

Lisa J. Littlefield

APPENDIX B
CONSENT LETTER

DATE

Dear NCDA Member:

I am a graduate student in the Department of Counseling and Human Development Services at The University of Georgia. I invite you to participate in a research study entitled “An Exploratory Study of Career Counselor Professional Identity” that is being conducted under the auspices of the Dr. Diane L. Cooper. The purpose of this research study is to examine views, beliefs, and experiences of career counselors as related to professional identity.

Your participation will involve responding to survey questions asking for demographic information and for responses related to beliefs you may hold about the field of career counseling as well as the professional identity of career counselors and should only take about 20 minutes. Your involvement in the study is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled. If you decide to stop or withdraw from the study, the information/data collected from or about you up to the point of your withdrawal will be kept as part of the study and may continue to be analyzed.

All information obtained in this study is strictly confidential unless disclosure is required by law. However, with any online activity the risk of a breach of confidentiality is possible. Data provided through the Internet cannot be guaranteed confidential due to the limited protections of Internet access. Participant email addresses will not be linked to responses to prevent any identifying information from accompanying answers. Once data is collected, all electronic responses will be kept in a passcode protected file and access will be restricted to the researcher and dissertation supervisory committee. Any printouts of information, when not in use, will be stored in a locked home office. Hard copies of data will not contain any identifying information. The results of the research study may be published, but your name or any identifying information will not be used. In fact, the published results will be presented in summary form only.

The findings from this project may provide information on issues surrounding your chosen profession may lead to increased clarity and insight into personal values and beliefs you hold. You may not directly benefit from this research; however, it is hoped that your participation in the study may provide valuable information about how career counselors view their profession in relation to the field of counseling. This information may be useful to counselor educators, working career counselors, those working in other specialty areas, and to the overall counseling profession. Clarification of how career counselors view their profession identity may help counselor educators and counseling organizations better understand how to facilitate the

professional growth of counselors-in-training and professional counselors throughout their career span.

There are no known risks or discomforts associated with this research. It is possible that the process of reflecting on your chosen profession may cause minimal discomfort. If you experience any emotional discomfort, you are encouraged to seek support from a trusted colleague, supervisor, or counselor. There are no costs to you or payments made for participating in this study however, if you would like to receive an electronic copy of results, you may contact me at lisalitt@uga.edu.

If you have any questions about this research project, please feel free to call me (404) 386-1943 or send an e-mail to lisalitt@uga.edu. Questions or concerns about your rights as a research participant should be directed to The Chairperson, University of Georgia Institutional Review Board, 629 Boyd GSRC, Athens, Georgia 30602; telephone (706) 542-3199; email address irb@uga.edu.

By completing this online questionnaire, you are agreeing to participate in the above described research project. Thank you for your time and consideration! Please keep this letter for your records.

Sincerely,

Lisa J. Littlefield

APPENDIX C

DEMOGRAPHIC QUESTIONS

Directions: Please respond to the following questions.

1. Sex:

Male Female Other (optional – please specify) _____

2. Which of the following ethnicity do you most closely identify with? (select one of the following)

Asian or Pacific Islander

Asian American

Biracial/Multicultural

Black/African American

Caucasian

Hispanic

Native American

Other (please specify) _____

3. Are you a (select all that apply):

Master's level counselor in training

Master's level counselor

Doctoral level counselor/student

Career counselor practitioner with master's degree or higher

Counselor educator with master's degree or higher

_____ Other (please specify) _____

4. What area was the focus of your master's program? (select one of the following)

_____ Career Counseling

_____ Community Counseling

_____ Gerontological Counseling

_____ Marital, couples & family counseling

_____ Mental Health Counseling

_____ School Counseling

_____ Social Work

_____ Student Affairs/College Counseling

_____ Psychology

_____ Other (please specify) _____

5. Your doctoral degree/program was in (select one of the following):

_____ Counselor Education & Supervision

_____ Counseling Psychology

_____ Psychology

_____ Other (please specify) _____

6. What type of accreditation did/does your program have? (select all that apply)

_____ APA - American Psychological Association

_____ CACREP - Council for Accreditation of Counseling & Related Educational Programs

_____ CORE - Council of Rehabilitation Education

_____ Non-accredited

_____ Not Sure of program accreditation

_____ Other (please specify) _____

7. Please designate the national-level professional counseling-related associations, in addition to the National Career Development Association, for which you are affiliated. (select all that apply)

_____ ACA - American Counseling Association

_____ ACES – Association for Counseling Education and Supervision

_____ APA – American Psychological Association

_____ NBCC – National Board for Certified Counselors

_____ NCDA – National Career Development Association

_____ NECA – National Employment Counseling Association

_____ Other(s) (please specify) _____

8. Please indicate years of career counseling work experience:

_____ 0 – 2 years

_____ 3 – 5 years

_____ 6 – 10 years

_____ 11 – 15 years

_____ More than 15 years

9. Which of the following best describes your current work setting? (select one of the following)

_____ Governmental Agency

_____ Mental Health Facility

_____ Nonprofit or Community Agency

_____ Private Practice

_____ University or College

_____ Other (please specify) _____

Adapted from C. H. Emerson, 2011, and Hong Ryun Woo, 2013.

APPENDIX D

PROFESSIONAL IDENTITY SCALE IN COUNSELING (PISC)

Directions: This inventory was developed to assess your thoughts and beliefs about the counseling profession and your professional identity. Please indicate your agreement with each statement by marking the number that best fits your thoughts.

Not in Agreement Neutral/Uncertain In Total Agreement

[1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6]

Section I: Knowledge of the Profession – History (Items K1 - K10)

Item #	Item	Marking '1' to '6'
K 1	I know the origins of the counseling profession.	1 2 3 4 5 6
K 2	I am knowledgeable of the important events and milestones (e.g., role of career counseling, establishing ACA, state-level licensure) in counseling history.	1 2 3 4 5 6
K 3	I know the existence of the “20/20: A Vision for the Future of Counseling,” a representative process to identify where the counseling profession wants to be in the year 2020 and what it will take to get there.	1 2 3 4 5 6
K 4	I am knowledgeable about ethical guidelines (e.g., codes/standards of practice) in counseling and career counseling.	1 2 3 4 5 6
K 5	I am familiar with accreditation organizations (e.g., CACREP: Council for Accreditation of Counseling & Related Educational Programs) and their standards for professional preparation.	1 2 3 4 5 6
K 6	I am familiar with certification organizations (e.g., NBCC: National Board for Certified Counselors) and their requirements for credentials.	1 2 3 4 5 6
K 7	I am familiar with professional counseling and career counseling associations (e.g., ACA: American Counseling Association) and their roles and accomplishments in the profession.	1 2 3 4 5 6
K 8	I am knowledgeable of professional and career counseling journals (e.g., JCD: The Journal of Counseling & Development, journals relevant to my	1 2 3 4 5 6

	specialty in career counseling) and their contents, foci, and purpose in the profession.	
K 9	I am able to distinguish similarities and differences between my profession and other mental health professions (e.g., counseling psychology, social work, and psychiatry).	1 2 3 4 5 6
K 10	I am familiar with laws (e.g., court cases, licensure) and regulations related to my profession and specialty in career counseling.	1 2 3 4 5 6

Section II: Philosophy of the Profession (Items P1 – P11)

Item #	Item	Marking '1' to '6'
P 1	I am able to distinguish the counseling philosophy from the philosophy of other mental health professions (e.g., counseling psychology, social work, and psychiatry).	1 2 3 4 5 6
P 2	Most problems and concerns presented by clients are developmental in nature.	1 2 3 4 5 6
P 3	The preventive approach is emphasized in the counseling philosophy.	1 2 3 4 5 6
P 4	It is important to view clients holistically, focusing on integration of the mind, body, and spirit.	1 2 3 4 5 6
P 5	It is important to empower clients through and emphasis on personal strengths.	1 2 3 4 5 6
P 6	Advocacy for clients is emphasized in the counseling philosophy.	1 2 3 4 5 6
P 7	Clients are able to make constructive and positive changes in their lives.	1 2 3 4 5 6
P 8	Interactions in counseling are based on the relationship between the counselor and client.	1 2 3 4 5 6
P 9	Research is an important part of the counseling profession.	1 2 3 4 5 6
P 10 <i>Reverse Code</i>	Assessments and diagnosis are emphasized in the counseling philosophy.	1 2 3 4 5 6
P 11	If not for insurance issues, it is not important to utilize a medical model when conceptualizing a client's presenting issues.	1 2 3 4 5 6

Section III: Professional Roles & Expertise (Items R1 – R11)

Item #	Item	Marking '1' to '6'
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R 1	I value professional roles (e.g., counselors, educator, consultant, and advocate) that a counseling professional can hold.	1	2	3	4	5	6
R 2	A counseling professional's roles and duties vary depending on settings, diverse populations served, and the person's specialty.	1	2	3	4	5	6
R 3	Regardless of different roles (e.g., counselor, supervisor, or consultant), a major goal is client welfare.	1	2	3	4	5	6
R 4	I believe a counseling professional should value the importance of advocacy for the populations that the person serves.	1	2	3	4	5	6
R 5	I believe a counseling professional should value the importance of advocacy for the profession that the personal belongs to.	1	2	3	4	5	6
R 6	I will/have completed professional training and standard education to perform my duties in my roles.	1	2	3	4	5	6
R 7	I have professional knowledge and practical skills required to successfully perform my roles.	1	2	3	4	5	6
R 8	I am confident that there will be positive outcomes of my work and services.	1	2	3	4	5	6
R 9	I am knowledgeable of ethical responsibilities and professional standards relevant to my roles.	1	2	3	4	5	6
R 10	I am familiar with which resources to refer to when I need professional help.	1	2	3	4	5	6
R 11	I consistently self-evaluate and self-reflect my effectiveness and performances in my chosen field.	1	2	3	4	5	6

Section IV: Attitude (Items A1 – A12)

Item #	Item	Marking '1' to '6'					
A 1	My profession has a well-established theoretical body of knowledge.	1	2	3	4	5	6
A 2	My profession provides unique and valuable services to society.	1	2	3	4	5	6
A 3	I value the advancement and the future of my profession.	1	2	3	4	5	6
A 4	I believe counseling is different from other mental health professions (e.g., counseling psychology, social work, and psychiatry).	1	2	3	4	5	6
A 5	It bothers me to meet people who do not recognize my profession.	1	2	3	4	5	6
A 6 <i>Reverse Code</i>	It does not bother me to meet counseling professionals who value psychology/social work over my profession.	1	2	3	4	5	6
A 7	I recommend my profession to those who are searching for a new career related to helping professions.	1	2	3	4	5	6

A 8	I am comfortable having discussions about the role differences between counseling and other mental health professions (e.g., counseling, psychology, social work, and psychiatry).	1	2	3	4	5	6
A 9	My personality and beliefs are well matched with the characteristics and values of my profession.	1	2	3	4	5	6
A 10	I am satisfied with my work and professional roles.	1	2	3	4	5	6
A 11	I have a solid work-life balance and feel congruent.	1	2	3	4	5	6
A 12	As a counseling professional, I share my positive feelings (e.g., satisfaction) when working with people in other fields.	1	2	3	4	5	6

Section V: Engagements Behaviors (Items B1 – B11)

Item #	Item	Marking '1' to '6'					
B 1	I have memberships in professional counseling associations (e.g., national, state, and/or regional).	1	2	3	4	5	6
B 2	I actively engage in professional counseling associations by participating in conferences and workshops every year.	1	2	3	4	5	6
B 3	I would like to be more involved in professional development activities.	1	2	3	4	5	6
B 4	I engage in certification/licensure renewal processes (e.g., LPC: Licensed Professional Counselor, NCC: National Certified Counselor).	1	2	3	4	5	6
B 5	I have contributed to expanding my knowledge base of the profession by participating in counseling research (e.g., by being interviewed, taking surveys).	1	2	3	4	5	6
B 6	I have conducted counseling research.	1	2	3	4	5	6
B 7	I have published research findings in my field.	1	2	3	4	5	6
B 8	I follow theoretical, practical, and technical advancements in my profession by keeping up with literature (e.g., professional counseling journals, books) in the field.	1	2	3	4	5	6
B 9	I engage in or seek opportunities to serve in non-required leadership positions (e.g., counseling association, CSI: Chi Sigma Iota, interest network, committee, volunteering, community service).	1	2	3	4	5	6
B 10	I educate the community and public about my profession.	1	2	3	4	5	6
B 11	I advocate for my profession by participating in activities associated with legislation, law, and policy on counseling on behalf of the profession.	1	2	3	4	5	6

From "Professional Identity Scale in Counseling (PISC): Test Version," Hong Ryun Woo, 2013.

Open-Ended Questions:

1. How do you describe your professional identity?
2. What, if any, differences do you believe there may be between the professional identity of career counselors, mental health counselors, or counselors working in other specialty areas?
3. Please feel free to provide comments and feedback on this assessment or any item it contains.
4. Please provide an email address if you would like to a summary of findings from this study.