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ABSTRACT

Critical issues facing the counseling profession include the simultaneous occurrence of turbulence in the professional, legal, and social atmospheres in which counselors operate. Specific examples of turbulence experienced in the state of Washington are presented. In this series of two papers, Dr. Gerber reflects on the critical issues facing the counseling profession. Dr. Myers' keynote speech for the annual conference addresses the question, "If we are truly at a crossroads in our profession, how can we go about the difficult and critical task of deciding our future?" Dr. Myers then reviews the results of three surveys conducted to determine professional counselors' perceptions of critical issues facing the counseling profession today. The methodology and results are presented. The top three priorities from each are presented. Six critical issues needing professional response are identified as professional identity, managed care, advocacy, diversity, American Counseling Association (ACA) politics, and ethical and effective practice that includes the issue of web-based counseling. (EMK)

RUNNING HEAD: Counseling at the Crossroads

Counseling at the Crossroads:

Let's Decide Our Future

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Two papers are included here: An explanation of the 1997 theme of the Washington Counseling Association by Dr. Sterling Gerber, WCA President, and the text of the keynote address presented by Dr. Jane Myers to the annual conference of the Washington Counseling Association, October, 1997, Vancouver, Washington.

Abstract

"Counseling at the Crossroads: Let's Decide Our Future" was the theme of the Washington Counseling Association in 1997. President Sterling Gerber defined this theme to reflect the critical issues facing the counseling profession at this time in our history. A major goal was to enlighten and empower members of our profession and professional association toward effecting the necessary, positive changes required to assure our continued viability in the mental health marketplace. In this series of two papers, Dr. Gerber explores the theme and reflects on the important role of counseling leaders today. Dr. Myers' keynote speech for the Washington Counseling Association annual conference further explores the theme and suggests proactive strategies for effecting needed change.

Counseling at the Crossroads:

Let's Decide Our Future

Part I

Sterling Gerber

The selection of the theme for the 1997 conference of the Washington Counseling Association was, in itself, an experiential metaphor for the larger focus. It came about as the result of the simultaneous occurrence of an observed turbulence in the professional, legal, and social atmospheres in which counselors operate and the relatively recent rise to prominence of the theorizing of William Perry (1970) from the halls of academe, of emphases on client decision for change (Miller & Rollnick, 1991; Prochaska & DiClemente, 1982), and of the post-modernist movement (Sexton & Griffin, 1997; White, 1991; White & Epston, 1996; Zimmerman & Dickerson, 1996) in counseling and therapy. The Organizational Development mindset of French and Bell (1978) as embodied in the popular "futuring" exercises that seem to be gaining prominence as we approach the turn of the century also had influence.

The turbulence as experienced in the state of Washington included a dramatic move to managed care, administrative decisions in mental health centers to adopt a strong case-management delivery model, re-structuring of counseling services in the public schools, and a sort of secessionist movement on the part of the leadership in the state mental health counseling division of WCA. The latter action appeared to be the result of a commitment to a paid political lobbyist as a favored approach to governmental influence, the belief in an increased affinity for social workers and marriage and family counselors as a common professional interest alliance, and the national unrest within the American Mental Health Counseling Association. While not a part of the original decision milieu, there surfaced in Washington a related grass-roots movement by a partially informed, therefore partially uninformed, coalition encouraging lawsuits against school counselors and their employing districts for years of alleged damage to the students. It was apparent that the fifty year ride on the tail of Sputnik was over and that the wake up call had arrived in mega-decibel fashion. It was clear that ours is a profession in crisis, or opportunity, depending on the choice of frame.

If there is anything to the notion of people being able to influence their destiny; if there is anything to cognitive restructuring as an intervention for empowerment and self-direction; if people can create meaning for themselves; if organizations can use an action research paradigm to pursue a studied and intentional development--and there's every reason to believe these premises are true, if not in the area of physical sciences, then certainly in the arena of social sciences and politics--then counselors and organizations of counselors are in the position to practice in their own behalf those principles that they impart to their clients. To survive, to continue to evolve, to thrive it was/is apparent that we must put in motion the processes of deliberation, **decide** what we want our future to be, and then get on with martiallng our resources in professional self-determination.

We **are** at crossroads. We **can decide** our future. And if not us, who then will do it? What beneficent creature or organization of creatures will take care of us, will protect our unique potential to do for others, individually and societally, what we want to be done for us?

While retrospective at the time of this writing, the above represents the dynamics in motion in the creation of the WCA 1997 Annual Conference theme. Such a theme required treatment by a professional counselor who had experienced work in the trenches and who had gained prominence through service at the forefront of the counseling profession. One such person was/is Jane E. Myers. Her year of information collection, consultation, and rumination resulted in the following keynote address, a statement that serves as a marker of the state of the profession and as challenge and direction for decision and action. On behalf of counselors in Washington, I express thanks to her for providing direction and initiative to our decision process and commend her wisdom to others in our profession.

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Counseling at the Crossroads:

Let's Decide Our Future

Part II

Jane E. Myers

Keynote address presented to the annual conference of the Washington Counseling Association, October, 1997, Vancouver, Washington.

Author Note: The author is indebted to Dr. Sterling Gerber, President, WCA, for his insight in selecting the theme of this talk, and for his in-depth reflections and recommendations on the meaning of the theme and implications for the counseling profession.

A year ago when Sterling Gerber asked me to provide the keynote address for the 1997 annual conference of the Washington Counseling Association, he took the time to explain the basis for his selection of this theme. In response, I began to reflect on my experiences as a leader in the American Counseling Association (ACA). I recalled my first national-level involvements, including my years as chair of ACA's Task Force on Third Party Payments in the late 1980s, my membership on ACAs first Strategic Planning Committee at about the same time, my year as President of ACA in 1990-91, and my prior presidencies of two divisions. My most recent professional service positions--Chair of the Council for Accreditation of Counseling and Related Educational Programs, member of the 1997-98 ACA Strategic Planning Committee, and Founding Editor of ACAs first fully electronic journal--provided additional bases for reflection on the central issue proposed by Dr. Gerber: If we are truly at a crossroads in our profession, how can we go about the difficult and critical task of deciding our future?

I was reminded of two remarks that seemed to fit the WCA theme. First, I recalled the story of the husband who asked his wife why she kept talking about all of his past mistakes. "I thought you had forgiven and forgotten!" he exclaimed. "I have indeed," she said, "but I wanted to make sure that you don't forget that I have forgiven and forgotten!" Second, I thought about Henry Ford's oft-quoted statement: "If you

think you can or you think you can't, you're right!" The point of these stories is just this: as a profession, we need to learn from our mistakes, devote less time to reminding ourselves of what we've done wrong, and empower ourselves to make the right kinds of choices to lead our profession into the next milennium. As Harold Kushner said in his remarkable book, When All You've Ever Wanted Isn't Enough, "Jesus came not just to comfort the afflicted, but to afflict the comfortable." The counseling profession needs both of these approaches at the present time.

In this talk, I will review the steps taken to gather data on which to base my conclusions. These steps include conducting a survey and reviewing the results of two prior surveys. The data from these surveys suggest a number of priorities to be addressed by the counseling profession. These priorities are explored, and challenges for the future are identified.

Three Surveys: Lessons in Consistency

To determine professional counselors' perceptions of critical issues facing the counseling profession today, one survey was conducted and the results of two additional surveys were reviewed. In this section, the methodology and results of my survey are explained. In addition, the results of ACA's strategic planning surveys conducted in 1989 and 1995 are presented and discussed.

Survey of Professional Counselors

To determine professional counselors' perceptions of critical issues facing the counseling profession today, I undertook a small study with a simple methodology. A stratified sample of 28 ACA leaders was selected for inclusion in the study. The only demographic data collected related to the stratefication criteria, which included four past-presidents of ACA, one (current) ACA executive director, two members of the ACA strategic planning committee, four other leaders in the profession at regional and state levels, five counselor educators, two from school tracks and two from community/mental health tracks, six professional counselors, and six entry- level counseling students.

A short message was e-mailed to each of these 28 individuals in the summer of 1997. The exact text of the message was as follows:

I have a small favor to ask of you. I am preparing for a talk to a state counseling association about the future of the profession. Based on your involvement, could you tell me, literally off the top of your head, what comes to mind when you think about this question: What are the three most important issues facing the counseling profession today?

The timing of the responses was noteworthy: 24 of the 28 participants responded within 24 hours of receiving the e-mailed message, and two more responded within the next 24 hours. The remaining two individuals, both ACA past presidents, responded by snail-mail and their letters were received within two weeks. The response rate to the survey was thus 100%. Interestingly, several respondents noted that the question asked in the survey had been on their mind recently, and as a consequence it was both easy and timely for them to respond.

An analysis of the 84 areas identified (3 responses per person times 28 persons) by the respondents revealed a remarkable similarity in content. The top three issues that emerged, without question, were (1) professional identity, (2) managed care, and (3) advocacy. Three additional issues that were identified will be discussed following a review of the two ACA membership surveys.

1989 ACA Strategic Planning Membership Survey

In 1989, the ACA Strategic Planning Committee conducted a survey of the membership of the association to determine reactions to the newly developed strategic plan and the usefulness of a variety of membership services. The survey itself was published in Counseling Today (then known as the ACA Guidepost). Results of the survey were provided in a detailed report to the ACA Governing Council and published in the Journal of Counseling and Development (Nejedlo, Hansen & Myers, 1994). The sample of respondents to this survey included 1.1% of ACA's membership which at that time exceeded 55,000. An analysis of demographic data on the respondents indicated that they were fairly representative of ACA's membership across divisions and geographic regions.

In response to a request to rank order the nine goals identified in ACA's first strategic plan, the respondents to this survey provided the following ranking of the top three areas: (1) professional standards, (2) personal and professional development, and (3) developmental approach. Professional standards included concerns for credentialling, accreditation, and licensure. Professional development referred to the competence of professional counselors to deal with changing circumstances and continually update our knowledge base. The developmental approach was synonymous with terms such as prevention and wellness that are viewed as essential elements of the philosophy underlying the counseling profession. As was true of the 1997 survey discussed earlier, there was remarkable consistency in the responses to the request to rank order the priorities for the profession.

1995 ACA Membership Survey

In 1995, the ACA contracted with a national polling organization to conduct a survey of the ACA membership. Trained interviewers contacted 400 current ACA members, 400 former members of the association, and 400 persons who had never been members and interviewed them over the telephone using a standardized, structured interview format. A summary and analysis of results was prepared and submitted to the ACA Governing Council.

The respondents to this survey were asked to rank order the usefulness of 37 ACA services. The top three services were identified as the newsletter, Counseling Today, the Journal of Counseling and Development, and the divisions of the association. The three lowest ranked services included loans, credit cards, and membership cards and certificates. Services which were ranked in the middle included the Council for Accreditation of Counseling and Related Educational Programs (CACREP), the ACA insurance programs, and state branch information provided by ACA's headquarters.

The benefits of ACA membership was an additional topic in the 1995 survey. Respondents rank-ordered the most important membership benefits as follows: ethical standards, resources (e.g., journals), government relations, standards of practice, and public relations. The value of membership was reflected mostly in the responses of new professionals who had recently joined the association. Experienced, long

term members expressed the greatest amount of dissatisfaction with services, particularly the timing of journal mailings.

The interviewers also asked the respondents to comment on areas where, in their opinion, ACA falls short in meeting the needs of its members. The top three areas identified were: government relations, publicity and public relations for counseling, and the high cost of dues. In fact, when asked why members leave the association, the high cost of dues was clearly the premier explanation. In short, members left because of the perception that the benefits received were not proportional to cost of the dues investment.

Respondents were also asked to identify what they considered to be the most important issues facing the counseling profession. The top three areas identified were (1) licensing and professional standards, (2) managed care, and (3) low public awareness of the counseling profession. These three issues were viewed as the most important ones for ACA to address, immediately, to assure the future of the counseling profession.

Comparison of Three Surveys

The top three priorities identified in each of these three surveys are shown in Table 1. There is remarkable consistency in responses, in spite of differing time frames, very different methodologies for data collection, and different samples. If we look at the top three issues based on just the data in this table, it appears that the top three concerns of professional counselors, in priority order, are (1) professional identity and standards, (2) managed care, and (3) professional advocacy.

It seems clear from these surveys that professional counselors know what our profession needs. Just ask them--they will tell you. This knowledge, these needs, and these priorities are consistent over time. As a consequence, we need to ask ourselves, as a profession, what is it that we are not doing to address the critical needs facing our profession? Certainly, we need to look more closely at these issues, at what we have done to address them and at what we can do and need to do. Perhaps, if we are not being effective in moving forward as a profession, it is because our solutions are ineffective. Perhaps we need to try another way.

Table 1. Comparison of top three priorities in three surveys of professional counselors

Priority	1997 Survey n=28	1989 Survey n=585	1995 Survey n=1200
#1	Professional Identity	Professional Standards	Professional Standards
#2	Managed Care	Professional Development	Managed Care
#3	Advocacy	Developmental Approach	Advocacy

In addition to these three issues, three other areas may be identified which were noted in one or more of the three surveys. This second set of three issues, while not as strongly noted as the first set, nevertheless appeared with such consistency that they would easily rank as the next set of critical issues facing the counseling profession. These issues, which may be ranked four through six, are as follows (4) diversity issues, (5) ACA politics, and (6) ethical and effective practice. It is important that we examine each of these six issues, both in terms of what we are doing and in terms of what we could be doing.

Six Critical Issues: Needed Professional Response

Although a variety of issues could be explored which have relevance to the future of counseling, three surveys of ACA members have revealed six areas of interest. These six areas, ranked from most to least important when the results of the surveys are combined, include professional identity, managed care, advocacy, diversity issues, ACA politics, and ethical and effective practice. Each issue is explored in more detail below.

Professional Identity

The issue of professional identity may be succinctly summarized in one statement: We lack a consensus definition of counseling. We lack consensus on who we are, on how we define our profession, and on what counselors are trained to do. As a profession, we are divided by our own standards (CACREP), which focus on specialties rather than the general practice of professional counseling (Myers, 1995). We lack reciprocity across states in licensure requirements, reflecting the inconsistency of state licensure standards in the various states. Although the counseling profession has been accrediting programs and credentialling counselors for more than 20 years, we cannot seem to coalesce around a common definition of who we are.

We need to decide the answers to several key questions: What distinguishes us from other mental health professions? How is our training the same as that of persons in other mental health professions? How is it different? How is it better? What do we do the same as professionals in other mental health disciplines? What do we do different? What do we do better? How do our specialities provide breadth and depth to the practice of professional counseling?

What is a definition of professional counseling on which we can all agree? We have been trying to write one as long as I can recall--yet we seem unable to reach agreement. Are we a group, comprised of professional counselors who share a common identity, purpose, competencies, and philosophy, or are we a group of groups, each with its own identity, purpose, competencies, and philosophy? We must decide or we will be unable to resolve the remaining issues which face us as a profession.

Managed Care

"Managed care" is an increasingly frequent topic of conversation among professional counselors, though little has appeared in our professional literature about the effects of managed care on the practice of counseling. Dr. Earl Ginter, Acting Editor of the Journal of Counseling and Development and former editor of the Journal of Mental Health Counseling, a counselor in private practice and mental health counselor educator, has studied managed care and is considered one of the experts on this topic in our field. Ginter

suggests the importance of understanding the effects on managed care on the practice of counseling, counseling practice, and quality of care.

A major change in the practice of counseling stimulated by the managed care movement is a decrease in one-on-one counseling. Ginter (personal communication, 1997) estimates that less than 25% of all counseling will be conducted one-on-one in the next century. Instead, group counseling will continue to increase, such that more than 75% of all counseling will be conducted in groups. The psychoeducational format will be the most common form of service delivery. In addition, the effects of managed care on counseling practice will result in a change in private practice as we know it. In the past, counselors-in-training have been encouraged to view single private practice as a goal, such that they could expect to "hang out a shingle" and make a living wage practicing independently. In the future, group practice will increasingly be the norm.

A significant issue for counseling practice in the managed care marketplace may best be defined according to the "golden rule" --that is, he or she who controls the gold sets the rules. We must ask ourselves how "quality" in service delivery is defined, and who determines that definition. On what basis is quality assessed? Who decides, for example, the number of sessions and the nature of the intervention that will be undertaken with a particular client with a particular set of presenting issues? And, who will pay for the services that are provided? Who will third party reimbursers pay? Professional counselors, or other mental health service providers?

Another issue we have yet to face as a profession relates to training for managed care. Managed care is a reality, and it is here to stay. We cannot ignore it, and it is a waste of time to question whether or not it is a "good" idea. As a profession, we cannot pretend to be like the ostrich with its head in the sand, thinking that if we can't see it, it can't hurt us. The marketplace in any profession can and should drive training. But, are our training programs providing the knowledge base necessary for our graduates to compete in the managed care marketplace?

Business knowledge imperative for counselors working with managed care, yet business curricula are not a part of our national standards for training professional counselors. Our training programs lag behind--we are not currently training counselors for the realities of managed care.

Another important trend is that the master's degree is becoming the standard in the field for service provision. There is, and will continue to be, a reduced emphasis on doctoral level practitioners, in our profession and other related mental health professions. Yet, CACREP has just determined that the next set of standards for counselor preparation will provide for a dual focus at the doctoral level--practitioner as well as counselor educator. Are we really listening to the market place?

Advocacy

There seems to be consensus within the counseling profession that the public does not know who we are or what we do. Legislators are not aware of who we are or what we do. Our professional image is neither strong nor clearly articulated to our various publics. Of course, this situation is closely related to the first issue discussed above, the lack of a clear and accepted definition of our profession. We cannot hope to effect serious legislative change that benefits our profession so long as we cannot agree internally and thus cannot present cogent arguments to those who make the laws that affect us. A case in point relates to core provider status, a designation we have been seeking for professional counselors for most of the last 20 years. In 1990, we learned that marriage and family therapists had achieved this designation, and that there were now five core providers of mental health services rather than four. How did the marriage and family therapists achieve this designation? Their national professional association lobbied successfully to have the term "marriage and family therapist" inserted into the Public Health Services Act alongside the other core providers: psychiatrists, psychologists, social workers, and psychiatric nurses.

As a profession, we lack effective advocacy skills to influence legislation necessary to promote our profession. As a consequence, we lack parity with the other mental health professions. Our national standards and our credentials are not as widely recognized as those of the core providers, and as a consequence we have far greater difficulty obtaining third party payments for the services we provide. Often those services are identical to the services of the core providers. Until we become core providers, we will not achieve parity in the mental health marketplace.

The issue of role equivalence applies not only to community and mental health counselors, but also and perhaps especially to school counselors. We are rapidly losing ground in many states in this regard.

Florida is only one of several states that has started eliminating school counseling positions and hiring itinerant mental health counselors to work with students. The supervision of school counselors is often not provided by our peers, other school counselors, but by social workers and other professionals. These persons do not share a common philosophy with counselors concerning needed interventions and outcomes.

We have been ineffective in obtaining standardized mandated student, school counselor ratios in all states. Our certification requirements for school counselors vary across states and continue to change as legislators decide our future for us through the decisions that they make, influenced by lobbies and special interests other than our own. In Ohio, for example, new certification requirements make it possible to hire social workers with no teaching experience, while counselors are required to have two years of teaching experience prior to being hired.

Diversity Issues

There is no question that we have become part of a global society. As professional counselors, we need think of ourselves as multicultural, and incorporate culture into everything we do. This includes our definitions of ourselves and our services, our philosophy, and our training. We need to be aware of the diversity in our society, and reflect that diversity in the recruitment of faculty as well as students in our counselor education training programs.

We need to ask ourselves about the future, and ask ourselves to imagine what society will be like. With this context, we then need to determine how we can recruit students representative of that future society. We can't seem to do it now, while we can clearly define the parameters of our population. We find it hard to recruit minorities for our training programs, both faculty and students. If this situation is allowed to continue, the potential pool of minority counselor educators can at best only remain the same, and at worst represent a decline in proportions as the numbers of minority individuals in our population continue to grow.

An essential question we must ask ourselves is that of how we will train counselors to be multiculturally competent. At present, we lack consensus in our profession and among our leadership as to what constitutes multicultural competence. Recent articles by Drs. Derald Sue and Duane Brown in the Spectrum, the newsletter of the Association for Counselor Education and Supervision, have my students

asking why we have no unified definition of culture or multicultural counseling, and no agreement on what is meant by multicultural competence.

The competencies of the Association for Multicultural Counseling and Development address only the four major ethnic groups. Yet the CACREP standards, textbooks, and other sources suggest that issues of sexual orientation, age, disability, spirituality and more are cultural issues demanding our attention. We need not just broaden our definitions, we need to reach consensus on those definitions if we are train counselors to be effective in a global society.

ACA Politics

In the survey I conducted, as well as the 1995 ACA membership survey, many respondents commented on ACA's internal politics and the implications of continuing internal friction. As divisions and state branches continue to threaten to disaffiliate, and to take concrete steps towards the disaffiliation process, ACA's governing council and staff are required to devote considerable energy to conflict resolution and continuing legal challenges. These are expensive in terms of human resources and energy as well as actual dollars. Our members and many persons in other professions question our ability to govern ourselves. It is hard to keep our student members involved when we present our association not as an advocate for their professional lives and careers, but as a source of conflict and soaring costs without a clear indication of increased gains. ACA's membership is dropping, significantly and consistently. In 1991, when I finished my term as president of ACA, our membership had topped 59,000 and was close to 60,000. Today it is less than 52,000 and continuing to decline. We have less than 50% of practicing professional counselors involved in ACA, and competing membership organizations growing on the statewide level to serve the needs of licensed professional counselors.

We seem to be shooting ourselves in the foot. Our association is not responding to the needs of our profession-and it is OUR association. We can change it.

Ethical & Effective Practice

To be effective advocates for our profession, we need to know and be able to articulate what works, whom, when, and under what circumstances. In other words, we need outcome research that establishes the viability of counseling. Such research would not only increase our credibility, it would also enhance our professional effectiveness with our clients. We would continue to emphasize ethical practice as the foundation of our efforts.

An important issue related both to ethical practice and to effective training is that of technological literacy. We live in an increasingly technology-based society, such that as counselors we need to expand our competence to include technological issues. A new and significant issue here is that of ethics in cyberspace--or web-based counseling.

WEB Based Counseling?

When we think about web-based counseling, a number of issues arise. Perhaps one of the first questions to be answered about web counseling is this: why not?

Dell computer company, one of the major national companies, recently conducted a survey of what they called "the TechKnow Generation" (Dell, 1998). This is a new generation that crosses traditional lines of age, gender, and geography. Dell surveyed 1,500 adults and 500 teenagers. Ten questions were asked each respondent concerning their computer use and preferences.

About 60% of their respondents were over the age of 35, 45% were between 35 and 54, and the ratio males to females was 3:2. Almost two-thirds of the respondents (60%) indicated that they had two or more computers at home. Over 40% of them spent more than 20 hours a week on-line.

Dell concluded that the TechKnow generation will cling to their personal computers in preference to other household appliances. Before giving up their computers, 79% are willing to part with a television remote control, 52% will give up their televisions, 78% will go without caffeine, 63% will part with their dishwasher and microwave oven, and 60% of them will pawn their home stereo system. Between one-fourth

and one-third of persons in the TechKnow generation will use the internet to buy clothes, cars, or even a house. So, why not use the internet to meet their mental health needs?

Some of the advantages of web-based counseling, according to professionals who offer their services through this medium, include the consideration that it is totally confidential, provides a written record of all sessions, and leaves the client totally in control of whether to initiate or continue a session or the relationship (examples: HYPERLINK http://www.deepcove.com/therapy; http://www.deepcove.com/therapy).

On the other hand, there are some drawbacks to this type of counseling. For example, in the absence of an I-see-you-you-see-me set up, where both parties have video cameras attached to their computers, it is impossible to obtain non-verbal information from a session with a client. We cannot be sure if we are dealing with only one person on the client's end of the computer, or whether there are other persons in the room with the client. Even with a camera hooked to the computer, one person could stay out of sight.

The National Board for Certified Counselors recently addressed this issue through the publication of a set of guidelines for dealing with ethical Issues in Cyberspace (http://www.nbcc.org). The NBCC guidelines raise a number of issues which should be considered by any counselor wishing to offer services over the web. First, counselors are encouraged to consult with their insurance companies to determine if their web-counseling is a covered activity. Insurance companies may be expected to ask some or all of the following questions: Where does the web counseling take place? Does it occur in the client's home or in the counselor's office? How is the identity of the client established and maintained? How is confidentiality assured?

Additional questions of a legal nature are sure to arise when considering or conducting web-counseling. For example, what are the limitations of disclosure (e.g., race, gender) when the client is unable to see the counselor? What are the applicable laws and regulations governing counseling practice? For example, when is informed consent necessary? At what age is parental consent required? What are the "rules" or laws for reporting circumstances of suspected abuse, and is it the laws of the state where the counselor lives or the state where the client lives? How are multicultural issues to be infused into web counseling? How will we train counselors in this regard?

Serious issues related to the use of technology have already been identified, and no doubt more will emerge as we have more experience with this medium. For example, what is a counselor required to do in the event of technology or electrical failure? What are the limits of the counselor's liability in this regard? Will the client's telephone number be required, and what can be done if no number is provided. How will records be maintained and who will have access to them? The likelihood of electronic sessions being preserved is greater, hence greater potential liability is increased. At the same time, use of the web and written records of counseling sessions would provide a much greater potential for extensive case supervision, as well as research. Of course, there would be a complete transcript of sessions available for review by members of the legal profession should charges be filed against a professional counselor. It would be difficult if not impossible to prevent legal advocates from providing alternate views of counseling interventions than were intended by the professional counselor.

Counseling at the Crossroads: Let's Decide Our Future

Six important issues facing the counseling profession have been identified in this paper. Many more could be presented. More questions are evident than answers. We are challenged to DECIDE our future. What can we do? The answers SEEM straightforward enough. We can...

base counseling practice on clearly-defined outcome research that shows that what we do really works, especially with regard to prevention;

develop a clear consensus identity of professional counseling;

establish effective coalitions with other mental health providers based on mutual respect, especially if we can become core providers and thus assure parity;

advocate effectively for the standards, training, and credentialling of professional counselors, and jobs commensurate with our credentials;

embrace diversity, both within society and within our profession, understanding the implications of a global society;

anticipate the future by developing a proactive plan to replace the 40% of counselors who are retiring, and train them to meet the needs of a future society.

In addition to these steps, and perhaps as a prelude to them, we also can develop a vision that reflects what we see as the outcomes of our futuristic thinking. We need to learn from our past, as stated in the introduction to this paper, but also we need to decide our future. Can our beliefs cause our future? Many counselors would suggest the importance of beliefs to their clients. I suggest the same if true of our profession. How often do we see a young person in difficulty and note that they are the "product of poor parenting?" Could it be that someday we would see a person, of any age, who is fully engaged in life and suggest that that person could be the "product of good counseling?"

Can we develop an enthusiasm and belief in emotional health that parallels our national fixation with physical health? In 1988, sales of oat bran were at $9.9 million. In January of 1989, the results of a study stating that oat bran lowered cholesterol was published in the New England Journal of Medicine. Within the next year, sales of oat bran increased to $72.2 million--over 8 times the earlier rate. I ask that you consider the following scenario:

In the near future, the JCD publishes a study showing that the effects of child abuse are lifelong and result in dysfunction, perpetuation of the family cycle of violence, as well as general unhappiness. However, this same article notes that it is possible for counselors to treat both the abuser and the abused, resulting in significant improvements in mental health, happiness, success and quality of life, for both children and adults, over the course of the entire lifetime of each individual. Within the next 12 months, the demand for counselors cannot be met, as families with abusive behaviors voluntarily seek our services to ask for treatment. And, the costs of such treatment are covered by third party reimbursements! Can we connect with this scenario? How limited is our vision?

Can we change our paradigms? We truly are at a crossroads, and unless we do change our paradigms, we may be unable to clearly decide which direction to take. Can we begin to see counseling as more than a second-class citizen among the mental health professions? Think for a moment about the "traditional" highway interchange, the standard cloverleaf pattern. The cloverleaf interchange is much more complex than the crossroads--and in an urban society, it is much more the norm. But, it requires that we

slow down to change direction. I suggest we do not have this luxury. We have no time to slow down. We have to keep up with the rapid pace set by our rapidly changing world and society. The high speed interchange is increasingly the norm. We cannot take time to slow down or pull over. We have to stay in the stream of traffic and find a way to remain in control and get to our destination, and do it quickly.

I believe that we can change the future if we have a common dream, and if we work together. Mary Lou Rhetton, Olypic Gold Medalist in Gymnastics, said it well when she defined the meaning of TEAM: Together Everyone Achieves More. Earlier I quoted Henry Ford, and it is worth repeating here: I f you think you can or you think you can't you're right. The impossible dream? I think not! I think we can:

have all counselor education programs accredited by CACREP;

have licensure in all 50 states;

have parity for counselors in ALL job settings, including managed care as well as schools;

advocate effectively for professional counselors and those whom we serve.

Recall for a moment the enthusiastic graduate of plumbing school who, when taken to Snoqualmie falls for his graduation, looked thoughtfully, stroked his chin, and then said: I think I can fix that! Stated another way: The impossible takes a little longer!

The future is now, not later. We have the ability to go where we have never gone before--in more dimensions than we once thought possible. We CAN decide our future, and we CAN create what we want it to be. We have the resources, the skills, the energy. Together, I believe we can DECIDE to be a strong, unified profession, and TOGETHER, WE CAN MAKE IT HAPPEN!

A Post Script

It is noteworthy that the ACA Governing Council, at its meeting in the Fall of 1997 which took place shortly after the WCA conference, passed a consensus definition of professional counseling and professional counseling specialty. Those definitions are as follows:

Professional Counseling is the application of mental health, psychological or human development principles, through cognitive affective, behavioral or systemic intervention strategies, that address wellness, personal growth, career development, or pathology.

A Professional Counseling Specialty is narrowly focused, requiring advanced knowledge in the field founded on the premise that all Professional Counselors must first meet the requirements for the general practice of Professional Counseling.

Whether there is broad support for this definition remains to be seen, and will be reflected in the CACREP standards, the requirements of the National Board for Certified Counselors, and the success of government relations efforts across ACA and its divisions.

It is also noteworthy that the ACA Governing Council received the comprehensive report of the Multicultural Summit held in the summer of 1997 in Washington, D.C., which established a long-term agenda for the profession in recruiting, training, and retaining multiculturally competent counselors and counselor educators. It is even more noteworthy that the Governing Council, chaired by ACA President Courtland Lee, failed to approve this long-term agenda.

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