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Professional Counselor Identity Development Relative to Professional Recognition

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Walden University

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Walden University

College of Social and Behavioral Health

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Brandon D. Shurn

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Walden University
2023

Abstract

Professional Counselor Identity Development Relative to Professional Recognition

by

Brandon D Shurn

MS, Walden University, 2017

BS, University of Maryland Global Campus, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

February 2023

Abstract

This descriptive phenomenological study was conducted to explore how professional counselors described their professional identity development and if professional recognition from psychologists, social workers, psychiatrists, and other professional organizations contributed to professional identity development. Phenomenology was developed by Edmund Husserl and explores insights from others based on their experiences. Licensed clinical professional counselors in Maryland formed the purposive sample that included six participants; each participated in a semi-structured interview. Thematic coding highlighted themes that emerged and included (a) the importance of the Council for Accreditation of Counseling and Related Educational Programs (CACREP), (b) licensure as a stressful process, (c) professional identity derived from myriad sources, (d) The need to advocate for self, (e) struggles within the profession, (f) working with insurance companies is a process, (g) identity dissonance, and (h) need to study identity development. An additional overarching theme that emerged was that it is not clear to counselors what contributes to professional identity development. The results of this study can be used by CACREP and the counseling profession to increase discussions of professional identity to increase the clarity counselors use when describing professional counseling to other mental health professionals and professional organizations, leading to parity within the profession. This clarity will manifest positive social change in which counselors describe professional identity to others, increasing the level of professional recognition that counselors receive.

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Dedication

I dedicate this work to several people. To my wonderful wife Pam Shurn. When we started our life journey over 20 years ago, I could not have imagined the path that it would take us down. Thank you for being such a marvelous support system, keeping me grounded, and being patient with me as I journeyed through my academic career. To my children, Marcus, Dessie, Ariana, and Samantha, you are each amazing in your own unique way and I thank you for pulling on various parts of me. I only hope to be an inspiration and example of what is possible once you have set your mind to do something. To my earthly parents, Chuck Thomas and Bonita Shurn, thank you for giving life to me and caring for me over the years. I only wish that you were both physically present to celebrate this accomplishment with me. To my Heavenly Father, very early in life, I began looking for a change of pace from the craziness that was around me. I did not fully understand how I would impact lives and serve my generation, but now I know and I'm grateful for the ability to be a positive influence on others.

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Chapter 1: Introduction to the Study

In March of 2021, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) released a draft of the 2024 standards that will govern counseling related programs that have been accredited or will seek accreditation from CACREP (CACREP, 2021). The CACREP board of directors requested that the standards revision committee examine all aspects of the existing standards, with professional identity being the first issue to examine (CACREP, 2021). The foundation of professional counselor identity is linked to current knowledge of the field and the potential needs of the profession in the future, receiving input from students who have gone through a counseling program (at either the master's level or doctoral level), concern with student learning, and is written down in course feedback making it possible to evaluate them (CACREP, 2015). Additionally, the counselor in training is encouraged to be active in their professional identity development through workshops, seminars, or other activities for professional growth in addition to being active with a professional organization (CACREP, 2015). The second standard for professional counseling identity is made up of not only the syllabi and a focus on current counseling research, but it is also comprised of core areas related to professional counseling orientation and ethical practice, social and cultural diversity, human growth and development, career development, counseling and helping relationship, group counseling and group work, assessment and testing, and research and program evaluation (CACREP, 2015).

The social change implications of this study included offering additional ways the profession advocated at the macrolevel, which could serve as the catalyst for increasing

the level of parity professional counselors have with other mental health professionals. In this chapter, I present a brief background on the process of developing a professional identity for counseling. I provide a problem statement that highlights challenges for the profession and the purpose of the study. I align the research question and provide a brief discussion of the conceptual framework that guided the study. I briefly discuss the nature of the study and some key concepts that were important for the reader to understand. I offer a discussion about the assumptions, scope, and delimitations along with the limitations and significance of the study. Finally, I provide a summary of the key points to conclude the chapter.

Background

Counseling has been defined as “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan et al., 2014, p. 368). This served as the basis from which the examination and exploration of the phenomenon of professional identity was explored (Lawson et al., 2017; Lile, 2017; Woo et al., 2016), although the scholars did not share a similar focus in their research. Scholars have built on the consensus definition of counseling to increase the scope of practice for the counseling profession (Eissenstat & Bohecker, 2018; Kaplan & Kraus, 2018; Kaplan et al., 2014).

There are many factors that may influence professional identity. Previous researchers have explored the number of years in the profession (Dawson, 2018) as well as mindfulness and its impact on the professional identity development of counselors-in-training (Dong et al., 2017). Others have focused on an organization’s impact on

professional identity development such as the creation of Chi Sigma Iota (CSI) and the association of CSI with presidents of the American Counseling Association (ACA), National Board for Certified Counselors (NBCC), and CACREP (Kress & Barrio Minton, 2015). Researchers have examined the development of professional identity with a focus on master's level counseling students, since this is an entry point of the profession (Lile, 2017) in addition to counselor educators who had leadership roles in professional organizations related to counseling (Woo et al., 2016).

Researchers have focused on different standards when examining professional identity. Some have used 2016 CACREP standards, which emphasized certain knowledge and skills and assessed the implications of incorporating mindfulness into training programs based on how other mental health professions integrated mindfulness to assist with professional identity development (Dong et al., 2018). Others have used ACA's ethical standards to measure the development of professional identity to be able to predict ethical identity development (Lloyd-Hazlett & Foster, 2017).

A theme present among the professions that enjoyed licensure portability as united advocacy (Eissenstat & Bohecker, 2018); something that is challenging given the fact that American School Counseling Association and Counselors for Social Justice dissented to the consensus definition of counseling (Kaplan et al., 2014). Members of ACA who have moved to another state only to run into roadblocks obtaining a professional license in the new jurisdiction and presented the final component of a project that laid the foundation for a portable license (Kaplan & Kraus, 2018). But the counseling profession's model of advocacy has been moving forward (Lawson et al., 2017).

There was a lack of exploration related to the potential influence that professional recognition had on the development of professional identity for counselors. There also was little concern with the amount of influence that professional recognition may have had on the counselor's professional identity developmental process because the available literature mostly considered external influences on identity development. The closest that the available literature came to exploring professional recognition was when the issue of Medicare was explored (Bergman, 2013; Reiner et al., 2013). Professional recognition was found to have some level of influence on the development of professional identity. But there was no research on the impact that the lack of a unified professional identity had on the recognition that is provided to professional counselors, which presented an opportunity for further research, which can lead to professional recognition commensurate with the other mental health professionals.

Problem Statement

It was not until the 1970s that the professionalization of counseling became a concern (Neukrug, 2014). The ACA worked with the American Association of State Counseling Boards to provide clarity on issues related to the variations of counselors' designations and requirements for licensure, which emerged as an issue in 1976 when Virginia offered the first professional license to counselors (Kaplan & Gladding, 2011; Olson et al., 2020). This initiative also sought to provide a unified definition of counseling, so that licensure could be more streamlined and easier to transfer into other jurisdictions (Kaplan & Gladding, 2011; Olson et al., 2020). But the counseling profession struggled to find a singular voice (Eissenstat & Bohecker, 2018). A lack of

consistent professional description and common recognition across states is connected to lacking unity within the collective voice of the counseling profession (Reiner et al., 2013).

Although a lot of attention had been given to the development of professional identity for professional counselors, there was a lack of literature regarding the role that professional recognition by other helping professionals such as social workers, psychologists, and psychiatrists, and other organizations played in the development of that professional identity. Professional recognition includes the increased awareness by federal agencies leading to additional employment opportunities, the ability to obtain direct commission to serve in the military, independent paneling with Medicare insurance, increased ability to port licensure to other states, and increased awareness of counselors' education and capabilities (Bergman, 2013; Kaplan & Gladding, 2011; Kaplan & Kraus, 2018; NBCC, n.d.). It had been posited that exploring counselor's professional identity as a stand-alone phenomenon be abandoned and merged with the counselor's personal identity and thus is based on the years in the field (Dawson, 2018). However, further research was needed to explore if professional recognition of professional counselors played a role in the development of professional identity. An in-depth exploration of the lived experiences of professional counselors who align strongly with their professional identity needed to be conducted to better understand the role professional recognition played in their identity development.

Purpose of Study

The purpose of this qualitative descriptive phenomenological study was to describe the lived experiences of professional counselors as they developed their professional identity. Given the focus on developing a consensus on professional identity for counselors to increase recognition of the profession (Bergman, 2013; Hawley & Calley, 2009; Kaplan & Gladding, 2011; Kaplan et al., 2014; Reiner et al., 2013), there was a need to explore how internal factors such as professional recognition from psychologists, psychiatrists, social workers, insurance companies, and government agencies might have influenced the identity development of counselors. The results provided the data necessary to aid in macrolevel advocacy efforts with policy makers to increase the recognition of professional counselors training and abilities. Literature has highlighted steps taken to strengthen identity development and professional recognition, but the experience of the stakeholders with other mental health professionals was absent, meaning an entire component of professional identity development was unexplored.

Research Question

Research question: How do professional counselors describe their lived experiences with professional identity development?

Subquestion: How does professional recognition from other mental health professionals and other professional organizations influence the professional identity development of counselors?

Conceptual Framework

The framework for this study was phenomenology. Phenomenology is a philosophy that is used to understand and gain insight into the essence of all events experienced through the perspective of the person engaged in the experience (Giorgi, 2009; Husserl, 2001a). In phenomenological research, consciousness is at the core of all investigations but has been linked to mental acts, psychic experiences, and the confluence of psychic experiences and streams of consciousness (Husserl, 2001b). There are two main frameworks from which all phenomenological research flows. There is transcendental or the idea that nothing should be assumed and there is the hermeneutic approach created by Heidegger under the belief that it is impossible to bracket preknowledge (Peoples, 2021). Husserl's phenomenological method was used for this research, employing a descriptive design that developed rich data by diving deep into the lived experiences of the respondents without adding to or taking away from what was given (Giorgi, 2009). Descriptive phenomenology related to the objective of my study and the research questions because I was looking to gather descriptions of the lived experiences of counselors as they developed their professional identity. I provide more detail on this framework in Chapter 2.

Nature of the Study

I used a descriptive phenomenological approach to explore the lived experiences of the research participants. This approach required a shift in the thinking of the researcher (Giorgi, 2012). Based on my research questions, a descriptive phenomenological approach helped reach the goals of gathering information on the lived

experiences of the participants through the semistructured interview, I designed the questions relevant to the research and left an opening for participants to share other experiences (Peoples, 2021). Using the descriptive phenomenological method allowed me to accurately capture the experiences of participants as it related to professional identity development while bracketing any knowledge that I had about the phenomenon in exchange for what was presented (see Giorgi et al., 2017). The objective was to describe the lived experiences of professional counselors' professional identity as it related to professional recognition. To achieve this objective using a phenomenological lens, it was necessary to suspend my judgment and actively interpret while bracketing my experiences and prior knowledge (Peoples, 2021). It was important to obtain specific and concrete descriptions of the experiences from participants (see Giorgi, 2009). The study took place via teleconference platforms (e.g., Zoom, go to meeting), and I audio recorded each interview.

Definition of Key Concepts

In this study, I used some terms that might have been unknown to the reader. To assist with understanding and a reduction in confusion, I provide definitions to the key terms related to my study.

Bracketing/Epoché: The suspension of prior knowledge, realities, presuppositions, or judgements for the purpose of focusing on analyzing experiences as presented (Giorgi, 2009; Husserl, 2017; Peoples, 2021). Giorgi (2009) noted that this posture can be difficult for some researchers who believe that to achieve this bracketing of experience, it is necessary to completely forget about the phenomenon being investigated. In bracketing it

is not necessary to assume a position of complete newness, or attempting to invent a new language, since it is not possible to remove a priori consciousness (Giorgi, 2009; Husserl, 2017).

Horizon: The concept or understanding that some present experiences cannot be set aside, because experience is united infinitely with other experiences and possibilities and forms a stream of experience that cannot be fully known (Giorgi, 2009; Husserl, 2017; Peoples, 2021). For the researcher, it is paying attention to the object or phenomena that is in front of them in the moment (Peoples, 2021). It is impossible to bracket the awareness of the phenomena of inquiry as it will be the current experience of the researcher and requires the presence of the researcher (Peoples, 2021).

Intentionality: The foundational component of consciousness and is critical when using phenomenology since mental phenomena moves towards objects (Giorgi, 2009; Peoples, 2021). It is awareness that allows researcher to describe the entire stream of experience in a singular manner (Husserl, 2017; Peoples, 2021). Intentionality is important as it represents a potential field of perception and can move towards whatever may become present within that field (Husserl, 2017).

Noema/Noesis: Concepts that go together, and are comprised of the object of perception, noema, and the act of thinking about the object, noesis, that culminates in what is known as perception (Giorgi, 2009; Peoples, 2021). The practice of living within perception, or failing to bracket, while engaging in the process of phenomenological inquiry will hinder my ability to analyze the phenomenon apart from prejudice (Husserl,

2017), an important part of conducting either transcendental or descriptive phenomenological inquiry.

Phenomenological reduction: The active conscious process of employing epoché (Peoples, 2021). It is the intentional act of disconnecting from judging attempting to view the phenomena from pure consciousness (Giorgi, 2009; Husserl, 2017). It is the act of suspending judgment or using perception that allows the researcher to have more of a heightening to the object or phenomena being presented (Giorgi, 2009).

Professional experiences: The experiences that counselors have in an official capacity with others such as interactions with navigating licensure boards and insurance panels (Berman, 2013; Kaplan & Kraus, 2018). It also includes professional interactions with psychologists, psychiatrists, and social workers through supervision and or collegial interactions and their understanding of professional counselors (Eissenstat & Bohecker, 2018).

Professional identity: Involves several complex moments connected to interpersonal and intrapersonal interactions (Jorgensen & Duncan, 2015). For the purposes of this discussion, professional identity will mean the view that a counselor maintains of their self as it relates to their work in the mental health field. This will not change whether they work exclusively with individuals, groups, or families for overall mental health and wellness (Kaplan et al., 2014).

Professional recognition: Involves the ability to port a license into another jurisdiction, what psychologists, psychiatrists, and social workers understand about a counselor's education and competency level (Kaplan & Kraus, 2018; Mascari & Webber,

2013). Professional recognition also includes parity in the insurance panels that will allow counselors to be included as in-network providers (Bergman, 2013; NBCC, n.d.)

Assumptions

Within transcendental or descriptive phenomenological research, highlighting biases works against the research since all experience and preknowledge is going to be bracketed (Peoples, 2021). Since it would have worked against me to discuss any assumptions I made, I offered more information on the bracketing process. By suspending judgments and taking information as it is presented, I reduced the risk of diminishing the current experience or viewing what has been presented considering prior experiences (see Giorgi, 2009). It is important to note that to bracket does not mean completing cutting off all knowledge of the phenomenon of inquiry, it is a way of not being unduly influenced by prior knowledge while engaged in the determining the present experience (Giorgi, 2009).

Scope and Delimitations

For this study, I explored the lived experiences of professional counselors described developing a professional identity and the possible influence professional recognition had on that development. Included were individuals licensed as counselors in Maryland who graduated from a CACREP accredited program, were 18 years or older, and reported having professional interactions with either psychologists, psychiatrists, social workers, or any combination of the three. I excluded individuals who did not fit this criterion because the relevant research focused on graduates from CACREP accredited programs. What I uncovered about the phenomenon of professional identity

development relative to professional recognition might offer useful insights for CACREP and gatekeepers for the counseling profession.

Limitations

One potential ethical issue that was considered was maintaining confidentiality. Protecting the privacy of the participant was important for conducting research that is aligned with the counselor's code of ethics. Counselors conducting research are encouraged to take the steps necessary to ensure that any information obtained about participants throughout the process is protected (ACA, 2014). Because I conducted a descriptive phenomenological study, and it was likely that some identifying data would be present in the manuscript, prior to submission, I took the step of searching for identifiers that could be changed without significantly altering the integrity of my research (Morse & Coulehan, 2015). I also used pseudonyms for each participant; a necessary step considering anonymity could not be fully guaranteed (Seidman, 2019). Generalizability was another issue with the study because in phenomenological studies the size of the participant pool was small (Peoples, 2021). My sample size was small and consisted of only six participants and limited to counselors practicing in a single state. The data obtained was rich, however more research would be required. In qualitative studies, the purpose is not to generalize, but to obtain rich data from the research participants (Ravitch & Carl, 2016).

Significance

Professional recognition has some influence on professional identity development. It provides steps that could be taken to help advocate for the counseling

profession. Even after completing a master's degree, professional development can continue beyond this and culminate in the professional identity of counselor educator upon completing a doctorate degree, yet the skills required are different (Haddock, 2019; Limberg et al., 2013). Developing a professional identity has been inconsistent, specifically as it relates to licensure portability, how counselors get hired, and the recognition of third-party payers for independently licensed professional counselors (Burns & Cruikshanks, 2017). For example, Medicare covers approximately 55 million individuals and is currently one of the largest programs in the country to give medical insurance, yet counselors are not included in their list of authorized providers (Bergman, 2013; NBCC, n.d.). Because of this, the population of people that professional counselors can work with is negatively impacted. Older clients may have to seek services with a clinician who is not as well suited to them but because they can bill their insurance for the services rendered.

The journey for parity in recognition within the mental health profession is ongoing. By including the experience of stakeholders as they describe their professional identity developmental process, along with influences on that process, counseling organizations are given additional areas for consideration in the advocacy process. This information provided additional ways to work towards strengthening the voice of the profession, included the voice of the stakeholder, and added to the scholarly literature, specifically for counseling practice and education, areas that CACREP has encouraged for dissertations in doctoral programs (CACREP, 2022).

Summary

The counseling profession started with a focus on vocational guidance back in the 1800s but increased the diversification of what counselors do in the mid-1900s (Neukrug, 2014). Since that time scholars worked to develop a unified definition of what counselors do (Kaplan et al., 2014; Kaplan & Gladding, 2011). With the definition of what counseling is, the journey of increasing professional recognition emerged as the focused of researchers (Eissenstat & Bohecker, 2018; Olson et al., 2020). Developing a unified voice for advocacy efforts and working to get paneled with Medicare has also emerged as a focus of researchers (Eissenstat & Bohecker, 2018; Olson et al., 2020). In Chapter 2, I present an overview of the literature associated with professional identity development and professional recognition and discussed the value of this study to the counseling profession.

Chapter 2: Literature Review

The counseling profession has a shared history with the other mental health practitioners such as psychiatrists, psychologists, and social workers. But even after emerging as a profession in the 1970s (Neukrug, 2014), a tentative consensus on the identity of the profession was not reached until approximately 8 years ago (Kaplan et al., 2014). The process began with the identification of seven areas requiring attention by the counseling profession, out of which came a standardized definition of counseling as a relationship used to help individuals achieve their goals (Kaplan et al., 2014; Kaplan & Gladding, 2011).

The purpose of this qualitative descriptive phenomenological study was to describe the lived experiences of professional counselors as they developed their professional identity. This study will increase understanding of the possible influence of professional recognition within the process of identity development. My research addressed issues that influence identity development of counselors. If preliminary evidence points to some level of influence on identity development, it may provide data necessary to aid in advocacy efforts to help increase the recognition of professional counselors training and abilities.

In this chapter, I will review literature related to the subject and present emergent themes. In addition, I will highlight any gaps in the literature and how the question I proposed worked to address the gaps. I also provide a list of the databases searched, along with the relevant keywords. A brief discussion of my conceptual framework is followed by an introduction to the literature. The literature is broken into the following

topics: (a) defining the profession, (b) cohesion within the profession, and (c) professional barriers. I speak to the gaps in the research and provide justification of the importance of my research. This chapter concludes with a summary and conclusion to integrate all the points discussed.

Literature Search Strategy

I reviewed scholarly peer-reviewed literature relevant to my topic within the following databases: *APA PsycInfo (formerly PsycInfo)*, *Education Source*, *ERIC*, *Academic Search Complete*, *CINAHL*, *SocINDEX*, *Business Source Complete*, *Gale Academic OneFile Select*, *Directory of Open Access Journals*, and *Gale in Context*. In addition, I gathered information from ACA's website to provide an explanation of the history of the professional identity of counseling. I also collected information from CACREP's website related the various counseling and counseling-related programs that the organization accredits. I then searched following websites: American Psychological Association, American Association of Marriage and Family Therapists (AAMFT), and NASW, in addition to their relevant degree accrediting organization websites to understand the relevant processes used to promote their profession and how they accredit their programs. Sources used included peer-reviewed articles and empirical studies, web pages, reports, and scholarly books.

The sources I selected were in the scope of my subject and filtered through the input of key terms and references from online sources. Peer-reviewed articles and studies were limited to those published between 1968 and 2020. Much of the research older than ten years (prior to 2012) was included to give some historical context related to the

concept of the professional identity of counseling and the journey the profession has been on to obtain professional recognition. Google Scholar helped to determine if some of the older articles in my literature review are currently in use by researchers.

The recognition of the counseling profession by other mental health professions that are more established and other professional organizations is central to this research. However, there was a lack of research related to exploring the potential influence this has on counselors' professional identity development. Therefore, I used the existing literature to provide a foundation for exploring professional identity development relative to professional recognition. The search terms included *professional identity development for counselors, professional identity of counselors and recognition, professional recognition and professional counselors, professional recognition and professional identity, professional counselor and professional licensure, and what is professional counseling*. The criteria for inclusion in the review were (a) articles related to the counseling profession, (b) relevance to counseling and professional recognition, and (c) written in the English language. Each of the articles add to the rich history of the counseling profession and the journey from concept to profession.

Observations from the Literature on Professional Identity

The quest for a professional identity that is distinct from the other mental health professions began in the middle of the 20th century when the American School Counselors Association (ASCA;1963) published their tentative policy on secondary counselors, which outlined the vision ASCA had for counselors. As the counseling profession began seeking parity with social workers and psychologists, other scholars like

Brammer (1968) and Brammer and Springer (1971) concluded that counseling as a profession is linked to psychology, and there were changes that needed to be made in counselor education to improve its offerings. Some researchers have expanded on the concept of counselors being psychologists and placed branded them community psychologists (Goodyear, 1976), whereas others have explored the presence of the counseling professional in a society where psychologists dominate (Pate, 1980). The myriad descriptions of the early explorations of the counseling profession offers the first glimpse into some of the fragmentation of thought in defining and developing a professional identity for professional counselors. Much of the early literature offers personal thoughts on what it means to be a professional counselor.

The climate around what it means to be a professional counselor appeared to shift when Seiler and Messina (1979) published a document outlining the need to move toward a professional identity, and Messina (1985) identified some of the benefits of this move. It should be noted that even with these articles, research around the concept of professional identity has not been developed. To address this discrepancy, Ritchie (1990) posited that counseling is not a legitimate profession yet based on assessing the field of counseling against ten criteria that guide other mental health professions and provided some suggestions on how to meet the criterion and emerge as a profession. Walz et al. (1991) built on Ritchie's suggestions by postulating the future of counseling. Walz et al. served as the foundation for the Kaplan and Gladding (2011) and Kaplan et al.'s (2014) work to reach a consensus on what professional counselors do to create some distinction

from other mental health professionals and unity within the counseling profession across the board.

Since the early part of the 21st century, many scholars have conducted studies to explore how having a unified professional identity could have presented ways to build and advocate for the profession (Brat et al., 2016; Dong et al., 2017; Dong et al. 2018; Eissenstat & Bohecker, 2018; Gale & Austin, 2003; Gibson, 2016; Hawley & Calley, 2009; Kaplan & Gladding, 2011; Kaplan et al., 2014; Myers et al., 2002). Though some of the scholars build on each other, there does not appear that a consensus has been reached on how to best approach the issue of professional identity. But all do seem to suggest that having a strong professional identity is likely to increase professional recognition from other mental health professionals and other professional organizations (Brat et al., 2016; Dong et al., 2017; Dong et al. 2018; Eissenstat & Bohecker, 2018; Gale & Austin, 2003; Gibson, 2016; Hawley & Calley, 2009; Kaplan & Gladding, 2011; Kaplan et al., 2014; Myers et al., 2002).

Conceptual Framework

Phenomenology as a philosophy was introduced by Edmund Husserl in the 1900s, which presented the foundational construct that others have taken and modified (Giorgi et al., 2017). Husserl (2017) described knowledge as directly linked to experiences and will continuously abide within that experience. Transcendental or descriptive phenomenology is a modification of Husserl's phenomenology and requires a shift in the thinking of the researcher (Giorgi, 2012). The researcher will want to resist treating what is presented as it is the way it is presented, refrain from including past knowledge to account for what is

presented and adopt a special attitude of sensitivity toward the phenomena being researched (Giorgi, 2012). This method is not concerned with developing a hypothesis about the phenomenon being studied but tying together the objective and subjective components of an experience (Peoples, 2021).

My goal was to increase my ability to describe the individual experiences of the identified phenomenon of interest. Increasing the knowledge, understanding, and awareness of professional recognition, its importance, and the way counselors experience this in relation to identity development may help when advocating for greater inclusion. When using Husserl's concept of phenomenology, it is necessary to bracket experience or take the view of being a foreigner entering the world of others (Peoples, 2021).

Bracketing, also known as epoché, refers to the researcher putting aside any knowledge about a phenomenon that does not come directly from the phenomenon itself and is considered nonfunctional (Giorgi et al., 2017). Since I bracketed my preknowledge about the phenomenon of interest, no other frameworks could be used to assist in providing interpretations or analyzing the data (Giorgi et al., 2017). I provided more details about the key concepts related to using descriptive phenomenology as a research design in Chapter 3.

Rationale for Framework

When planning to use phenomenology as a method the researcher must first understand that it is a philosophy and is the way through which any rational criticism should be directed (Husserl, 2017). Giorgi extended phenomenology to include human consciousness understanding that the essence of the phenomenon requires a

transcendental phenomenological reduction and a careful description of what is discovered in the process (Giorgi & Giorgi, 2003; Giorgi, 2012). Conducting research from a descriptive phenomenological lens allows the researcher to explore the experiences as lived by the phenomenon (Giorgi, 2009). Giorgi's descriptive phenomenological design was suited for this research and related to the problem, purpose, research questions, and the goal of the inquiry because of the focused on the experiences as lived by the participants.

The blending of the philosophic and scientific methods allows for deep exploration of a phenomenon and to describe it as near to the actual experience as possible (Giorgi, 2009). To achieve this, the researcher considers where the phenomenon occurred organically and then created a research situation where the phenomenon could occur again with some control (see Giorgi, 2009). Organically occurring phenomena can be linked to lifeworld, which is used to identify the world into which we were birthed into and presently live (Giorgi, 2009). Using the descriptive phenomenological method allowed me to accurately capture the experiences of participants as it related to professional identity development, while bracketing any preknowledge that may exist about the phenomenon in exchange for what is presented (Giorgi et al., 2017).

Literature Review Related to Key Concepts

In this section I provide a brief overview of the literature related to the professional recognition of the counseling profession and present the themes that emerged as a result. These themes were defining the profession, cohesion within the profession, and professional barriers. Reviewing the literature also highlighted gaps

within the current research on my topic and how the proposed research questions would work to address a meaningful gap in the literature. I start with addressing cohesion within and entry points into the profession, then I define professional counseling, followed by a discussion on professional barriers. Each major point in this section of the chapter included an introduction to the point, a discussion about the point where relevant literature was synthesized and concluded with a summary of the section.

Cohesion and Entry Points into the Profession

As a part of the exploration of the literature related to professional identity of counselors, it was important to define the profession. There was an initiative to unify the counseling profession through a cohesive definition to present to help external audiences understand the construct of a professional counselor (Kaplan et al., 2014; Kaplan & Gladding, 2011). Approximately 31 organizations were involved in this process, but two decided not to endorse the definition (Kaplan et al., 2014). A formal vote was held, and the delegates present voted unanimously to approve and adopt the definition of counseling and this definition appears in the current ACA Code of Ethics (ACA, 2014; Kaplan et al., 2014). In addition to a definition of professional counseling hoping to strengthen identity, other scholars built on this work arguing that professional identity was also developed through CACREP accreditation of counseling programs, leadership opportunities, advocacy, and public perception (Brat et al., 2016; MacLeod et al., 2016; Person et al., 2020; Peters & Vereen, 2020).

Cohesion Probability

It is important to note that counseling traced its origins back to the 1800s when it functioned as vocational guidance (Neukrug, 2014). The American School Counseling Association (ASCA;1963) issued a statement that was designed to define and clarify the role of school counselors, and culminated in a description of their professional identity, the rationale of the profession, responsibilities of the school counselor, along with competencies and professional preparation. In that statement ASCA (1963) used the terms school counselor and counselor interchangeably throughout. ASCA was not the only organization to chime in to establish itself professionally in the mental health field. Kosinski (1982) reported that the AAMFT originally founded the American Association of Marriage Counselors had developed their own set of standards that would be used to create a professional identity.

The AAMFT was not alone in their quest to establish the legitimacy of their profession through shaping the identity. Messina (1985) reported that the American Mental Health Counselors Association (AMHCA), then a division of ACA, developed a clinical mental health counselor certification that was meant to increase professional identity for counselors. Over time both ASCA and AMHCA broke off from ACA and currently function as independent associations with no affiliation with ACA as of April 2018 for ASCA and March 2019 for AMHCA (ACA, n.d.-a).

Entry into the counseling profession requires a master's degree, but not all universities that offered the professional counselor degree adhere to the same educational standards. Not all counseling preparation programs are currently accredited by CACREP,

and state licensure boards reflected this inconsistency (Lawson et al., 2017; Person et al., 2020). Reiner et al. (2013) posited that it is through the educational context that the core of the professional identity would be formed, and counseling students would learn how to advocate for themselves and the profession. Working from a similar concept Eissenstat and Bohecker (2018) posited that the counseling profession could benefit from uniting across all disciplines to speak with one voice. They noted that other professions have benefitted from the singularity of voice as well as strength and rigorous requirements of their programs (Eissenstat & Bohecker, 2018). Given the many programs that CACREP currently accredits (CACREP, n.d.) in addition to other helping professions, it was necessary to explore the various entry points into the mental health profession.

Entry Points into the Mental Health Profession

As discussed earlier, there was little consistency with various state licensing boards for counselors making a generalized discussion of how counselors may obtain independent licensure problematic (Lawson et al., 2017). For this reason, I decided to focus on Maryland as an example for the entry points into the mental health profession. Among the pathways into the mental health profession in Maryland is by becoming licensed as a psychologist, or a social worker. To obtain a license to practice as a clinical psychologist, the Maryland Board of Examiners of Psychologists require that the applicant obtain a doctorate in clinical psychology, take the necessary exams, and complete the required paperwork (Maryland board of Examiners of Psychologists, n.d.-a). Maryland Board of Social Work Examiners require that applicants for clinical

licensure obtain a master's degree in social work, take the required exams, and file the paperwork necessary (Maryland Board of Social Work Examiners, n.d.-d).

According to Maryland's Board of Professional Counselors (BOPC) webpage becoming a licensed marriage and family therapist requires that the applicant at least complete a master's degree in marriage and family therapy, complete the necessary exams and paperwork (BOPC, n.d.-b). The process for becoming a licensed clinical professional counselor (LCPC) in Maryland require a master's degree in professional counseling (BOPC, n.d.-c). It's worth repeating that the AAMFT is not associated with ACA, ASCA, or AMHCA and has its own accrediting body that is not aligned with CACREP. This being the case, the combined presence of licensed marriage and family therapist and LCPC on the same webpage could lead to increased confusion about the identity and scope of practice for each profession. Eissenstat and Bohecker (2018) posited that the existence of multiple counseling identities created some doubt on whether the profession may be able to present as a unified body and the presence of multiple and sometimes conflicting ethical standards could have contributed to this issue. With many of the entry points into the mental health profession having similar educational requirements, defining what makes counseling as a separate profession was important.

Defining the Counseling Profession

The counseling profession boasts a history which can be traced back to the 1800s when it was known as vocational guidance. It has developed and underwent many transitions, from National Vocational Guidance Association to American Personnel and Guidance Association then to the American Association of Counseling and Development,

and finally to the ACA as the scope of practice started to crystalize a bit more moving from guidance to counseling and development, and ultimately, counseling (Field, 2016; Neukrug, 2014). To reduce confusion and maintain concision, I used ACA throughout to reference the various iterations of the counseling association. Even though the profession traversed various periods of transition, it was not until the 1970s that Virginia became the first state in the union to offer a professional license, and it was not until 2010 that California became the last state in the union to offer a license to those in the counseling profession (Field, 2016). Brammer (1968) spoke about the confusion surrounding the professional identity of counselors who worked in the school setting and posited that there was contempt from social workers and psychologists because counselors functioned primarily from a guidance model but attempted to position counseling as a profession. The counseling profession had developed a definition and more recently a counseling compact has been ratified providing counselors a quicker path to obtaining a license to work across 14 states and brought some parity with other mental health professions (ACA, 2022; Kaplan et al., 2014).

Professional Counseling as an Identity

Brammer (1968) posited that counselors could indeed function a lot like psychologists once free from administrative shackles and should be ready to deal with a broad range of mental health-related questions. Although Brammer was the first to talk about defining the profession (also known as professional identity), Goodyear (1976) added to this idea that counselors are psychologists of a sort and function from a multifaceted position. Seiler and Messina (1979) reported that mental health counselors

were at one point classified as psychologists because there was no unique identity and clarification of this issue flexible for modification in the future, promotes a healthy lifestyle, identifies stressors, and preserves or restores mental health functionality using multifaceted, interdisciplinary, and holistic processes. Pate (1980) built on the idea that counselors are interdisciplinary by asserting that the knowledge attributed to the counseling profession is also shared by social workers, educators, psychologists, and others in the helping profession.

Hanna and Bemak (1997) noted that searching for a professional identity has been an ongoing endeavor and although the counseling profession had met many of the standards necessary to be considered a profession, developing an identity that captures all the unique characteristics of the profession had proven elusive. Although Hanna and Bemak (1997) recognized that having an identity for the counseling profession was important to move the profession toward licensure and recognition from the public, Hawley and Calley (2009) provided a template for building a solid professional counselor identity and advocated for using hiring practices, harnessing legislative strength, reconnecting to the profession's humanistic roots, championing title ownership, and conducting research that highlights the strengths of the profession as ways to build professional identity Mellin et al. (2011) noted that despite the attempts in the past to establish some sort of professional identity for the counseling profession, there still existed a struggle with providing a clearly articulated unified professional identity. Mellin et al. (2011) also reported that during their research that when asked to provide their definition of a professional counselor 97% or 197 of the 204 respondents to the research

provided a generic response. Burns and Cruikshanks (2017) reported that based on their research involving independently licensed counselors believed that being taught by licensed counselors was most important to them and ranked the philosophy of the counseling profession, which is what makes up the identity of the profession third on the list of five areas measured. There is a genuine need to develop a professional identity that could unify the profession.

Walz et al. (1991) published a work that postulated some possible, probable, and improbable trends for the future of the counseling profession. Kaplan and Gladding (2011) built on this work and used 12 of the major trends that were postulated for the profession and took on an initiative to develop a clearer vision of the profession known as the 20/20 project, which was meant to unify and strengthen the profession. This represents by all accounts the first time since the 1960s that over two dozen counseling related organizations were in collaboration on a project that was focused on increasing recognition of the counseling field through addressing the issue of professional identity (Kaplan & Gladding, 2011). Kaplan and Gladding (2011) reported 22 areas identified by the delegates as issues that if addressed could advance the counseling profession. Those areas were then condensed into seven categories: 1) strengthening identity, 2) presenting the field of counseling as one profession, 3) improving public perception/recognition and advocating for professional issues, 4) creating licensure portability, 5) expanding and promoting the research base of professional counseling, 6) focusing on students and prospective students, and 7) promoting client welfare and advocacy (p.369).

Although the ACA had been concerned with the development of a unified professional identity for some time, other scholars also had some involvement in efforts to help bolster the counseling profession. Luke and Goodrich (2010) indicated that CSI (an academic honor society open to those who are enrolled in a counseling program and have achieved superior academic scholarship while enrolled in the program) believed CSI chapter leaders had some impact on the development of the professional identity of participating members. Moss et al. (2014) approached the development of identity from a more personal and intrapersonal dimension and that it is a lifelong process. The thought was posited that part of the professional identity revolves around how the counselor may feel now and shifts as one moves from being in a field experience to the field as a professional (Moss et al., 2014).

Professional Barriers

Hiring faculty to transmit professional identity to counselors, harnessing legislative strength, getting back to counseling's roots of humanism, creating title ownership, and publishing research to demonstrate the profession's strength (Halley & Calley, 2009) were used by scholars in conjunction with the consensus definition of counseling as "a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan et al., 2014, p. 368) as a blueprint to explore barriers to the counseling profession and what could be done to overcome those barriers.

The lack of a unified professional identity created difficulty when it comes to speaking as one voice for the counseling profession (Reiner et al., 2013). Overall, it was

believed to increase the difficulty with advocating for the profession as well as issues relative to Medicare reimbursements (Reiner et al., 2013). For example, the population of people that professional counselors can work with was negatively impacted. This is a key variable related to the delivery of service because it could cause older clients to seek services with a clinician who is not as well suited but with whom they can bill their insurance for services rendered (Berman, 2013). A discussion on insurance paneling, licensure portability, and recognition of the capabilities of counselors was explored next because the consensus definition of counseling was believed to help over these areas (Kaplan et al., 2014; Kaplan & Kraus, 2018).

Insurance Panels

Medicare covers approximately 41 million individuals and is currently one of the largest programs in the country to give medical insurance (Bergman, 2013; NBCC, n.d.). Despite this number professional counselors are not included in their list of authorized providers (Bergman, 2013). Bergman (2013) reported the lobbying efforts to include counselors as providers has been going on for over 10 years and the fight continues as ACA in partnership with others continue to advocate for counselor inclusion on Medicare panels (ACA, n.d.-b). Insurance companies such as TRICARE, the insurance that active-duty service members and their dependents use, require that the professional counselors' degree comes from a CACREP accredited program to be paneled as an in-network provider and obtain reimbursement for services (NBCC, n.d.). Kaplan et al. (2014) indicated that their purpose of developing a cohesive definition of counseling was aimed

at increasing counselors' public recognition and developing the ability to port their license among other things.

Licensure Portability

There was no set standard for how professional counselors who are licensed in one state can move their license to another state and several states will not provide licenses to applicants who have not graduated from a degree program that is not accredited by CACREP (Lawson, et al., 2017). This created a problem for counselors who may want to relocate from one state to another because although all require that the applicant obtain at least a master's degree, the number of post-graduate hours required to obtain independent licensure range from 1000 to 4500 (Bergman, 2013). There was not a set of hours required among state licensing boards; this placed counselors at a disadvantage in terms of relocating since there was no reciprocity and lowered parity with other mental health providers (Lawson, et al., 2017). Being able to gain a license in one state and move to another state, also known as mobility or portability in the field was not something that was new to the counseling profession and there have been calls to this particular action dating as far back as the 1980s but have garnered more focused attention in more recent times (Mascari & Webber, 2013). As of June 2022, licensure portability is now possible across 14 states that signed legislation known as the counseling compact into law, offering counselors currently licensed in one of the ten states the ability to obtain a license to practice in nine other states (ACA, 2022)

Capabilities of Counselors

As a profession that require licensure to practice, education played a major role in the development of professional counselors and creating parity with other mental health professions remains a topic of research, but when post-graduate hours for independent licensure varies among state boards, promoting the capabilities of professional counselors could become problematic (Bergman, 2013; Person et al., 2020). The accreditation status of the clinical mental health counseling program offered by various universities in some cases impact whether a candidate is selected for employment by organizations and in seeking to present professional counselors in positive light, looking at the way counselors are educated is critical (Person et al., 2020). To receive a quality education, it was believed that the institution providing the program should be vetted by an outside accrediting body and is also seen as a link to unify the counseling profession (Eissenstat & Bohecker, 2018; Lawson et al., 2017). Lile (2017) explored the impact that diffuse/avoidant, normative, and informational identity styles had on the development of counseling students. Part of the problem with developing a set of standard competencies is found in the understanding that the counseling profession does not have a set of standards that regulate the profession the way that social work, or psychology does (Mascari & Webber, 2013). This overlap in scope of practice coupled with the vagueness of counseling's professional identity could be exacerbating the problem of credibility and professionalism (Eissenstat & Bohecker, 2018).

In advanced stages of development, counselors learned how to integrate their personal and professional attributes (Prosek & Hurt, 2014). Competency for counselor

educators was important since they play a major role in helping to develop counselors of the next generation (Woo et al., 2016). As a result, it was necessary that students within counselor educator programs of study connect with faculty to be mentored (Woo et al., 2016) which increased the counselor educator's competency.

Summary and Conclusions

The purpose of this chapter was to provide a concise overview of the literature relevant to the research question and to identify some emerging themes that rose from reviewing that literature. Some of the major themes were unity in professional identity, educational standards, professional competency, and licensure portability. They were reviewed before as follows, defining what professional counseling is, cohesion within the profession, and professional barriers. There was no research on the impact that the lack of a unified professional identity has on the recognition that is provided to professional counselors.

This lack of research provided both an opportunity as well as a challenge. The opportunity presented was the ability to examine the gap that exists and potentially create the momentum necessary to complete the push for professional recognition that is commensurate with the other professions within the helping profession. Because there were no known articles that explored this connection, this was not an issue worth exploring further, and because this phenomenon had not been explored, it increased the difficulty with demonstrating the necessity of this research focus. This challenge did present the opportunity to further advocate for the professional recognition through this project. Much of the available literature examined professional identity development as it

was influenced internally, but no known research had explored whether external factors also influenced the professional identity of counselors. With the gap identified in the literature and the awareness that the area has little research conducted on the phenomenon, a phenomenological lens helped obtain rich data from a smaller sample size. The phenomenological method and its application to the proposed research is detailed further in the next chapter.

Chapter 3: Research Method

The purpose of this qualitative descriptive phenomenological study was to describe the lived experiences of professional counselors' as they developed their professional identity. This study increased understanding of the possible influence of professional recognition from other mental health professions and other professional organizations within the process of identity development. Given the continued focus on developing a consensus on professional identity for counselors to increase recognition of the profession (Bergman, 2013; Hawley & Calley, 2009; Kaplan & Gladding, 2011; Kaplan et al., 2014; Reiner et al., 2013), I explored the potential influence of professional recognition from social workers, psychologists, psychiatrists, insurance companies and employers on the identity development of counselors. Preliminary evidence pointed to some level of influence on identity development and provided the data necessary to aid in advocacy efforts to help increase the recognition of professional counselors training and abilities. For this study, I used personal interviews to obtain an understanding of professional counselors describe their process of identity development.

In this chapter, I describe my research design and provide a rationale for the design. I also describe my role as the researcher, an important topic to address in qualitative research because the researcher was a part of the research process (see Giorgi, 2009). The methodology that guided the research is presented along with the selection of participants, instrumentation, recruitment procedures, participation procedures, procedures for collecting data, and procedures for analyzing the data. Finally, I discuss trustworthiness and ethical procedures. The sample was small, and data were obtained

through semistructured interviews of people who have shared experiences of developing a professional identity to gain awareness and understanding about this process and if it was influenced by professional recognition.

Research Design and Rationale

The issue of developing a professional identity for the counselors was first highlighted by Brammer (1968), who noted that some viewed their identity as teachers and others as psychologists. Mental health counseling has been described as a holistic process that promotes healthy lifestyle choices, identification of life stressors, and includes a restorative component (Seiler & Messina, 1979). What constituted professional identity for counselors has been studied more recently by Kaplan and Gladding (2011) and Kaplan et al. (2014) as a holistic approach to work with individuals. In the published Code of Ethics, ACA (2014) presented the definition of counseling in the glossary of terms that Kaplan et al. (2014) presented as the consensus on defining the profession. In the 2016 version of accreditation standards, CACREP (2015) identified eight core curriculum standards for counseling programs. The revision of CACREP (2022) standards for 2024 is currently in the fourth draft with changes to a number of areas ranging from diversity, equity, inclusion, and belonging (DEI), to streamlining the curriculum to strengthen and unify the identity of the profession. Therefore, I sought to answer the following questions:

- How do licensed professional counselors describe their lived experiences with professional identity development?

- How does professional recognition from other mental health professionals and other professional organizations influence the professional identity development of counselors?

Research Tradition

Descriptive phenomenology is a modification of Husserl's phenomenology that requires a shift in the thinking of the researcher (Giorgi, 2012). The researcher will resist treating what is presented as if it exists, refrain from including past knowledge to account for what is presented and adopt a special attitude of sensitivity toward the phenomena being researched (see Giorgi, 2012). Phenomenology is not concerned with developing a hypothesis about the phenomenon being studied but tying together the objective and subjective components of an experience (Peoples, 2021). Phenomenology was best suited for exploring and identifying the experiences of professional counselors because it is used to capture the essence of a phenomenon by those who are living it (see Neubauer et al., 2019). The phenomenological approach allowed enough flexibility that assisted me in discovering the lived experiences of my participants (see Alase, 2017).

Rationale for Chosen Tradition

I chose to use a phenomenological design to better understand the essence of professional identity development through gathering rich descriptions and lived experiences of licensed professional counselors who have had professional encounters with psychologists, psychiatrists, or social workers, in addition to working with insurance panels. Though the quantitative method offers the ability to test variables to identify if there was a possible correlation between two or more variables (Frankfort-Nachmias &

Leon-Guerrero, 2018), the focus on obtaining rich data from professional counselors suggested that a qualitative method is more fitting (Alase, 2017).

I also considered other qualitative approaches. Grounded theory offers a flexible, yet systematic approach to collecting and analyzing data, but the researcher would be grounded in the data (Charmaz, 2014). Phenomenology represents the collection and analysis of someone's view of a phenomenon, which could have been an experience, happening, or event (Dawidowicz, 2016), and was more aligned with the scope of my research. In the hermeneutic approach, a situation is dominated by determining what was in view, how it was seen, and how themes motivated specific positions of the researcher (Heidegger, 2005). Since my goal was to describe the lived experiences of professional identity development, a descriptive approach was best suited research tradition to use.

Role of Researcher

The role of the researcher is to function as the collector, organizer, and analyst of the perspectives of the respondents' experience of a phenomenon (Dawidowicz, 2016). In qualitative research, the researcher is engaged in an experience with the respondents, which made it necessary for me to be aware of biases and other personal information that might have impacted my interpretation of data obtained from the study and caused me to skew the results (see Byrne, 2017). This was important because I was the primary data collection instrument and by having an awareness of those factors that I brought to the research, I made it a more positive experience (see Creswell & Creswell, 2018). This was especially relevant to my research because I was looking at the lived experiences of counselors and their development of professional identity, and as a licensed counselor it

was possible that some of my personal biases might have influenced the way I interpreted the data if I was not careful and bracketed those experiences (see Giorgi, 2009). Taking the attitude of phenomenological reduction meant recognizing that some of the existence of the object was subject to spontaneous thoughts, but those thoughts were withheld by me as the researcher (Giorgi & Giorgi, 2003).

Positionality

Positionality refers to the identity of the researcher as a central component of conducting qualitative research (Ravitch & Carl, 2016). Social location, or the social identity of the researcher, is also central to positionality (Ravitch & Carl, 2016). Social location/identity represents the intersection of race, gender, social class, among other things as they can influence the researcher (Ravitch & Carl, 2016).

Some of the issues that I considered were my interest in the research topic, my motivation for engaging in the study, and my own beliefs. For example, my first encounter with the concepts of counselor identity development and professional recognition happened when I enrolled in the clinical mental health counseling program. At the time, the university I attended was not accredited by CACREP, which made it difficult to locate a site to conduct my field experience. Even after I transferred to a different school and continued my developmental journey with a program that was accredited by CACREP, I was informed many times that counselors did not have a direct path to commissioning with the military, but psychiatrists, psychologists, and social workers did have a direct path to commissioning. However, I became aware of the advocacy efforts of NBCC at the macrolevel to get counselors treated as core mental

health providers and create a direct commissioning process (NBCC, n.d.-a); a process that is currently underway. As a licensed clinical professional counselor, I have experienced first-hand limited professional recognition and the impact that it has on my ability to fully use my license by not being able to obtain a commission in the military as a mental health professional. There were some additional consequences like having to terminate services with a client abruptly, because his insurance had switched to Medicare, and as a counselor, I could not be paneled with that insurance provider.

Addressing Researcher Bias

One of the critical factors in descriptive phenomenology is the suspension of preknowledge of a subject for the purpose of analysis, known as bracketing or *epoché* (Giorgi, 2009; Peoples, 2021). By actively bracketing my judgments about the phenomenon being studied, I freed myself from those suppositions and took in the knowledge without diminishing it from prior experiences (see Dawidowicz, 2016; Giorgi, 2009). Before engaging in the study, I determined my ability to suspend my preknowledge and experience with developing a professional identity. Reviewing the available literature also required suspension of judgment and was important in phenomenological research (Peoples, 2021).

During the analysis phase of my study, I followed Giorgi's (2009) steps to data analysis: reading the entire transcript prior to making notes, followed by assuming an attitude of phenomenological psychological reduction by adjusting consciousness to take in the experience as it is presented (Shelton & Bridges, 2019). The next steps were creating meaning units from the transcript, followed by transforming the meaning units in

phenomenologically informs descriptions, and finally, organizing the results (Shelton & Bridges, 2019). These methods were widely used by phenomenological researchers. Alignment with this method served as an additional check against the risk that my biases might show up in the research.

Ethical Considerations

When planning to conduct research, from the formation of a question, to constructing a plan to analyze the data collected, an adherence to ethical requirements to protecting the subjects of the research is essential (Byrne, 2017). There were specific ethical guidelines that governed the research activities of professional counselors (ACA, 2014). Some of the areas covered included confidentiality, researcher responsibility, informed consent, boundaries, reporting accurate results (ACA, 2014). Because discussing professional identity and recognition for counselors could evoke feelings of dejection, self-doubt, and anxiety (Cureton et al., 2019), participants could experience some intense emotions. To minimize potential exposure, I only collected the amount of demographic information necessary to ensure a high level of research quality and confirm they qualified to participate. Unique identifiers were assigned to each participant to increase protection and ensure confidentiality. All personal identifiable information was redacted from transcripts.

Ensuring protection of my participants from harm required that all informed consent documentation contain the assurances that a participant may stop, delay, or discontinue participation in the study at any time and without penalty. Although I did not anticipate participants experiencing any level of distress during the interview, I actively

monitored for moments that might have been distressing and paused the interview at that time, if necessary, to ensure the participant was able or willing to continue the interview. I also fully disclosed to my participants my methods for storing the data.

Methodology

Participant Selection

I recruited licensed professional counselors in Maryland and excluded counselors who had not graduated from CACREP-accredited schools. CACREP accreditation was important because it ensured that the program aligned with the licensure requirements for Maryland's BOPC (BOPC, n.d.; CACREP, 2015). I used Maryland Counseling Association's website and reached out directly to Bowie State University and Hood College in Maryland to recruit participants. Both universities offered counseling degrees in alignment with and accredited by CACREP. I also used social media sites to recruit Maryland counselors. I also used CESNET, a counselor educator and supervision listserv for recruitment purposes.

Sampling Strategy

For this study, I used purposive sampling, a data collection method that focused on recruiting those participants that would be able to provide content-rich data (see Ravitch & Carl, 2016). Purposive sampling was warranted because the goal of the study was to obtain a great deal of information about the phenomenon (see Patton, 2015). This approach to sampling helps to gather detailed accounts of a certain population (Ravitch & Carl, 2016). I purposefully sampled for this study because my goal was to study the phenomenon of professional identity development relative to professional recognition of

licensed counselors, which necessitates focusing on a direct population. In addition to purposive sampling, I used snowball sampling to gather additional names from current participants that might have met the criteria.

Criteria for Participation

Inclusion criteria for this study was adults over the age of 18 who were licensed as counselors in Maryland and who had professional interactions with social workers, psychologists, or psychiatrists. Exclusion criteria was anyone who did not speak English, since I did not speak any other languages, licensed professionals from other mental health disciplines, and counselors who were not licensed in Maryland.

Expected Sample Size

In phenomenological studies, sample sizes are small (Creswell & Creswell, 2018). In similar studies to the current study, the researchers used 12 participants (Jorgensen & Duncan, 2015; Peters & Vereen, 2016). I recruited six participants, as smaller sample sizes aligned with this design and the range allowed for saturation. Saturation was an important element for this phenomenological study as it represented the point in which no more relevant or new information could be obtained from the collection process (see Ravitch & Carl, 2016). Saturation also allowed me to examine the core of the research question and was the point at which the data began to make sense (see Ravitch & Carl, 2016).

Participant Recruitment

I used purposive sampling, recruiting participants who had in an official mental health capacity had professional experiences through direct supervision or collegial

interactions with psychologists, psychiatrists, and or social workers (see Creswell & Creswell, 2018; Ravitch & Carl, 2016). Purposeful sampling allowed me to focus my recruitment of professional counselors to those that had experienced the phenomenon I sought to explore. To help facilitate this, I advertised my study on the Maryland Counseling Association's website page dedicated to promoting research. I also used snowball sampling, which was a purposive method that used the current participant to recruit others to reach saturation (see Seidman, 2019).

Instrumentation

Since the emergence of professional counseling in the 1970s (Neukrug, 2014) the quest for a professional identity and recognition of counselor capabilities from social workers, psychologists, psychiatrists, and Medicare has been ongoing (Bergman, 2013; Hanna & Bemak, 1997). After I completed a systematic review of the literature related to professional identity and synthesized 56 articles, professional counselor identity still appeared to have ambiguity surrounding it, despite having a standardized definition of counseling (Cureton et al., 2019; Kaplan et al., 2014). Lloyd-Hazlett and Foster (2017) suggested that counselor identity development was connected to morality, intellect, and professional ethics. According to Brat et al (2016) professional identity is developed through advocacy efforts and an intimate awareness of the CACREP standards.

Because there was continued conflict in determining what influenced counselors' professional identity development, my interview protocol of 60 minutes was designed to obtain data from practitioners in the field who had professional interactions with social workers, psychiatrists, psychologists, or a combination of the three. This was

accomplished by asking open-ended questions that captured their lived experience which resulted in in-depth phenomenological understanding (Patton, 2015; Seidman, 2019). I bracketed my experience of developing my identity as a counselor and the factors that influenced it and remained objective (Giorgi, 2009; Peoples, 2021).

My questions were constructed and ordered (see Appendix D) in a way that built rapport between the participant and researcher. The goal was to encourage the participant to fully engage in the research process and made it possible to obtain thick data through the open-ended questions (Seidman, 2019). The semi-structured approach to the interview allowed me to remain flexible in the flow of the interview, although there was a preferred sequence and my initial questions were limited (see Rubin & Rubin, 2012). My intent was to gather enough data describing the phenomenon of identity development and profession recognition's influence on it from my participants (see Giorgi, 2009). I requested permission to follow-up with each participant within two weeks if necessary to conduct a thirty-minute member checking review.

Data Collection Procedure

For this study, I conducted interviews using Zoom. The interviews took between 20-30 minutes to complete. Before the participants were interviewed, they received information on informed consent defining their participation in the study including how to exit the study if they choose by simply indicating they wish to discontinue the interview. I provided information on the debriefing process, which allowed the participant the opportunity to review their transcript to make corrections as necessary, followed by another short check-in with the participant where I shared my interpretations

and heard their feedback. I conducted the interviews using Zoom for video and used separate software to capture the audio. I saved the audio file to an encrypted portable hard drive. I conducted member checking, which took 30 minutes and was conducted as needed.

Data Management Plan

Throughout the study, I collected informed consent paperwork, demographic information, and electronic files like the audio recording and hired a transcriptionist to prepare data for analysis. It was an ethical mandate and priority to protect the privacy of research participants (ACA, 2014). I used a nomenclature for naming the files that was coded to protect personal information. All electronic data collected was stored on an external hard drive and protected using multiple passwords and other authentication measures. All paper documents and the external hard drive was placed in a secure lockbox inside of my home office that locks and has active security.

Data Analysis Plan

In descriptive phenomenological research, data analysis consists of five steps that are completed in sequential order (Shelton & Bridges, 2019). These steps included reading to get a sense of the whole, going over the documented descriptions again, transforming the data into more illuminating parts, using free imaginative variation on the more sensitive aspects of the experience, and then using the essential structure to interpret the raw data (Giorgi, 2012; Shelton & Bridges, 2019). These steps allowed me to obtain the entire story of my participant and was a critical step in the analytical process (see Shelton & Bridges, 2019).

According to Giorgi (2009) transcription is necessary when planning to analyze because it satisfied the need to have a raw representation of the data. Giorgi (2009) posited that although it is possible to work with the recording playing sections repeatedly until analysis is complete, this would make the analysis process more tedious. There was a visual component that came with having a transcript of the interview, and it made analysis and presenting the results to others easier and allowed the evocation of the imagination to emerge from the original dialogue (Giorgi, 2009).

In reading the entire transcript, I absorbed myself in the experience presented by each participant and the words removed did not detract from the core of that experience (see Giorgi et al., 2017; Shelton & Bridges, 2019). The next part of the process was where I started adjusting my thoughts to be able to understand the experience of my participant (Shelton & Bridges, 2019). In doing this, I did not filter the experience of the participant from a place of preknowledge but assumed a phenomenological reduction position that allowed for the lifeworld of the participant to be absorbed (Giorgi, 2009; Shelton & Bridges, 2019). The next step was to develop preliminary meaning units (Giorgi, 2009).

Preliminary understanding of the data, or preliminary meaning units meant breaking down the information obtained from the interview to do justice to the data I obtained (see Giorgi, 2009). It was important that I maintained the posture of phenomenological reduction or bracketing, so the language used reflected the understanding of my participants (see Shelton & Bridges, 2019). Because I explored lived experiences, it was not necessary that I suspend my thoughts, just my experiences to

prevent my filtering of the participants' experience through my own (see Giorgi et al., 2017; Shelton & Bridges, 2019).

After this, I engaged in an in-depth review of the meaning units and distilled them into phenomenologically informed descriptions (see Shelton & Bridges, 2019). These final meanings came to represent key thoughts, understanding, and the language of the participants, and I continued bracketing my own presuppositions as I engaged in this process (see Shelton & Bridges, 2019). The meaning units was an important step in the process because interviews are long and made it hard to deal with in their entirety, so dividing them into parts allowed me to do them justice (see Giorgi, 2009). In this step, I took the meanings and developed phenomenological descriptions in a way that was psychologically sensitive to the experience as described (see Giorgi et al., 2017). This was a central component of this method and required an enormous amount of time and energy because I interrogated the meaning of each of the clusters to best express their essence (see Giorgi, 2009). The final step was to organize the results.

Organizing the results of my participants' experiences was a way of offering an accurate representation of those experiences (see Shelton & Bridges, 2019). Once the data had been organized, it was possible for me to identify themes that emerged from the data and described the essence while I determined how best to report the results (see Giorgi & Giorgi, 2003; Shelton & Bridges, 2019). Giorgi et al. (2017) suggested that despite making determination of structures being reflexive in nature, such conclusions should not be forced because the structures were not universal.

Issues of Trustworthiness

Increasing trustworthiness was the result of the researcher taking steps to check the validity and accuracy of the results, although not all qualitative researchers were not in favor of the epistemological assumptions connected to validity (Creswell & Creswell, 2018; Seidman, 2019). It was a measure of how much confidence could be placed in the results produced from a study and is the parallel to the standards placed quantitative research (Lincoln & Guba, 1985). In creating trustworthiness, it became necessary to consider the following components: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985; Seidman, 2019). These components dealt with accurately reflecting reality, the applicability of findings, documenting the phenomena as it occurs, and being able to authenticate data internally (Lincoln & Guba, 1985). For each of the components of trustworthiness, I briefly discussed the steps that I will take to help ensure that I refrained from inserting my personal biases into the data collection process.

Credibility

This was where I considered the complexities of the research design and took steps to internally validate the data (see Ravitch & Carl, 2016). To ensure credibility criteria, I only interviewed participants who had information relevant to my study and triangulated by combining my interview with a review of the recorded interview (see Ravitch & Carl, 2016; Rubin & Rubin, 2012). Because I combined observation with my interview, I tested for consistency with the results and prompted follow-up questions (see Patton, 2015).

Transferability

Being able to transfer results of my research meant that the study could be used in a broader context without sacrificing the richness of the specific context (see Ravitch & Carl, 2016). In working to ensure that the results were transferable, I disclosed thick descriptions of what I did and how my research was conducted and offered enough information about who participated so an appropriate evaluation of my work might be conducted (see Ravitch & Carl, 2016). This helped identify if the insights I had gleaned from the lived experiences of counselors' identity development in Maryland could be replicated in another state and offer similar insights (see Lincoln, & Guba, 1985; Peoples, 2021).

Dependability

When data is stable and remains consistent over time, it is dependable (Ravitch & Carl, 2016). Dependability is like quantitative research's reliability, meaning data is consistence, and works to ensure my research question is being answered (see Creswell & Creswell, 2018; Ravitch & Carl, 2016). In attending to the criteria of dependability for my research, I kept records of raw data, documented the process I used in reduction, all my reflexive journal, which included notes, process notes, etc. so that they were available for evaluation if necessary (see Lincoln & Guba, 1985). Copies of my email message to potential participants (Appendix A), promotional flyer for the study (Appendix B), informed consent, and interview guide (Appendix C) were attached.

Confirmability

This part of trustworthiness is often compared to the quantitative concept of objectivity, but in qualitative research there is not a claim of being objective (see Ravitch & Carl, 2016). The goal was to gather data that is confirmable through researcher neutrality in how the research is conducted, while remaining reasonably free from bias (see Ravitch & Carl, 2016; Rubin & Rubin, 2012). The confirmability criteria require that my personal notes, along with any documentation of my thought processes throughout the research process be produced if needed and will be a part of the reflexive journal (see Lincoln & Guba, 1985).

Ethical Procedures

I am a Licensed Clinical Professional Counselor and aligned my research ethics with the most recent version of the ethics code (ACA, 2014). Prior to starting my research, I requested the approval of Walden University's Institutional Review Board to ensure that my plan for conducting this study aligned with current ethical research standards and that I had a plan to protect my participants. Each participant was thoroughly introduced to the study by the initial emails, along with the informed consent documentation. Prior to beginning the interviews, I reviewed the informed consent documentation.

The nature of this study was not sensitive, I only collected data about professional identity development, only the minimum amount of data necessary to complete this study was subject to collection. Each participant was given a pseudonym and any other potentially identifiable information was redacted from transcripts. All electronic data

collected was stored on an external hard drive and protected using multiple passwords and other authentication measures. All paper documents and the external hard drive were placed in a secure lockbox inside of my home office that locks.

Ensuring protection of my participants from harm required that all informed consent documentation contained the assurances that a participant may stop, delay, or discontinue participation in the study at any time and without penalty. Although I did not anticipate participants experiencing any level of distress during the interview, I actively monitored for moments that might be distressing and paused the interview, if necessary, at that time to ensure the participant was able or willing to continue the interview. I also fully disclosed to my participants my methods for storing the data in both forms.

Summary

In this chapter I provided information on the design and method that I used to conduct my research. I have outlined the procedures that I used in selecting participants for the study. I also described my process for data sampling, collection, management, and analysis. Finally, I described issues of trustworthiness and ethical procedures to consider in qualitative research. In the next chapter, I provided the findings of this research.

Chapter 4: Results

The purpose of this qualitative descriptive phenomenological study was to describe the lived experiences of professional counselors as they developed their professional identity through their counseling program and professional interactions with other mental health practitioners. The research question and subquestion directly addressed this purpose. In this chapter, I describe the setting, demographics, how data were collected and analyzed, trustworthiness, and the results of this study.

Setting

The interviews took place over the videoconferencing platform Zoom, which allowed me to recruit participants who were not in the same area. Two of the participants were licensed in Maryland but reported living outside of the state at the time of the interview. There were no reported issues with the use of this technology, and there was no reported discomfort in conducting the interviews over the platform.

Demographics

I interviewed six participants and gave them each a pseudonym using “C” for counselor and a numerical designation to identify the order of the interview. The demographic information obtained was used to ensure that met my criteria for inclusion. I will provide an overview of each participant and their demographic information.

C1 was licensed as an LCPC in Maryland and attended a CACREP-accredited university in Maryland. C1 reported completing a doctoral program in Virginia. C1 also reported living outside of Maryland at the time of the interview and was preparing to apply for licensure in new location.

C2 was licensed in Maryland as an LCPC and graduated from a CACREP-accredited program. C2 did not mention where the program was located but did mention moving to Maryland from another state. C2 also reported completing a doctoral program that was CACREP accredited.

C3 was licensed as an LCPC in Maryland and attended a college in Maryland that was CACREP accredited. C3 reported that accreditation for the college happened right at graduation. C3 also reported seeking licensure in a different state but resides in Maryland.

C4 was licensed in Maryland as an LCPC and graduated from a program that was CACREP accredited. C4 mentioned that the program gained accreditation just prior to graduating. C4 resided in Maryland and did not mention seeking licensure in another state or attending a doctoral program.

C5 was licensed as an LCPC in Maryland and graduated from a CACREP-accredited program not in Maryland. C5 lived outside of Maryland at the time of interview. C5 was enrolled in a doctoral program and was pursuing licensure in another state.

C6 was licensed in Maryland as an LCPC and graduated from a program that was CACREP accredited. C6 reported the program was offered virtually. C6 lived in Maryland and reported being enrolled in a doctoral program.

Data Collection

I interviewed six participants recruited through using a digital flyer (see Appendix A). While snowball sampling was listed as a potential recruitment tool and five out of six participants were requested to share the opportunity with others, it did not yield any

participants. I recorded the interviews using QuickTime to capture the audio, and the visual component of the interview was conducted through Zoom. Although scheduled for up to 60 minutes, interviews averaged 45 minutes in length. Apart from the reduction in time taken to conduct the interviews with participants, there were no other variations in my collection plan, and no unusual encounters occurred during the collection of data.

Data Analysis

In descriptive phenomenological research, data analysis consists of five steps, and I completed the steps in sequential order (Shelton & Bridges, 2019). These steps included reading to get a sense of the whole, going over the documented descriptions again, transforming the data into more illuminating parts, using free imaginative variation on the more sensitive aspects of the experience, and then using the essential structure to interpret the raw data (see Giorgi, 2012; Shelton & Bridges, 2019). These steps allowed me to obtain the entire story of my participant and was a critical step in the analytical process (see Shelton & Bridges, 2019).

Transcription is necessary when planning to analyze because it satisfied the need to have a raw representation of the data (Giorgi, 2009). Though it is possible to work with the recording playing sections repeatedly until analysis is complete, this would make the analysis process more tedious (Giorgi, 2009). There was a visual component that came with having a transcript of the interview, and it made analysis and presenting the results to others easier and allowed the evocation of the imagination to emerge from the original dialogue (see Giorgi, 2009).

In reading the entire transcript, I absorbed myself in the experience presented by each participant and the words removed did not detract from the core of that experience (see Giorgi et al., 2017; Shelton & Bridges, 2019). The next part of the process was where I started adjusting my thoughts to be able to understand the experience of my participant (see Shelton & Bridges, 2019). In doing this, I did not filter the experience of the participant from a place of preknowledge but assumed a phenomenological reduction position that allowed for the lifeworld of the participant to be absorbed by me (see Giorgi, 2009; Shelton & Bridges, 2019). My next step was to develop preliminary meaning units (see Giorgi, 2009).

Preliminary understanding of the data, or preliminary meaning units, meant breaking down the information obtained from the interview (Giorgi, 2009). It was important that I maintained the posture of phenomenological reduction or bracketing, so the language used reflected the understanding of my participants (see Shelton & Bridges, 2019). Because I explored lived experiences, it was not necessary that I suspend my thoughts, just my experiences to prevent my filtering of the participants' experiences through my own (see Giorgi et al., 2017; Shelton & Bridges, 2019).

After this, I engaged in an in-depth review of the meaning units and distilled them into phenomenologically informed descriptions (see Shelton & Bridges, 2019). These final meanings came to represent key thoughts, understanding, and the language of the participants, and I continued bracketing my own presuppositions as I engaged in this process (see Shelton & Bridges, 2019). The meaning units were an important step in the process because interviews are long and made it hard to deal with in their entirety, so

dividing them into parts allowed me to do them justice (see Giorgi, 2009). In this step, I also took the meanings and developed phenomenological descriptions in a way that was psychologically sensitive to the experience as described (see Giorgi et al., 2017). This was a central component of this method (Giorgi, 2009). The final step was to organize the results.

Organizing the results of my participants' experiences was a way of offering an accurate representation of those experiences (see Shelton & Bridges, 2019). Once the data had been organized, it was possible for me to identify themes that emerged from the data and described the essence while I determined how best to report the results (see Giorgi & Giorgi, 2003; Shelton & Bridges, 2019). Themes provided to the data flowed from my seeking to connect the structures of each lived experience as described by participants and the subsequent transformation of the lifeworld into meaning units (see Giorgi, 2009). My intention was to provide unity of the data since each participant's experience was understood as concrete (see Giorgi, 2009). As such, I noted eight themes (a) the importance of CACREP, (b) licensure as a stressful process, (c) professional identity derived from myriad sources, (d) the need to advocate for self, (e) struggles within the profession, (f) working with insurance companies is a process, (g) identity dissonance, and (h) the need to study identity development.

Though not all themes had unanimous consensus among the participants, each theme had at least three supportive participants endorsement. The first theme "the importance of CACREP" had four supportive endorsements and one noted anomaly. The second theme, licensure as a stressful process, had five supportive endorsements, and the

third theme, professional identity derived from myriad sources, had five supportive endorsements and one anomaly. The fourth theme, the need to advocate for self, had five supportive endorsements, and the fifth theme “struggles within the profession” had unanimous supportive endorsements. The sixth theme “working with insurance companies is a process” had four supportive endorsements, and the seventh theme “identity dissonance” had four supportive endorsements and two anomalies. Finally, the eighth theme, need to study identity development, had three supportive endorsements and others decided not to respond to the question. The themes that had nonconforming data were nuanced and not a general lived experience. At that moment, I was confident with the sample size of six participants that I had reached saturation and found it unnecessary to collect anymore data (see Ravitch & Carl, 2016). Additionally, I had requested the ability to conduct a follow-up with participants if necessary but found no need to follow-up.

Evidence of Trustworthiness

In setting the foundation for trustworthiness, I considered the following components: credibility, transferability, dependability, and confirmability (see Lincoln & Guba, 1985). To meet criteria for credibility, I only interviewed participants who had information relevant to my study and triangulated by combining my interview with a review of the recorded interview (see Ravitch & Carl, 2016; Rubin & Rubin, 2012). There was no change from what I reported in Chapter 3.

Being able to transfer results of my research meant that the study could be used in a broader context without sacrificing the richness of the specific context (see Ravitch &

Carl, 2016). I attended to this criterion by sticking to the questions as constructed. I asked follow-up questions as necessary to expand upon statements made by the participant or for clarification as warranted. Future researchers could use the provided interview questions (see Appendix C). I was able to maintain this approach in my interviews.

In attending to the criteria of dependability for my research, I kept records of raw data, documented the process I used in reduction, all my reflexive journal, which included notes, so that they were available for evaluation if necessary (see Lincoln & Guba, 1985). No adjustments were made to this process. Confirmability criteria required that my personal notes, along with any documentation of my thought processes throughout the research process be produced if needed and is a part of the reflexive journal (see Lincoln & Guba, 1985). No adjustments were made to my approach.

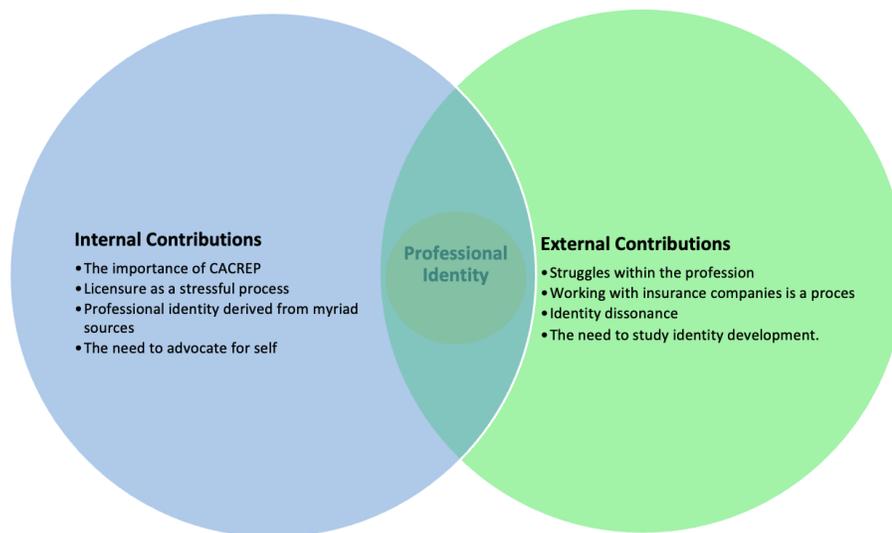
Results

The question that guided this study was “How do licensed professional counselors describe their lived experiences with professional identity development?” Additionally, I used a sub question of “How does professional recognition from other mental health professionals and other professional organizations influence the professional identity development of counselors?” The data provided eight themes, and I separated those themes into two categories: internal and external contributions. This came about during the coding phase, when I noticed that the themes could be broken into categories as a way of clarifying where the participant would have had the experiences. Additionally, the categories support the overarching theme noted from the data. See Figure 1 for a visual

representation of the themes discovered and how the categories overlap in relation to professional identity development.

Figure 1

Internal and External Contributions to Professional Identity Development



Internal Contributions

Theme 1: The Importance of CACREP

It was clear that CACREP-accredited programs were important to participants. Regardless of the counseling program, CACREP offered guidance to the program. CACREP provided structure to the learning experience. Participant C1 stated,

I loved my learning experiences from my master's program. I keep in touch with a number of my cohort members, a number of my professors from that time in my life. I'm very grateful and blessed to have those connections from my program. I guess one huge, positive take away from that program was the relationships that I

was able to develop, and sustain over 10, 11, or 12 years. I'm very grateful for that.

Similarly, speaking to the experience of attending a CACREP-accredited program, Participant C2 stated,

Attending the CACREP program, the experience was good. It was very structured. I never had any issues. I felt it was very well-organized. There are CACREP standards, and every course had students answer all the assignments according to CACREP requirements.

Participant C5 stated,

I did have great experience, because I was being taught by nice professors who cared so much. We're able to follow what the CACREP standards were. All the work we're doing, our professor was always reminding guys, we have to follow the standards...That was the beginning of knowing what counseling is all about learning about CACREP and all that stuff.

Attending a CACREP-accredited program is also important because of what it signals to the community about the abilities of the person coming out of that program. Participant C6 stated,

CACREP has a universal stamp of approval by many people in our line of work as mental health professionals. Its universal not only across many avenues, but it's also a universal stamp of approval for mental health and addiction. When you say you come from a CACREP accredited program, they already know even though they have different teachers, the information is consistent. Your university has a

level of expectation for you, and it is understood that you've made it through a program that's been universally approved and accepted, and you meet without even asking certain questions, you already meet a standard of expectation that is universally known.

Though not an exclusively pleasant experience, Participant C4 reflected on what was missing from the experience:

I was not a big fan of the fact that sexual health or any of those classes were not required at all. Substance abuse wasn't required, and a few other classes that I felt are integral, these are important courses. The entire process of it, maybe it was just how the school handled it, but it felt kind of cold in a way where they were like, take these classes. You're gonna take theories, and then you're gonna go, and work. Yeah, I was disappointed. I guess I had higher expectations for the program. I was hoping for more case studies, role playing, things like that before we got sent out into the field. That didn't happen because during the whole transition our clinical training director left, and it was a whole thing, but aside from that, with CACREP, I guess I didn't really value what courses were required versus which ones weren't.

Theme 2: Licensure as a Stressful Process

Obtaining independent licensure could take between 1,000 and 4,500 hours of work post graduate (Bergman, 2013). Though interacting with the board is a necessary component of obtaining licensure, it was clear that navigating the board was an undertaking. The level of communication and the difficulty with connecting with

someone in real time was noted. The amount of time to get issued a license spanned some time. Participant C5 stated,

The process was not very clear in Maryland and on the website, you couldn't see everything we're supposed to do to submit in hours. The board was very hard to navigate. It was so painful to get through to anybody to talk.

Similarly, Participant C4 stated,

The board is its own entire challenge. Everything aside from communicating with the board went smoothly. I took the CPCE, and then I sat for the NCE, and then I did the Maryland law test. It was the communication with the board, and it's still the communication with the board is a major issue.

Speaking to the stress of navigating the board after graduating from a CACREP accredited online program, Participant C6 stated,

I will say that even though I went through a master's program that was CACREP accredited, Maryland is known for being one of the most difficult states to get licensed in as a professional counselor. So, if you don't go to a brick and mortar school, and you go to an online university, you have to work very closely with the licensure board and your school representative to make sure that the classes you are taking in the hours and all of that, especially if you go to a school that has quarters instead of semesters and all of that stuff that it lines up. What ended up happening with me is that I graduated with my Master's in mental health services with a concentration in mental health counseling from an online university, and I

submitted my application that was previously reviewed, and said it would be approved and it was declined.

Describing the measures taken to maintain a level of sanity in the stressful period,

Participant C3 stated,

There were a lot of components to getting this big packet in and it just felt like a lot and being a new fresh clinician. The biggest thing that helped me through that was networking with people who either already went through it or going through it. So, it was stressful. Very stressful, yes. In my time, you could only do it after you graduated.

The time it took to obtain a license from the board was mentioned in relation to the stress of navigating the board. Participant C2 stated,

It just took time transferring all the credits, transferring all the hours. It was a process. That's what I would say to transfer. I was relocating. I took some time to relocate, and then start my paperwork. From the time I started my paperwork, it took me a year to just because I was relocating from another state, wrapping up, going back and forth. So, total a year but, from the day I applied, maybe couple of months.

Similarly, Participant C3 stated,

It took from January to March to get all the paperwork together, to get the exams done. It was stressful. I couldn't really make any professional moves. I was working at a residential program. Not as a counselor or anything, but I really

couldn't do anything until I got that piece of paper that gave me the thumbs up.

Being able to get into my career, I had to get through all that red tape.

Theme 3: Professional Identity Derived from Myriad Sources

The description of experience with developing a professional identity unearthed myriad influence on this process. This being one of the overarching questions driving my research, it was clear that the developmental process is anything but straightforward.

Goodyear (1976) posited the idea that a counselor functions from a multifaceted posture.

The commonality I noted was the blend of theoretical approach and other experiences in the workplace. Participant C4 stated,

That's a few layers for me. This wasn't my first career, I was in the military, and then switch careers because I felt like the military culture was toxic. I can't generalize for everybody, but for me, is really toxic when it came to mental health. You're not allowed to struggle in that environment. Coming over into being a counselor was important for myself in my own growth. A lot of the growth that I experienced, that career shift and experiences that I had coming from another place, I wrap into who I am as a counselor. I also have my own experiences in therapy, and I've had a few different therapists over the years, and that was good for me to be able to figure out what I valued about all their approaches, what did feel good.

Speaking to how theoretical orientation plays a part in the development of professional identity, Participant C6 stated,

I am person centered through and through, and I really live by, meet the person where they are, and walk alongside of them until they get to where they need to be. I really try to utilize all my experience, education, and resources to help provide supports for the person. I also provide a safe space for them to speak about whatever, and then I hold them accountable. Gentle accountability. I'm not going to be a drill sergeant, but there is that gentle accountability that is necessary for continued growth and development, because if you're comfortable, you're not growing, you get stagnant.

Sharing a similar experience, Participant C3 stated,

That is a hard thing to answer. I think of it in a couple of ways. I think of the way I present it to clients and the way I present it to the community. I'm going to try to blend the two. My professional identity, I'm a Licensed Clinical Professional Counselor. That's my generalizing identity. I also consider myself a trauma therapist. That's part of my identity. I also incorporate the modalities I use as an identity. I will say I'm an EMDR or relational therapist, and it's the professional piece. I think it's the technical piece, and the other component it's my personal character.

Another element of experience came into focus, was the blending of various educational experiences. Participant C2 stated,

I have a graduate degree in social work, I do have a graduate degree in clinical psychology, and my PhD was in Counselor Ed, but I identify myself as a counselor educator. I've done research, presented regionally, nationally, and

internationally. I've advocated as a multicultural counselor for different competency where I live, it's pretty awesome. I mean that advocacy part is important.

Sharing a similar experience, Participant C5 stated,

This is full of a lot of things that I can't say, in terms of my pick of pedagogy in terms of teaching, for me, when I look my profession identity, or counselor identity I look through the lenses of seeing someone coming to me... My experience has formed the way I approach my clients, and I'm there to support them. It is important to explain what counseling is all about knowing that they might have a different way of how they look at counseling. It is very important for me to put up front and explain that counseling is really is about you talking more, me listening more, to understand your experiences and being able to sit in those dysfunctional areas of their lives. I really come from this humanistic lens. Also, using a lot of cognitive behavioral therapy digging into what the understanding and how those, what they're saying. That is the whole, I think I can say about my identity.

Taking a different stance on professional identity, Participant C1 stated,

There's this strange debate in the school counseling field about whether school counselors are counselors first or educators first. I'm not quite sure why one or the other has to be first because by training, we are mental health counselors. I'm not sure if I can count my identity, because I'm not practicing as a school counselor anymore, but I can't speak as a counselor educator without that identity as a

school counselor. So yeah, that's kind of like how I understand my professional identity.

Theme 4: The Need to Advocate for Self

Whether advocating to enter the force, determining what was the right cultural environment, there was a clear indication from the participants that there was a need to engage in some type of self-advocacy. The expression of this advocacy because of the varied professional focus, but there was a clear need to do so. Participant C1 stated,

After I graduated from Hopkins with my Master's in school counseling, there was a hiring freeze for several public-school systems in the DC, Maryland, Virginia area, which is where I was kind of looking for jobs. To find a job, I started calling schools, cold calling them. I printed out a list of schools in Baltimore City, went down the list, and I called them "Hi, are you hiring a school counselor? Yes. Oh, can I send or fax my information to you? Thanks." And then, "Oh, you're not hiring. Thank you so much." That's how I got an interview for my first job, the secretary I happened to talk to she was like, we do have an opening. I wouldn't have known about that opening unless I had called, because that opening, was announced internally in the school system.

Referencing the desire to advocate for self through selecting the cultural environment, Participant C4 stated,

Finding the one that was culturally a right fit for me, and where people would respect my needs and boundaries, that was an adventure. It took me a lot of interviews, a lot of research on different people to figure out like, who I wanted to

work for, and if I believed in the values and the model that they were putting forward. When I did find them I'm, I'm never leaving. It is rare to find people that you want to work for and that you enjoy working with.

Recounting what it was like to negotiate compensation, Participant C5, stated,

The moment I got the license, and I put out my applications and four people came back to me. One person was calling me, and it was like, I'm giving you this. I started with a \$55000, and I just got the license. a lot of people offered me two jobs for \$30,000 a year and I say that does not work. It's not going to work, based on what I'm bringing. I had a condition that after a year, I would need an increase in pay, because the money that I was accepting was not enough, but if they had put that condition, after a year of my evaluation, then they would put the thing up. I went in and really with a lot of vigor to work myself out and make sure that the following year, my salary went up and it did go up.

Discussing the necessity of knowing what to look for in the workplace, Participant C6, stated,

Because the retention rate is so wild and turnover and pay and what they expect you to do, as far as caseload management. All that can be very toxic, so it's hard to find a healthy place to work. You got to know what to look for in a supervisor and in a professional setting.

Similarly, when speaking of obtaining employment in the field Participant C3, stated,

It wasn't too difficult to find a job. I knew it will be easier to get into community mental health or places that I knew needed more therapists. I wanted a supervisor on site, so that way I wouldn't have to pay outside.

External Contributions

Theme 5: Struggles Within the Profession

Pate (1980) posited that the knowledge held within the counseling profession is also shared among teachers, psychologists, social workers, and others within the helping profession. Working within the mental health field presented ambiguity about what function mental health counselors fill. Whether self-imposed or stemming from a lack of clarity from other mental health professionals, the contribution to the mental health field was not very clear. That lack of clarity also revealed some of the struggles within the mental health profession. Participant C1, stated,

I like to think of school counselors as bridges. We could be a bridge between the medical professional, and the school nurse because if they need to get their medication during the school day hours, then we can, you know, be there as a helpful reminder for the students, we can also collaborate with the school nurse to make sure that the kids are getting what they need at the times that they need. I would say when it comes to psychiatrists or medication aspects, that's, I would be there more as like a consultant, and a bridge to kind of connect people together.

Working with other mental health providers revealed some challenges related to how they work. Participant C2, stated,

There were some issues because there are some ethical codes which are different from social workers, and they don't do counseling as such. They do psychotherapy, but it's not that, how do I say extensive, it's a little bit different. I felt she was very wishy washy, and she was not going in depth. I've worked with

psychiatrists, but all they were doing is prescribing medicine, and they don't get into more. They see the symptoms and then prescribe medicine instead of going into intensive psychosocial interviews with the clients. That was something which I didn't enjoy.

Similarly, Participant C3, stated,

There's definitely this hierarchy, and I do notice myself backing down quite a bit more often than working with a social worker. Sometimes there are psychiatrists, who are a little more collaborative, but more typically, I find that there's this hierarchy and, this is what's going on, and I'm not quite sure they understand my role. Sometimes I would even go as far as sometimes, I don't know if they understand the value of my role either.

Participant C5 indicated some struggles in working with other mental health professionals stemming from the scope of practice:

I worked with the psychiatrist, I worked with the psychologists, mostly I worked with the psychiatrist and social worker. I used to work at a residential facility.

There is so much drive for medication, I don't know whether it was my thing, but it was a lot of medication, and sometimes higher doses, which kind of make people doze off kind of like zoned out even within a group. I ended up talking to one of the psychiatrists. I'm like, I think the medication is too much, or we have to reduce it a little because some of them were because, if someone is getting off cocaine, or what and then you give them Suboxone, and then you every day, every week, you increase, actually you increase their tolerance for drugs, and so

they are likely to really come back, and that was their model, the medication model.

Participant C4 discussed struggles within the profession and how it influenced the view held of those other professionals:

I've had conflicts with social workers because the difference in models we come from. To me social workers are very medical model, and counselors are more holistic and encompass everybody or, the whole person. Some of the experiences I've had when I was at OMHC really informed my opinions on some of these folks. I still struggle at times with some social workers, and a lot of time it's the older heads in the fields. Coming out of school, in my 30s kind of help me relate to a lot of clients, but I feel like whenever I sit with, this is like my shit showing up, but whenever I sit with someone who's older in the field, and been in 30 or something years, I feel like it's a colder environment for my clients. There's not as much collaboration, it's more of like, well, I'm the brain here, so this is what I'm telling you to do, so why didn't you do it, and that's never felt good for me.

Participant C6 relayed struggles with a specific segment of the mental health profession:

I don't have an issue with psychiatrists or psychologists, they are confident in their role, they don't feel threatened by me, the folks that I've worked with, they appreciate my perspective. A lot of times when I'm working one-on-one with psychologists or psychiatrists, it's usually in the realm of advocacy, and I'm helping the person receive treatment and getting quality in treatment and helping them ask the right questions and navigate a system that is confusing for people

who are not having struggles mentally. There is just an undertone with social workers. It is like a pissing contest. I really don't care that your program is different than my program because we're both now sitting at the same table, and we're trying to do the same thing. It's just this undertone that I continue to hear and feel, and I'm like so over it. It's very frustrating.

Theme 6: Working with Insurance Companies is a Process

It was clear from the interviews and responses from participants that becoming a recognized provider with insurance companies was a process. The amount of interaction with navigating the process varied, but participants recognized the process. When discussing this process, Participant C3, stated,

Well, it depends on the insurance companies. They're a big spectrum. I've had experience where it's been a week, boom, we're good, right. I've had experience where it's taken four months, six months. I have so much variety, and that does impact whether I want to work with them long-term, or whether someone comes to me and says, "Hey, what do you think about this insurance company?" I'm like, I'm just going to be real with you. This is what I had to go through. I've had a pretty wide range of experiences, because I'm paneled with three working on a fourth one that's taken since January and we're still not there yet.

Similarly, Participant C6, stated,

Hurry up and wait. Put all your information in this system, and then we're going to take six months to let you know that you got the wrong INS number for the agency you're trying to work with but get it in right now because you're going to

wait another three months. It's a painful process. I mean, that's another reason why I think a lot of people, at least in my area, are doing cash fee for service. They're not even utilizing insurance companies, because not only does it take forever to get paneled with an insurance company, then the repayments, sometimes I've had co-workers that have waited three months to get paid for services, and you can't sustain life on that, it's too unpredictable. That's why you're seeing a lot of folks move away from you even using insurance and only doing cash base.

Participant C4 discussed the process of navigating a name change and how it impacted getting reimbursed:

I struggle with a lot of the insurance companies now because like I just changed my name legally, and I'm paneled with United, Aetna, and TRICARE and all those great folks, but United denied about \$2,000 worth of claims because they billed me as out of network. My NPI never changed, and everything is updated. They can't seem to get that I'm the same person running with the same clients, doing the same service every week.

Participant C4 also discussed how getting paneled with one insurance company was frustrating but necessary:

TRICARE was probably the most annoying insurance company to get paneled with and to work with because their provider relation staff. I didn't know this about them, but apparently, it's a problem to other providers where TRICARE is non-responsive, and like I've had one LCPC right now in the credentialing process

with TRICARE, and it's been over a year, and I'm like, this is like, we have patients that need to be seen. It's very frustrating, but the frustration is different for different insurance companies. If I didn't love working with veterans, I would not take TRICARE, but I do, so the challenge that I accept willingly.

Participant C5 highlighted the experience from not being involved but the challenge that was revealed as a result:

I think that was much of the easy thing because I was not really involved. We had somebody who's running billing. So, they knew our names and social security number, and they say, we'll send you a number and they give you the number. I really didn't go into the bolts and nuts of all that stuff, and which is kind of a disservice when people do certain things. They do things for you, and you don't know how things go. So now, I don't know how to start that process.

Theme 7: Identity Dissonance

Dissonance is present when there is a lack of agreement or inconsistency between what is believed and the actions taken (Woolf, 1973). Upon exploring how professional interactions with other mental health professionals and organizations influenced identity development, it was evident that there was some identity dissonance present. Speaking to the influence of working with other mental health providers on identity development, Participant C1, stated,

I talk to school counselors about you cannot do your work in a silo, because you're going to get burnt out, and it's going to be really overwhelming, and tiresome and nearly impossible to do the work that you want to do, if you don't

ask for help... Find your allies in the building, and your allies could be the social workers, the psychologists, you could be community professionals, parents, and guardians, teachers, call monitors, the secretary, whoever, you have to find your allies. I'm very adamant about school counselors, finding partnerships in the schools.

Speaking about the influence of working with others, Participant C2, stated:

My clinical work improved. I got a lot of constructive feedback. It was pretty open-ended, and very structured. I enjoyed the process. I definitely learned more from them than any other professions. It's just my experience. I'm not saying that everyone would have the same experience, like I did; but hence, I'm maybe a little biased.

Some of the influence stemmed strictly from navigating the insurance process. Participant C3, stated,

I'm much more conscious of accessibility to care, what it means to have a diagnosis. I guess that's the best way to sum it up. I also feel I sit in the role of advocator now, where I think maybe outside of insurance paneling, I might not be as much. I've written letters, I've called, I don't mind fighting for my clients, and that's something I might not have.

Participant C6 stated,

I look for positions where I am either the counselor or supervisor. I look for jobs that are salary based, and not fee for service. I look for jobs that have flexibility, because, this type of work is very unpredictable, and I take self-care very

seriously. I want to make sure that I have the flexibility, and time to take care of myself. So, I can continue to show up and be a good helper, or healer, or whatever they want to call me.

Presenting a slightly different view from the other participants, C4 stated,

It's easy to see people's flaws. We compare ourselves to other people, and be like, "Oh, I'm better, but as I've experienced so many different providers, it's really helped me decide, what kind of therapists do I want to be. Do I want to be collaborative; do I want to have a power difference in the room? Are there times where I pick and choose? This client really needs this for direction and this client just needs me to be there with them as they process these things.

Participant C5 spoke about other professionals do not understand the role of counselors:

That is a great question. I think that experience of working with different professionals, really helped me to understand what teamwork is all about in my professional identity in terms of understanding. It helped me to understand, it is so much of what people don't know about our work as counselors. Because a lot of people were not looking at me as a supervisor, but you were not looking at me as a counselor, when I tried to bring different way of thinking, different perspective of thinking, but the real gist, it formulated in my understanding of different professions and how they work, how I can relate with them in terms of collaboration because the whole thing was about this client, and that's what counseling is all about.

Theme 8: The Need to Study Identity Development

The final theme to emerge in the external contributions level to professional identity development was the need to study identity development. All participants were asked to share anything about their professional identity development that was not asked by me during the interview. Not all participants shared thoughts on this question making it the nuanced theme I spoke about earlier. Participant C2, stated,

This research is really pertinent and important. I'm glad that you are doing this research in order to understand where people are coming from, and what kind of professionals they relate with or benefit from and like what shaped their identity as a Counselor Educator, so and as a counselor. I really appreciate your research. I'm sure something very interesting, and very informational, and helpful to the community would come out of it. So, I do appreciate your work.

The timing of when professional identity began to emerge was shared by Participant C4:

I would say I didn't identify myself, like in the field while I was in school, even when I was working as an intern, I had a lot of imposter syndrome. I didn't feel like I belonged, I felt I was coming from such a different headspace being in the military, you just have to follow orders, even if they're dumb, and being able to come into this other field, in school, it definitely felt like that, like you just do what I tell you to do and trust the process and all these other things.

Participant C6 shared how it was a tough question to answer:

That's hard, because we do so much that you don't learn in a textbook or a classroom. There's a lot of gray area. When you come into the mental health field,

you can take all the ethics classes you want, but you're not going to really know the types of situations that you come up against until you start working in the field. Having gone through over a decade of that, I take the position of supervisor seriously because not only am I helping clients grow and develop, I help future clinicians grow and develop because they are the backbone to a healthy society. Understanding the gray area of what it means to be a clinician is very important to me.

Other experiences shared by participants provided more clarification to this theme.

Participant C2, stated,

That's what I'm trying to say, and people derive their identity from various sources, like their internship practicum, you know, the field sides, their supervisors, fellow colleagues, it just comes from different sources, if that makes sense.

Adding additional components to the need to study identity development, Participant C3, stated,

I think the only thing I wanted to touch on quickly is the importance of your supervisors and your colleagues in that development. I feel like the group practices I was a part of really did influence that because I would be hearing these perspectives a lot, and so that kind of seeped in.

Participant C4 spoke about being able to stand up for self as a moment that defined their identity:

Now I actually feel like I'm a damn therapist. Like, I feel like I'm an employee. Like I feel like I'm in this job like, and of course like getting feedback from my clients helps as well, where they're like, I heard your voice in my head before I did that dumb thing. So, I didn't do that dumb thing. Being able to stand up for myself has really been what has made me feel like a therapist. That is what I tell my clients to set boundaries, stand out for yourselves, advocate, don't take no for an answer, if this is not what you need right now. We will figure a way around it.

Participant C6 spoke of the need to be flexible and the environment as factors that influences identity development:

So, it really does depend on the environment that I'm working in, and it depends on who sits down in front of me and what they bring to the table in that initial session or whatever session we're in. You got to roll with it sometimes. They have the saying, rolling with resistance, and you really got to pay attention to what's being said. You also have to pay attention to what's not being said.

Taken together, the internal and external contributions to professional identity development the path becomes vague and not clearly defined. In chapter five, I discuss the implications of this vagueness and present some recommendations for how to create a clearly defined path to identity development.

Summary

When considering professional counselors' identity development, it is important to evaluate the entire lived experience of the individual. Internal and external factors work together and contribute to how counselors identify professionally. It is unclear how

much weight to give to either category of contribution, but it is safe to say that the professional identity developmental process for mental health counselors is complex. In the final chapter, I discuss the findings of my study, the limitations, make some recommendations for future research, and provide some implications from the study.

Chapter 5: Discussion, Conclusions, and Recommendations

I explored the lived experiences of licensed counselors as they developed their professional identity by interviewing counselors licensed in the state of Maryland who graduated from CACREP-accredited programs. In addition, participants were required to have had professional experiences with other mental health professionals. Semistructured interview questions elicited rich descriptions of their lived experiences related to the phenomenon. Using the perspective of descriptive phenomenology (see Giorgi, 2009), I designed my questions to explore the lived experiences of each participant as they shared how they described their professional identity development and the influence that professional recognition had on that process. Eight themes emerged from the data: the importance of CACREP, licensure as a stressful process, professional identity derived from myriad sources, the need to advocate for self, struggles within the profession, working with insurance is a process, identity dissonance, and the need to study identity development.

My goal with this research involved increasing the knowledge, understanding, and awareness of professional recognition, its importance, and how the way counselors experience this in relation to professional development might aide in advocating for greater inclusion. In this chapter, I discuss the findings from the study and were applicable connect it to the literature. I briefly review the theoretical framework used. I describe the limitations of the study. I also offer recommendations and describe the implications of the findings for the counseling profession, research efforts, clinical supervision, leadership and advocacy, and training/education.

Interpretation of Findings

The eight emergent themes were divided into two categories, internal and external contributions. When applicable, I connected individual themes back to previous literature to support the credibility of the findings. I also found during this research that due to the overlap between internal and external factors contributing to professional identity development, the development of professional identity does not come from a single source but includes factors that were difficult for participants to explain.

Internal Contributions

The internal contributions category represents experiences that are unique to the counseling profession that influenced professional identity. The themes categorized as internal contributions were (a) the importance of CACREP, (b) licensure as a stressful process, (c) professional identity derived from myriad sources, and (d) the need to advocate for self. I expand on these themes further in the following sections.

The Importance of CACREP

Researchers have studied the influence that attending a CACREP-accredited program has on the development of professional identity, in addition to leadership opportunities, advocacy, and the perception of the public (Brat et al., 2016; MacLeod et al., 2016; Person et al., 2020; Peters & Vereen, 2020). Participants in my research shared the impact to their learning experience, the connections made in the process, how CACREP provides structure to the learning environment, and how graduating from a CACREP-accredited program signals to other mental health professionals that the counselor has obtained consistent instruction. The importance of CACREP accreditation

was made clear based on my findings from my research which indicate that CACREP plays a role in the development of counselors, although the extent of the role was not clear.

Licensure as A Stressful Process

Licensure as a stressful process highlights the experience my participants shared with navigating state board to obtain their license to practice in the state. Participants spoke about the failure of the website to provide clear instructions, disconnected communication with the board, and the challenge with getting the packet printed off and submitted because the CACREP-accredited program was online. Researchers have noted that portability is a problem because there are several states that do not offer licenses to applicants that did not graduate from a CACREP-accredited program (Lawson et al., 2017). Additionally, the number of post-graduate hours required to varies from one state board to the next and this also create problems with portability (Bergman, 2013). However, there is no research that explores the experience of navigating licensing boards.

Identity Derived from Myriad Sources

The posture a counselor functions from is multifaceted (Goodyear, 1976). My research yielded support for this claim as participants recounted how they integrated experiences from prior careers into their identity as a counselor. Additionally, participants spoke about how their theoretical orientation contributed to their identity. This myriad of sources is supported by researchers who concluded that professional identity could be developed when counselors engage in advocacy related efforts, have opportunities to lead, and when they graduate from CACREP-accredited programs (Brat

et al., 2016; Person et al., 2020; Peters & Vereen, 2020). The sources related to developing a professional identity also supports the idea that although a strong professional identity is likely to increase professional recognition from other mental health professionals and other professional organizations, approaching the issue of professional identity is not agreed upon universally (Brat et al., 2016; Dong et al., 2017; Dong et al. 2018; Eissenstat & Bohecker, 2018; Gale & Austin, 2003; Gibson, 2016; Hawley & Calley, 2009; Kaplan & Gladding, 2011; Kaplan et al., 2014; Myers et al., 2002).

The Need to Advocate for Self

The need for self-advocacy was not indicated in the literature. What I uncovered in my research was that for participants to obtain employment, there was a need to cold call potential employers, navigate cultural issues, and negotiate salary. None of the participants spoke about training within their programs that prepared them for this type of advocacy. The need to advocate for self can be connected to the literature in a wider sense. For instance, Walz et al. (1991) posited that the in the future, counselors would need to advocate and use their knowledge and skills in the pursuit of the needs of society. The participants engaged in this type of advocacy for their own well-being, but it transferred outwardly encompassing how each participant advocated for the needs of their clients.

External Contributions

The external contributions category represents experiences that each participant has limited control over and explored how those factors influenced professional identity

development. The themes categorized as external contributions were (a) struggles within the profession, (b) working with insurance is a process, (c) identity dissonance, and (d) the need to study identity development. In this category, participants described their experiences with professional identity development given their encounters with external factors.

Struggles within the Profession

The struggles within the profession theme highlighted some of the challenges that the participants recalled from their interactions with other mental health professionals. Research has suggested that the knowledge possessed by counselors is also possessed by teachers, social workers, psychologists, and other helping professionals (Pate, 1980). One participant spoke about their interaction with other professionals as being a bridge, but another participant talked about their being a hierarchy that exists within the mental health profession. Another participant spoke about how some professionals are confident in their role, whereas one group of professionals see counselors as a threat.

Working with Insurance Companies is A Process

The theme working with insurance companies is a process connects with what I identified earlier as professional barriers. Researchers have highlighted the struggle counselors faced with TRICARE, and the current inability of counselors to get paneled with Medicare (ACA, n.d.-b; NBCC, n.d.-b). Currently, there is a bill in the United States House of Representatives that allows counselors to be paneled with Medicare and although this was first advocated for back in 2001, the bill has finally made it to the floor of The House be voted on (NBCC, n.d.-c). Participants described their experience as an

exercise in patience, annoying, and varied depending upon the panel being pursued.

There was no literature available at the start of my research that described the process or experience of getting paneled by insurance companies, so the experiences reported cannot be measured against other experiences.

Identity Dissonance

Identity dissonance as a theme came from the inconsistency in how participants described their professional identity. Dissonance is present when there is a lack of agreement (Woolf, 1973). Participants described the influence of professional interactions with other mental health professionals on their identity development in a variety of ways, but none of it related to their professional identity. This caused me to question whether the participants fully understood what professional identity is. Hearing participants describe the importance of teamwork, ponder if they wanted to be collaborative, seeking positions that are salaried, improve their clinical abilities, and not working in silos, despite being takeaways from their experiences, did little to help my understanding of how their professional identity was influenced.

The Need to Study Identity Development

When counseling was identified as a profession, researchers discussed the need to gain clarification about the role that counselors played in the mental health space because they were deemed to be psychologists that functioned from a multifaceted position (Goodyear, 1976; Seiler & Messina, 1979). Participants to my research expressed a desire to see the research into professional identity development continue for several reasons; exploring what contributes to counselors' professional identity development, ways to

foster a sense of belonging in the profession while enrolled a counseling program and making the transition from theory to practice. All of this indicates that there is a need to continue studying identity development while also indicating that the unified definition of counseling presented by Kaplan et al. (2014) does not fully address the issue of professional identity.

Limitations of the Study

For this descriptive phenomenological study, I recruited six participants and was able to reach data saturation, meeting requirements suggested for a qualitative study. The participants shared their lived experiences developing a professional identity as a counselor in the state of Maryland. Because the participants selected for the study were limited to the state of Maryland, their lived experiences might be different from professional counselors located in other jurisdictions. Although the participants volunteered their time, an Amazon gift card in the amount of \$20 was given in gratitude of participation to each participant. It is possible this could have influenced their willingness to participate in the study.

Finally, I share a similar background to the participants in that I am a professional counselor, licensed in Maryland and have had professional interactions with other mental health professionals. Because of this shared experience, there was a concerted effort on my part to bracket my experience and become a stranger in a strange land (Peoples, 2021). I conducted this bracketing and monitoring of my experiences through journaling when I noticed the emergence of my own experience in relation to what participants shared.

Recommendations

In previous literature, there was a call to continue exploring ways to develop a unified professional identity. However, nothing in the literature encouraged the exploration of factors outside of what CACREP and ACA determined to be professional identity for counselors. In the future, it would be beneficial for researchers to repeat this model with counselors in surrounding jurisdictions not represented in this study.

As there was a focus on counselors licensed in Maryland who graduated from CACREP accredited colleges and university, future studies could also include counselors that graduated from programs that were not accredited by CACREP. That could help clarify some of the internal contributions to identity development.

The purpose of this study was to explore the lived experience of counselors and how they developed their professional identity. It might also be helpful to interview social workers, psychologists, and psychiatrists to better understand how they view professional counselors as a part of the mental health profession. There is no literature that explored the influence of professional interactions with other mental health professionals on professional identity development. As a result, the recommendations I made included counseling as a profession, research efforts, clinical supervision, leadership and advocacy, and training/education.

Counseling Profession

With the continued effort to increase parity with other mental health professions, it is recommended that CACREP revise standards for accredited programs. As of September 2022, CACREP has released their fourth draft to what will become the 2024

standards for programs seeking accreditation and part of the proposed revisions include ensuring that entry-level counseling programs familiarize students with the history and philosophy of the counseling profession (CACREP, 2022) but there is nothing in the eight foundational domains that speaks explicitly to the professional identity of counselors. Because the professional identity component is missing, I would recommend that CACREP include a way to ensure that graduates from CACREP accredited programs have an awareness of the professional identity of counselors. My focus on current recommendations is on individuals that are navigating their counseling programs because if a full discussion on professional identity is included in the core curriculum (CACREP 2022) those that graduate will be more likely to articulate professional identity to those outside of the profession. To help counselors who have already entered the profession, having a continuing education course on professional identity might increase the ability of counselors to speak to that topic and professional identity could be seen as distinct from theoretical orientation, which is how participants to my research described their professional identity.

Research Efforts

The findings of this very targeted research offer additional opportunities for future researchers to build upon the initial findings of this study. Some of the additional recommended areas for research would explore the perception other mental health professionals have of counselors. One other recommendation would be to expand the scope to include the voice of counselors licensed in other jurisdictions. Burns and Cruikshanks (2018) suggested future researchers study the potential implications having

an expanded view of a professional community (not being distinct from psychologists, and social workers) might have for achieving parity with other mental health professionals. What I am suggesting for research aligns with those recommendations, but I also believe that including counselors working on post-graduate hours whether as a registered intern or provisionally licensed counselor will elicit data that will help determine if there is a gradual disconnect that happens the longer a counselor is in the field.

Clinical Supervision

One component of effective clinical supervision is gatekeeping, which is the process of assessing a counselor (whether in training or provisionally licensed) to identify moments when a supervisee might require remediation (ACA, 2014). I recommend adding to the gatekeeping section of the ethical code the inclusion of language that also supports developing a professional identity that equips that counselor to speak clearly to others about how they function and what makes the counseling profession unique among the other helping professionals. It might be necessary to expand the theories of clinical supervision to include the transmission of professional identity as a part of the student assessment that assesses students' progress throughout the program, something that is missing from the current draft of CACREP standards (CACREP, 2022). Burns and Cruikshanks (2018) reported that from their research involving independently licensed counselors, being taught by counselor educators who identified as counselors while they were going through their program was a top priority for them. Since actual clinical supervision typically begins when the counseling student enters field experience, this is

another opportunity for counselor educators as first line clinical supervisors to check on professional identity development of future counselors. This is important because it is believed that some of the struggles the counseling profession has experienced with licensure portability is the lack of clarity related to communicating the professional identity of counselors (Burns & Cruikshanks, 2018). There has been some success with licensure portability with the newly formed counseling compact with 17 states signing on to the compact, the major limitation is that the only way to participant in the compact is to have a license in one of the member states (National Center for Interstate Compacts, 2022).

Leadership and Advocacy

Based on the findings of this study, it is recommended that counselors are exposed to leadership and advocacy for the profession throughout their coursework. It is also recommended that while in their counseling program that students are encouraged to develop ways to advocate for the profession. This could take the form of written assignments or even student involvement in their state counseling organizations. Woo et al. (2016) indicated that participants to their research made a connection of their professional identity development with their level of engagement with professional activities. The counseling profession is making strides toward parity with other mental health professionals, which can be seen with recent developments of the counseling compact, and the push towards including counselors on the Medicare insurance panels (NBCC, n.d.; National Center for Interstate Compacts, 2022). These professional victories can be attributed to the coalescing of counseling organizations banding together

in a form in united advocacy (Eissenstat & Bohecker, 2018). From a programmatic position, I recommend that CACREP modify one of the eight pre-existing foundational domains for counselors or add a ninth domain exclusively dedicated to teaching advocacy for the profession, something that is possible because the 2024 CACREP standards are still in draft form (CACREP, 2022).

Training/Education

Training/education is the foundation for all counselors, since obtaining a license to practice requires the applicant to have graduated from educational program that meets certain specifications (BOPC, n.d.). Burns and Cruikshanks (2018) highlighted possible negative impact that not having a clear identity could have for the counseling profession. There was also mention that the independently licensed counselors saw some value in the continued work to improve counselor professional identity (Burns & Cruikshanks, 2018). It is therefore my recommendation that the counseling boards adopts a training requirement for license renewal that includes continuing education related to the professional identity of counselors. This would help to strengthen the professional identity of counselors and ensure continual reacquaintance with and connection to professional identity standards (Burns & Cruikshanks, 2018).

Implications

Descriptive phenomenological research allowed me to explore the lifeworld of six participants as they described their lived experiences navigating the phenomenon of professional identity development (see Giorgi, 2009). The findings from this study offer an in-depth view into the complex structure of professional identity development. The

themes that were highlighted from this study might prove useful for laying the foundation for professional identity in the context of the counseling programs offered. As I stated earlier, I also found during this research that due to the overlap between internal and external factors contributing to professional identity development, the path is vague and did not emerge from a single source whether internal or external to the profession but included factors that was difficult for them to explain. Mellin et al. (2011) reported that providing a clearly articulated unified professional identity is elusive and based on the findings from my study the path to professional identity remains elusive.

By opening the debate for professional identity development to the stakeholders and including their voice, the insight gleaned from this research offers a critical component to CACREP as the organization is revamping the standards that will govern the accredited programs starting in 2024 (CACREP, 2022). Below I explore the implications for positive social change based on recommendations made earlier for counseling as a profession, research efforts, clinical supervision, leadership and advocacy, and training/education.

Counseling Profession

Counseling as a profession has been exploring how to accurately convey to others how it fits into the mental health space for some time and the development of a standardized definition of counseling was believed to be the thing that would solidify professional identity (see Hanna & Bemak, 1997; Kaplan et al. 2014; Mellin et al. 2011). The findings implicate that at the organizational level more could be done to communicate the professional identity within the profession. By ensuring that the

stakeholders have a solid grasp of what counseling is and what counselors do, the ability for clearly communicating that to others increases. This could serve to strengthen the unity of the profession and increase parity with other mental health professionals (Eissenstat & Bohecker, 2018).

Research Efforts

The findings of this research indicate that there is still more to explore about ways to increase professional recognition of counselors. The implication of the results offers the ability to effect positive social change at the organizational level. Building upon this research that sought to describe professional identity development and how professional recognition influences that development would increase the amount of attention given to the phenomenon of professional identity development. By doing this, the profession could identify additional ways to promote professional parity by discovering areas where further development is warranted. There was no literature that explored the influence of professional recognition on professional identity development, the researchers that came closest to this concept explored how a coherent identity in the counseling profession might open more doors professionally (Eissenstat & Bohecker, 2018).

Clinical Supervision

The implication for clinical supervision based on the findings of the study is more individual. By weaving the concept of professional identity into the ethical code related to gatekeeping, the concept becomes less punitive in nature, and sparks more of an alliance between the supervisor and supervisee. The change in the supervisory relationship at this level also provides a way for supervisors to support the growth of new

clinicians in the field. Should the counseling profession via CACREP standards require that entry-level counselors are trained and exposed to professional identity throughout their program it could set the stage for a more unified professional identity. Similarly, should the ACA decide to integrate professional identity into the ethical standards that have not been updated since 2014, it could provide the push necessary to realign the counseling profession with the principles and philosophy that are the foundation to the profession (Burns & Cruikshanks, 2018).

Leadership and Advocacy

The findings also highlight some areas where positive social change can be implemented at the individual and policy levels. Given the resounding concern with navigating the board and the lack of clarity reported, counselors can use these findings to advocate with the Maryland board to streamline the process more. The implication for the individual is increased connection to the profession, which could reduce the amount of tension experienced when interacting with the board. The implications for training entry-level counselors in ways to promote and advocate for the profession could yield a higher level of connection to the field (Burns & Cruikshanks, 2018) and make advocating for parity in the mental health profession a part of the training to be a counselor.

Training/Education

The implications for training/education offer the ability to have a positive social change at individual level, which could then be extended to the societal/policy level. Integrating the recommended changes and placing a focus on professional identity within the counseling program would help draw a distinction between a theoretical approach

used when working with clients and what it means to function in the field as a professional counselor. Having a stronger sense of what it means to operate within the counseling profession, would then increase the way the counseling profession communicates the scope of practice to society and even policy makers. The implications of that could result in what the profession has been searching for since emerging as a profession, parity in the mental health field. Getting various counseling boards to require that counselors take continuing education courses related to professional identity has the ability to ensure that counselors remain connected to the philosophical principles that make counseling a profession (Burns & Cruikshanks, 2018).

Conclusion

The issue of developing a professional identity for the counselors was first highlighted by Brammer (1968). Since the first inception of the professional identity by Brammer (1968), the need to distinguish counseling as a profession continued to attract attention. Mental health counseling was described as a holistic process that promoted healthy lifestyle choices, identification of life stressors, and included a restorative component (Seiler & Messina, 1979). Since that time, what constituted professional identity for counselors had been studied by Kaplan and Gladding (2011) and then presented in its final form by Kaplan et al. (2014). That attempt did not include the voice of professionals from the field that had graduated from CACREP accredited programs and had interactions with other mental health professionals. This research was started because I wanted to explore the lived experiences of professional counselors' professional identity development and the role that professional recognition had on that

process. Based on the findings of this study, the counseling profession have several steps it can take to build the next generation of counselors who endorse a professional identity that encompasses all that the profession is. I noted during this research that the overlap between internal and external factors contributing to professional identity development, made the path vague since it was not described from participants as emerging from a single source, internal or external to the profession but included factors that was difficult for them to clearly describe. There is evidence that indicates there is still internal work to be done before parity within the mental health profession can be obtained. The profession must seize the opportunity; professional parity is possible.

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Appendix A: Recruitment Email

My name is Brandon Shurn, and I am a doctoral candidate in Walden University's Counselor Education and Supervision program. I am inviting you to participate in a research study (IRB#-#####) professional counselor identity development relative to professional recognition: a descriptive phenomenological exploration. As a thank you for your time you will be compensated with a \$20.00 Amazon gift card for your participation. Additionally, your feedback will help to better understand the phenomenon of professional recognition's influence on professional identity development and may help to better advocate for the counseling profession at the macrolevel.

Specifically, I am looking for individuals who meet the following qualifications:

- A licensed clinical professional counselor in Maryland and attended a CACREP-accredited training program
- A licensed graduate professional counselor in Maryland and attended a CACREP-accredited training program
- Professional interactions with social workers, psychiatrists, or psychologists in performance of official duties
- Is over the age of 18

If you are eligible and would like to participate, please contact me at:

xxxxxxx.xxxxxx@waldenu.edu. If you do not personally qualify for the survey based on the list above, please feel free to pass this invitation along to someone else whom you believe meets these qualifications.

This study has been approved by Walden University's Institutional Review Board (IRB #####) and is being supervised by Dr. Corinne Bridges (xxxxxx.xxxxxx@mail.waldenu.edu).

Appendix B: Advertising Flyer

**Research Opportunity:
Professional Counselor Identity Development
Relative to Professional Recognition:
A Descriptive Phenomenological Exploration**

- Are you a licensed counselor in Maryland and graduated from a CACREP-accredited training program?
- Have you experienced professional encounters with social workers, psychiatrists, psychologists, or a combination of all three?
- Are you willing to describe your experience in a personal interview?

The purpose of this research study is to better understand the experience of professional identity development relative to professional recognition of counselors licensed in the field. Your participation in this study will help to increase what is known about how/if the phenomenon of professional recognition influences professional identity development and may help to better advocate for the counseling profession at the macrolevel.

To learn more about this study, or to participate, please contact Brandon Shurn, MS, LCPC, NCC at: xxx-xxx-xxxx or xxxxxx.xxxxx@waldenu.edu.

This study is part of a dissertation study for the completion of the PhD in Counselor Education and Supervision program at Walden University. Participants will be asked to participate in a 60-minute interview by video chat.

Appendix C: Interview Guide

Introduction and Review of Informed Consent

Hello, and thank you for agreeing to participate in this interview. My name is Brandon Shurn, and I am a doctoral candidate at Walden University, in the Counselor Education and Supervision program. This interview is part of a qualitative research study for my dissertation. My research project examines the lived experiences of professional counselor identity development relative to professional recognition. This interview will take 60 minutes and consists of eight questions regarding your experience of developing your professional identity. Your responses will be used in writing a qualitative research study, which will be published as a doctoral dissertation and research article. Though direct quotes from you may be used in the study and article, your name and other identifying information will be kept anonymous. Do you have any questions?

As we begin, I would like to acknowledge that we are recording this interview so that I may accurately record the information you convey. Do you consent to me recording this interview?

I would like to remind you of your written consent to participate in this project. You received and acknowledged an e-mail from me, which contained information about this project, certifying that we agree to continue this interview. I will keep a copy of your consent under lock and key, separate from your reported responses.

Your participation in this interview is completely voluntary, and you can withdraw your participation at any time without consequence. In the event you do choose to withdraw your participation, all information you provide, including this recording will

be destroyed and omitted from the final paper. Do you have any questions before we begin? With your permission, we will begin the interview.

Interview Questions

1. Please describe in as much detail as possible your experience attending a CACREP accredited college or university?
2. Please describe your experience getting licensed in Maryland?
3. Please describe in as much detail as possible your professional identity?
4. Please describe your experience of obtaining employment after becoming licensed?
5. Please describe your professional experience working with social workers, psychiatrists, or psychologists?
6. Please describe your experience with becoming paneled by insurance companies?
7. How have these experiences contributed to your identity as a professional counselor?
8. Please share anything about your experience of professional identity development that I have not asked about during this interview.

Closing Information

Thank you for the time that you have generously shared with me. I will be transcribing our interview and will analyze the data. I will reach out to follow up with you after reviewing the transcript if there are additional questions, which will take approximately 30 minutes to complete. If you have any questions or concerns, please

contact me using the information that was included in my initial e-mail inviting you to participate. Thank you, again, for your time.