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Counselor Educators: Clinical Practice and Professional Identity

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Abstract

The counseling profession continues to make progress in establishing a unified counseling identity, a goal that will lead to multiple benefits for professional counselors and the clients they serve. Counselor educators who train future counselors have a fundamental impact on counseling students’ developing professional identity. However, little research exists regarding the professional identity of counselor educators. Within the fields of nursing, medicine, pharmacy, occupational therapy and dentistry, academic clinical practice has been studied and recognized as an important component in professional identity. Similarly, within psychology, the scientist-practitioner model maintains that an emphasis on both clinical practice and research will result in more effective training of new psychologists, while allowing science to inform their work with clients. The present mixed method study investigated the prevalence of counseling faculty clinical practice and how practicing and non-practicing counselor educators understand and construct their professional identity. Of 138 surveyed counselor educators, 66.7% reported that they have engaged in clinical practice while a faculty member with an average of 8.35 years in practice ($SD = 9.49$). Participants also indicated that 48.6% currently spend time in clinical practice. Faculty rank ($p < .01$), holding a PC license ($p < .001$), and number of years in the mental health field ($p < .05$) were all significantly related to clinical practice while serving as a faculty member. Holding a psychology license was significantly related ($p < .024$) to currently occurring clinical practice. Qualitative interview data of six self-selected participants revealed five themes related to counselor educators’ understanding and construction of their professional identities: (a) mentoring and supervisory relationships both during and after master’s and/or doctoral training had a profound impact on the participants’ views of themselves as professionals; (b) counselor educators holding counselor education doctoral degrees articulated a
stronger counselor professional identity; (c) counselor educators primarily identified themselves as educators, which they clearly distinguished from practitioners; (d) participants expressed varying types of frustration regarding the counseling profession’s struggle with professional identity issues; and (e) the word, counselor, held very different meanings for each participant.
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CHAPTER ONE

Counselor Educators: Clinical Practice and Professional Identity

Introduction

The American Counseling Association (ACA) represents and serves counseling professionals, the newest members of the mental health field. As the counseling profession struggles with inevitable changes and growth, counselor professional identity issues remain a significant piece of the challenge. This task was recently articulated in ACA’s (2011) progress report on the 2020 Committee, a multi-organization task force to move the counseling profession forward:

Professional counseling is approaching its 100th anniversary of the founding of the first counseling association. Since this time, we have become an established profession and made significant progress. As the profession expands and develops, continued attention to a unified counselor identity is important. The opportunity to establish a cohesive counseling identity leads to multiple benefits for professional counselors, including the presentation of a clearer image of professional counseling to clients, students, and the general public, and the promotion of legislative efforts that are in the best interest of the counseling profession and the people we serve. (Rationale section, para. 1)

While counseling professionals have worked to help the public understand what they do, much effort has also been directed toward the profession’s understanding of its own identity. Professional identity is a complex, multi-faceted issue that exists on a macro, profession-wide scale, as well as on a micro, individual level. As the counseling profession works to unite its members and enjoy the strength afforded by this unity, studying how individual counselors define their professional identity remains part of the process.

Professional identity development occurs over time and involves an interaction of influences including training, work experiences, professional relationships and personal qualities. Counselor educators work at a crucial time in novice counselors’ training. These professors can
have a tremendous impact on the professional identity development of their students. Surprisingly, however, very little research has focused on the professional identity of counselor educators themselves.

Within several other professions, including nursing, medicine, pharmacy, occupational therapy and dentistry, academic clinical practice has been recognized as an important component in professional identity. These fields typically require faculty members to engage in clinical practice. The literature from these professions, as discussed below, indicates that when professors who train new professionals also engage in clinical practice, their teaching and research are enhanced. Within the field of psychology, the scientist-practitioner model, as it was first proposed (Himelein & Putnam, 2001), similarly advocated that faculty members engage in clinical practice. The scientist-practitioner model still aims to keep science and research as the underpinning of mental health work and is considered an ideal stance for psychology professionals. While related professions have investigated the prevalence of faculty clinical practice, the counseling profession has failed to do so.

Research Questions

The current study sought to examine the prevalence of counselor educator clinical practice and how counselor educators understand and construct their professional identity. Because other professions have found that clinical practice impacts professional identity and enhances other professional work activities (as discussed later in this chapter), the current study also investigated whether counselor educator clinical practice would similarly affect counselor educator professional identity. A mixed method research design of this study was chosen to reflect its exploratory nature and the different types of inquiry required by the research questions.
Two studies helped to shape the specific research questions addressed in the current study. Each article occupies a unique place within the professional literature. Himelein and Putnam (2001) examined the prevalence of academic clinical practice and work activities among clinical psychologists. This is the only recent study of its kind within the field of psychology. Although counselor professional identity continues to be an important topic within the counseling literature, Calley and Hawley (2008) conducted the only study that specifically explored the professional identity of counselor educators. They asserted that because counselor educators are largely responsible for transmitting various aspects of professional identity to counselors in training, the professional identity of the counselor educator is particularly significant. Hill (2004) concurred that counselor educators “function as role models who demonstrate the philosophical ideology of the counseling profession” (p. 144).

Calley and Hawley (2008) and Himelein and Putnam (2001) informed the identification of the two main research questions guiding the current study:

1. How do practicing and non-practicing counselor educators identify themselves professionally (i.e., training and credentials, scope of professional activities, theoretical orientation, service activities, and self-proclaimed identity) (Calley & Hawley, 2008)?

2. Do practicing counselor educators and non-practicing counselor educators differ in their professional identity, and if so, how do they differ?

Calley and Hawley (2008) maintained that research on individual counselor professional identity has thus far focused on the following areas: (a) the distinct values of the profession; (b) the scope of professional activities; (c) the focus of scholarship; (d) theoretical orientation; (e) understanding of the history of the profession; and (f) the credentials and training of counselors.
After reviewing the counselor professional identity literature, the authors subsequently presented a quantitative study examining this topic as applied to counselor educators. Their study survey addressed issues of training and credentials, professional affiliations, scope of professional activities, focus of scholarship, theoretical orientation, pedagogical tools, service, and self-proclaimed identity.

Calley and Hawley (2008) presented data from 70 surveys completed by counselor educators employed within CACREP (Council of Accreditation for Counseling and Related Educational Programs) accredited counseling programs. This study examined professional activities and factors influencing professional identity to establish baseline data about counselor educator professional identity. Their findings indicated that (a) counselor educators widely attend professional conferences and meetings and hold memberships in counseling professional organizations; (b) the majority of respondents’ doctoral training was counseling or counseling related, while 25% did not hold a doctorate in counselor education; (c) those counselor educators whose first career choice was counselor education were more likely to choose counseling textbooks in their classes as compared to those who did not select counselor education as their first career choice; (d) counselor educators preferred humanistic and constructivist theories when asked about their theoretical foundations; (e) only 20-40% of respondents participated in legislative advocacy for the counseling profession or leadership activities within counseling associations; (f) counselor educators typically held more than one license or certificate.

Himelein and Putnam (2001) presented important survey data of practicing and non-practicing clinical psychology professors. They found that research is of primary importance to the vast majority (92%) of academic psychologists. Fifty-six percent of faculty reported that they engage in clinical practice (mainly private practice). Close to half of the participants
indicated that they were not interested in clinical practice. Lack of time was the primary barrier to practice identified by the non-practicing faculty. Disappointment in university lack of support of clinical practice was also mentioned. Most participants agreed that clinical practice should be part of faculty activities and that teaching and clinical activities complement one another. Himelein and Putnam suggested that those faculty members who are not practicing may struggle with teaching graduate clinical courses. Not including real-world cases in their lectures was also identified as an obvious problem. They maintained that an inability to temper textbook information about diagnosis or treatment with years of experience in a variety of settings with diverse populations is a significant deficiency and one that negatively impacts future psychologists. In the discussion section, Himelein and Putnam questioned whether deemphasizing clinical practice may negatively impact research, stating that the best clinical research is informed by practice. They also asked for new university setting models that more readily incorporate practice into faculty jobs.

Himelein and Putnam (2001) and Calley and Hawley (2008) filled significant gaps within their respective professional literature (i.e., psychology and counseling). Calley and Hawley provided a starting point for understanding counselor educator professional identity, while Himelein and Putnam examined work activities of academic clinical psychologists and the effects of institutional and departmental influences. The current study sought to combine and expand these investigations through survey data (N = 138) and detailed interview data gleaned from six counselor educators. This combination therefore provided a more thorough and expansive understanding of counselor educator professional identity, as well as an exploration of academic clinical practice and its role within professional identity.
Several sub-questions were therefore also investigated within this study: (a) How do counselor educators view faculty clinical practice (Himelein & Putnam, 2001)? (b) How many counselor educators are engaged in a clinical practice? (c) In what type of practice are counselor educators engaged? (d) What prevents counselor educators from engaging in clinical practice? (e) Are counselor educators involved in both research and practice (Himelein & Putnam, 2001)? (f) How would counselor educators prefer to spend their professional time (Himelein & Putnam, 2001)?

What is Professional Identity?

A look at the professional literature regarding professional identity and its development underscores the complexity of these concepts. Gibson, Dollarhide and Moss (2010) explained that contemporary definitions of professional identity revolve around the themes of self-labeling as a professional, integration of skills and attitudes as a professional, and a perception of context within a professional community. This process involves both intrapersonal and interpersonal development. In their qualitative study of counselors in trainings, Gibson, et al. proposed a holistic theory of professional identity development process, defined as, “the successful integration of personal attributes and professional training in the context of professional community” (pp. 23-24).

Other sources paralleled this succinct definition, including those from the occupational therapy literature (Christiansen, 1999; Kielhofner, 2002; Unruh, 2004; Unruh, Versnal, & Kerr, 2002). These studies essentially captured professional or occupational identity as a composite of one’s occupations over time. Kielhofner (2002) emphasized that occupations that are interesting, satisfying and associated with competence and validations within one’s environment are more likely to become foundational and sustaining to personal identity. Unruh (2004) further
explained that occupations associated with productivity may be central to occupational identity for many people, because so much time, energy and resources are given to them.

Within the counseling and education literature, the formation of professional identity is similarly illustrated as a multi-faceted interaction over time. Beijaard, Meijer, and Verloop (2004) and Swennen, Jones, and Volman (2010) explained that professional identity consists of sub-identities that more or less harmonize and relate to different contexts and relationships. Some sub-identities may exist as the core of a teacher’s identity, while others may be more peripheral. Ronfeldt and Grossman (2008) studied how novice educators constructed identities that fit their professional world. They asserted that professional educators must help novices craft these professional identities. Students therefore negotiate their self images as professionals with the images reflected to them by their program departments. Novice professionals must also reconcile who they want to become with who they are expected to become within field placement settings. Weinrach, Thomas, and Chan (2001) believed that professional identity is the possession of a core set of values, beliefs and assumptions about the unique characteristics of one’s selected profession that differentiates it from other professions.

Watson (2006) explained that professional identity is a relational construct, where the individual recognizes sameness and difference between self and others and engages in an ongoing process of identification. This notion therefore presumes that who we think we are influences what we do, creating a link and interaction between professional identity and professional action. This is a complex process where changing contexts shift perspectives and give rise to different possibilities for identity and action. Skovholt and Ronnestad (1992) found in their study of counselor development that professional development over time involves growth toward professional individuation. The sources of influence during this development move from
external to internal and continuous professional reflection becomes a central identity development process. They also discovered that professionals gradually let go of elements in their professional roles that do not fit with their personality and schema and, instead, adopt elements that feel congruent to the self.

In summary, professional identity development involves shifting relationships and perceptions of self and others within a work context. Personal characteristics and experiences influence an ever-changing construct. Professional identity therefore presents a combination of interpersonally and intrapersonally developed sub-identities. Recognizing that professional identity is constructed within relationship and can include a variety of aspects or facets, the current study included a detailed exploration of six counselor educator’s understanding of their individual professional identity.

The Counseling Profession: Identity Confusion

As previously mentioned, professional identity remains a central issue within the counseling profession’s evolutionary process. These developments provide a historical foundation in partial support of this study’s exploration of counselor educator professional identity. In comparison to psychologists, social workers and psychiatrists, counselors comprise a relatively new mental health professional group (Remley & Herlihy, 2007). Just as these other disciplines at one time struggled with professional identity and unification issues, the counseling profession currently wrestles with defining itself. Lloyd, Feit, and Nelson (2010) asserted that counselor educators have a long history of redefining their identity. Remley and Herlihy explained that members of groups who are just beginning to establish themselves professionally often express confusion about their professional identity. Consumers cannot explain how
counseling is different from other mental health professions. Even counselors sometimes find it difficult to describe these distinctions (Gale & Austin, 2003; Remley & Herlihy, 2007).

At the same time, counselors adhere to a belief system that Remley and Herlihy (2007) maintained as the foundation for the professional identity of counselors:

1. The best perspective for assisting individuals in resolving their emotional and personal issues and problems is the wellness model of mental health.
2. Most of the issues and problems individuals face in life are developmental in nature, and understanding the dynamics of human growth and development is essential to success as a helper.
3. Prevention and early intervention are far superior to remediation in dealing with personal and emotional problems.
4. The goal of counseling is to empower individuals to resolve their own problems independently of mental health professionals and to teach them to identify and resolve problems autonomously in the future. (p. 22)

The counseling profession can therefore identify its strengths and belief system. Formulating a method to collectively promote the profession remains a very different, critical task. Hanna and Bemak (1997) stated that one of the major criticisms of the counseling field involves its inability to define itself and distinguish counseling from other mental health professions, particularly because counseling’s theoretical identity comes from education and psychology. This is not a new challenge for counselors: as far back as 1978, Bradley (1978) outlined ways in which the profession could better define itself. Hanna and Bemak explained that counseling’s evolution as a profession includes a mixture of various disciplines, namely psychology, counseling psychology, school counseling, rehabilitation counseling and vocational guidance. In acknowledging this mixture of disciplines as part of counseling’s historical foundation, one can easily understand how achieving a sense of collective identity would be challenging at best (Gale & Austin, 2003).

Gale and Austin (2003) listed many reasons for the lack of specific identity for professional counselors. First, some persons who identify themselves as counselors may have
received their training in programs accredited by different professional accrediting bodies. Because many states do not award licensure to master’s-level psychologists, for example, master’s-level graduates of psychology programs often seek professional counseling licenses. These individuals may also hold various credentials, licenses, and professional memberships that require adhering to different and sometimes conflicting codes of ethics. Second, differences in the counseling programs that can be accredited, in credentials that can be obtained, and in the usefulness of these credentials all lead to disparity among counselors. Third, counselors have increasingly identified with their areas of specialization, and some divisions of the American Counseling Association (ACA) have sought separation from this parent organization (Cashwell, Kleist, & Scofield, 2009). To complicate matters even further, Myers, Sweeney and White (2002) noted that within each of these specialties (for example, mental health counselors, rehabilitation counselors, school counselors, and substance abuse counselors) discussions reflect a struggle for professional identity.

Gaining a recognizable identity for counseling is often viewed as a necessary part of the profession’s movement toward public recognition and its survival within the mental health field (Hanna & Bemak, 1997; Pistole & Roberts, 2002). Helping students establish a clear professional identity nurtures their belief that they belong to a specific professional community. This allegiance will in turn place the profession at an advantage with respect to its leadership and its ability to represent itself to licensing boards, third-party payers and the public at large.

Gale and Austin (2003) explained that, understandably, market demands influence the development of a profession. Indeed, the last several decades of counseling’s history have been driven more by the profession’s attempt to meet market forces than by looking to create new
markets. As counselors work to compete with other mental health professionals and qualify for third party reimbursements, other market forces threaten to fragment the profession.

With an eye toward counselors taking appropriate action, Gale and Austin advocated that (a) the counseling profession should initiate a task force to devise a comprehensive, strategic plan for the profession’s future; (b) counseling professional associations, accrediting organizations and credentialing bodies must work together to promote the unity of the profession; and (c) professional counselors should actively discuss collective identity issues, the nature of the profession and the planned future of counseling.

**Counseling Profession Identity Evolution: Moving Toward Clarity**

Since Gale and Austin (2003) published their article, their action plan has become a reality. Cashwell (2010) proclaimed that the counseling profession has moved past its adolescent stage of development and has shown signs of becoming a more mature profession. In 2006, the ACA, the American Association of State Counseling Boards (AASCB), and 28 other professional counseling organizations created a committee to prepare and delineate what the counseling profession will look like in the year 2020. This committee entitled, *20/20: Vision for the Future of Counseling*, aimed to create a unified counseling professional identity, to assist in the implementation of the AASCB’s counselor licensure portability plan, and to eliminate the wide variation in state counseling licensing standards (Kennedy, 2006).

In January 2009 the committee announced that its delegates had approved a significant document, *Principles for Unifying and Strengthening the Profession* (American Counseling Association, 2009). This document identified seven basic principles for advancing the profession. The following is a list of these principles: (a) sharing a common professional identity is critical for counselors; (b) presenting ourselves as a unified profession has multiple benefits;
(c) working together to improve public perception of counseling and to advocate for professional
issues will strengthen the profession; (d) creating a portability system for counseling licensure
will benefit counselors and strengthen the counseling profession; (e) expanding and promoting
our research base is essential to the efficacy of professional counselors and to the public
perception of the profession; (f) focusing on students and prospective students is necessary to
ensure the ongoing health of the counseling profession; and (g) promoting client welfare and
advocating for the populations we serve is a primary focus of the counseling profession.

In the June 2010 publication of Counseling Today, Rollins (2010) reported that the 20/20
delegates reached consensus on a common definition of counseling: “Counseling is a
professional relationship that empowers diverse individuals, families and groups to accomplish
mental health, wellness, education and career goals” (p. 36). Creating this definition marked an
important step in the field’s work toward unity and a practical evolution.

Like Hanna and Bemak (1997), Calley and Hawley (2008) conveyed the spirit of the
Principles when they stated that a unified, concrete professional identity among professional
counselors is required to secure the future of the counseling profession. Gaining equal
recognition and parity among other mental health professions remains a significant external
need. Internal pressures also exist in the counseling profession’s quest for a unified professional
identity. For example, the Council for Accreditation of Counseling and Related Educational
Programs (CACREP) 2009 Standards specifically state in its introduction section that the
guidelines are written to ensure that counseling program students develop a professional
counseling identity during their training, and that this must be a primary area of focus in
counselor education (CACREP, 2009).
The Standards (CACREP, 2009) also required that counseling department faculty members hold doctoral degrees in counselor education and memberships in counseling professional organizations. Lloyd et al. (2010) believed that ongoing tensions related to who should teach in counseling programs has had a distinct impact both on the development of counselor education doctoral programs and how counselor educators view themselves. They further explained:

Many within the counseling profession have realized the important role the doctorate in counselor education has played in the ongoing professionalism of counseling, particularly in terms of how these programs prepare and encourage future leaders. CACREP has codified its preference for the counselor education and supervision doctoral degree in its 2009 standards. (p. 59)

In December of 2009, California became the last state to adopt licensure for professional counselors (Shallcross, 2009). This event marked another significant move forward for the profession. However, Martin and Cannon (2010) asserted that much remains to be done in aligning counseling students’ identity with the profession. They cited examples from the state of Tennessee, where non-CACREP-accredited counseling programs are preparing students without a solid counseling identity. Faculty members in these programs do not necessarily possess a counseling professional identity, and graduates from these programs are permitted to obtain a counseling license to practice after completing their studies. Also, in most states, post-degree counselors seeking licensure may be supervised by other mental health professionals, including psychiatrists, social workers, psychologists, marriage and family therapists and psychological examiners, among others. Finally, Martin and Cannon expressed alarm at the great increase in the number of students in non-accredited and/or for-profit counselor education programs. These inconsistencies, of course, create much confusion regarding the professional identity of counseling.
Academic Clinical Practice: The Clinician Educator

From the higher education literature, several studies have tied professional identity to clinical practice. Ronfeldt and Grossman (2008) found that when students had opportunities to observe their instructors in practitioner roles, they found the experience to be exceptionally useful. The authors also reported that these experiences with academic practitioners allowed students to see examples of how personal identity can be at the core of professional identity. Similarly, Colbeck’s (2008) study of academic professional identity development encouraged faculty to share the evolution and the effects of their professional identity integration with doctoral students. Colbeck maintained that prior research has shown that current faculty members integrate research, teaching and service more than they recognize. Sharing this integration will benefit both professors and doctoral students. Swennen, et al. (2010) also advocated:

Teacher educators are in need of role models, expert teacher educators who show them what it means to be a good teacher educator and support them in becoming second-order teachers in higher education and researchers…we believe that mentors of teacher educators, experts who teach courses for teacher educators and supervisors with the knowledge and skills to support teacher educators’ research are needed to enhance the quality of teacher educators as individuals and teacher education as a profession. (p. 146)

The fields of occupational therapy (Scoggin, Gibson, & Hanson, 2000), medicine (Atasoylu, et al., 2003), dentistry, medicine, nursing and pharmacy (Smesny, et al., 2007), mental health nursing (Crawford, Brown, & Majomi, 2007; Hurley, 2009; Owen, Ferguson, & Baguley, 2005; Ryan-Nicholls, 2004) and nursing (Ballie, 1994; Broussard, Delahoussaye, & Poirrier, 1996; Budden, 1994; Fenton, Rounds, & Wise, 1988; Good & Schubert, 2001; Just, Adams, & DeYoung, 1989; Kramer, Polifroni, & Organek, 1986, Little & Milliken, 2007; Millonig, 1986; Steele, 1991) have studied academic clinical practice, recognized it as an important part of professional identity, and confirmed that teaching, clinical activities and
research very much complement and enhance one another. These disciplines, however, differ from counseling training programs, in that clinical faculty are required to engage in clinical practice and on-site clinical education (i.e., a clinician educator model). Students therefore learn from and observe professors both in the classroom and in hospitals or other medical settings. Lack of time was identified as the primary barrier for professors to maintain practice requirements (Ballie, 1994; Just, et al, 1989; Owen, et al., 2005; Scoggin, et al, 2000). Broussard, et al. (1996), Budden (1994), Fenton, et al. (1988), Just, et al. (1989), Paskiewicz (2003), and Scoggin, et al. (2000) also found that even though academic clinical practice is a required job component and has many advantages, it is not valued in a commensurate manner by universities: it is often not recognized as holding the same prestige and significance as research. Atasoytu, et al. (2003) called for changes in institutional promotion policies within medicine that value research over clinical practice in spite of the fact that clinician educators are expected to maintain high levels of clinical and teaching expertise.

To summarize, the education literature clarified the significance of expert practitioner role models in assisting students in their professional development. Although training programs in nursing, pharmacy, medicine, occupational therapy, mental health nursing and dentistry require academic clinical practice and recognize its important contribution to effective training, inherent tensions exist. Time is scarce for clinician-educators due to multiple expectations and demands of the job, while universities still expect faculty to engage in research activities and often do not demonstrate that they view clinical work as holding equal value. These tensions, as well as the important role that expert practitioners occupy within students’ professional identity development, inform the current study’s exploration into counselor educator professional identity and perceptions of academic clinical practice.
Clinical Psychology’s Scientist-Practitioner Model

The term, _scientist-practitioner_ refers to a training model that was introduced at a 1949 American Psychological Association (APA) conference. Jones and Mehr (2007) explained that the core goal of this model involves training psychologists who successfully blend the role of a clinician and a researcher into one entity. The scientist-practitioner model provided for the development of the knowledge, skills and attitudes that encourage a scientific approach to practice. Jones and Mehr further identified an assumption of the model: direct involvement in clinical practice by researchers would result in studies on important social issues. This model differs from a clinician-educator model, however, in that it places research on equal ground with practice, and on-site clinical education is not a faculty job requirement.

The psychology professional literature recognized the value of integrating research and practice as described in the scientist-practitioner model (e.g., Stoltenberg, et al., 2000; Stoltenberg & Pace, 2007). Indeed, this model is critical to the identity of professional psychology (Vespia, Sauer, & Lyddon, 2006). Vespia (2006) underscored the importance of effective scientist-practitioner role models. She explained how she adopted a scientist-practitioner role while a graduate student because of the availability of effective role models. While psychology training programs have used the scientist-practitioner model for decades, they have struggled to effectively implement the model. A number of studies have proposed various ways to adapt the model (e.g., Chang, Lee, & Hargreaves, 2008; Heppner, et al., 1992; Maddux & Riso, 2007; Overholser, 2007; Sauer & Huber, 2007), while other studies have questioned whether the model is more appropriate for academic clinicians versus clinical practitioners (Frank, 1984; Himelein & Putnam, 2001; Tyler & Clark, 1987).
Counselor Educator Clinical Practice and Work Activities

Although the field of psychology has discussed academic clinical practice as it pertains to the scientist-practitioner model, within the counseling field, there is a dearth of literature examining counselor educator clinical practice. Gale and Austin (2003) asserted that the scientist-practitioner model does not typically exist in professional counseling training programs. Not surprisingly, this type of integration has not been investigated within the counseling literature. Two exceptions include Lanning (1990) who proposed an educator practitioner model for counselor educator doctoral programs, and Barraclough (2006) who wrote about his experiences utilizing a scientist-practitioner approach within his work as counselor educator. These studies parallel findings within the psychology literature, as described above, that asserted the benefits and synergistic effects of modeling the integration of research and practice. Only one source (Schweiger, Henderson, Clawson, Collins, & Nuckolls, 2008) offered data on the prevalence of counselor educator clinical practice. This reference book contained information about 231 CACREP-accredited and non-CACREP-accredited counseling programs and listed percentages of faculty members who currently practice within each program.

Current studies that examine the work of counselor educators are largely in response to institutional pressures to manage a heavy workload of teaching, service and research. Other studies reflect the counseling profession’s struggle to expand and promote its research base, as identified by the Principles for Unifying and Strengthening the Profession (ACA, 2009). Specific topics that have been addressed include counselor educator strategies for success (e.g., Niles, Akos, & Cutler, 2001; Schmidt, 1998), research and scholarship production (Ramsey, Cavallaro, Kiselica, & Zila, 2002), perceived expectations for promotion and tenure (Davis, Levitt, McGlothlin, & Hill, 2006), counselor educator wellness in balancing work demands (Hill,
Mixed Method Research Design

This study explored and combined two topics that have not been previously examined within the counseling professional literature. Because counselor educators train new counseling professionals, and because the counseling profession is working to create a unified identity, analyzing how counselor educators construct and understand their professional identity fills a significant gap in the professional literature. Due to the fact that all counselor educators must work as clinical practitioners at some point in their careers, it plays a central part in their professional identity development. As in the fields of psychology, nursing, medicine, pharmacy, dentistry, occupational therapy and mental health nursing, the role of academic clinical practice reflects the state of the profession, its training of future professionals, as well as institutional influences. It is therefore linked to professional identity.

This study answered two main research questions: (a) How do practicing and non-practicing counselor educators identify themselves professionally (i.e., training and credentials, scope of professional activities, theoretical orientation, service activities, and self-proclaimed identity)? and (b) Do practicing counselor educators and non-practicing counselor educators differ in their professional identity, and if so, how do they differ? These questions largely involved the exploration of individual meaning-making. As the previously described professional identity literature revealed, the development of identity is a deeply relational process (Watson, 2006). Multiple sub-identities are formed through ongoing interpersonal and
intrapersonal processes, involving an integration of personal attributes and professional training (Beijaard, et al., 2004; Gibson, et al., 2010; Swennen, et al., 2010), and ultimately leading to professional individuation (Skovolt & Ronnestad, 1992).

The investigation of clinical practice and professional identity also involved questions of prevalence, such as the number of counselor educators who have engaged in clinical work, whether participants engage in both research and clinical practice and the identification of various types of professional work activities. Seeking two different types of information required a mixed method research design. Using qualitative and quantitative methods in the same study produced important benefits, such as achieving a more complex picture of human behavior and experience (Johnson & Onwuegbuzie, 2004; Morse, 2003), obtaining data that can be generalized from a sample to a population, and gaining a deeper understanding of the phenomenon of interest (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005).

Hanson, et al. (2005) identified three important components in designing a mixed methods study. First, the researcher must decide whether to use an explicit theoretical lens to inform subsequent methodological choices and overall researcher perspectives. Second, data implementation and prioritization involves choosing whether quantitative and qualitative data are collected concurrently or sequentially and whether equal or nonequal weight is given to the two types of data. Last, the researcher must decide at which point data analysis and integration will occur: analyzing the data separately, by transforming them, or by connecting the analyses in some way.

Because counselor educator clinical practice and professional identity is a missing topic within the counseling literature, this was largely an exploratory study. The quantitative portion involved an on-line, 28-item Counselor Educator Work Activity Survey. This portion of the
study was conducted first and identified six phone interview participants. The survey included questions about demographics, work activities and preferences, training, licensure, university influences, and clinical practice information. The six, 45-minute phone interviews involved the use of a structured interview guide. During the interviews, participants described how they understand and construct their professional identity. Draft interview analyses were e-mailed to the six interview participants with a request to submit feedback (i.e., member checking). The quantitative and qualitative data were analyzed separately and then combined. Each set received equal priority to ultimately achieve elaboration, enhancement, illustration and clarification of the results from one method with results from the other method (Johnson & Onwuegbuzie, 2004). It was assumed that the data sets would therefore, in these ways, complement one other and provide different types of information about counselor educator clinical practice and professional identity.

Multiple studies (Creswell, et al., 2003; Hanson, et al., 2005; Morse, 2003; Yanchar & Williams, 2006) emphasized the need to identify researcher assumptions and theoretical frameworks within mixed method research designs. Several assumptions in the current study were identified: (a) professional identity changes in response to experiences and perceptions of self and subsequently influences action (Christiansen, 1999; Gibson, et al., 2010; Kielhofner, 2002; Unruh, 2004; Unruh, et al., 2002); (b) professional identity exists within a relational context (Watson, 2006); (c) institutional policies and politics impact academic work activity choices (Gale & Austin, 2003; Himelein & Putnam, 2001; Pistole & Roberts, 2002); (d) faculty career stage also impacts professional identity development (Colbeck, 2008; Ibarra, 1999; Reybold & Alamia, 2008; Ronfelt & Grossman, 2008)
Positionality, Qualitative Method Choices, and Voice

At this point in the paper, changing the voice of my writing seemed appropriate and aligned with an explanation of my qualitative method choices. As a doctoral candidate in counselor education at the University of Cincinnati, I conducted this study in partial fulfillment of a doctoral degree in counselor education. Six full-time counselor educators comprised my qualitative study sample. I interviewed professionals who hold positions that are much like what I expect to hold in the future. I chose to use the *Listening Guide* (Gilligan, Spencer, Weinberg, & Bertch, 2003) to conduct the interview data analysis portion of this study. Within the Research Methodology chapter, I will describe the four steps involved in the interview data analysis.

My understanding of the relational nature of professional identity and its development drove my decision to use this method. The *Listening Guide* (Gilligan, et al., 2003) was designed to “open a way to discover when discovery hinges on coming to know the inner world of another person” (p. 157). I wanted a method that would help me tune into the various identities within each participant and how they understand each part. Gilligan, et al. explained that each step of the *Listening Guide* requires “the active presence of the researcher and an acute desire to engage with the unique subjectivity of each research participant” (p. 159). The *Listening Guide* has been successfully used as a qualitative analysis method within a variety of disciplines and topics, such as corporate business (Balan, 2005), psychology (Brown, 2001), work-life balance (Doucet & Merla, 2007), and identity development of women growing up in multiple cultures (Walters & Auten-Cuff, 2009).

For the past eight years I have worked as a professional counselor in various clinical settings. My work involves engaging with clients and trying to understand how they see the
world. This is an intensely relational process. The six phone interviews did not involve psychotherapy, but I did work in relationship with the participants by way of encouraging an open and deep exploration of their intersecting personal and professional identities. Part of the Listening Guide (Gilligan, et al., 2003) approach involved overtly recognizing and describing my positionality as the researcher, something that I explained in more detail within the qualitative results chapter.

A feminist theoretical approach also guided my work with the interview data. West (2005) explained how feminist theory views mutually empowering relationships at the heart of growth and development. It also highlights the basic notion that the individual is the best authority on his or her own experience. This implies that a diversity of experiences would be present within any group. West proposed that, “Who we are and the context in which we function affects not only what we know, but how we come to know it” (p. 97).
CHAPTER TWO

Research Methodology

Target Population and Recruitment Resources

Although counselor educators comprised the target population under investigation, several participant criteria were deemed essential within the study sample. First, each participant was expected to hold a full-time faculty position within a counseling program. University and department requirements and job duties differ for part-time versus full-time faculty members, and these expectations would presumably impact a faculty member’s professional work activities. Second, each participant’s counseling program had current accreditation status through the Council for Accreditation of Counseling and Related Educational Programs (CACREP). CACREP guideline changes have directly and significantly influenced accredited counseling programs through curriculum, program structuring and hiring requirements. By choosing only CACREP-accredited programs, each study participant was working under the same core CACREP requirements. These requirements are linked to counseling professional identity.

Individual counselor educator names and contact information, including e-mail addresses, were accessed through the text, Counselor Preparation: Programs, Faculty, Trends (Schweiger, et al., 2008). Due to time and resource availability, using this reference to access participant contact information (rather than looking up e-mails through departmental websites) was identified as the most efficient and cost effective method for obtaining information about potential participants. During the planning stages of this study, sending hard-copy letters through traditional mail was considered as a recruitment method, but subsequently disregarded due to financial considerations. Interestingly, Shih and Fan (2009) conducted a meta-analysis
comparing response rates of e-mail and paper surveys and found that for studies involving college populations, e-mail and mail survey response rate differences were negligible.

The most recent edition of Schweiger et al. (2008) included data compiled from a 2003 and 2006 online survey of 1,781 faculty members from 511 counselor preparation programs across the United States. According to Schweiger, et al., as of January 2007, 491 CACREP-accredited programs existed in the United States; 411 programs are listed in their book. Of these 411 programs, 267 (65%) held CACREP accreditation status. During the recruitment phase of this study, an additional 24 programs labeled as non-CACREP-accredited in the book were found to be accredited, according to CACREP’s website (Council for Accreditation of Counseling and Related Educational Programs, 2011). These additional programs brought the total number of CACREP-accredited programs in Schweiger, et al. to 291, approximately 71% of all United States counseling programs.

Percentages of faculty time devoted to counselor preparation programs were also listed in the book. Only counselor educators who identified as spending at least 40% or more of their time on program work were considered full-time professors and thus qualified for study inclusion. This full-time group included 1159 professors or 67% of the total 1,730 counselor educators listed in the book. Therefore, counselor educators who spent least 40% of their time on program work and did this work within a CACREP-accredited program as listed in Schweiger, et al. (2008) numbered approximately 822 (71% of 1,159).

**Sampling and Recruitment**

During the planning stage of the study, sample size was targeted at a maximum of 300 or 36.5% of the 822 counselor educators listed in Schweiger, et al. (2008) who worked full-time in CACREP-accredited programs and spent at least 40% of their time involved in this work. One
hundred and fifty participants were identified as a minimum sample size (18.2% of the 822-member potential population). Given the time and support available for this study, these numbers and percentages reflect what was reasonably possible.

A systematic random sampling method dictated the selection of every fourth CACREP-accredited program counselor educator spending at least 40% of professional work time listed in Schweiger, et al. (2008). Professors from across all geographic areas within the United States were therefore contacted. In May 2010 the University of Cincinnati’s Institutional Review Board approved this study. Participant recruitment began during late May and continued through mid October 2010. Personalized e-mail recruitment letters invited professors to participate in the study. Roy and Berger (2005) conducted a study of factors affecting response rates of e-mail surveys. They found a marginally significant increase in response rates for personalized e-mails over that for non-personalized e-mail solicitations. The authors surmised that participants may appreciate being addressed individually, feeling that they are important and not just an item on a list.

Using Word MailMerge, each letter (see Appendix A) included the professor’s name in the salutation and an explanation as to where the name and contact information were found. The recruitment letter presented a link to an on-line survey, the Counselor Educator Work Activity Survey (Appendix B), which was maintained and administered through the Survey Monkey website (www.surveymonkey.com). The letter asked participants to respond to the e-mail and indicate whether they chose to complete the survey or not. This request indicated that repeated e-mails would not be sent to professors who had already completed the survey or, alternatively, to those who indicated they did not wish to complete the survey. Professors who did not reply to the recruitment e-mail received one reminder e-mail two weeks after the initial recruitment
e-mail. Each participant was given the option of accessing the survey on-line or completing a hard copy survey that would be mailed to them upon request.

Due to lower than expected response rates to e-mail recruitment letters, 634 counselor educators (334 more than the original 300 target recruitment) were eventually selected through systematic random sampling. The hope was that at least 150 individuals would participate in the study. The first systematic random sampling and first round of contacts from Schweiger, et al. (2008) yielded 368 e-mails sent to prospective participants. Within this first group, 56 counselor educators never received the e-mail due to obsolete or incorrect e-mail addresses, even after efforts to find current addresses.

E-mail messages returned as undelivered resulted in an internet search for a correct e-mail address. When a new e-mail address was located, the invitation message was redelivered to the potential participant. The second systematic random sampling yielded another 95 recruitment e-mails with 37 undeliverable messages. The final systematic random sampling involved those programs that either had incomplete faculty information listed in Schweiger, et al. (2008) or were not CACREP-accredited as of the 2008 publication date (but had subsequently received accreditation). Information for these programs was accessed on CACREP’s website, which included links to respective program websites. Individual faculty member’s e-mail information was located through a search on the university and counseling program websites. The final systematic random sampling yielded 171 recruitment e-mails and nine undeliverable messages.

Of the 532 contacted counselor educators, 187 (35.2%) replied to the recruitment e-mail and/or completed the survey. As addressed earlier, Shih and Fan’s (2009) meta-analysis of e-mail and paper surveys found that for college populations, e-mail and mail survey response rates
differed only negligibly. In more general populations, Shih and Fan discovered that e-mail survey response rates proved lower (35%) than that of paper surveys (53%). This study’s 35.2% response rate favorably compares with typical e-mail survey response rates. Shih and Fan surmised that consistently lower response rates in e-mail surveys may be partially a result of junk/spam e-mail prevalence. They concurred that the shorter response time, lower cost, ability to reach a large sample and knowledge about whether the survey has been delivered make e-mail survey methods a viable research tool, despite lower return rates.

The 187 replying participants constituted approximately 22.7% of the total 822 full-time counselor educators working in CACREP-accredited programs. Among the 187 who responded, 138 (25.9% of the contacted 532) counselor educators participated in the study, and 48 (25.7% of those who responded) replied that they were unable or unwilling to participate. This 138 participant sample comprised approximately 16.8% of the 822 full-time counselor educators working in CACREP-accredited programs. All participants completed the on-line survey, except for one who requested a hard copy. Another participant began the survey, but did not submit any data; this participant’s data were eliminated from the final data set and not included in the 138-member sample.

A Survey Monkey operational problem surfaced during the data collection, resulting in the loss of data for 28 participants’ final survey page. Essentially, these participants were unable to submit their answers for the final survey page. Once this problem became apparent, it was rectified, and all subsequent participants submitted completed surveys. Missing data from a question about the number of hours spent in community and university service and clinical practice resulted in a decision to discard this information. During the analysis phase, data collected from the final page of the survey were treated as a separate sample of 110 respondents.
Data from the remainder of the survey were collected from all 138 participants. Statistical analyses of the group of 28 participants with lost data compared to the complete sample of 138 participants indicated no significant demographical differences.

**Qualitative Sampling**

One of the final questions posed to survey participants asked whether they were willing to participate in a 45-minute phone or face-to-face interview. Of the 25 counselor educators who self-selected to participate in the interview, six were chosen. Purposive sampling determined which of these 25 participants took part in the interview portion of the study. First, participants were grouped according to career stage (beginning, middle, and end). Within each career stage group, they were again grouped by whether or not they had ever engaged in clinical practice while a faculty member. Then within each of these groups, gender became the last selection criterion. If more than one participant remained in the final grouping, random selection determined which participant would receive an e-mail requesting an interview time and date. An interesting byproduct of this final random selection step included three of the participants specializing in training school counselors, and the other three focusing on training mental health or community counselors.

Of the final six participants, each pair represented one career stage (beginning, middle, or end) and each gender. Each pair also held one participant who had engaged in clinical practice during full-time faculty employment and one who had not. These criteria (career stage, gender, and clinical practice) were chosen because of their expected (career stage and gender) or possible (clinical practice) impact on counselor professional identity development and construction. Skovholt and Ronnestad (1992) found in their study of counselor development that professional development over time involves growth toward professional individuation. In addition to career
stage, gender can also influence professional identity development. Hill, Leinbaugh, Bradley, and Hazler (2005) conducted a study of female counselor educator occupational satisfaction. The authors asserted that female faculty experience unique challenges that influence their occupational and life satisfaction. Similarly, discrepancies among male and female faculty exist regarding issues of representation, salary and promotion.

**Measures**

**Counselor Educator Work Activity Survey.** To date, no survey with proven validity and reliability exists to measure counselor educator work activity (including clinical practice) and perceptions about this work, and no qualitative study has explored counselor educator professional identity. *The Counselor Educator Work Activity Survey* (see Appendix B), a 28-item questionnaire, combined the specific professional identity and work activity components that Himelein and Putnam (2001) and Calley and Hawley (2008) included in their study instruments. Professional identity components, such as counselor educator training and credentials, scope of professional activities, theoretical orientation, and service, were adapted from Calley and Hawley’s study and included in the Survey. Himelein and Putnam posed questions about specific work activities such as teaching, research, supervision, advising, clinical practice, departmental and university service, community service and barriers to clinical practice. These items were also incorporated into the *Counselor Educator Work Activity Survey*.

During the survey creation phase of the study, completion time and ease of completion were identified as significant considerations. Pilot reviews of the survey confirmed this emphasis on brevity and convenience and a subsequent decision to keep broad, open-ended questions within the interview data collection portion of the study. A ten to 15-minute survey with mostly closed-ended questions (and seven open-ended questions) seemed reasonable in
terms of participant effort and time commitment. All closed-ended question survey data were analyzed using SPSS 17.0 software, including descriptive, correlational, and inferential analyses. The data from the seven open-ended questions were categorized and tallied separately from the rest of the survey data.

**Semi-structured Interview Guide.** The more time-consuming and open-ended questions regarding counselor educator professional identity were addressed within the semi-structured interview guide (see Appendix C). Interview participants self-selected and were presumably willing to spend time and effort providing the more complex and individually constructed ideas of professional identity growth and development. The interview guide included questions about what professional titles the participants use, what the word *counselor* means to them, what they believe is important for students to learn about professional identity and what events or relationships shaped and/or challenged their professional identity.

Once the six interviewees were identified, they received e-mail messages confirming their participation and requesting a phone interview date and time. All interviews were recorded and professionally transcribed. Completed transcriptions involved a thorough review of the audio recordings to ensure accurate and inclusive detail of verbal repetitions, inflections, false starts and hesitations.

**The Listening Guide.** As previously mentioned, I chose to use *The Listening Guide* (Gilligan, et al., 2003) to organize the interview data analysis. Gilligan, et al. best explained how and why I believe this approach was a match with what I understood about professional identity construction.

The *Listening Guide* method is a way of analyzing qualitative interviews that is best used when one’s question requires listening to particular aspects of a person’s expression of her or his own complex and multilayered individual experiences and the relational and cultural contexts within which they occur…It is a relational method in the sense that it
intentionally brings the researcher into relationship with the participant through making our own responses, experiences, and interpretive lenses explicit in the process, and by listening to each participant’s first-person voice before moving in to listen for answers to our own research questions. (p. 169)

This analysis required four “listennings” of all six interview transcripts. During the first listening I identified the repeated and dominant themes and the plot of the participant’s story, as well as any contradictions and absences. I also explicitly attended to my own reactions and associations during this first listening. I paid particular attention to avoid confusing my participants’ experiences with my own (Gilligan, et al., 2003).

I focused on each participant’s “I” voice during the second listening. This involved my tuning in to how the participant spoke and knew about him or herself. I constructed “I poems” which highlighted first-person passages and aided my attending to the sounds, rhythms and shifts in the use of “I” (Gilligan, et al., 2003). The third and fourth listenings highlighted what Gilligan, et al. labeled contrapuntal voices. These voices or parts of the participant’s story were tied to my research questions about professional identity. I also paid particular attention to how these different parts were related to and influence one another. In the fourth and final step I pulled together all the information gleaned from each listening and synthesized what had been learned through the entire process.

In addition to the multiple listenings, the Listening Guide (Gilligan, et al., 2003) approach involved reviewing data with an interpretive community, a group of individuals who offered their own reactions and connections with the narratives. My interpretive community brought multiple interpretations to light, allowed me to remain open to other perspectives, and helped me become more aware of what each participant was communicating. This process also aided my attempts to not confuse my reactions with what participants were communicating.

I met with my interpretive community three times during the months of January and
February 2011. Besides myself, the group included two professionals with doctorates in counselor education: one, a retired school counselor, and the other, a veteran, full-time clinician. I gave each group member selected transcript excerpts from all of the six interviews prior to the meetings. Each gathering focused on two participants, until all six were examined and discussed together. The draft analyses included the interpretive community’s findings. Next, member checking involved my e-mailing each draft analysis to its respective participant to solicit feedback. This feedback information was subsequently woven into the analysis.
CHAPTER THREE
Quantitative Results

Study Sample

Table 1 illustrates that survey participants ($N = 138$) were generally middle aged ($M = 54.11$ years, $SD = 10.68$), late career (53.6%) and middle career (39.9%) professionals. Females comprised the majority (55.1%) of the sample. Respondents were evenly split between full professors (49.3%) and a combined group of associate (32.6%) and assistant (16.7%) professors. The sample represented a seasoned group of counseling professionals. The average length of time holding a doctoral degree was reported at 18.32 years ($SD = 10.56$). Similarly, the number of years in the mental health field was tallied at an average of 25.82 years ($SD = 10.54$).

Some data suggest a strong counselor identity within the study sample, as evidenced by training and licensure. Approximately 86% of participants hold doctorates in counseling or counseling psychology, while 63.7% hold a master’s degree in School Counseling (29.7%), Community Counseling (23.9%) or Mental Health Counseling (10.1%). A majority of participants also indicated that they hold a PC (professional counselor) license (66.7%) or N.C.C. (National Certified Counselor) certification (61.6%), while 69.5% identified another type of licensure or certification, including psychologist (19.6%), marriage and family therapist (13.8%) and other (24.6%). (Participants could endorse more than one currently held licensure or certification.)

Professional Identity

Counselor educators reported working in counseling departments largely populated by faculty with counseling doctorates ($M = 79.53$, $SD = 28.8$). (See Table 2.) While the vast
Table 1

Demographic Information (N = 138)

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_Demographic Information (N = 138)_

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</tr>
<tr>
<td>General Psychology</td>
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<tr>
<td>MFT</td>
<td>2.2</td>
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<td></td>
</tr>
<tr>
<td>Other</td>
<td>19.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Licensure and Certification (all that apply)</strong></td>
<td></td>
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<tr>
<td>PC</td>
<td>66.7</td>
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<td>N.C.C.</td>
<td>61.6</td>
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<td>Psychologist</td>
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<td>MFT</td>
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<tr>
<td>Rehabilitation Counselor License</td>
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<tr>
<td>Social Worker</td>
<td>0.7</td>
<td></td>
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</tr>
<tr>
<td>Chemical Dependency</td>
<td>7.2</td>
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<td></td>
</tr>
<tr>
<td>Other</td>
<td>24.6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
majority of participants (87.7%) indicated that their counseling departments have a student association, 57.2% stated that they are minimally or not involved in this association. This lack of or minimal involvement stands in contrast to agreement (92%) that discussing student professional identity is very important and 79.7% of counselor educators believing that their students are very clear about their professional identity.

Calley and Hawley (2008) asserted that a counselor educator’s theoretical orientation correlates with values related to professional identity. They found that 41% endorsed humanistic theories (person-centered, existential and/or Gestalt), by far the most popular theories in their study (participants could endorse multiple theories). As illustrated in Table 2, 79.8% of participants in the current study indicated that humanistic theories comprise their primary theoretical orientation. At the same time, 42.8% mentioned that cognitive-behavioral was a primary orientation, and 23.2% reported that a solution-focused approach was a primary orientation.

Preferences, Prevalence and Importance of Work Activities

Table 3 illustrates some discrepancies between how counselor educators spend their professional work time and how they would like to spend this time. The smallest discrepancy between actual and preferred time spent occurred within the area of community service, where counselor educators would like to spend slightly more time in this activity. The largest discrepancies occurred within the areas of clinical practice (as explained below) and university service. Participants reported that they would prefer to devote much less time to university service: 91.5% responded that they would prefer to spend a moderate or small amount, while 6.6% reported that they would like to spend a great deal or a substantial amount. This contrasts
with 45.8% stating that they actually spend a great deal or a substantial amount and 53.3% reporting that they spend a moderate or small amount of time engaging in university service.
Table 2

**Professional Identity (N = 138)**

<table>
<thead>
<tr>
<th>Professional Identity</th>
<th>M</th>
<th>SD</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within your counseling department, what percentage of faculty holds doctorates in</td>
<td>79.53</td>
<td>28.8</td>
<td></td>
</tr>
<tr>
<td>counseling?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is your primary theoretical orientation (all that apply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive-Behavioral</td>
<td>42.8</td>
<td></td>
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</tr>
<tr>
<td>Person-Centered</td>
<td>39.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Existential</td>
<td>29.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solution-Focused</td>
<td>23.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Narrative Theory</td>
<td>15.9</td>
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<td></td>
</tr>
<tr>
<td>Gestalt</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Psychodynamic</td>
<td>9.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>34.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your counseling program have a student association for counselors?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>87.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>12.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is your level of involvement in this association?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Involved</td>
<td>21.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately Involved</td>
<td>21.7</td>
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<td></td>
</tr>
<tr>
<td>Minimally Involved</td>
<td>36.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Involved</td>
<td>21.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How important is your research productivity according to your counseling department?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Important</td>
<td>57.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat Important</td>
<td>33.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neither/Neutral</td>
<td>7.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat Unimportant</td>
<td>0.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Important</td>
<td>1.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Identity</td>
<td>M</td>
<td>SD</td>
<td>%</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>How important do you think it is to discuss the professional identity of counseling students?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Important</td>
<td>92.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat Important</td>
<td>8.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neither/Neutral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat Unimportant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Important</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upon graduation, how clear are your students about their professional identity?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Clear</td>
<td>79.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat Clear</td>
<td>18.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unclear</td>
<td>1.4</td>
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</tbody>
</table>
Table 3

*Professional Time (N = 110)*

<table>
<thead>
<tr>
<th>Professional Time</th>
<th>% Actual</th>
<th>% Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teaching</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Great Deal</td>
<td>30.9</td>
<td>19.1</td>
</tr>
<tr>
<td>A Substantial Amount</td>
<td>40.0</td>
<td>42.7</td>
</tr>
<tr>
<td>A Moderate Amount</td>
<td>21.8</td>
<td>31.8</td>
</tr>
<tr>
<td>A Small Amount</td>
<td>6.4</td>
<td>6.4</td>
</tr>
<tr>
<td>None</td>
<td>0.9</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Conducting Research</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Great Deal</td>
<td>9.2</td>
<td>11.9</td>
</tr>
<tr>
<td>A Substantial Amount</td>
<td>27.5</td>
<td>32.1</td>
</tr>
<tr>
<td>A Moderate Amount</td>
<td>31.2</td>
<td>41.3</td>
</tr>
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<td>A Small Amount</td>
<td>31.2</td>
<td>12.8</td>
</tr>
<tr>
<td>None</td>
<td>0.9</td>
<td>1.8</td>
</tr>
<tr>
<td><strong>Supervising Student Research</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Great Deal</td>
<td>8.3</td>
<td>1.8</td>
</tr>
<tr>
<td>A Substantial Amount</td>
<td>17.6</td>
<td>24.8</td>
</tr>
<tr>
<td>A Moderate Amount</td>
<td>18.5</td>
<td>28.4</td>
</tr>
<tr>
<td>A Small Amount</td>
<td>40.7</td>
<td>38.5</td>
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<tr>
<td>None</td>
<td>14.8</td>
<td>6.4</td>
</tr>
<tr>
<td><strong>Supervising Clinical Work</strong></td>
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<td></td>
</tr>
<tr>
<td>A Great Deal</td>
<td>14.8</td>
<td>9.3</td>
</tr>
<tr>
<td>A Substantial Amount</td>
<td>28.7</td>
<td>26.9</td>
</tr>
<tr>
<td>A Moderate Amount</td>
<td>26.9</td>
<td>35.2</td>
</tr>
<tr>
<td>A Small Amount</td>
<td>21.3</td>
<td>24.1</td>
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<td>None</td>
<td>8.3</td>
<td>4.6</td>
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<tr>
<td><strong>Doing Clinical Practice</strong></td>
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</tr>
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<td>A Great Deal</td>
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<td>A Substantial Amount</td>
<td>2.8</td>
<td>5.6</td>
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<tr>
<td>A Moderate Amount</td>
<td>5.6</td>
<td>19.6</td>
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<tr>
<td>None</td>
<td>51.4</td>
<td>17.8</td>
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</table>
Table 3 (Continued)

*Professional Time (N = 110)*

<table>
<thead>
<tr>
<th>Professional Time</th>
<th>% Actual</th>
<th>% Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advising</strong></td>
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</tr>
<tr>
<td>A Great Deal</td>
<td>5.5</td>
<td>0.0</td>
</tr>
<tr>
<td>A Substantial Amount</td>
<td>20.0</td>
<td>9.1</td>
</tr>
<tr>
<td>A Moderate Amount</td>
<td>47.3</td>
<td>48.2</td>
</tr>
<tr>
<td>A Small Amount</td>
<td>26.4</td>
<td>39.1</td>
</tr>
<tr>
<td>None</td>
<td>0.9</td>
<td>3.6</td>
</tr>
<tr>
<td><strong>University Service</strong></td>
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<td></td>
</tr>
<tr>
<td>A Great Deal</td>
<td>19.6</td>
<td>1.9</td>
</tr>
<tr>
<td>A Substantial Amount</td>
<td>26.2</td>
<td>4.7</td>
</tr>
<tr>
<td>A Moderate Amount</td>
<td>39.3</td>
<td>35.8</td>
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<tr>
<td>A Small Amount</td>
<td>14.0</td>
<td>55.7</td>
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<tr>
<td>None</td>
<td>0.9</td>
<td>1.9</td>
</tr>
<tr>
<td><strong>Community Service</strong></td>
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<td></td>
</tr>
<tr>
<td>A Great Deal</td>
<td>4.0</td>
<td>4.1</td>
</tr>
<tr>
<td>A Substantial Amount</td>
<td>8.9</td>
<td>9.2</td>
</tr>
<tr>
<td>A Moderate Amount</td>
<td>33.7</td>
<td>43.9</td>
</tr>
<tr>
<td>A Small Amount</td>
<td>48.5</td>
<td>40.8</td>
</tr>
<tr>
<td>None</td>
<td>5.0</td>
<td>2.0</td>
</tr>
</tbody>
</table>
In all other work activity areas counselor educators expressed that the amount of time they spend differs from the amount of time they would prefer to spend. Generally speaking, they want to spend less time advising and somewhat less time teaching and supervising clinical work. Counselor educators also want to spend more time conducting research, supervising student research and doing community service (See Table 3). The data related to research time are perhaps supported by the overwhelming majority (90.5%) of counselor educators reporting (see Table 2) that their counseling departments consider their research productivity as either somewhat or very important.

Participant perceptions of importance of professional activities as illustrated in Table 4 parallel the discrepancies found in actual versus preferred amount of time spent in these activities. Clinical practice, as explained below, presents the greatest differences between participant, university and departmental ratings of importance, with counselor educators rating this as much more important. While universities, counseling departments and participants considered community service as being an important professional activity, counselor educators rated it at a much higher level of importance (84.5% somewhat or very important). Not surprisingly, participants also differed from their universities and counseling departments in how important they consider university service. While participants considered universities, participants and counseling departments as rating university service as somewhat important and very important (approximately 90% total), counselor educators endorsed somewhat important at a higher percentage.
Table 4

Perceptions of Importance: University and Community Service, Clinical Practice (N = 110)

<table>
<thead>
<tr>
<th>Degree of Importance</th>
<th>% University</th>
<th>% Participant</th>
<th>% Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Important</td>
<td>58.2</td>
<td>29.1</td>
<td>47.3</td>
</tr>
<tr>
<td>Somewhat Important</td>
<td>35.5</td>
<td>60.9</td>
<td>43.6</td>
</tr>
<tr>
<td>Neither/Neutral</td>
<td>3.6</td>
<td>3.6</td>
<td>5.5</td>
</tr>
<tr>
<td>Somewhat Unimportant</td>
<td>2.7</td>
<td>6.4</td>
<td>2.7</td>
</tr>
<tr>
<td>Unimportant</td>
<td></td>
<td></td>
<td>0.9</td>
</tr>
<tr>
<td>Community Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Important</td>
<td>17.3</td>
<td>34.5</td>
<td>18.2</td>
</tr>
<tr>
<td>Somewhat Important</td>
<td>48.2</td>
<td>50.0</td>
<td>42.7</td>
</tr>
<tr>
<td>Neither/Neutral</td>
<td>15.5</td>
<td>8.2</td>
<td>25.5</td>
</tr>
<tr>
<td>Somewhat Unimportant</td>
<td>10.9</td>
<td>4.5</td>
<td>9.1</td>
</tr>
<tr>
<td>Unimportant</td>
<td>8.2</td>
<td>2.7</td>
<td>4.5</td>
</tr>
<tr>
<td>Clinical Practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Important</td>
<td>0.9</td>
<td>30.9</td>
<td>5.5</td>
</tr>
<tr>
<td>Somewhat Important</td>
<td>15.5</td>
<td>44.5</td>
<td>26.4</td>
</tr>
<tr>
<td>Neither/Neutral</td>
<td>30.0</td>
<td>13.6</td>
<td>33.6</td>
</tr>
<tr>
<td>Somewhat Unimportant</td>
<td>18.2</td>
<td>8.2</td>
<td>21.8</td>
</tr>
<tr>
<td>Unimportant</td>
<td>35.5</td>
<td>2.7</td>
<td>12.7</td>
</tr>
</tbody>
</table>
Clinical Practice

While most counselor educators (66.7%) reported that they have engaged in clinical practice while holding a faculty position, the average number of years spent doing this is 8.35 years \((SD = 9.49)\) (See Table 1.). The average number of years spent in any clinical practice was reported at 15.96 years \((SD = 11.03)\). Participants \((N = 110)\) also indicated that 48.6% are currently engaged in a substantial, moderate or small amount of clinical practice. (See Table 3.) Chi-square analyses were conducted between faculty clinical practice and most other demographic (i.e., gender, career stage, faculty rank, doctoral degree area, master’s degree area, years in the mental health field), and professional identity data (i.e., percentage of faculty with counseling doctorates, primary theoretical orientation, level of involvement in student association, licensure and certification, importance of research productivity, importance of discussing student professional identity development, clarity of student professional identity upon graduation). These analyses revealed only a few significant relationships: holding a PC license \(p < .001\), faculty rank \(p < .006\), and number of years in the mental health field \(p < .019\) were all significantly related to academic clinical practice (See Table 5).

Comparisons between actual time spent in clinical practice (Table 3) versus time that participants would like to spend in clinical practice revealed some interesting data. Slightly more than half (51.4%) of participants spend no time in clinical practice and 40.2% spend a small amount of time practicing. The majority (57%) would prefer to spend a small amount of time in this work and 17.8% would prefer to spend no time in clinical practice.

These data of actual versus preferred time spent in clinical practice are perhaps supported by perceptions of importance of clinical work as listed in Table 4. Most counselor educators (75.4%) believe that clinical practice is either very or somewhat important. This stands in
Table 5. Some Clinical Work as Counselor Educator vs. No Clinical Work Differences

Clinical work and Professional Counselor licensure

<table>
<thead>
<tr>
<th>P.C. License</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Clinical Work as Counselor Educator</td>
</tr>
<tr>
<td>No Clinical Work</td>
</tr>
<tr>
<td>Totals</td>
</tr>
</tbody>
</table>

*Chi-Square (1) = 13.712, p < .001*

Academic Clinical Work and Faculty Rank

<table>
<thead>
<tr>
<th>Faculty Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor</td>
</tr>
<tr>
<td>Clinical Work as Counselor Educator</td>
</tr>
<tr>
<td>No Clinical Work</td>
</tr>
<tr>
<td>Totals</td>
</tr>
</tbody>
</table>

*Chi-Square (2) = 10.371, p < .006*

Academic Clinical Work and Years in Mental Health

<table>
<thead>
<tr>
<th>Number and Mean Years of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Work as Counselor Educator</td>
</tr>
<tr>
<td>No Clinical Work</td>
</tr>
</tbody>
</table>

\[ F (1, 136) = 5.674, p < .019 \]
marked contrast to participants’ perceptions of how their universities and counseling departments rate the importance of clinical work. The majority (53.7%) believe that their university considers clinical practice as either somewhat unimportant or unimportant. Counseling departments exhibit a more varied view: 34.5% believe that departments consider clinical practice as somewhat unimportant or unimportant, and 33.6% rate this at neither/neutral. Despite this perceived lack of support from universities and counseling departments, a lack of time, not university restrictions, was the most common reason listed for barriers to involvement in clinical practice (see Table 6).

While most counselor educators consider clinical practice as an important work activity, 24.5% endorsed neither/neutral, somewhat unimportant or unimportant when asked to rate level of importance of clinical practice. Similarly, as previously mentioned, 17.3% reported that they would prefer to spend no time doing clinical work. When participants were asked to identify barriers (Table 6) to clinical work, university service and community work, time and other barriers were listed at a greater frequency for clinical work. Some participants again reported a lack of interest in clinical work. Regarding rewards for service, one participant remarked, “I do not hide the fact that I do clinical work, but I do not taut it. It would be perceived as a distraction from my research agenda.” Another reported, “I think I have been ‘punished’ for my clinical work.” Other similar comments included, “Clinical service is never encouraged,” and “Persons who engage in clinical practice are probably not pulling their weight in their academic position.” These responses, as well as the numerical data mentioned above, suggest that institutional policies play a large role in promoting other professional activities over clinical practice.
Table 6

*Open-Ended Survey Question Responses (N = 110)*

<table>
<thead>
<tr>
<th>Work Activities, Barriers to and Rewards for Activities</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>If your department facilitates or rewards your involvement in the community, university or clinical service, how is this done?</td>
<td></td>
</tr>
<tr>
<td>Merit Pay, Promotion and Tenure</td>
<td>24</td>
</tr>
<tr>
<td>Not Rewarded, Not applicable</td>
<td>19</td>
</tr>
<tr>
<td>Awards, Recognition</td>
<td>12</td>
</tr>
<tr>
<td>Reduction in Teaching Load</td>
<td>6</td>
</tr>
<tr>
<td>Identify what type of work you do in the area of university service.</td>
<td></td>
</tr>
<tr>
<td>Committee Work</td>
<td>85</td>
</tr>
<tr>
<td>Program Coordination</td>
<td>24</td>
</tr>
<tr>
<td>Administration</td>
<td>16</td>
</tr>
<tr>
<td>Advising</td>
<td>7</td>
</tr>
<tr>
<td>Identify what type of work you do in the area of community activity.</td>
<td></td>
</tr>
<tr>
<td>Board Work</td>
<td>28</td>
</tr>
<tr>
<td>Consultant</td>
<td>25</td>
</tr>
<tr>
<td>Training</td>
<td>19</td>
</tr>
<tr>
<td>Volunteer</td>
<td>16</td>
</tr>
<tr>
<td>Professional Organization Work</td>
<td>12</td>
</tr>
<tr>
<td>Supervision/Mentoring/Facilitator</td>
<td>10</td>
</tr>
<tr>
<td>Nothing/Limited</td>
<td>9</td>
</tr>
<tr>
<td>Church work</td>
<td>7</td>
</tr>
<tr>
<td>Committee Work</td>
<td>6</td>
</tr>
<tr>
<td>Service Learning</td>
<td>4</td>
</tr>
<tr>
<td>Identify what type of work you do in the area of clinical work.</td>
<td></td>
</tr>
<tr>
<td>Therapy, Private Practice, Counseling, Psychotherapy (includes individual, children, adolescents, couples, group work, career)</td>
<td>42</td>
</tr>
<tr>
<td>None, Not applicable</td>
<td>34</td>
</tr>
<tr>
<td>Supervision</td>
<td>14</td>
</tr>
<tr>
<td>Evaluations, Diagnostics, Testing</td>
<td>6</td>
</tr>
<tr>
<td>Training, Teaching field experience</td>
<td>2</td>
</tr>
<tr>
<td>Consulting</td>
<td>2</td>
</tr>
<tr>
<td>Organizational Development</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 6 (Continued)

*Open-Ended Survey Question Responses (N = 110)*

<table>
<thead>
<tr>
<th>Work Activities, Barriers to and Rewards for Activities</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>List barriers to your involvement in community activity.</strong></td>
<td></td>
</tr>
<tr>
<td>Not applicable; Involved; No answer</td>
<td>33</td>
</tr>
<tr>
<td>Time</td>
<td>25</td>
</tr>
<tr>
<td>Other interests/obligations</td>
<td>8</td>
</tr>
<tr>
<td><strong>List barriers to your involvement in clinical work.</strong></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>36</td>
</tr>
<tr>
<td>Not applicable, No barriers, Involved</td>
<td>23</td>
</tr>
<tr>
<td>Not Interested</td>
<td>14</td>
</tr>
<tr>
<td>Other Commitments/Responsibilities</td>
<td>10</td>
</tr>
<tr>
<td>No License, University Restrictions</td>
<td>8</td>
</tr>
</tbody>
</table>
Presence or Absence of Clinical Practice

An additional analysis of respondents’ perceptions of the importance of various aspects of their work life involved a repeated measures design. The sole between-subjects’ factor was the presence or absence of clinical practice. The design over the measures involved a three by three design with the area of service (i.e., university service, community service, and clinical practice) crossed with the source of the evaluation of the importance of the activity (i.e., the university, the department, or the individual). The results of this analysis are summarized in Table 7. Examination of this table indicates significant differences in overall ratings of importance by faculty involved in clinical practice versus those who are not involved [$F (1, 108) = 1.701, p < .001$]. Given that this result obscures the information related to both the type of service and the expectations by the university, the department and self, this overall difference between clinical faculty members and non-clinical faculty members does not provide interpretable conclusions. At the same time, the perception of importance for the three areas of service (AS) appears to add some meaningful information: university service rated as most important at 4.29, with community service rated 3.77 and clinical practice as 2.96. Similarly, the significant difference between importance ratings made from the perspective of the university, the department or oneself [$F (1, 108) = 10.198, p < .002$] provides explanatory information: the university would rate all activities as 3.42 in importance, the department would put this figure at 3.61, and the individual would rate all service activities still higher at 4.00.

The most meaningful data from this analysis, however, comes from the significant interactions. Essentially, the high level of significance in the triple order interaction [i.e., AS x ES x C; $F (1, 108) = 8.408, p < .005$] is an indication that “cell specific effects” are the very best
Table 7

Repeated Measures Tests with Between Subjects factor of Clinical Practice and Within Subjects Factors of Area of Service (University, Community, or Clinical) and Source of the Ratings (University, Department, or Self) on the Dependent Variable of Perceived Rating of Importance

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>d.f.</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between-Subjects Test</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Service vs. No Clinical Service (C)</td>
<td>1</td>
<td>5.192</td>
<td>1.701</td>
<td>.001</td>
</tr>
<tr>
<td>Error (Between Subjects)</td>
<td>108</td>
<td>3.053</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Within-Subjects Tests</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area of Service (AS)</td>
<td>1</td>
<td>234.485</td>
<td>241.573</td>
<td>.001</td>
</tr>
<tr>
<td>AS x C</td>
<td>1</td>
<td>3.819</td>
<td>3.488</td>
<td>.065</td>
</tr>
<tr>
<td>Error (Area of Service)</td>
<td>108</td>
<td>1.095</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source of Evaluation (SE)</td>
<td>1</td>
<td>5.621</td>
<td>10.198</td>
<td>.002</td>
</tr>
<tr>
<td>SE x C</td>
<td>1</td>
<td>.712</td>
<td>1.392</td>
<td>.258</td>
</tr>
<tr>
<td>Error (Source Evaluation)</td>
<td>108</td>
<td>.551</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AS x SE</td>
<td>1</td>
<td>19.636</td>
<td>47.297</td>
<td>.001</td>
</tr>
<tr>
<td>AS x SE x C</td>
<td>1</td>
<td>3.491</td>
<td>8.408</td>
<td>.005</td>
</tr>
<tr>
<td>Error (Service * Source Evaluation)</td>
<td>108</td>
<td>.359</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
explanation of what is occurring within these data. To examine these cell-specific effects, the interaction curves for this triple order interaction need to be examined (See Figure 1). Although the interaction illustrated in Figure 1 is complex, it appears evident that those faculty members with a clinical practice (as compared to those without a clinical practice) tend to view both their own importance ratings and those of their academic departments as higher for university service. Somewhat similarly, clinical practitioners believe that the university, as well as themselves, rate clinical practice as higher in importance than do non-clinicians. At the same time, those faculty members who are not involved with clinical work perceive community service as more important to their department.

A second repeated measures analysis of variance was undertaken to examine the relationships between the counselor educator’s amount of time spent in a variety of professional activities and the amount of time that same individual would like to spend in each of these activities. The design over the subjects involved the clinical practice as faculty member. The design over the measures included eight professional activities (i.e., teaching, research, supervising research, supervising clinical work, clinical practice, advising, university service, and community service) and two perspectives (i.e., ratings of amount of time spent and amount of time desired to be spent in each area). The results of this analysis are found in Table 8.

Initial examination of Table 8 indicates that participants perceived the amount of time devoted to the eight professional activities differently. Since there is a professional activities by actual vs. desired interaction (i.e., PA x AD), the illustration of the interaction curve for this effect has been included in Figure 2. This figure conveys both the interaction and the differences in the amount of time devoted to various professional activities. Clearly, most professional time is spent in teaching with clinical practice representing the least amount of time (note: this is both
Figure 1. Interaction curves for the Area of Service by Source of Evaluation by Clinical Faculty Source of variation.
Table 8.

Repeated Measures Tests with Between Subjects factor of Clinical Practice and Within Subjects factors of Professional Activities (i.e., teaching, research, supervising research, supervising clinical work, clinical practice, advising, university service, and community service) and Actual vs. Desired on The Amount of Professional Time Spent

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>d.f.</th>
<th>MS</th>
<th>F</th>
<th>p&lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between-Subjects Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Service vs. No Clinical Service (C)</td>
<td>1</td>
<td>2.058</td>
<td>1.016</td>
<td>.316</td>
</tr>
<tr>
<td>Error (Between Subjects)</td>
<td>108</td>
<td>2.025</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within-Subjects Tests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Activities (PA)</td>
<td>7</td>
<td>75.724</td>
<td>27.723</td>
<td>.001</td>
</tr>
<tr>
<td>PA x C</td>
<td>7</td>
<td>4.060</td>
<td>3.095</td>
<td>.003</td>
</tr>
<tr>
<td>Error (Prof. Activities)</td>
<td>756</td>
<td>1.312</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual vs. Desired (AD)</td>
<td>1</td>
<td>2.721</td>
<td>4.775</td>
<td>.031</td>
</tr>
<tr>
<td>AD x C</td>
<td>1</td>
<td>.03</td>
<td>.06</td>
<td>.940</td>
</tr>
<tr>
<td>Error (Actual vs. Desired)</td>
<td>108</td>
<td>.570</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA x AD</td>
<td>7</td>
<td>11.442</td>
<td>35.278</td>
<td>.001</td>
</tr>
<tr>
<td>PA x AD x C</td>
<td>7</td>
<td>.563</td>
<td>1.736</td>
<td>.098</td>
</tr>
<tr>
<td>Error (Service * Source Evaluation)</td>
<td>756</td>
<td>.324</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 2. Interaction curve for the significant Professional Activities by Actual Time Spent vs. Desired Time Spent.
actual time spent and desired time spent). Additionally, the curve serves to suggest that more time is desired for clinical practice and less time devoted to advising and university service.

The other finding presented in Table 8 that is worthy of exploration is the significant difference found between ratings of time spent on professional activities by those who have a clinical practice and those who do not (i.e., the PA by C interaction). The illustration of this interaction is found in Figure 3. Essentially, as might be anticipated, those with a clinical practice would like to spend significantly more time in clinical work than would counselor educators without a clinical practice. With this one exception, the lines are otherwise relatively parallel.

In the part of the questionnaire that asked respondents to indicate the amount of time they spend (and would like to spend) in various activities, one question addressed “time spent in clinical practice.” Unlike question 6 that asked if the counselor educator “had ever been engaged in a clinical practice” while employed as a faculty member, this question inquired as to the amount of professional time spent in clinical practice (i.e., “none,” “a small amount,” “a moderate amount,” “a substantial amount,” or “a great deal”). Since there were no participants who indicated they spent “a great deal” of time in clinical practice and only nine other respondents indicated “a moderate amount or a substantial amount,” this variable was reduced to two levels for analyses with other demographic indicators: (a) no clinical work or (b) some clinical work. Interestingly, the dichotomization of this variable does not correspond directly with question 6. Whereas 64% indicated in Question 6 that they had done clinical work as a faculty member at some point, a somewhat smaller percentage, 58%, indicated they are presently doing clinical work. Given this difference, the relationships between clinical practice and the other questionnaire items (e.g., sex, faculty rank, theoretical orientation, licensure, etc.) were run again. The only significant relationship established in this second set of comparisons is
illustrated in Table 9. A significant Chi-Square test indicated that a higher number of participants with psychology licenses participated in clinical practice (i.e., 26.9%) than did those without a psychology license (10.3%). Surprisingly, the three areas of significant relationships identified in the earlier analyses involving the variable of clinical work “at some time during work as a counselor educator” were not significant when tested with the variable of “presently doing clinical work” (i.e., significant relationships with P.C. licensure, faculty rank, and years of mental health experience).
Figure 3. Interaction curve for the significant Professional Activities by Clinical Practice effect

**Time Spent for Faculty with and without Clinical Practice**

![Graph showing time spent for faculty with and without clinical practice.](graph)

- **X-axis:** Professional Activities
- **Y-axis:** Amount of time spent (5 pt. scale)

- **Legend:**
  - Blue line: Faculty with Clinical Practice
  - Red line: Faculty Without Clinical Practice
Table 9.

*Present clinical work and psychology licensure*

<table>
<thead>
<tr>
<th></th>
<th>Psychologist License</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>No Clinical Work</td>
<td>6 (10.3%)</td>
</tr>
<tr>
<td>Some Clinical Work</td>
<td>14 (26.9%)</td>
</tr>
<tr>
<td>Totals</td>
<td>20 (18.2%)</td>
</tr>
</tbody>
</table>

*Chi-Square (1) = 5.066, p < .024*
CHAPTER FOUR

Qualitative Results

Positionality

As I mentioned previously, I chose to interview six counselor educators who occupy faculty positions much like I hope to obtain within the near future. As a doctoral student, my participants held positions of higher authority. Counselor educators I have known in my master’s and doctoral training continue as my mentors and supporters of my work. The dissertation process and approaching graduation, however, was bringing me closer to working with other counselor educators as a colleague rather than a student. I perceived myself as moving toward a transition to academia, a place where my participants had spent anywhere from three years to nearly two decades. In some ways, I have already bridged the gap between student and professor by teaching graduate counseling courses on an adjunct basis. Also, one of my previous careers included many years as an elementary and middle school arts specialist. My professional identity shifted from educator to counseling practitioner when I began graduate work in counseling – and it is moving back to educator, but in the counseling field.

My interest in this topic originated from two places. First, I wondered what happens with a counselor educator’s clinical work once they become full-time educators. I observed that most of my master’s and doctoral professors maintained a clinical practice, while I remained curious about differences between those who practiced and those who did not. Did this practice alter how they perceived themselves professionally? How many counselor educators are engaged in academic clinical practice? Second, I acknowledged that, at this point in my career, I could not envision letting go of clinical work, particularly after so many years of improving my skills in this area. I wanted to know how counselor educators negotiated this decision to continue or let
go of clinical work. From my own experience of how professional identity can shift and alter over time and my exploration of the professional identity literature, I understood that these decisions comprised part of counselor educators’ ongoing construction of professional identity.

Because I was interviewing participants from various parts of the country, face-to-face interviews were impossible. I considered using Skype during the interviews, but decided that internet connections can be unreliable and inconsistent. This distance and lack of visual connection caused me to wonder how the interview dynamic would be affected. Also, in-person meetings, multiple interviews with participants and focus groups were not feasible due to my and my participants’ time constraints. Indeed, counselor educators live very busy lives, so that a 45-minute phone interview followed by e-mail member checking comprised a generous offer. Despite these constraints, using the Listening Guide (Gilligan, et al., 2003) approach greatly helped to hear and access personal understanding at a deeper level.

I conducted each interview from my home, while my participants occupied their offices or homes. Each participant, except for Andy, received a copy of the structured interview guide prior to the interview. Due to an e-mail issue, Andy did not review the guide before we spoke.

**Study Sample**

Table 10 illustrates the qualitative sample demographics. As I explained in the Research Methodology chapter, potential interviewees were self-selected, placed into groupings according to history of academic clinical practice, career stage and gender, and then randomly chosen. The following sections include analyses from 45-minute phone interviews conducted with six counselor educators. As I previously mentioned, feedback received from each participant about his or her respective analysis was woven into the text. Pseudonyms were used to maintain participant anonymity, and all other identifying information was excluded.
Joe

Joe identifies himself as a counselor educator. He clearly states that teaching and writing comprise his main work activities as a mid-career associate professor of counseling within a large counseling department. While describing a passion for teaching and some irreverence toward the politics of academia, Joe expressed gratitude for being able to do what he loves to do. The energy he puts into his work seems quite balanced with the satisfaction he receives from it. Ultimately, he has flourished as an academic because he can pursue those areas of research and teaching methods that capture his interest. His department and university have demonstrated approval of his success and recognition in this area, which help support his feelings of security in doing what he loves.

While Joe speaks of university politics with a sense of humor, he acknowledges the need to pay one’s dues and jump through hoops: he’s accepted that playing this game is part of surviving in an academic setting. He successfully negotiates this game and thoroughly enjoys the benefits of his independence and freedom. He expresses compassion for new faculty members, who endure enormous pressures to publish and perform, implying that they likely feel less free and secure in their academic roles. While wondering how university deans came to believe that million-dollar grants are the ultimate prize for every department, he expresses amazement that faculty can be “punished” for not bringing in such grants. Typically teaching loads are increased, a consequence that Joe would greatly enjoy. When Joe speaks of this “threat,” he then recalls that that he is in a great place and in a good position with teaching and writing about what interests him.
Table 10

*Interviewee Demographics (Pseudonyms employed in the text are indicted)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Career Stage</th>
<th>Clinical Practice</th>
<th>Current Practice</th>
<th>Master's Degree</th>
<th>Doctoral Degree</th>
<th>School Counseling?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andy</td>
<td>Beginning</td>
<td>No</td>
<td>No</td>
<td>Counseling Psychology</td>
<td>Counseling Psychology</td>
<td>Yes</td>
</tr>
<tr>
<td>Madeline</td>
<td>Beginning</td>
<td>Yes</td>
<td>No</td>
<td>Mental Health Counseling</td>
<td>Counselor Education</td>
<td>No</td>
</tr>
<tr>
<td>Joe</td>
<td>Middle</td>
<td>No</td>
<td>No</td>
<td>Counseling Psychology</td>
<td>Counselor Education</td>
<td>No</td>
</tr>
<tr>
<td>Delia</td>
<td>Middle</td>
<td>Yes</td>
<td>Yes</td>
<td>Mental Health Counseling</td>
<td>Counselor Education</td>
<td>No</td>
</tr>
<tr>
<td>LeeAnn</td>
<td>Late</td>
<td>Yes</td>
<td>Yes</td>
<td>Counseling Psychology</td>
<td>Counseling Psychology</td>
<td>Yes</td>
</tr>
<tr>
<td>Randy</td>
<td>Late</td>
<td>No</td>
<td>No</td>
<td>School Psychology</td>
<td>School Psychology</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Although Joe is clear in his identity as a counselor educator, he also readily connects his identity development to relationships he experienced during his years as a clinician. These relationships with supervisors and mentors formed and shaped him. Some of these connections were quite powerful and felt better than others, but he views all of them as helpful. Joe described his 15-year clinical career as perhaps unusual in terms of the varied disciplinary influences from social work, psychology and counseling. Although his supervisors came from several mental health disciplines, Joe ultimately developed a very strong identity as a counselor. At the same time, he speaks of his respect for all the mental health disciplines.

This respect contrasts with Joe’s frustration about the counseling profession’s stance on professional identity. While he remains solid in his identity as a counselor educator and his definition of a counselor, he wants this confidence and clarity for the profession. Tension between confidence and shame provides the backdrop for Joe’s lament, when he responds to a question about what the term counselor means to him:

I’ve never had a problem, or I’ve never had any confusion around that title. There's a lot of talk in our profession about professional identity, and it almost comes from in my opinion, it often comes from a “we're not good enough” position, a “throw one down” position. So I, I've never, even when I was practicing as a counselor in addiction settings, in mental health and in family settings, I was never, I never had a problem with that term. Nor did I think anybody around me, it just seems to be in the last five or ten years, we've gotten an inferiority complex. And so we have to try and justify it [exhaling]. I think if you spend all your time kind of justifying your existence, then it, it really gets people to question more who you are. [Chuckle.] It draws attention to yourself. So, but to me a counselor is, is a person who is a trained, licensed practitioner of mental health services.

The repeated “I” statements reinforce Joe’s statement about no confusion: Joe is quite solid in his identification with the field of counseling. He breathes a heavy sigh when acknowledging the contrast between his unquestioning, centered stance and the counseling field’s lack of confidence. The repeated “I” statements contrast with the “You” statements,
where he wants me to understand this unproductive behavior of justifying one’s existence. Joe uses “we” in acknowledgment that he is part of a profession that has an inferiority complex, while he chuckles at this unproductive stance. I heard Joe’s frustration with this situation.

    Joe began his clinical experience with a bachelor’s degree in psychology and worked in an addictions clinic, where he was supervised by a clinical psychologist. He described this supervisor as provocative and someone that intimidated him. However, he believed that this tension forced him to be the best clinician he could be. While he was in a counseling psychology master’s program, Joe had a faculty advisor who was also influential regarding Joe’s development as a clinician:

    A professor, when I was getting my master’s in counseling psychology at the University, ah, who was sort of my, I guess faculty advisor, he really stepped into the role of supervising me through the clinical work I had to do there, had a really good sense of humor, saw enough sarcasm in life that I could, could appreciate him. And that relationship was, was really kind of powerful. For me to feel like I was becoming an educated professional in the field… my work with this professor, where we started listening to tapes, we started looking at the interactions, he taught me some real valuable stuff about transference and countertransference, when clients were, were transferring on me and I didn't know they were doing that ‘cause I was getting all these weird feelings. He kind of helped me understand what that was and I think it was really significant, kind of shaping me as a counselor at that point.

    Joe resonates with this man’s humor and sarcasm, qualities that I recognized in Joe during the interview. I heard Joe’s gratitude toward this professor/supervisor, whose guidance helped him negotiate the confusion that is often present within earlier client-counselor interactions. Joe alternately speaks of himself in a process of becoming an educated professional and this man who worked closely with him. This relationship changed him and felt powerful. Joe looks back at this time, recognizing how this learning brought awareness and then confidence in his clinical abilities. This was one of several mentor or supervisory relationships that Joe gratefully holds as significant to his development as a professional.
When he completed a master’s in counseling psychology, Joe became licensed as a social worker. He was supervised by a social worker and could therefore be licensed as one: counselors could not be hired by the agency he worked for at that time. During this “field work” with highly aggressive teenage boys, Joe recognized client advocacy as an important part of counseling and an element within his work as a practitioner.

While he was completing a doctorate in counselor education, Joe began working in an agency that served families, couples and adolescents. This is where he met an “incredible” supervisor, “Dave”, who had been trained as a rehabilitation counselor. Joe was struck by this man’s transparency and unconditional positive regard for clients. He openly expressed love and reverence for this man.

Joe thoroughly enjoyed the work he did with his clients, and he began to build his “identity around what counselors do in terms of preventative and in terms of psychoeducational.” Joe acknowledged this point in his career as a truly significant part of his professional identity development. He had begun to identify himself as a counselor rather than a psychologist or social worker.

Ironically, Joe’s experience in his doctoral program was not very positive: he felt rather isolated and unsupported by the faculty until they decided it was time to help him look for a counselor educator position. Joe continued to work as a clinician throughout his doctoral studies, but after 15 years of clinical work, he decided he had worked long enough as a clinician. He was ready to shift his identity toward that of a counselor educator, from a practitioner to an educator. His first teaching position was a very fulfilling and rich learning ground for him. His small, cohesive department provided the perfect place for him to hone his teaching skills.
When Joe explained what he wanted his students to learn about counselor professional identity, he said he wanted students to have an “ethical center.” He also expected them to be professional, follow ethical guidelines and standards of practice and “crave” supervision. This expectation harkens back to Joe’s great admiration for “Dave” as both a person and as an excellent counselor. Here Joe described an occasion when he observed Dave’s work with a client:

I got out of the first session, and I said “That was really cool, what did you do at the beginning there?” He looked at me like I was nuts. He said that’s an ethical introduction, and I realized how poorly trained I had been until that point, in terms of working with people. I was, you know, I was a, I knew the psychology of, you know, I knew personality theory really well but I didn't know how to create a relationship. I guess I did, I mean I was successful in creating relationships with people, but I didn't know the process in counseling. And so I learned a lot from him. Then it was sort of like, man, I wish I could be professionally, morally and relationship, you know, wise just like Dave. This is the guy I wish I could be someday.

Again, Joe’s reverence and respect for a great teacher and mentor are very evident. For Joe, Dave personifies the ideal counseling professional. When Joe recognizes that his training was lacking, he looks at what he knew, what he did not know and what he wanted to be. I heard the distance between where Joe perceived himself to be professionally at that point in his career and where he hoped to be someday. Being in relationship with Dave helped Joe look closely at himself, while he viewed Dave as the ultimate counseling professional.

Joe wants his students to gain during their master’s level training these significant pieces of counselor professionalism that he found through his clinical experiences and mentorships. Although Joe spoke more about his mentor relationships and his educator and writer roles and less about student relationships, he is dedicated to making teaching fun and meaningful to his students. This creative work feeds and excites him.
Delia

Delia experiences no confusion about her counselor educator identity, which she solidly located within academia and the field of counseling. Delia views her earlier nursing career and working with children and families as preparing her for counseling. These were not two distinct careers. She believes that one framework very naturally and easily “folded in” to the other. Everything Delia does professionally, including community service, research and teaching stays very much aligned with professional counseling and the American Counseling Association (ACA).

In addition to identifying herself as a mid-career counselor educator and thoroughly engaging in this work, Delia also refers to herself as a clinical expert. I listened to her speak very clearly about her certifications, her education and her areas of expertise. She believes that this stance of not “apologizing for what you do” has been a powerful presence in her professional growth and development. Delia similarly wants her students to speak from a position of strength and to educate others about counselor professionalism.

Delia holds a parallel vision for the profession of counseling, where students’ needs are better met within ACA, and students keep their membership beyond graduation. Delia admits that, as a new profession, counselors, “constantly have to fight to say what we do.” She asserts that if students were firmly aligned with ACA and other counseling organizations, counselors could in turn speak from a greater, unified position of strength within the mental health community and the public at large.

I heard Delia passionately explain how she loves supporting and mentoring future counseling professionals who want to move and advance. Her desire to help in this manner is a result of the powerful support and guidance that she received from several mentors. She credits
her successful navigation of academia as partially a function of exceptional support from her partner as well as mentors. Here, Delia describes the guidance she received from one influential mentor:

The other thing that, that influenced me in terms of professional identity and professional development, I was, I was a new faculty member at the University and I had a wonderful mentor from State, and she sat me down and said if you want to navigate academia and become a very successful person in, in counselor education you have to be very clear about what you do. You can’t be pulled all over the place. You have to focus on what are your primary interests and how those are congruent with your sense of self and make those fold into counseling so that they you can move ahead professionally. So even though something may be of interest to you, you want to be very cautious about what will pull you away.

I was struck by the power in this mentor’s clear and direct message and how it stuck with Delia. Her focus, planning and staying centered with “who she is” permeates all of Delia’s professional activities, including her research agenda and her work with students. When Delia repeated the word, you, I heard her confidence in knowing how to navigate academia and being able to direct others in this work. She centers this process on matching her interests with her sense of self. This approach is how Delia has survived and thrived in the demanding world of academia. Later Delia explains how this stance translated into her “three hit rule” where she carefully chooses only those projects that will contribute to her research agenda in the most fruitful, efficient ways.

In addition to professional support, Delia expresses great appreciation for her partner, with whom she successfully and planfully negotiated numerous relationship changes and choices. Here Delia explains how balancing her family life became an essential ingredient in supporting herself:

So I think that making things work within your family structure and being very committed to it is essential, because you know academics, you know it's a grind you know in terms of professional development, it can kill 'ya. So, yeah. If you’re not planful ... If you're organized, it can be like the best life in the world…So, so we, but we
really, we sat down, we talked about it, we really had to plan on that and it was, you know I look back on it now and I think geez, that was pretty amazing. You know relationships; relationships can fall apart when those kind of things happen but it didn't. It was, it was fabulous. And it really grounded me and my profession 'cause I really wanted it.

Delia expresses pleasant surprise with the strength and resiliency of her marriage. She and her husband made thoughtful arrangements that ultimately supported her personally and professionally. Delia recognizes the absolute necessity of such an agreement. She later explained how they agreed to shift certain roles and responsibilities to successfully manage Delia’s graduate training and her new faculty positions. Delia readily acknowledges her husband’s commitment and his wise advice in helping Delia get what she needed.

Delia similarly found through her own experience as a mentee that part of her gifts lie in her ability to guide and support others. This ability to mentor and her enjoyment of helping connects and links her with others. It is one of the many powerful parts of Delia, who very confidently and directly influences new professionals. Here Delia describes this passion for mentoring:

And it was that mentorship that I had that first year that sustained me through the next eight years. And then I knew that when I got to a university, you know, that I could help influence and, and mentor others, that, that I would give them what she gave me. And that's what I hope to continue to do the rest of my working life. I really enjoy helping professionals move and advance. And I can really tell 'em what things are mistakes and what things aren't. Of course people have to learn on their own, but with some guidance most people can be successful.

Delia’s experience as a mentee helped her recognize that she loves helping other professionals. I heard the confidence she holds in her abilities and that of others. Giving back what she so gratefully received remains part of her professional vision.

Delia’s unwavering mentoring stance not only mirrors her counselor educator mentee experience, but also her years as a doctoral student. While Delia’s doctoral counseling program
provided its students with a clear message of counseling professional identity, Delia delighted in the fact that her first classroom experience within the doctoral program thoroughly invigorated and excited her:

And it was so funny because prior to that I had been interested in getting a Ph.D. in psychology and you know kind of was more linked with the medical model than I was used to. But when I got into my first class, and my first class, believe it or not was a career counselor class in the summer, which most people think is pretty boring. I just sat there and said wow, [voice pitch and speed increased] this is just great! This is what I want! This is me! And so if you know if get me on fire with you know the course that most people don't want to take, I thought this really is my field, so.

I was struck by Delia’s energy and enthusiasm in describing that moment where she discovered something that matched her personhood. Her change in voice seemed to underscore her surprise. Finding that match is a theme that was woven throughout her interview. She in turn teaches her students to find their own match, so that their passion and enthusiasm for the work sustain and feed them.

I listened to Delia speak with great caring about wanting her students to find good support and to be planful with their work. She believes they are the “ambassadors of counseling” who must become comfortable promoting the profession and practicing self-care. She is energized by her students’ enthusiasm for learning and eagerly goes the extra mile to support them. She recognizes the value of her supervisory work in a clinic and how staying connected to clinical work informs her teaching and advising with students. At the same time, Delia’s counseling department models professionalism and connection to both other professionals and professional organizations. Students receive support from the professors in teaching, presenting, and doing research. I again heard Delia’s energy when she spoke of working with students:

And so, so you have them co-present with you and so the students write book chapters with us, they write articles with us, they do research with us and you know we say find
your passion and then go bug the professor and say can I come teach with you. I had two students outside my door last night, they were second-year students and they said [voice pitch increased] “Can we help you with the sand tray unit?” I said sure, let's meet next week, and let’s prep it so that it's meaningful to you and meaningful for the students. It takes a little more time you know but you know it's, it's really worth it because you, you get these folks – and some of these students are like so engaged, it's fabulous.

I heard a clear working connection between Delia, her department and her students. They collaborate, create meaningful products, and the results are worth the effort. Delia thoroughly enjoys working with interested students. *Fabulous* is a word that Delia mentioned repeatedly during her interview. She loves her life and work as a counselor educator, while she stays grounded with who she is and what she wants. Her focus and centered stance makes this work sound seamless and nearly effortless.

**LeeAnn**

LeeAnn identifies herself as a later career counselor educator, a counseling professional who has expertise in working with children and adolescents. She prefers to label herself in this way, rather than calling herself a child psychologist. LeeAnn feels quite comfortable in a therapist role, but her work as a teacher remains a significant and central part of who she is. Her identification as a teacher is closely linked to her role as a mentor, which she feels more strongly than her therapist identity. LeeAnn began her career as a special education teacher and school counselor, and she traces this educator identity back to childhood. In response to how her identity may have shifted or changed over the course of her career, LeeAnn explained:

> You know I was the one who had all my dolls lined up playing school when I was four. You know, that educator piece of me I think has always been there. I've *always* known what I wanted to do was teach. And I think that I encompass aspects of what I have always done in my teaching.

LeeAnn speaks in repeated “I” statements about what she knows, wants and has always done: her identity as an educator is something she has engaged throughout her life, and she
experiences no confusion about this role. She elaborated further on this idea that even though her job titles may have changed, she felt as though she has conducted the same kind of work throughout her career:

And when I was a school counselor, I co-facilitated groups with a special ed teacher plus you know I did classroom guidance and did all that other stuff, which you do. But it was, it was, that's what I'm saying, I'm not seeing that what I do is any different, I just feel like I've grown - that I still have aspects of me that are very much in place yet it’s, it's like, a dictionary, as, as our language evolves we encompass words in the dictionary yet all the old words are still there. And, and I feel like as, as a person my identity is still pretty true, but it's always been. It’s just grown in a way that I've included all those new words. You know, megabyte by megabyte, I grow.

Again, speaking in repeated “I” statements, LeeAnn labels her identity as a part of her that she has always known. She is aware that as she grows and learns, her identity stays “true” and expands. Even though she may combine her work in education with work as a school counselor, she explains that it doesn’t feel as though her professional identity has shifted. She later told the story of when her adult son asked her if she had any regrets in her life, and she replied that her only regret would be if she did not learn from an experience. LeeAnn believes that even when her life did not proceed in a way that she had hoped, she still embraces the mistakes as a path toward learning and growing.

When LeeAnn explores how her identity was shaped and developed, she discusses how and what she learned from various mentors. Within these relationships she not only grew as an educator and a counselor, but she also felt the space and respect to remain true to her personhood and method of learning:

I think in a nutshell, while they gave me a foundation and they taught me a lot, they allowed me to be me. And I'm incredibly independent, just ask my ex-husband. I'm a rugged individualist. And I think they allowed me to be that even though they mentored me and even though they let me question and even like a book, they still allowed me to be me. I hope to goodness I do that with my students. I value that. I think that's important.
I heard the synergy between what LeeAnn’s mentors did and how she responded. She repeatedly speaks of “they” followed by “me” and “I”, as if this mentoring process allowed LeeAnn to stay connected with herself. This approach matched her independent learning style and professional development needs. LeAnn wants to provide her students with this same type of freedom within mentoring and rich opportunity for growth. She wants her students to find their theoretical home, the place that matches who they are as a person.

LeAnn’s mentors supported her creativity in her work as a therapist, which she believes informs her work as a counselor educator. She also learned through observation how “to question, to look at, to accept, and accept anybody that walked into [your] classroom,” something that she practices within her teaching. At one point LeeAnn looked at how, while she accepts others where they are, they in turn help her define who she is. She mentioned a quote from Tennyson that captures this reciprocal and reflexive process: *I am part of all that I have met.*

Although education, learning and growing comprise primary parts of LeeAnn’s identity, she struggles with the field of education and school counseling. She recognizes that she has become accustomed to the politics of education after 40 years’ worth of exposure. She wonders, however, if she would make the same choice to become an educator, if she were a new professional today. When LeeAnn examines problems within the field of education, she connects this tension with why, perhaps, counselor educators continue to wrestle with professional identity issues:

Yeah, I, I don't see it as just being a K-12 arena problem. I see this as a P16 issue for educators, whether you're, you know, a kindergarten teacher, a counselor educator at the graduate level. I, and I think that's part of why we struggle with the identity question. You know, how do I identify myself? How is the person that I am exposing myself to going to perceive me? You know it's a whole lot more sexy to say child psychologist rather than to say I'm a counselor educator training people to work with children and
adolescents. You’re, you’re a lot more respected.

Although LeeAnn firmly identifies herself as a counselor educator, something that she perceives as not as alluring as a child psychologist title, she sees education as a “dis-respective profession.” Her great love of learning and the professionals that work within the education system are not as highly valued within our society as LeeAnn would like. Her repeated you know phrases suggest that she wants us to understand this tension within herself and within her beloved profession. LeeAnn later explained that she has examined this issue “long and hard” within herself and through her areas of research.

Although LeeAnn states that she feels quite comfortable within a clinical setting, she chooses to not identify herself as a child psychologist because she does not engage in private practice work. Rather than calling herself a therapist, she prefers to use the word, counselor. This is another significant part of LeeAnn’s professional identity. Here she explains what this term, counselor, means to her:

Well, the word counselor to me means somebody who has more of a wellness model approach to mental health. An individual who thinks mind, body, spirit and walks a journey with a client as opposed to the more medical model therapist kind of language that implies you're the expert and you're going to make the person better. So that's why I prefer the term counselor for what we teach from as opposed to a therapist… Maybe, maybe what it is, is a counselor allows a person to draw from within them to find the solution or the answers and therapist implies more someone who's gonna fix a problem.

LeeAnn’s definition of counselor very much aligns with her overall beliefs about mentoring and learning: providing support while allowing an individual the safe space to be themselves and travel their own path. LeeAnn’s description is one of empowering others, something that resonates with her. This respectful stance is much like what she experienced as a mentee and what she in turn offers to her students – and, as mentioned above, what she wishes society will provide for the field of education.
Similarly, LeeAnn hopes that her students will embrace their powers of empathy toward clients. She believes that counselors epitomize empathy with their “amazing capacity for an empathic connection.” She also wants her students to understand the difference between empathy and sympathy, which sounds much like her distinction between a counselor and a therapist. Empathy is more like empowering clients, versus sympathy, which is more like “throwing a lifeline.” Again, in all of LeeAnn’s descriptions of her professional activities, she connects with others by meeting them wherever they are, promoting their personal journey without imposing her own agenda. This respectful, empowering, learning-based approach worked well for LeeAnn during her training, and it remains a foundational part of her personal and professional work today.

Andy

As a beginning stage counselor educator, Andy identifies himself as an assistant professor in a counseling department. Although he works within school counseling in a CACREP-accredited counselor education program, a large part of his identity still remains that of a counseling psychologist and career psychologist. Andy’s master’s and doctoral work in counseling psychology prepared him for work as a researcher and a practitioner, and he views counseling psychology as a bridge between clinical psychology and counseling.

While Andy’s graduate experiences largely developed a counseling psychologist identity, he aligned himself with both the American Counseling Association (ACA) and the American Psychological Association (APA). He describes this intersection of professional identities as occurring largely because his area of interest fell with career psychology, a field that is populated by both psychologists and counselors. This intersection became a starting point for professional growth, when Andy began his assistant professorship within a school counseling program:
I think when I did move to the academic side, one of the things, I mean, going to graduate school I understood there were counselor education programs, I understood there were counseling psychology programs because the world of career counseling is, is populated by both. So, I understood this and you know I was not interested in turf wars, you know, or anything like that. I understand ACA and APA have disagreements about stuff now, and, and part of that is when I came over here as a counseling psychologist into a CACREP-accredited program, I mean that raised issues around accreditation. And so there were, I just became more aware, that, that was a challenge then, in terms of, I think just obtaining the position as well as then needing to be able to say okay, I'm not in a counseling psych program, I meant counselor education and supervision program and more specifically at the master’s level not even focusing on community counseling but just on school counseling. So again, it wasn't like I disliked it but there needed to be a shift, I needed to learn more about school counseling now. You know, I knew a lot about it but I needed to understand that more. I needed to come to understand CACREP standards much more because of our programs. So again that was just kind of a shift that happened. I would say more of a growth area than a challenge.

I heard Andy realize that making a shift toward school counseling would involve his becoming more knowledgeable about the counseling field, specifically CACREP standards and school counseling. Understanding the worlds of psychology and counseling prior to this academic position has held him in good stead, accepting that this was a function of his career specialty. Andy did not see any point in feeling conflicted about this dual membership. He has accepted that his career path for now is not in an area with which he is familiar. This, however, feels reasonable to him: he calls it both a challenge and a growth area. At this point, Andy does not feel fully grounded in the world of counselor education and school counseling.

A related issue involves Andy’s explanation of what the word, counselor, means to him. He explains how, within his university, confusion surrounds the term. He identifies how other university employees connect counselor with the term academic counselor. He in turn avoids identifying himself as a counselor when communicating with non-counseling or education people at his university and will instead call himself a psychologist. Here Andy explains what the word, counselor, means to him:

I think in general not in terms of me but what like what I see is, I see it used very broadly,
to the extent that if you’re not, if you don't stick another label to it, it loses meaning on
people, like when I said I work at the counseling center a lot of the friends I made at the
University who are in other academic departments thought I was an academic advisor for
a while. You know within our athletic department at this university there are academic
counselors, so the term is used widely. For me, I think it's probably most helpful if we're
going to identify ourselves as counselors, how we mean it like, say within the American
Counseling Association, and we should say we're mental health counselors or we're
school counselors or we're community counselors. Somehow denoting that we work in
the area of mental health and human behavior, to, to distinguish it from these other areas.
So I think it's a term that other people have co-opted and thus it waters it down for us. It
kind of loses its meaning. You know I don't think for us it loses meaning but as far as it
being a term that effectively communicates to non-counselors what we do and what we
can offer, it has lost meaning.

For Andy the word, counselor, gets in the way of others understanding what counselors
do, because the term is essentially meaningless without a qualifying term accompanying it. This
confusion takes away the potential power and prestige that might be assigned to the term, if it
were properly distinguished from an academic advisor. Andy then relates this university
situation to the counseling profession at large. He uses the terms, waters it down, co-opted, loses
its meaning, lost meaning to explain what happens to the word counselor. He speaks as a
member in the group of practicing counselors, asserting that they know what they do and who
they are professionally.

To avoid confusion Andy identified himself as a psychologist when he was working as a
practitioner within the university counseling center. At the same time, he would prefer to call
himself a counselor.

Yeah, I mean, for me, when I say I'm a counselor and I would say that's another
professional title I’ll use, ‘cause I'm a counselor, but I tend to avoid it in the sense that for
the reasons I just gave. I think when I use that term it, to me, denotes that I help people
make ah the changes they want to make in their life. You know, I've been trained to be a
change agent. I study, I help, if I'm a practitioner and that area I'm helping people to
engage in personal growth, I'm helping people to make the change that they want in their
life, I'm helping people to heal from pain and suffering, and if I'm a counseling
researcher, when I'm in that role, that I'm studying these things. How do people heal,
how do people change, how do people grow.
Here Andy focuses on what he does as a helper and change agent. He connects this identity with his counseling researcher role. He seems to truly know and understand his role as a helper and change agent who facilitates healing, growth and change in others. He also studies this change process when he wears his researcher hat.

Both of these parts received attention during Andy’s graduate training, but he later explains that he chose to accept a practitioner position versus pursuing an academic position when he finished his doctoral studies. He did this despite his original plan to become an academic and develop his researcher identity. This decision became necessary after Andy met his future wife, who had already established herself as a university academic.

And so, I chose to stay here and so that was kind of challenging in terms of my professional identity. But I think then was very beneficial because I enjoyed the work very much, you know improved in my skills over that and I think it definitely contributed to me being a better instructor, counseling instructor, being able to draw upon that experience. And in fact I think it's improved my research because it just helped me to again understand that human change process so much better in kind of a more intimate, intimate way. So in a sense it's kind of like a nonevent took place, right, I didn't get to go be an academic right away. So I hesitate to call it a challenge because you know I didn't dread it or not like it, but it hadn’t been the plan all along and then the plans changed. So, so that was, you know you could put that there kind of a nonevent as we go through.

Andy again sees his career path taking a course he could not have predicted, while acknowledging the very real benefits to his professional development. He vacillates between calling this choice a challenge to his professional identity and a benefit to his professional growth. He ultimately chooses to view this journey as an opportunity, a way to expand his practitioner self. Andy notes that this work experience helped him grow not only as a clinician, but also as a counseling professor and as a researcher. He affirms the synergistic effects of strengthening his skills as a clinician.

Andy further explores his development as a counseling psychologist practitioner when he describes what shaped his professional identity. During his graduate work he recognized some
differences between his counseling psychology training and that of clinical psychology students regarding a wellness versus medical model approach. He began to learn that there was more to counseling than pathology and diagnosis, and that not all clients would require that type of approach. During his doctoral practicum in community counseling, he became more proficient, comfortable and confident at helping a wide range of clients, integrating various methods of treatment and seeing the oftentimes nonlinear process of human change and growth.

Andy also called attention to the ambiguity and diversity of the work with clients. This attention is present when he talks about what he wants his school counseling students to learn and practice. He clearly articulates his desire for them to model disciplined decision making, empathy and awareness of multiple perspectives. Ultimately he hopes that they will be the voice of reason, capable of nuanced, sophisticated understanding of clients and their unique situations. They are responsible for acting in the best interest of their clients.

Andy points to several graduate instructors who guided him through his practicum work, enriching his knowledge of psychotherapy approaches. Others introduced him to the world of professional conference participation and research production. He felt valued and welcome in these settings, and he learned the value of participating in these activities and making it part of being a professional. Two “elder colleagues” have similarly helped Andy acclimate to a counselor educator identity and a school counseling teaching emphasis. All of these professionals have influenced Andy’s evolving identity. Andy seems to value both his learning and knowledge he gained as well as the working relationships themselves.

While Andy looks back at various turns in his professional development and shifts in his professional identity, he continues working through these transitions today. At age 38 and six years after completing his doctorate, Andy’s professional identity is a work in process. Although
he states that conducting and publishing research remains an area of interest, he admits that academic life brings multiple demands on his time. His research can easily take a place on “the back burner.”

Not only did his recent move into a counselor educator position present a new chapter regarding his career path, but the birth of his first child also forced Andy to “grow up around [his] work.” This life event brought him closer to knowing where his work and home life begins and ends. He recognizes that his professional roles comprise a smaller part of his personal identity than they did a few years ago. Andy’s motivation for achieving tenure acquired new meaning once he became a father: he not only wants to successfully provide for his child, but he also wants to be emotionally and physically present for him. Life and work balance has become a significant issue for Andy.

**Randy**

Randy worked as a school psychologist for 14 years, and he has been a counselor educator for eleven years. When he introduces himself, he will say that he is a faculty member in a counseling department. On paper he will list both his Ph.D. and his licensure, so he is aware that what he will verbally communicate to others about his professional identity differs from what he puts down in writing. Randy explains that he has always felt more at home with a counseling perspective, and that at this point in his career, his identity is “five percent school psychologist and 95 percent counselor educator.”

Randy easily tracked events and experiences that contributed to his evolving counselor educator identity. He acknowledged that he has always been drawn to the field of counseling and that given the chance to go back and make different choices, he probably would have selected counseling over psychology. Personally and professionally, he has always felt more
aligned with the profession of counseling. During his work experience as a school psychologist, he was aware that working with clients and perceiving himself as someone who could do this felt enriching to him. He believed that he could “make more of a difference” through this work rather than administering tests. It was somewhat later that, through his teaching experiences, he began to move closer to a counselor educator identity:

You know, after I'd been a school psychologist for a while I taught some classes on an adjunct basis in a few departments but the counseling department was one, and so I think working with counseling students and working with students who are training to be school counselors and community counselors, I think that also helped in this shift in my identity thinking about the value of training people to become counselors and enjoying that, and really appreciating the importance of counselors and enjoying the work of counselors. So that certainly was something. And then once I came to this department 11 years ago then, then that was a very significant shift – my courses tended to be varied but I had courses like group counseling, group procedures, counseling theories, I mean counseling oriented classes, and I think I fairly quickly – at least internally, stopped thinking of myself as a school psychologist who happens to be teaching counseling courses and started viewing myself more as just a faculty member teaching counseling students and, and doing the work.

Here Randy tracks how adjunct teaching provided a bridge between performing counseling services as a school psychologist and viewing himself as really doing the work of and being a counselor educator. He recognizes that once he became immersed in teaching counseling coursework and working as a full-time faculty member, he made a final step toward a counselor educator identity. At this point in his career, Randy called himself a faculty member in a counseling department. He stated earlier in the interview that his primary identity is that of a counselor educator. Throughout Randy’s identity evolution, his history as a school psychologist remains part of his mixed identity, and he refers to this history throughout his interview.

Randy later reveals that when he accepted his full-time faculty position, he was an active member within the American Psychological Association (APA) and then soon after became active with the American Counseling Association (ACA) and the American School Counseling
Association (ASCA). This change also added to his growing counselor identity. When Randy describes how his professional identity continued to develop while attending counseling-focused conferences, he again speaks of an alignment with how he already envisioned himself personally and professionally:

You know, if I'm to be - if I'm to be really honest about it, it was more - almost a phenomenon of kind of coming home, you know? It, it didn't feel like - oh here there it's like I'm learning a second language or anything like that, it was more that this was - these were places where it felt like I, I was more aligned with from the start so looking back over both kind of - both of those phases I think I probably felt a bit - I don't know if this is the right word, but a bit mismatched with the psychology part of it. So, so when you're, when you ask - I mean I like the question about how did it shape my identity, it - my personal experience with it - it felt less shaping than you might imagine...it’s just it felt more aligned with who I saw myself as personally and professionally to do that. And then I suppose – you know there’s a lot of things, I mean this, the osmosis process of hearing counselors talk about counseling and being around lots of counseling practitioners and being around other counselor educators and I'm sure that's had an influence but, but again, it just it hasn't felt to me like it was any kind of a radical shift, it was more just, okay I'm, I’m in the place where I, I feel like I belong.

Here Randy describes how he has always internally felt more at home with a counseling identity. Once he worked more closely with other counselors, this feeling was confirmed. He uses the terms, coming home, aligned with, mismatched, radical shift, and osmosis, to explain a process that felt like a small change. His repeated “I” statements reflect his familiarity with this important part of his identity. Randy believes he has been engaged in counseling work for some time, and this “coming home” feels natural and fitting to him.

Randy shared several other turns in his professional identity development that moved him further from his psychology roots. He was the chair of his counseling department when they created a doctoral program in counselor education and supervision. This event, in addition to working through Council for Accreditation of Counseling and Related Educational Programs (CACREP) accreditation, forced Randy to deeply explore a counselor educator identity from several perspectives. He has also found himself becoming much more interested in hearing
individual stories and speaking with individuals through qualitative research. He categorized this shift as aligning more with a counseling approach rather than with his quantitative research training he received during his school psychology doctoral work.

Throughout the interview, Randy detailed the steps involved in his journey toward a counseling identity. These steps were built on a counseling foundation that he recognized long before he assumed a counselor educator position. This comfortable feeling of “coming home” stands in contrast to another aspect of his counselor educator role: Randy believes that he must be honest about the fact that he trains school counselors, but he has never worked as a school counselor. When asked about challenges to his professional identity, he mentions this issue as “being a bit of an outsider.”

You know it’s probably coming in as a school psychologist to a counseling field and, for example, working with school counselors out in the field doing internships, supervision or whatever and you know I, I think there’s probably people who look at me and kind of say well, you're not really one of us, you know? You don't know what it's like to be a school counselor which of course I don't. I mean I have not been a school counselor. I’ve always been very cognizant of not trying to pretend that I know things that I don't so I, I've typically been able to work with people and much more interested in listening to what they have to say and try to tell them what I think. But you know I think that’s just kind of a natural challenge for someone that comes from a slightly different discipline is being a bit of an outsider.

Here Randy reveals a tension that has been present during his counselor educator work. He admits that he is training school counselors, who will have different work experiences than Randy did as a school psychologist. He believes that this tension is normal and not something in need of attention or concern. Randy asserts that there are many important ways in which school psychologist and school counselor work tasks overlap, so he brings much relevant experience to his training of school counselors. Because he has worked as a counselor educator for 11 years, the fact that his training and experience falls under school psychology ultimately plays out as a
non-issue. At the same time, I heard a slight, underlying tension that was present when Randy explained his outsider status.

Randy’s stance on this issue relates to one of his primary beliefs about counseling and professional identity issues: doing good work will hold him, as well as the counseling profession, in good stead. He has focused on excellent work throughout his career and continues to do this with his students. Randy believes that overly focusing on professional identity will not help students, clients or the counseling profession as a whole.

I probably worry less about professional identity than lots of people. I know that your topic is one that seems like it’s very pertinent to the field - CACREP of course professional identity is very big. I, I guess I'm the kind of person that I've always just been more focused on doing the work and whether I describe myself to students - I mean I don't think through how am I going to describe myself to students, how am I going to talk to them? I, I just do the work. So for me I, I guess you could probably accuse me of not thinking as deeply about this as I could but – but I find myself putting my emotional energy into doin’ right by students and doin’ interesting research and - and not, not putting a lot of energy into kind of - thinking about my identity. I mean, it's there, but probably don't think about it as much as, as some other people might, right or wrong. But that’s, I think just kind of the way that I've done that.

Part of Randy wonders if he should focus more on his professional identity and work harder at communicating this to his students. Here he seems to feel some pressure from the profession as to what counselor educators should do with their students regarding professional identity. A larger part of him trusts that directing his energies toward high quality work will reap benefits for everyone. He therefore prefers to not be distracted by over thinking his professional identity.

Randy believes that the counseling profession overemphasizes professional identity, and that if the profession remains devoted to high level, quality work, then counseling identity and worth will shine through. When Randy described the point at which he began thinking of himself less as a school psychologist and more as a counseling faculty member, the counseling
profession was much less focused on professional identity. He concluded that this shift may have been easier for him to make, because at that time, the field did not concern itself as much with professional identity.

Randy does admit that counseling professional identity issues are important for students to learn and discuss within appropriate settings. He acknowledges, for example, that school counselors encounter very real professional identity issues in the field, and these must be addressed within supervision and internship experiences. At the same time, Randy will continue to spend most of his time and energy training students to do what is best for clients.

**Madeline**

Madeline’s professional identity is firmly rooted in counseling. As a beginning career stage counselor educator, she has invested three years in her Assistant Professor position. While Madeline readily expresses her love of being a counselor educator and training new counselors, she is also very much aware of her doctoral training and clinical experience. These periods in her professional life remain prominent and fresh for her as she reflects on how various experiences shaped or challenged her professional identity development.

Madeline believes that holding a Ph.D. brings an obligation to teach. Along with this obligation, she sighs when she mentions her Ph.D. and calls it “an interesting kind of curse.” She alludes to an inherent, perceived pressure to be more informed and knowledgeable. At the same time, Madeline presents a very different reaction to her National Certified Counselor (N.C.C.) designation: she speaks with great pride and ownership.

OK, for me, for me that one is, you’re not required to do that, it doesn't really have as much of a perk I would think to it. But it's a commitment to the professional identity and I probably, probably hang with that one the most because I didn't have to do it, and I didn’t, didn’t have to fork out that money, but it meant something to me. It helped legitimize me, when I was just a master’s level counselor and didn't have additional stats, and I felt really, really proud about that one.
Madeline describes feelings of appreciation when she identifies the personal value she assigns to her N.C.C. certification. As a newly licensed counseling professional, it helped her feel more connected to the counseling profession and gave her a foundation as a legitimate practitioner. This alignment with her N.C.C. certification reflects her deep pride in her identity as a counseling practitioner.

This new and meaningful identity was later challenged when Madeline entered her doctoral program. She explained how she experienced a slight shock that this program expected her to abandon her newly found clinician identity. This was a difficult shift for her to make, because she felt much pride in her counselor identity and did not want to abandon it. Her program overtly distinguished between a counselor or counseling clinician as opposed to a counselor educator. The department presented this as an either-or process, rather than a merging of two identities or the building of one toward another.

Although Madeline struggled with this identity confusion, she later discovered that her counselor educator work proved to be very rewarding. She learned that her practitioner work held less diversity and variety in comparison to her academic position. She delighted in this richness and in her work with students. Madeline seemed to have quickly adopted a counselor educator identity.

While Madeline feels much pride in her profession, she also experiences frustration and disappointment with it. She knows the great value that counselors have, but this value is not recognized by society:

And I think that we really, we’re still crucial but not getting the recognition, and I see my students going out and not getting paid as much as a social worker at the bachelor level and it, it just hurts my heart. That and I don't know what to do different. But I’m finding the counseling term just to be so generic, and yeah, it’s kind of, it's just a generic term that's not holding its weight right now and it frustrates me. Yeah. I, I guess, I mean, I'm
so proud of my identity and I know what I do and I know what I do that’s different from
social workers, I know what I did that’s different from psychologists but they come out
and at least in my state, they come out of graduation and they get the license mental
health counselor license, they get LMHCs, so how are they different than us? And, and I,
I just, I find it not, not helpful for students. We just, we’re not getting enough support
that there should be. To really, clearly delineate what we are and what we do.

I heard a tension between what Madeline knows and does not know. She knows how her
work as a counselor differs from that of social workers and psychologists. She does not know
how to help her students compete with other mental health professionals in the marketplace. She
knows the great pride she holds in her counselor identity. She does not know how stop or
change a current system that does not support her students or her profession. The term counselor
frustrates her desire for appropriate recognition of counselors. Earlier in the interview, Madeline
mentions her wish for the counseling profession to get clear about its identity and start “throwing
elbows,” so that everyone will understand what sets counselors apart from other mental health
disciplines.

When Madeline explored what shaped her professional identity, she repeatedly pointed to
how professors noticed her talents and pushed her to extend her learning and professional
experiences. These professors also supported her growth process, so that now Madeline in turn
provides this support in much the same way to her students. She recalled one professor, whose
passion for professional involvement stood out to Madeline and prompted her to join him in a
presentation. This event led her to applying to a doctoral program, as urged by audience
members who observed her presentation. Madeline points to these experiences as inspiration and
motivation for attending conferences and making presentations with her students. This is where
she sees herself as “having a duty of being a bridge for my master’s students into those
professional organizations.” This in turn helps Madeline grow in her professional involvement
and leadership.
And being, you know, it's like a good karma thing or something. You know, bringing a student and they're talking to someone and someone says oh my gosh, why don't you join and be a part of this and the next thing I know I'm the president of you know, state mental health counselor association and, dadada, you know. So, I mean those are big, big pivotal things for me. Someone trying to act as a bridge for me, and then the reward and that such a huge part of my identity as a counselor educator is bridging it, my students into the professional realm.

Madeline repeated the term, you know, suggesting that she wanted me to understand how connecting students to professional activities is very important to her. I heard Madeline’s enthusiasm for her work with students: in this passage she spoke at a quicker pace and with greater energy. She has discovered that the more she puts forth encouragement and support for her students, the greater her development as a professional.

Part of Madeline’s firm commitment to her students stems from the very clear counselor educator identity messages that she received during her doctoral studies. The pride she feels about her doctoral experience continues to nourish her ongoing development as a counselor educator:

And, and so the importance of - of contributing to the profession - to continually be learning by going to conferences and sessions, by presenting and taking leadership, that just became just kind of for lack of a better word - like no duh - that's just what you do. There was no question about it. You are an educator. This is what you do, and it's - feels so awesome. And you know we would come to conferences and there was no doubt we were the biggest source there, and we were proud of that. And I'm proud of it. And that translates into what I talk to my students about, and I know they look at me like wow you went to another conference – and you presented again? And yeah. They did it so much that it became nontreating to me. It's really kind of an exciting thing.

Here Madeline clearly connects her experiences as a doctoral student with how she works with her students. I again heard Madeline’s delight and pride in her work. This process of belonging and participating in counselor conferences further grounded Madeline in her identity as an educator.

Madeline described another type of synergy when she told the story of how her
professors supported her during a very difficult event that occurred during her master’s level clinical work. She called this support bringing “everyone into the mud puddle with you.” The department’s unfailing presence gave her strength to fight for what was fair and true. She gratefully described how they pushed her to confront her fears by asserting herself and advocating for appropriate, ethical treatment. Again, Madeline provided this same integrity, along with the spirit of mutual collaboration, to her students. She will be there for her students no matter how challenging the situation might be, just as her professors did for her.

Madeline believes that bringing her students together into a mutually supportive program experience will then translate into their “walking next to” clients instead of leading them. This aligns with Madeline’s belief that counselors focus on the interpersonal aspects of sitting with clients and receive training on this focus. She believes that her students’ professional identity begins with who they are as individuals. She then expects them to find a theoretical home that matches their personhood. As they remain rooted in their professional identity and theoretical home, they must also practice being intentional with clients. Again, Madeline’s vision for her students very much matches how she was trained to keep her counselor professional identity central to her professional learning and growing.
CHAPTER FIVE

Research Questions

The following results section addresses the answers obtained through quantitative and qualitative results data in response to each of the research questions listed in the Introduction chapter. These questions are addressed one at a time.

How do practicing and non-practicing counselor educators identify themselves professionally? Five significant themes emerged when analyzing the six interview transcripts. First, how each counselor educator experienced his or her master’s and/or doctoral training and mentor or supervisory relationships had a significant impact on how participants view themselves as professionals. These experiences or relationships also informed how they currently work with their students and what they believe is significant for students to learn.

Joe, for example, called to mind several working relationships, including supervisors, clients and mentors, when he reflected on what shaped his professional identity. This shaping occurred as each relationship impacted and changed him. His doctoral program experience, however, felt rather isolating and lacking in mentorship. When Joe identified what he wants his students to learn, he mentioned the same things that he learned with two of his mentors: having an ethical center and understanding transference and countertransference.

Delia was passionate about “helping professionals move and advance.” She explained, “And I can really tell ‘em what things are mistakes and what things aren’t,” which sounds a lot like how she was supported and given directives to stay focused. She wants her students to match their work as counselors to their personal lives, so that these areas are congruent with one another. She also wants them to find support and have a personal development plan. These are the same things that Delia practiced as a professional, as directed or provided by her mentors.
LeeAnn and Madeline also spoke of mentoring relationships that shaped and supported them. LeeAnn’s mentors allowed her to be independent, something she valued and wants her students to experience. Madeline wants to support and be there for her students, just as she felt when her professors supported her through a very difficult clinical setting issue.

A sub-theme within the interview data related to master’s and doctoral training is that counselor educators holding counselor education doctoral degrees articulated a stronger counselor professional identity. Madeline and Delia completed their master’s and doctoral work in counseling programs that explicitly taught students about counselor professional involvement and giving back to the profession, what it means to be a counselor versus a counselor educator, and what was expected of them regarding presenting at conferences and communicating professionalism and pride in the profession. Madeline and Delia consequently have these same expectations of their students, while modeling professional behaviors and activities for students.

Joe’s doctorate is also in counselor education, and he has been quite busy with counseling work at the national level. His clinical experience involved working with social workers and psychologists, and his master’s degree is in counseling psychology. Andy and LeeAnn have doctorates in counseling psychology, and Randy earned a school psychology doctorate. All six of the participants described their high standards for their students and an expectation for excellence in counseling. While all of the participants communicated respect and regard for the counseling profession, Delia and Madeline expressed a sense of duty to prepare students to be ambassadors for the profession. This sense of duty was consistent with their experience of their counselor educator training. They hold great pride in being counselors and work to instill this same pride in their students. They are very involved in counseling professional organizations and conferences and pave the way for students to also be involved.
A second theme within the interview data involved all counselor educators primarily identifying themselves as educators, which they clearly distinguished from practitioners. This occurred even with LeeAnn and Delia, who spend a small amount of time each week in clinical practice and Madeline, who stopped clinical practice a year ago. Joe, LeeAnn, Randy, and Madeline call themselves counselor educators. Andy calls himself an assistant professor in a counseling department, and Delia identifies herself as a professor of counselor education. Each participant, except for Joe (who does not have an active license) mentioned licensure or certifications as something separate from their identity as educators.

Third, each participant expressed varying types of frustration regarding the counseling profession’s struggle with professional identity issues. Joe explained that counselors come from a “throw one down position” or a “we’re not good enough position.” He described how the counseling profession has developed an “inferiority complex” in the last five to ten years and that the profession has spent too much time trying to justify its existence. Delia voiced concern that the American Counseling Association (ACA) is not providing enough support for students who then tend to drop their membership after graduation. Lee Ann reported her frustration with education not being valued. She called it a “disrespectful” profession and wondered how this affects counselor educators. Andy stated that he has never had any interest in “turf wars”: he views his background in career psychology as a bridge between psychology and counseling. Randy’s feelings are similar to Andy’s, in that, he has not overly concerned himself with counselor professional identity issues. He believes that by focusing on students learning and performing excellent work as counselors, the proper public recognition will follow. Madeline expressed great frustration that the laws undermine the strength of the counseling profession. She described this as she explained how, in her state, non-counseling-trained (i.e., master’s level
psychologists) can obtain counselor licensure. Madeline also wants the profession to have a clear definition that sets itself apart from the other mental health disciplines, so that the public understands these differences.

Fourth, the word, counselor, held very different meanings for each participant. Andy and Madeline believed that the term is too generic and ambiguous, does not hold meaning, has been co-opted by other professions and is not holding its weight. Joe said that a counselor is a licensed clinician, and Delia reported that a counselor is someone who is affiliated with ACA. Randy and LeeAnn identified similar views. LeeAnn stated that counselors use a wellness approach and walk along a client’s path, and Randy said that counselors are more humanism focused and emphasize positive growth versus pathology.

**Do practicing counselor educators and non-practicing counselor educators differ in their professional identity, and if so, how do they differ?** As previously mentioned (Table 5), faculty rank \( p < .006 \), holding a PC license \( p < .001 \), and number of years in the mental health field \( p < .019 \) were all significantly related to academic clinical practice. Specifically, full professors, as compared to assistant and associate professors, as well as counselor educators with a PC license are more likely to engage in clinical practice. Also, the longer that counselor educators have been in the mental health field, the greater the likelihood that they will engage in academic practice. These are the only data indicating that there may be differences between counseling faculty who have engaged in academic clinical practice and those who have not. The subsequent analyses comparing relationships between present clinical practice and demographic variables did not result in the same relationships (Table 9): only individuals with psychology licenses were more likely to have a present clinical practice (i.e., as compared to the initial analyses addressing ever having practiced clinically while a counselor educator).
The interview participant sample included two counselor educators who are currently practicing, one who stopped practicing a year ago, and three who have never engaged in academic clinical practice. Although there are some common themes and many individual differences within the interview data (as previously explained), no discernible, overarching differences exist between how non-practicing versus practicing counselor educators understand and construct their professional identities.

**How many counselor educators are engaged in a clinical practice?** As indicated in Table 3, 48.6% of counselor educators are currently engaged in clinical practice. Within this group, 40.2% spend a small amount of time doing this, while 5.6% spend a moderate amount of time and 2.8% spend a substantial amount of time.

**In what type of practice are counselor educators engaged?** Table 6 provides details as to what type of clinical work counselor educators practice. These data were gathered through an open-ended question, *identify what type of work you do in the area of clinical work.* The most frequent response included counseling services for a variety of populations. Supervision was the next most common response. Other types of clinical practice participants mentioned included evaluations, testing or diagnostics, training, consulting and organizational development.

Two of the six counselor educators who completed phone interviews are currently engaged in clinical practice. Each reported on the survey that she spends two hours per week in this activity. Delia stated that she supervises students’ clinical work in a clinic setting, and LeeAnn listed that she does group counseling during these two hours per week.

**How do counselor educators view faculty clinical practice?** The above “Clinical Practice” section in the quantitative results chapter explained survey data that answered this research question. Most counselor educators (75.4%) believe that clinical practice is either very
or somewhat important. Four themes emerged from the data to further answer how counselor educators view faculty clinical practice. First, the quantitative (as explained in the quantitative results chapter) and qualitative data suggest that institutional and/or departmental forces may promote other work activities, such as research and university service over clinical practice. Three themes emerged from the qualitative data: (a) Personal preferences involving a counselor educator’s interests and talents often dictate whether faculty clinical practice occurs; (b) Work history and career stage may result in a desire to forge new career paths after many years of clinical work activity; and (c) Clinical practice is also a function of a counselor educator’s primary professional identification.

**University and Departmental Influences.** Joe stated that when he accepted his current position, he was encouraged to obtain licensure as well as to publish and write. However, because he teaches non-clinical track courses, he did not pursue licensure or transfer licensure to his state. Although Randy reported on the survey that he would like to spend a small amount of time in clinical practice, he does not believe he has the time to do this.

**Personal Preferences, Interests and Talents.** Delia said that she never stopped being close to clinical work because of her continued clinical supervision duties within a clinic setting. She remarked, “even though I don’t have a full-time or part-time practice, I think it’s important to be around clients so that they can really inform your knowledge of how you teach, especially if you’re doing direct supervision.” For Delia, her clinical practice expertise provided a path to her work as a counselor educator, and it currently supports her work as an educator. Andy had planned on becoming a professor after receiving his doctorate, but worked instead as a practitioner. He made this choice in order to stay near his future wife and views this experience as beneficial: clinical practice improved his work as an instructor and researcher.
**Work History and Career Stage.** Joe explained that once he completed his doctoral studies and 15 years of clinical work, he was ready to “be okay not seeing clients.” Delia made a similar shift when she decided to become a counselor educator. After receiving her doctorate, she practiced for six years and then realized that she was ready to teach. She believed that she had enough expertise; she was finished with clinical work.

Andy reported that his main interest in pursuing an academic route is conducting applied research. As a newer counselor educator, he struggles to fit research and writing into his busy teaching and university service schedule. Madeline also struggles with tenure, promotion and the pressure to publish, but clearly enjoys her work with students. She stated, “the biggest identity piece for me in the role and the obligation I have is that advising. I don’t have the ability to break away from my schedule teaching four days a week to do private practice, so that energy gets channeled into mentoring and being there for the students.”

**Primary Professional Identification.** When Randy discussed school psychology clinical practice, he distinguished between “testing functions” that did not feel as satisfying to him and the individual and group counseling that felt very satisfying to him. Randy views this counseling clinical work as part of his identity formation process moving from a school psychologist to counselor educator identity. When Joe explained why he calls himself a counselor educator versus a counselor, he mentioned clinical practice. The word, *counselor*, to Joe means a mental health practitioner.

How LeeAnn views clinical practice is best understood when she discusses her professional titles. LeeAnn listed her two hours per week of group work on the survey, but she did not mention it during the interview. She remarked, “I identify strongly as a mentor so that teacher mentor role probably is stronger as part of my identity than that of therapist, even though
I feel comfortable in that role.” She also said, “I guess I could call myself a child psychologist, but I don’t identify that way, ‘cause I don’t do private practice.” LeeAnn later mentioned that her clinical work with clients, as influenced by her mentors, informed her practice as a counselor educator. LeeAnn primarily identifies as a mentor and educator even after 25 years of clinical experience.

Madeline stopped clinical work two years ago, and she is the only interviewed counselor educator who indicated on her survey that clinical practice is very important: the other five endorsed *somewhat important*. Madeline’s professional pride is partly found in her N.C.C. designation and her development as a clinician during her master’s and doctoral work.

**What prevents counselor educators from engaging in clinical practice?** The most frequently identified barrier to clinical practice (see Table 6) was available time. Other responses included not being interested in clinical work, other commitments or responsibilities, not having a license and university restrictions. The survey data from two of the interviewed participants identified time as a barrier to engaging in academic clinical practice. Another identified departmental scheduling as an obstacle. A fourth participant reported that he is not interested in clinical work at this point in his career. These statements again refer to the various influences (as listed in the previous section) at work regarding how each participant views clinical practice.

**Are counselor educators involved in both research and practice?** Counselor educators overall spend a greater amount of time conducting research than doing clinical work. As discussed previously, 51.4% of counselor educators spend no time doing clinical work, whereas only .9% reported that they spend no time conducting research. Similarly, 99.1% spend a great deal, substantial, moderate or small amount of time conducting research, and 48.6%
spend a substantial, moderate or small amount of time doing clinical practice. Thus, slightly less than half of counselor educators engage in clinical work, while the overwhelming majority pursues research to some extent.

**How would counselor educators prefer to spend their professional time?** The quantitative data results are described in the above section entitled, “Preferences, Prevalence and Importance of Work Activities” (See Quantitative Results chapter). To repeat, they want to spend less time with advising and university service and somewhat less time teaching and supervising clinical work. Counselor educators also want to spend more time conducting research, supervising student research and doing community service (See Table 3).

Data acquired from the six interviewed participants illuminated an important theme: an individual counselor educator’s preferences about his or her professional time is a function of personal interests and career stage. This interaction subsequently influences overall level of job satisfaction. Delia, for example, referred to her high level of job satisfaction when she remarked, “my last 12 years in academe have been fabulous as a professional counselor educator and my last 19 years in this profession have been very, very good.” Not surprisingly, Delia reported on the survey only two slight discrepancies between how much time she spends on her work activities compared to how much time she would like to spend. As a fulfilled mid-career counselor educator, Delia made career, work activity and relationship decisions that stayed true to her goals, interests and personhood.

Andy, an early career counselor educator, is working through a number of career and life changes. His life stage (i.e., new parent) and beginning academic career stage have intersected with his professional identity development (counseling psychologist training school counseling students). His interest in applied research drew him to academia. He has found, however, that
research often takes a “back burner” to other demands. Andy said, “…a lot of times with research, you know, it’s not as immediate as the class I teach in an hour. You know, I gotta be ready to go every week for that class.” Andy reported slight time discrepancies in several work activities, while teaching and research remain areas of great discrepancy. He claimed that supervising student research and student clinical practice are areas where he is spending as much time as he would prefer.

Madeline, the other beginning career stage counselor educator, also indicated on her survey many areas of difference between how she would prefer to spend her time and how she actually spends her professional time. During her interview, Madeline repeatedly referred to her high level of satisfaction in teaching and working with students. Not surprisingly, she reported that she would like to spend more time supervising student research and advising. Similarly, she identified a great discrepancy with supervising clinical practice: she would prefer to spend a substantial amount of time doing this, versus a small amount of time.

LeeAnn presented an interesting mix of discrepancies between how she spends her professional time versus how she would like to spend this time. She reported on her survey that she spends the amount of time she wants in teaching, clinical practice and community service. However, she would like to spend much more time on research and supervising student research. In LeeAnn’s interview she sounds clear about how much she values education, mentoring and her students.
CHAPTER SIX

Discussion

Professional Identity: Practicing and Non-Practicing Counselor Educators

The data collected from the qualitative portion of this study confirmed that practicing and non-practicing counselor educators do not differ greatly in how they articulate their professional identities. Quantitative results revealed that there were significant relationships between academic clinical practice at some time while a counselor educator and (a) faculty rank, (b) presence or absence of a PC license, and (c) the number of years in the mental health field. Additionally, those counselor educators who presently maintain a clinical practice are more likely to have a psychology license.

The fact that having a psychology license is significantly correlated with current academic clinical practice is an unexpected piece of data. When the Survey Monkey glitch resulted in the need to treat survey data as two separate data sets (\(N=110\) and \(N=138\)), analyses indicated that there were no significant demographic differences between the two data sets. Also, as previously described, analyses addressing counselor educators who at some time (versus currently) engaged in academic clinical practice revealed different significant relationships (i.e., faculty rank, PC license and years in the mental health field).

First, it is possible that, because counseling licensure laws are not consistent throughout states, that psychology licensure may bring greater reimbursement potential from third party payers. Counselor licensure often brings lower reimbursement rates, and, in some cases, counselors may not qualify for any reimbursement (e.g., Medicare). Also, perhaps counselor educators with psychology licensure feel more compelled to engage in clinical practice because a doctorate is required for psychology licensure. Counselors only need a master’s degree for
licensure. In other words, perhaps the time and effort required to complete a doctoral program in order to practice provides greater incentive to continue clinical work.

These findings differ from Himelein and Putnam (2001), who found there were no differences in the demographics of practicing versus non-practicing psychologists. Perhaps as one becomes a more senior, tenured counselor educator and a more efficient teacher and researcher, a greater amount of time can become available for developing areas of particular interest such as clinical work (Gale & Austin, 2003). This stands in contrast to early career counselor educators like Andy and Madeline, who reported the greatest number of discrepancies between how much time they spend on various work activities and how much time they would like to spend.

LeeAnn, Delia and Madeline, the interviewed participants who have engaged or are currently engaged in clinical practice, did not differ from the other three participants in their construction of professional identity because of their clinical practice. Indeed, each interview participant identified themselves primarily as an educator, while most also mentioned a clinician identity. This occurred whether they were currently practicing or not. All counselor educators practiced at one time in their counseling careers, but not necessarily when they were counselor educators. A counselor educator’s main responsibility involves training future counselors. Each interview participant presented a wholly unique articulation of professional identity, because it is a multi-faceted concept. Their clinical experiences were a part of their professional identity development. As explained by Kielhofner (2002), Watson (2006), and Swennen, et al. (2010), professional identity development is an ongoing process and highly individualistic. The most influential professional identity formation experiences and relationships articulated by the interviewed participants involved the mentors, students, supervisors, and professors they
encountered during their master’s and doctoral training and in their clinical work. Each of these meaningful relationships resulted in a resonance or congruence with a set of core values and personal characteristics. All participants described how certain relationships changed how they looked at themselves as professionals. Again, this process was consistently tempered by individual value systems, talents and preferences.

How counselor educators are trained during their master’s and doctoral work has an impact on professional identity development. Calley and Hawley (2008) similarly questioned what impact non-counselor education doctorate holders would have on professional identity development. The two participants (Delia and Madeline) who articulated the clearest counselor identity also received the most extensive and varied support from mentors and their counseling departments. They received moral, financial, professional, clinical and scholarly support during their master’s and doctoral training in counseling and counselor education. This translated to how Delia and Madeline now support their students and consistently communicate a very strong counseling-oriented professional identity. This type of support and communication of professional identity resonates with the professional literature, including guiding students on how personal identity lies at the core of professional identity (Ronfeldt & Grossman, 2008), sharing identity integration with students within the areas of research, teaching and service (Colbeck, 2008), and functioning as role models who demonstrate the philosophical ideology of the counseling profession (Hill, 2004).

Calley and Hawley (2008) proposed that a humanistic theoretical orientation was a component of counselor professional identity. The current study provides a nuanced view of counselor theoretical orientation. Humanistic theories were endorsed at a high rate (almost 80%), while other theories, including cognitive-behavioral and constructivist theories were also
endorsed by approximately 40% of participants. Counselor educators therefore use a variety of
counseling theories, including those that may be preferred by managed care. This raises
questions about other influences that determine counselor theoretical orientation.

As described in the Research Methodology chapter, several assumptions guided the
purposive selection of the six interview participants. One of the assumptions involved the belief
that gender would somehow influence professional identity. The group of six was therefore
evenly split between males and females. The professional literature (e.g., Hill, et al., 2005)
supported this belief, citing challenges that influence work and life satisfaction and can involve
representation, salary and promotion disparities. Female participants did not discuss gender-
related problems such as these in the workplace. However, work-life balance issues were
discussed by one male and one female participant.

Delia mentioned a gender-related issue during her interview. She explained that
particularly women of her generation and perhaps women from younger generations, tended to
bear the brunt of family and home life responsibilities. Delia was no exception to this. When
she decided to return to school and pursue graduate work in counseling, she renegotiated all of
these duties with her husband. Delia believed this important step helped make her navigation of
academia a success.

Andy, the beginning career stage counseling psychologist similarly explained that his
new role as a father altered his perceptions of work. This new life stage forced him to reevaluate
the amount of time he spent away from home. It also shifted his thinking around the value of
work in his life. His counselor educator position had become a vehicle not just for him to
achieve occupational satisfaction: it was now a way to support and provide for his son.
Another gender-related issue identified within the interview transcripts involved the degree and quality of relational data. As previously mentioned, all of the participants described formative, influential relationships they experienced with mentors and supervisors during their master’s and doctoral training and clinical experiences. Delia and Joe also mentioned mentors and colleagues they encountered during their early counselor educator years. Joe, Delia, LeeAnn and Madeline placed great emphasis on how relationships had a powerful effect on their professional identity development. Randy stayed focused on his own development and processes. His was more an intrapersonal versus interpersonal exploration. Andy mentioned some colleagues and professors that influenced his professional development, but he did not place as much emphasis on these relationships as did Joe, Delia, LeeAnn and Madeline.

A feminist theory lens guided the interview data analysis, so the importance of relationship to self and others was an assumed presence. Both male and female counselor educators who were interviewed presented very relationally focused descriptions of what shaped and challenged their professional identities and how this occurred. Counselors and counselor educators perform their work within relationships, so these descriptions were not surprising. However, the depth, importance and great meaning attached to these relationships are noteworthy.

**Academic Clinical Practice: Prevalence, Type and Barriers**

In examining how many counselor educators are engaged in clinical practice, only two studies provided some basis for comparison. Himelein and Putnam (2001) found that 56% of clinical psychologists were engaged in academic clinical practice. This sample of clinical psychologists included professors working in undergraduate as well as master’s and doctoral clinical psychology programs. Schweiger, et al. (2008) reported that within 231 CACREP-
accredited and non-CACREP-accredited counseling programs, including master’s and doctoral programs, 43% of counselor educators currently practice. Most of the 138 participants (66.7%) in the current study (full-time counselor educators working in CACREP-accredited master’s and doctoral programs) indicated that they have engaged in clinical practice when holding a faculty position. Almost half (48.6%) of surveyed participants (N = 110) reported that they currently engage in a substantial, moderate or small amount of clinical practice. Thus, the current study’s prevalence data regarding academic clinical practice does not greatly differ from Himelein and Putnam and Schweiger, et al., even though each study examined different populations.

Regarding the type of clinical practice where counselor educators work, the data did not yield surprising results. Barriers to academic clinical practice (e.g., available time) were also expected and mentioned in Himelein and Putnam (2001). Although institutional attitudes toward practice play a part in whether participants do clinical work, few counselor educators specifically identified university restrictions as a barrier. At the same time, university and departmental expectations regarding research, teaching, university service and sometimes community service create huge time demands for counselor educators. As the interview participants Andy and Delia and some survey participants mentioned, raising children and maintaining significant relationships also require time and attention. Any or all of these forces are likely at play, when a counselor educator identifies time as a barrier to clinical practice.

**Counselor Educator Involvement in Research and Practice**

The current study supports the idea that counselor educators conduct research: 99.1% of participants reported that they spend either a great deal (9.2%), a substantial amount (27.5%), a moderate amount (31.2%) or a small amount of time (31.2%) in research activities. While the vast majority of counselor educators are involved in research activities, almost half (48.6%) also
engage in clinical practice. Although these data are noteworthy, participant ratings of time spent on activities are highly subjective and the actual meanings are therefore unknown.

The idea that almost half of counselor educators engage in both academic practice and research activities contributes to counseling professional debates regarding the gap between research and practice. The professional literature is mixed in this area. A number of studies have called attention to the divide between practitioners and counselor educators who are doing research, the lack of integration of research into counselor training programs (Gale & Austin, 2003; Lloyd, et al., 2010; Messina, 1999; Pistole & Roberts, 2002; Reisetter, et al., 2004) and the lack of research depth and quality (Gale & Austin, 2003). The promotion and expansion of the counselor research base has been identified as a way to strengthen the profession’s presence in the mental health field and in the public eye (ACA, 2009; Lloyd, et al., 2010). Thus, the integration of practice and research by individual counselor educators and/or within counselor training programs also relates to larger issues of counseling professional identity. Because almost half of counselor educators engage in both research and practice, they may be a valuable resource in bridging the gap between research and practice, integrating research into counseling programs, and expanding counseling’s research base.

Other studies confirm that counselor educators are involved in a wide range of service and research activities (Ramsey, et al., 2002) and spend a significant proportion of their time in both teaching and scholarship activities (Davis, et al., 2006). Okech, et al. (2006) emphasized the importance of research-specific mentoring, presenting research findings at conferences, submitting research-based manuscripts for publication and attending refresher courses in research methodologies of one’s interest. This approach sounds quite similar to what the current study’s interview participants described within their professional work activities and their work
with students. LeeAnn, Delia and Madeline spoke of how they actively involve students in the production of research and presenting at professional conferences, in addition to producing research of their own. Delia and Madeline expressed a commitment to guiding future counselors in professional activities as a way to instill a sense of pride in and duty to the profession. For Delia and Madeline, this mandate was present in their master’s and doctoral training.

This integration of faculty clinical practice and research harkens back to psychology’s scientist-practitioner model that called for students to receive training in both research and clinical skills. Debates still continue regarding the divide between research and practice and the infrequency of an individual having an interest and talent in both areas (Frank, 1984; Heppner, et al., 1992; Himelein & Putnam, 2001; Stoltenberg, et al., 2000). Thus, psychology and counseling wrestle with similar training issues regarding the integration of research and practice among academics and practitioners. The current study underscores the necessity of modeling this integration and mentoring students in its implementation, beginning at the master’s level. Delia and Madeline most overtly and clearly articulated this integration, as compared to the other four interview participants. This integration was modeled for them during their master’s and doctoral training and emphasized by their mentors.

All six interview participants discussed research and clinical practice when they explored their professional identities, whether they were currently practicing or not. Their clinical practice training and experience played an important role in the development of their professional identities. Some made a decision to discontinue clinical practice once they started working as counselor educators, while teaching and research became more relevant to their educator roles and university demands. When participants discussed what they considered most
important for their students to learn, they referred back to important lessons they learned as clinicians and students.

**Perceptions of Faculty Clinical Practice**

Not all counselor educators consider clinical practice important, as evidenced by 17.8% reporting that they would prefer to spend no time in clinical practice and 24.5% feeling neutral or believing that it is not important to engage in faculty clinical practice. Slightly more than half (51.4%) of participants spend no time in clinical practice, a figure comparable to findings from clinical psychology (Himelein & Putnam, 2001). These data point again to the fact that not all counselor educators will be interested in adhering to the scientist-practitioner model as it was originally presented (Himelein & Putnam). At the same time, many (75.4%) believe that academic clinical practice is important.

This preference for or against academic clinical practice is a result of several influences, as described in the preceding Quantitative and Qualitative Results chapters. When studying academic clinical practice, researchers must consider individual preferences, work history and professional identity, as well as university and departmental policies. Each counselor educator will present a unique integration of these factors, therefore making it unlikely that 100% of counselor educators will engage in clinical practice. Counseling faculty, however, can work to present a cohesive vision for mentoring students and modeling the integration of research and practice. Making use of varying talents and strengths of the teaching staff can be used to also promote a sense of duty to the profession and professional participation.

Counselor educators are called to perform a wide range of professional tasks; the nature of this work can include a high level of variety. Conducting research will likely continue as an important component of the job, as it has gained in prominence during the past several decades.
While counselor educators gain tenure and experience, pursuing newer areas of interest and professional activity become a more viable option (Gale & Austin, 2003). Joe, for example, expressed his gratitude at being able to do what he loves as a counselor educator, including teaching creatively and writing about what interests him. After spending the first 15 years of his career in mental health as a clinician and the past 15 years as a counselor educator, his job continues to fulfill him.

Preferences Regarding Professional Work Activities

As discussed in the previous chapter, counselor educators would generally like to spend less time advising, teaching and supervising. As Figure 2 illustrates, they would particularly like to devote fewer hours to the performance of university service. They prefer to spend more time on community service, research, clinical practice and supervising student research. Additionally, Figure 1 illustrates that as a group those who have a clinical practice perceive university service as more important than those without a clinical practice. Also, the counselor educators without clinical practice perceive that their department sees community service as more important than do those with clinical practice. Although the data do not specify a reason for this perception, this finding might relate to departmental stances on community service versus clinical work. It could also relate to how busy counselor educators choose either community service or clinical work to devote their limited time and energy and their corresponding belief that this investment is important. Finally, as might well be anticipated, counselor educators with clinical practice view clinical work as more important than do those without such involvement (Figure 1).

Himelein and Putnam (2001) similarly found that clinical psychology professors would prefer to devote less time to university service and teaching and more time to research. While
most of the six interviewed participants had several work activity areas where they are spending more or less time than they prefer, this does not necessarily translate to job dissatisfaction.

Two areas of preference warrant further discussion. Community service appears to be an area of counselor educator interest, with 82.2% rating it as very or somewhat important. Participants also reported that approximately 75% are engaged in a moderate or small amount and want to continue doing so at slightly increased levels. Counselor educators may find community service as an area of satisfaction in terms of time expenditure, but again, the data do not provide an explanation for these ratings. Ramsey, et al. (2003) similarly found that counselor educators remain committed to community service activities and proposed that counselor educators advocate for universities to expand their definitions of service and scholarly activities. As universities become more interested in university-community relationship building, counselor educators seem to be well-positioned to continue their involvement and commitment to the community.

The interaction curves (Figure 1) involving participants’ perceived importance of university and community service and clinical practice warrant further discussion. As previously mentioned, counselor educators as a group place greater value in all three service activities as compared to perceptions of value by universities and counseling departments. Interestingly, nonclinical faculty and clinical faculty agree in their perceptions of the university’s rating of importance for university and community service. Perhaps universities communicate clearly to counselor educators regarding expectations and value of university and community service, and the levels of importance of these services are equivalent across various institutions.

Counselor educators disagree when perceiving their departments’ rating of importance. Clinical faculty believe their departments rate university service at a higher level of importance.
than nonclinical faculty, and nonclinical faculty believe their departments rate community service at a higher level of importance. Perhaps departments differ in the value they place on university and community service, and/or these values are not communicated clearly to faculty members. The presence or absence of academic clinical practice in a counselor educator’s work life likely alters ratings of importance of other work activities.

The same could be said when examining the interaction curves for perceived importance of clinical practice (Figure 1). As previously mentioned, one would expect that faculty engaged in clinical practice would rate this activity at a higher level of importance that faculty not engaged in clinical practice. Interestingly, nonclinical and clinical counselor educators nearly agree in their perception of how much their department values clinical practice. Perhaps departments clearly communicate this level of importance to faculty members, and counseling departments tend to agree on the value of academic clinical practice.

Another area of surprise involves the somewhat low participation of counselor educators within student associations. Calley and Hawley (2008) similarly questioned a low rate of participation reported within their study. In the current study, most (87.7%) reported that they have a student association within their counseling department, and nearly all (92%) agree that discussing student professional identity is very important. However, 57.2% are not involved or minimally involved in the organizations that, presumably, help to stress counselor professional identity. Conversely, 42.7% are very or moderately involved. Both Madeline and Delia mentioned Chi Sigma Iota (the counseling student association) as an important component in generating student involvement in professional activities. Counseling program faculty support and active encouragement of student associations can foster departmental pride and pride in the profession, as well as a duty to remain productive counseling professionals. Student associations
also help to develop leadership skills and research production. Not all counseling faculty would have an interest in hands-on involvement with student associations, but their active support and modeling can only benefit the development of stronger counseling student professional identities.

**Implications for Future Research**

As Calley and Hawley (2008) proposed, additional research into the transmission of counselor professional identity would provide some valuable information as to how this occurs and what processes foster solid counselor identities. This research might include examining counseling department programs that have large student representation at counseling conferences or demonstrate exceptional, active student support. The current study did not explore counselor educator scholarship focus, pedagogical tools or professional organization involvement, areas that Calley and Hawley determined as part of counselor educator professional identity. These areas, as well as mentoring and supervision processes, deserve special attention when looking at how counselor professional identity is developed.

A related research issue involves looking at the integration of research and practice within counseling departments. The scientist-practitioner model offers adapted versions of the original model, because psychology programs also struggle with this integration (e.g., Chang, et al., 2008). Continued research in other models of integration and how this affects professional identity development may help to narrow the gap between researchers and practitioners. In particular, action research of this integration may result in newly identified models. Similarly, studying how some counselor educators currently practice this integration might yield significant data. This issue will continue to hold importance because of the counseling profession’s pledge to both expand its research base and to work toward a unified counseling identity (ACA, 2009).
Another related research topic involves counselor educator participation in student counseling associations. As previously mentioned, this seems a likely area to foster counseling professional identity and student professional involvement. Studying various models of counselor educator involvement and departmental support of these programs may offer insight into the development of professional identity. The same can be said of counselor educator participation in community service, a professional activity that participants in the current study identified as an area of interest.

As previously mentioned, CACREP (2009) mandated that counseling faculty must hold counselor education doctorates. The current study illuminated that master’s and doctoral level training impacts counselor educator professional identity development. Further research into this development may reveal important data, particularly because master’s programs prepare future clinicians and doctoral programs prepare future educators.

Limitations

Approximately half of the study sample included full professors who are middle-aged, later career counselor educators with many years in the mental health field. Therefore it is possible that responses do not accurately reflect the views of early career counselor educators. It is also possible that study participants were already interested in professional identity and work activity issues and therefore not representative of the full-time counselor educators working in CACREP-accredited programs. Similarly, as previously mentioned, all survey responses regarding ratings of time spent are highly subjective to personal bias. Also, the interview participants were self-selected, and some reported that they have an interest in professional identity issues. If this were a qualitative versus a mixed method study, at least one other
interview and a focus group would have provided additional in-depth information about clinical practice and professional identity as experienced by these participants.

Regarding the Counselor Educator Work Activity Survey, several logistical issues are worth noting. First, the Survey Monkey glitch (i.e., lost data from the final page of the survey for 28 participants) resulted in a smaller study sample for some of the survey questions. This was an unforeseeable problem, and although this smaller sample ($N = 110$) did not significantly differ from the 138-member sample regarding demographics, a larger quantitative survey sample is, of course, preferred. Second, a demographic question about ethnicity was inadvertently omitted. Third, during the survey editing process, another question about professional association involvement was also omitted. Calley and Hawley (2008) and Ramsey, et al. (2003) found that counselor educators generously participated in counseling professional organizations. The CACREP 2009 Standards (CACREP, 2009) also mandated that newly hired faculty members demonstrate active membership in professional organizations. Calley and Hawley suggested that faculty engage in this activity at the expense of focusing on professional advocacy or leadership. Surprisingly, while some of the interview participants mentioned membership in professional organizations when exploring what shaped or challenged their professional identity, none of them (except for Madeline, who briefly mentioned a leadership position) described their active involvement in these organizations.

Conclusion

Through the course of the collection of these data and their subsequent analysis, I have developed and even greater respect for the efforts and accomplishments of those in the profession of counselor education. From the variety of university, departmental, and personal expectations of the position expressed through the study survey, to the six discussions with
sincere, dedicated professionals, it became evident that much is expected from a counselor educator, both from external and personal sources.

Despite the apparent, on-going confusion of the definition of counseling and counselor, questionnaire respondents and those who volunteered to be interviewed were very clear that addressing professional identity and working to accomplish better clarity within students is a high priority goal. Although, perhaps, those interviewees whose professional training had occurred in a counselor education doctoral program were more clearly counseling-oriented in their own professional identity, doctoral preparation in a closely related field (e.g., counseling psychology or school psychology) did not appear to diminish the importance of creating a “counselor identity” within the students they taught.
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Appendix A

Request for Participation Email Letter

Month/Day, 2010

Dear Dr.,

I am a doctoral student in counselor education at the University of Cincinnati conducting a research study of counselor educators and professional identity. You have been randomly selected as a full-time faculty member within a CACREP-accredited counselor education department, as listed in Schweiger, Henderson, and Clawson’s Counselor Preparation: Programs, Faculty, Trends, 12th edition.

Your completion of the Counselor Educators Work Activity Survey would be greatly appreciated! This survey takes about 10-15 minutes to complete.

Please reply to this e-mail, whether you plan to participate or not, to make sure that I do not send you any future e-mails regarding this study.
When you reply, please mark 1 of the following options:

1. _____ I will complete the on-line survey by clicking on the Survey Monkey link below. When you click on this link, you will first see informed consent information followed by the survey.
   http://www.surveymonkey.com/s/CE_Work_Activity_Survey

2. _____ I will complete a printed survey. Please send a hard copy of the survey to:
   Name:
   Address:
   E-Mail address:
   You will receive the survey, signed consent forms and a self-addressed, stamped envelope as soon as possible.

3. _____ I choose to not complete the survey. Please remove my name from your list.

Thank you in advance for your time and participation,

Sarah Ann Lanman, MA
Principal Investigator
Appendix B

The Counselor Educator Work Activity Survey

1. What is your age? _______

2. What is your gender?  1) Male 2) Female

3. How long have you been a member of the mental health field? ____________

4. How would you characterize the current stage of your career?
   1) Beginning
   2) Middle
   3) Later

5. How many years of clinical practice** experience do you have? ________

6. When employed as a faculty member, have you ever been engaged in a clinical practice?  1) Yes 2) No
   6. a. If yes, when, and for how long were you engaged in clinical practice in addition to your faculty work?

7. Indicate your academic rank.
   1) Full professor
   2) Associate professor
   3) Assistant professor
   4) Adjunct professor

8. What is your primary theoretical orientation (circle all that apply)?
   1) Person-centered
   2) Existential
   3) Gestalt
   4) Solution-focused
   5) Narrative theory
   6) Cognitive-behavioral
   7) Psychodynamic
   8) Other

9. Does your counseling program have a student association for counselors?  1) Yes 2) No

**Clinical practice is defined as seeing clients directly for individual or group counseling including on campus settings.

10. If yes, what is your level of involvement in this association?
    1) Very involved
    2) Moderately involved
    3) Minimally involved
    4) Not involved

11. In what area is your doctoral degree?
    1) Counseling (i.e., Counselor Education, Rehabilitation, Addictions)
    2) Marriage and Family Therapy
    3) Counseling psychology
    4) Clinical psychology
    5) Other ______________

12. How long have you held your doctoral degree? _______________________

13. Within your counseling department, what percentage of faculty holds doctorates in counseling? _____

14. In what area is your master’s degree?
    Counseling: 1) School 2) Mental Health 3) Community 4) Rehabilitation 5) Marriage and Family Therapy
    Psychology: 6) Counseling 7) Clinical 8) General 9) Other: ______________

15. What type of licensure and/or certification do you hold (circle all that apply)?
    1) Professional Counselor
    2) National Certified Counselor
    3) Marriage and Family Therapist
    4) Psychologist
    5) Social Worker
    6) Chemical dependency
    7) Other ______________
16. How important is your research productivity according to your counseling department?
   1) Very important
   2) Somewhat important
   3) Neither/neutral
   4) Somewhat unimportant
   5) Not important

17. How important do you think it is to discuss the professional identity development of counseling students?
   1) Very important
   2) Somewhat important

18. Upon graduation, how clear are your students about their professional identity?
   1) Very clear
   2) Somewhat clear
   3) Unclear

19. In the matrix below, indicate: (A) What amount of your professional time is spent in the following activities? (B) What amount of your professional time you would LIKE to spend in these activities? For each section, indicate 1 = A great deal; 2 = A substantial amount; 3 = A moderate amount; 4 = A small amount; 5 = None

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<thead>
<tr>
<th></th>
<th>Teaching</th>
<th>Conducting research</th>
<th>Supervising student research</th>
<th>Supervising clinical work</th>
<th>Doing clinical practice</th>
<th>Advising</th>
<th>University or Department Service</th>
<th>Community service</th>
<th>Other</th>
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20. Answer the questions as it applies to three types of counselor educator service: University (committee or administrative work with non-teaching focus), Community (e.g., working with community agency in non-counseling activity, consulting, board work), and Clinical (directly seeing clients for individual or group counseling including on-campus settings).

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>University</th>
<th>Community</th>
<th>Clinical</th>
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<tr>
<td>How many hours per week do you spend in each service activity?</td>
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<td>Identify what type of work you do in each service area.</td>
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<td>For any area in which you have no involvement, list barriers to your involvement.</td>
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<td>Is this pro bono work?</td>
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21. For the following questions, choose one of the following responses: 1=Very important; 2=Somewhat important; 3=Neither/neutral; 4=Somewhat unimportant; 5=Unimportant

<table>
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<th>Type of Service</th>
<th>Community</th>
<th>University</th>
<th>Clinical</th>
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<td>To what degree does YOUR UNIVERSITY believe that this service activity is important?</td>
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<tr>
<td>To what degree do YOU believe it is important for counseling faculty to engage in this service activity?</td>
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<td>To what degree does YOUR DEPARTMENT believe that this service activity is important?</td>
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22. If your department facilitates or rewards your involvement in community, university or clinical service, how is this done? _______________________________________________  
___________________________________________________________________________

23. Would you be willing to participate in a phone and/or face-to-face interview?  1)Yes 2) No  
If yes, please list your name, e-mail address, and phone number:  ______________________  
___________________________________________________________________________  
___________________________________________________________________________

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!

Note: Because this survey was formatted through Survey Monkey, the formatting shown here is similar, but not exactly like, what appeared online for participants.
Appendix C

Semi-Structured Interview Guide

How do Counselor Educators Understand and Construct Their Professional Identity?

1. What professional titles do you use when you identify yourself?
   a. What does each of these titles say about you as a mental health professional?

2. What does the term, counselor, mean to you?

3. Looking at past or present relationships and events, such as teaching, education, clinical practice, research, mentor relationships, student relationships, professional organization involvement, or work in the community, what specific relationships, roles, and/or events influenced your identity as a counselor?
   a. How did each of these relationships, roles, and/or events shape how you identify yourself as a mental health professional?
   b. How did these relationships, roles, and/or events challenge your professional identity?
   c. Any other thoughts about how teaching, education, clinical practice, research, mentor relationships, student relationships, professional organization involvement, or work in the community may have shaped or challenged your professional identity?

4. What aspects of counselor professional identity do you consider most important for your students to understand?
   a. How do you make sure that they learn this?