uOttawa

L'Université canadienne
Canada's university

FACULTÉ DES ÉTUDES SUPÉRIEURES ET POSTOCTORALES

u Ottawa

L'Université canadienne
Canada's university

FACULTY OF GRADUATE AND POSDOCTORAL STUDIES

Sara Antunes-Alves
AUTEUR DE LA THÈSE / AUTHOR OF THESIS

M.A. (Educational Counselling)
GRADE / DEGREE

Department of Education
FACULTÉ, ÉCOLE, DÉPARTEMENT / FACULTY, SCHOOL, DEPARTMENT

Our Place in the Mental Health World:
An Exploration of Counsellor's Professional Identity

TITRE DE LA THÈSE / TITLE OF THESIS

Nick Gazzola
DIRECTEUR (DIRECTRICE) DE LA THÈSE / THESIS SUPERVISOR

CO-DIRECTEUR (CO-DIRECTRICE) DE LA THÈSE / THESIS CO-SUPERVISOR

Anne Thériault

Christelle Audet

David Smith

Gary W. Slater
Le Doyen de la Faculté des études supérieures et postdoctorales / Dean of the Faculty of Graduate and Postdoctoral Studies

Our Place in the Mental Health World:

An Exploration of Counsellors' Professional Identity

Sara Antunes-Alves

Department of Educational Counselling

University of Ottawa, Ottawa

March, 2010

A thesis submitted to the Faculty of Graduate Studies

in partial fulfillment of the requirements for the degree of

Master of Arts

in Educational Counselling

Your file Votre référence
ISBN: 978-0-494-65511-5
Our file Notre référence
ISBN: 978-0-494-65511-5

Acknowledgements

Writing this thesis has been quite the journey. Besides affording me my master's degree and consolidating my research experience, it has taught me to remain resilient, be unfailingly open to feedback and criticism, and most of all to never relinquish my efforts. In the end, I am thankful for the challenges I experienced as I now feel worthy of the pride that comes with such an accomplishment. I would like to acknowledge those who helped me complete this thesis.

Thank you to Nick Gazzola, my thesis supervisor, for your hard work throughout this process and illuminating conversation that helped me formulate the beginnings of my own professional identity. You encouraged me to think critically throughout this process and be curious and open to viewpoints different from my own.

Thank you to Anna Nyiri, my best friend, for all of your help on my thesis. I am forever grateful for your commitment to supporting me, listening to me, and for inspiring me to be a better counsellor, person, arguer, and friend. This has been a tumultuous ride for both of us, and I might have felt very alone without you. You are a true friend.

To my boyfriend, Joey Brown, the hardest working person I know: I am humbled by your ability to manage the heavy burdens in your life with such grace, dignity, and positivity. Thank you for being my role model for optimism in the face of hardships, resilience when I felt defeated, and for loving me when it was difficult for me to love myself.

Finally, thank you to all of the faculty professors and in particular my committee members, David Smith, Anne Thériault, and Cristelle Audet, who shared their knowledge with me, and especially to the participants of this study who not only agreed to make this study possible, but who were eager to define and advocate this very important profession. You all inspire me to be a humble, competent, self-reflective, and high-spirited counselling professional.

Table of Contents

List of Tables

List of Figures

Abstract

This study employed a variation of grounded theory method to investigate how seasoned counsellors in a midsized Canadian city experienced their counsellor professional identity. Six master's-level counsellors were interviewed using a semi-structured interview protocol to develop an understanding of how they define themselves as professionals, as well as how they view the counselling profession overall. Twenty-five themes emerged, which were further classified into five categories: (a) key influences on counsellor professional identity, which included seven themes; (b) counsellors' professional image, which included seven themes; (c) counsellors' roles and practices, which included six themes; (d) counsellor education and training, which included three themes; and (e) critical events of counsellor professional identity, which included two themes. Encouraging counsellors and counsellor trainees to reflect upon their professional identity and how it develops could foster a stronger professional identity among counsellors and ultimately promote a stronger and more unified image of the profession.

Keywords: counselling, professional identity, counsellor education

Our Place in the Mental Health World: An Exploration of Counsellors' Professional Identity

CHAPTER I

Professional identity generally indicates one's work values, abilities and knowledge, a sense of unity among the implicated professionals and personal responsibility to the profession, ethical and moral behaviour, and feelings of pride for the profession (Brott & Myers, 1999; Gale & Austin, 2003; Mrdjenovich & Moore, 2004; VanZandt, 1990). Subsuming the broad term of professional identity are individual professional identity and collective professional identity. Individual professional identity includes one's personal work values, skills and knowledge, growth as a person, success and improvement at work, and imagination and innovation (Gazzola & Smith, 2007). Collective professional identity refers to the status of a profession, a shared identity and universal role among its members, and an appreciation for the history of a profession (Gale & Austin). Researchers generally agree that both individual and collective professional identity are linked to the recognition and appreciation of a particular profession, both on the part of the professional and the community (Gale & Austin). Though individual professional identity and collective professional identity may overlap in terms of definition, a professional may have a solid individual professional identity, while the perceived collective identity of the profession may be weak, or vice-versa (Gazzola & Smith).

A collective professional identity is essential to espousing a sense of unity among the implicated professionals (Gazzola & Smith, 2007). The lack of a professional self-image for a profession, as for an individual, can result in a lack of solidarity within the profession with consequential insecurity and conflicting actions on the part of its members (Blocher, Tennyson, & Johnson, 1963). Given that professional identity encompasses understanding one's work roles

and representing the profession, having a weak professional identity can plausibly have a direct impact on the quality of the professional's work, and thereby also affect the image of the profession itself. A strong professional identity can instil pride and satisfaction in one's chosen profession, which is communicated to those with whom professionals come into contact (Remley & Herlihy, 2005). Professional identity also has implications on knowledge of the profession's underlying philosophy, services provided, and comparisons to allied professions (Remley & Herlihy).

Counsellor Professional Identity and Previous Studies

While counsellors are increasingly called upon to treat mental health concerns, counsellors' sense of professional identity remains unclear to the public, allied mental health professionals (e.g., social workers, psychologists, psychiatrists), and counsellors themselves (Gazzola & Smith, 2007). Professional counsellors have been said to be suffering from a disjointed identity for many years (Gale & Austin, 2003; Goodyear, 1984). Due to considerable overlap in roles and functions among mental health professionals, there is confusion regarding what is unique to counselling (Lafleur, 2007). A lack of a sense of collective identity among counsellors, as well as individual professional identity, can ultimately impact counsellor training programs and services provided to clients (Brott & Myers, 1999). Having a solid professional identity is particularly important in the counselling profession where there continues to be an effort to establish itself as a legitimate field with a unique identity (Lalande, 2004).

The professional identity of counselling has been studied in many forms in the literature, particularly by means of quantitative methods (e.g., Gazzola & Smith, 2007; Neimeyer & Diamond, 2001; Norcross, Hedges, & Prochaska, 2002; Prochaska & Norcross, 1982). Delphi methodology has been utilized by researchers interested in predicting future developments and

trends in psychotherapy in the United States (Neimeyer & Diamond; Norcross et al.). Surveys and questionnaires have also been utilized to study counsellor professional identity and public perceptions of counsellors (e.g., Gazzola & Smith; Gelso & Karl, 1974; Hosie, West, & Mackey, 1993). Qualitative methods have also been employed to measure professional counsellor identity development (e.g., Nelson & Jackson, 2003). A number of researchers have utilized semi-structured interviews to explore the personal experiences of counsellors in the development of their professional identity (e.g., Nelson & Jackson; Smith, 2007; Swickert, 1997). The findings generally indicate a struggle to differentiate the roles of counsellors from those of allied mental health professionals.

Many studies have focused on the professional identity of a heterogeneous group of "counsellors," which in fact included "therapists," "clinical psychologists," "social workers," and "counselling psychologists." There is significantly less literature that focuses strictly on a unified group of master's-level counsellors. Furthermore, there have been few recent qualitative studies concerning the professional identity of master's-level counsellors in Canada. The gap in the literature has served as one of the major impetuses for conducting a qualitative study on this population. A crucial facet of qualitative research is that it provides a vivid, dense, and comprehensive description of the phenomenon of interest (Hill, Thompson, & Williams, 1997). Conducting interviews provides a deeper understanding of a phenomenon (DiCicco-Bloom & Crabtree, 2006).

Much of the literature has addressed the concept of "professional identity" among mental health professionals in Australia, Great Britain, and the United States in particular. Counselling is a particularly complex field in Canada, as the laws surrounding its practice vary according to the province. Counselling has seen much change nation-wide and is continuing its evolution

from province to province. Ontario is one province that is currently undergoing alteration as to the legislation of psychotherapy, specifically as it relates to the newly established College of Psychotherapists and Registered Mental Health Therapists (Canadian Counselling Association, 2008). These changes presently underway may have implications for the professional identity of the province's master's-level counsellors. Specifically, this regulation intends to create a more unified group of psychotherapy professionals through common standards and credentials, to protect the public from those who are not qualified to provide psychotherapy, and to increase the recognition of the profession among service users, allied professions and insurance companies. Indeed, recent developments in different provinces, like Quebec and Ontario, regarding the statutory regulation of psychotherapy may result in potential changes to counsellor training programs to meet requirements for licensing and certification. I believed it was timely to explore how professional counsellors perceive the profession of counselling in Canada.

Current Study

This study focused on experienced counsellors with ten years of clinical experience or more. Much of the literature in this area is either nonspecific as to the amount of clinical experience of participants or the participants have less than ten years of experience in their field. Counsellors with ten or more years of counselling experience might be better able to reflect upon their professional identity and its development over the years than novice counsellors given their longer period of time in the field and opportunity for varied and copious professional experiences. In short, the present qualitative study will address how Canadian master's-level experienced counsellors perceive their individual professional identity in terms of their professional roles, abilities, reputation, and overall success as a counsellor. Participants will also be asked to comment on their perceptions of the counselling profession.

Though there are no theories dedicated to explaining how counsellors develop a professional identity, counsellor development models may clarify discussion on counsellor professional identity. The three major counsellor development models developed by Hogan (1964), Loganbill, Hardy, and Delworth (1982) and Ronnestad and Skovholt (2003) bear similarities to the components of professional identity. These three theories and their potential connection to counsellor professional identity will be discussed in detail in the literature review.

The present study might offer some insight into the relationship between the statutory regulation of psychotherapy and the strength of professional identity. Conducting the study in Ontario is a timely opportunity to investigate how the movement toward regulation may affect counsellors' professional identity, since the legislation was passed soon after the study was initiated and related changes are currently underway. Studying the lived experience of seasoned counsellors might also shed light on potential differences between the professional identities of this group compared to those of less experienced counsellors as demonstrated in the literature. The study's results may also encourage counselling professionals with strong identities to articulate to other counsellors, the public, and allied professionals their unique professional roles and sense of individuality.

The presentation of this study has been divided into five chapters. The current chapter introduces the topic of professional identity, briefly discusses the importance of professional identity among counsellors, and situates the study in related literature. The second chapter, the literature review, contains several sections that (a) explore the literature on the definition of counselling and the face of counselling in Canada, (b) delineate the various definitions of professional identity, (c) summarize the prevalent counsellor developmental models, (d) speculate about the challenges to counsellors' sense of professional identity, (e) describe the

differences between counsellors and allied mental health professionals, (f) discuss the interplay between counsellor training and professional identity, (g) offer the study's epistemology and literature synthesis, and finally, (h) present the study's research questions. The third chapter is dedicated to the study's methodology, defining the study's terms, describing the development of the study's methodological instruments, defining grounded theory and the study's adaptation of grounded theory, participants and procedures, and the credibility, dependability, and transferability of results. The fourth chapter lists the results of the study, as well as provides accompanying verbatim examples from the participants. Finally, the fifth chapter presents a brief summary of the study's main results and provides discussion of the results as related to individual professional identity and collective professional identity. The chapter concludes with the study's limitations, recommendations for future research, and implications.

CHAPTER II

REVIEW OF THE LITERATURE

The purpose of this section is to examine the research and literature related to counsellor professional identity development and attitudes of counsellors regarding similarities and differences among mental health professions. Firstly, the history and various definitions of counselling will be explored. This will be followed by a portrayal of the counselling profession in Canada and an overview of the Canadian Counselling and Psychotherapy Association (CCPA) and its role in counsellor professional identity. Secondly, the various definitions of professional identity will be explored, as well as how the construct has been conceptualized previously in the literature. Thirdly, the major counsellor development models will be summarized and compared to the definitions of professional identity. Fourthly, the reported causes of counsellors' unclear

professional identity will be reviewed. Fifthly, a section will be dedicated to the formal definitions of the professions of counselling, counselling psychology, and clinical psychology, and differentiating between them. Sixthly, the literature on counsellor professional identity will be reviewed, with a focus on counsellors' perceptions of their profession and perceived constituents of professional identity. Seventhly, counsellors' training will be considered as a potentially important element and starting point of one's professional identity. Eighthly, a summary of the research findings will be provided. Finally, the study's epistemology and literature synthesis will lead into the study's methodology.

Counselling: A Brief History

Hershenson, Power, and Waldo (1996) discuss the evolution of counselling and trace its origins to the ancient Greeks, in particular Plato's theories on individual development and on how behaviour could be influenced. Beginning in the second half of the twentieth century, counselling grew to be a nationally recognized field in the United States that incorporated counselling in schools, institutions of higher education, career counselling agencies, and medical and psychiatric rehabilitation centres. The speciality of mental health counselling officially emerged in the late 1970s in the United States, which included the establishment of specific educational programs and organizations that recognized that counselling was a distinct profession in its own right (Goodyear, 2000). Counselling began to establish itself as a broad-ranging field and establish its many criteria essential to a profession, including the creation of counselling organizations, standards of practice and ethical conduct, and certification.

During this time, counselling-related organizations in Canada changed their names to reflect the evolving nature of counselling as a profession (e.g., the Canadian Guidance and Counselling Association became the Canadian Counselling Association in the 1990s). Recently,

the CCA changed its name once again to reflect the changes in the profession in Canada and is now known as the Canadian Counselling and Psychotherapy Association (Canadian Counselling and Psychotherapy Association, 2009). Legislative changes are occurring rapidly in Canada, with many provinces making efforts to regulate the profession (Canadian Counselling and Psychotherapy Association). This will be further discussed in the section on counsellors in Canada.

In comparison to allied mental health professions like social work and clinical psychology, counselling is a relatively new profession (Hershenson & Power, 1987). Counselling can be described as falling somewhere between psychology and social work, based on its history of educational and environmental interventions (Gale & Austin, 2003). Counselling has also been described as falling somewhere between education and psychology because its literature, theories, and role models come from these two fields (Weinrach, 1987). The profession shares its history with counselling psychology and the two professions have always shared substantial overlapping memberships (Goodyear, 2000). To this day, there continues to be an ongoing effort to distinguish counselling psychology from both clinical psychology and general counselling (Pelling, 2004).

Goodyear (2000) briefly reviews the contributions to this close affiliation and observes that between-group tensions began to increase during the late 1970s in the United States. In the United States, to practice a profession in one's state, the professional must be licensed. Actually, many in the field of counselling believe that the licensure law is one of the most significant moments in this history of the profession (Geisler, 1995). Counsellors who promoted the passage of professional counselling licensure laws often encountered opposition from psychologists and other mental health professionals (Gale & Austin, 2003). During the late 70s, counsellors began

to obtain licensure privileges, which provided important access to jobs and served as a public confirmation that counselling was a distinct profession in its own right (Goodyear). In Canada, it is hoped that regulation will, among other things, produce a similar effect (Canadian Counselling and Psychotherapy Association, 2009).

The history of counselling is based on diverse theoretical concepts of human behaviour and personality (Bond et al., 2002). It includes ethical principles and standards of practice, which provide a conceptual framework for the integrity of the profession. Counselling has sought to differentiate itself philosophically from other helping professions such as social work, psychology, and psychiatry (Neimeyer & Diamond, 2001). Bond et al. state that the origin of this differentiation has traditionally been that in counselling the principal emphasis is on the promotion of human development and well-being through personal resourcefulness as opposed to remediation or personality reconstruction.

Worldwide, many counselling representatives, bodies, and specialty groups exist. They vary in how they seek to voluntarily regulate counselling (Pelling, 2006). In many countries, it has yet to be determined if the general counselling profession will be represented by one or several counselling organizations over the next ten years. Pelling described the state of the counselling profession in Australia, commenting that the accepted minimum training standard for Australian counsellors varies and the voluntary regulation of counselling in the next decade is unknown. It would seem that counselling in Australia faces similar struggles to counselling in Canada, and that there are also attempts to regulate the profession for comparable reasons.

What is Counselling?

The lack of a universally agreed-upon meaning of counselling may be attributed to the fact that the word "counselling" was in common usage prior to its adoption by the profession

(Hershenson, Power, & Waldo, 1996). In addition, the term "counselling" continues to carry multiple meanings to this day. Though the definition of counselling varies considerably in everyday use and in the literature, there seem to be general themes that centre on coping, adjustment, listening, and problem-resolution (Manthei, 2006; Pottinger, Stair, & Brown, 2008; Sharpley, Bond, & Agnew, 2004). Leong, Altmaier, and Johnson (2008) define counselling as "a skilled activity that involves assisting others in managing and resolving psychological, emotional, behavioral, developmental, relational, vocational, and other personal challenges. . . in order to facilitate adjustment to changing life circumstances; promote personal growth, needs attainment, and overall wellness throughout the lifespan; and prevent the development of more serious conditions" (p. 119).

Over the last century and in many nations worldwide, the process of helping people with problem-resolution or to cope with emotional crisis has evolved into a specialized profession. The profession is characterized as a vocation where a specially trained and credentialed professional works with adequately functioning people (i.e., in contrast to people with severely disabling mental health problems) who are experiencing development or adjustment problems (Bond et al., 2002). Counselling gives the client an opportunity to explore and clarify ways of living more resourcefully and to strive towards greater well-being in a secure atmosphere (Cross & Watts, 2002). In contrast to the field of clinical psychology and psychiatry, counselling has been said to (a) be less regimented or strictly controlled (perhaps because it does not use the medical model and is not generally regulated), (b) be more practice-oriented (less theory-based), (c) be more focused on wellness through environment and support systems, and (d) use more holistic approaches and personalized psychological interventions (Swickert, 1997).

According to Cross and Watts (2002), counselling is a practical activity constituted by practical knowledge, which may or may not employ formal theory. Although, there is increasing emphasis on formal education (which entails theory) and credentialing among counsellors worldwide, especially where counselling is legally regulated (Pelling & Whetham, 2006). Still, the counselling experience is one of learning: learning new skills and new meaning, which is a precursor to the realization that change is a potential outcome (Rose, Loewenthal, & Greenwood, 2005). Counselling means to assist an individual, family, or group through the therapeutic relationship to develop an understanding of problems, to define goals, to make decisions, to plan a course of action reflecting the needs of clients, and to use resources that are related to personal, social, emotional, educational, and vocational development and adjustment (Hershenson, Power, & Waldo, 1996).

Counsellors' skills and practices have also been investigated. Bond et al. (2002) explored the nature and practice of counselling in various countries, and found that counselling is part of a universal helping continuum that ranges from befriending to more formal and professional psychotherapeutic interventions. The skills that underlie counselling include promoting the process of problem resolution and decision-making. Counsellors in the present Canadian context report that some of the counselling values include helping others and interacting with others (Gazzola & Smith, 2007). Thus, a major pillar of counselling seems to be simply helping others by means of a variety of methods.

Counselling versus Psychotherapy

An area of disagreement within the field is whether counselling is synonymous with psychotherapy. The purpose of psychotherapy is to initiate behavioural change in a person relating to the presenting problem and extending beyond to other potential future problems

(Alexander, 1994). According to Alexander's definition, it would seem that psychotherapy is synonymous with counselling, although this isn't necessarily the case. Some have discussed how counselling may be distinguished from psychotherapy (e.g., Aptekar, 1950; Brammer & Shostrom, 1977; Zlatchin, 1955), which seems to have been more common in previous decades. Today, researchers seem to agree that there is significant overlap between the two terms (Wright, 2005), while many use the terms interchangeably or without distinguishing between the two, as in "counselling and psychotherapy" (e.g., Corey, 2009; Rose, Loewenthal, & Greenwood, 2005; Stanley, 1998). This may be partially explained by the gradual movement toward the regulation of the counselling profession, where counsellors with certain criteria may also legally adopt the title psychotherapist (Canadian Counselling and Psychotherapy Association, 2009). Crago (2000) suggests that a promising basis for a distinction seems to be that counselling is a more short-term, problem-focused, conscious-oriented approach, while psychotherapy has a more long-term, transference-focused, and unconscious-oriented approach. However, there seems to be no consensus in the research as to the distinction between the two.

The "correct" use of the term "psychotherapy" might be to some degree dictated by the medical model and the use of health insurance to pay for psychotherapy. Adherents of the medical model extend the concepts of "treatment" and "therapy" metaphorically into the human problems of living, where a professional who is considered a reimbursable health service provider is asked to provide a diagnosis of the "patient's" problem and description of the "treatments" used (Burrell, 1987). Under this lens, counselling and psychotherapy are apparently different in how they are represented. However, current legislative acts that are taking place in Quebec, Ontario, and Nova Scotia will dictate which professionals can and cannot "legitimately"

offer psychotherapy and call themselves psychotherapists. This will be discussed further in upcoming sections.

Hershenson and Power (1987) consider mental health problems as problems of living rather than as a form of illness. They therefore disagree with the medical model. Hershenson and Power maintain that though mental health counselling is related to several other professions, such as psychiatry, clinical psychology, and psychiatric social work, it differs in that they primarily aim to eliminate pathological behaviour. Hershenson, Power, and Waldo (1996) explain how counselling concentrates on promoting healthy development by assisting the person seeking help to learn to cope effectively with problems of living. They view the role of a counsellor as one of a coach who works with a client to help that client develop and use the skills and conditions needed to reach his or her goal. They add that counselling must be distinguished from guidance, which implies an expert who directs the person toward a predetermined goal.

In short, part of the confusion surrounding the "real" definition of counselling originates from the fact that the word "counselling" was commonly used in everyday language prior to its formal adoption into the profession, and because the term previously carried multiple meanings. Today, within the profession, we understand counselling to mean assisting an individual, family, or group through the therapeutic relationship to develop an understanding of problems, establishing goals collaboratively, to make decisions that reflect the needs of clients, and to use resources that are related to personal, social, emotional, educational, and vocational development and adjustment (Leong, Altmaier, & Johnson, 2008). Nevertheless, the distinctive meaning of counselling is still not clear in light of the debate on whether or not counselling is synonymous with "psychotherapy."

Counsellors in Canada

In Canada, the mental health service delivery system is complex (Gazzola & Smith, 2007). The statutory regulation of a profession is undertaken on a provincial level and each province effects this task differently (Canadian Counselling and Psychotherapy Association, 2009). With the exception of the province of Quebec, counselling is not regulated by statutory requirements in Canada (Canadian Counselling Association, 2008). Nova Scotia is currently in the process of passing legislation regarding the practice of counselling and the title "counselling therapist" is now protected in that province. The general lack of regulation in Canada has resulted in people practicing in this field under a multitude of titles such as counsellor, psychotherapist, counselling therapist, art therapist, guidance counsellor, among others. Quebec, Ontario, and Nova Scotia are currently the only provinces in Canada as of yet to have created statutory requirements regarding the practice of counselling and/or psychotherapy. Prior to the regulation, psychotherapy, like counselling, was not a Controlled Act or protected title in these provinces (Canadian Counselling and Psychotherapy Association, 2009).

Unlike the title "counsellor," which is often preceded by descriptors such as "debt," "credit," and "camp," "psychotherapist" is generally not a sweeping term with multiple meanings. Regulating psychotherapy is expected to help differentiate the counselling and mental health work of mental health counsellors from the myriad other forms of non-mental health-related "counselling." Similar to the effects of the counselling licensure law in the United States (Davis & Witmer, 1990), regulating psychotherapy may add credibility to the profession, promote a stronger sense of professional identity among counsellors, and clarify the distinctions between counsellors and allied mental health professionals.

The Ontario Ministry of Health is responsible for regulating those who work in Ontario's regulated health professions (Canadian Counselling and Psychotherapy Association, 2009). In the spring of 2007, Bill 171, which included the Psychotherapy Act, was passed in Ontario. This new Act allowed many previously unregulated mental health practitioners to be included under the Regulated Health Professions Act. The Bill also created the College of Psychotherapists and Registered Mental Health Therapists. The process to determine who can join the college and be granted the title psychotherapist is ongoing (Canadian Counselling and Psychotherapy Association).

The establishment of accredited preparation programs and credentialing are also important factors in the study of counsellor collective professional identity. The Canadian Counselling and Psychotherapy Association (CCPA) is an organization devoted to enhancing the field of professional counselling and largely subsumes counsellors trained at the master's level (Lalande, 2004). The CCPA represents the council for accreditation, and it has also aimed to enhance the profession by developing standards and certification to make adjustments for the better. Certification allows the claim of a professional title under title law (Remley & Herlihy, 2005). It also establishes the claim of qualification for a profession (Sweeney, 1995).

The CCPA grants qualified members registration as Canadian Certified Counsellors, which is controlled by CCPA rather than by provincial governments (Canadian Counselling Association, 2008). Canadian Certified Counsellors (CCCs) are professionally trained counsellors engaged in helping professions and work in a variety of settings of education, employment and career development, social work, business, industry, mental health, public service agencies, government and private practice. Among other requirements, CCCs must have

a graduate degree in counselling or other related professional field and must have completed a supervised counselling practicum of direct client contact (Canadian Counselling Association).

Being certified may increase the credibility of the profession, promote a stronger sense of collective identity for the profession and a clearer sense of what is expected of the professional delivering counselling services. A notable benefit of accreditation is an intensification of counsellors' and counsellors'-in-training individual professional identity, an increased sense of pride in the profession, and a stronger and more mature profession (Cecil et al., 1987).

The CCPA is responsible for regulating its members in a non-statutory way (self-regulation as opposed to legislated regulation) (Canadian Counselling Association, 2002). It has made both political and financial efforts to be involved in the process of regulating psychotherapy. These efforts have also been necessary in order to remain a member of the Ontario Coalition of Mental Health Professionals (Canadian Counselling and Psychotherapy Association, 2009), which is an organization dedicated to the recognition of the counselling and the psychotherapy professions in Ontario (Ontario Coalition of Mental Health Professionals, 2009). Along with its accredited programs and certification, the CCPA is also a significant body working to protect the interests of counsellors in Canada relating to the regulation.

For example, after three years of reviewing the possibility of a name change, the Canadian Counselling Association officially changed its name to the Canadian Counselling and Psychotherapy Association (CCPA) in May 2009. This name change was intended to reflect the organization's growing identity and the legislation initiated across the country (Canadian Counselling and Psychotherapy Association, 2009). The overwhelming majority of members agreed to the name change (Canadian Counselling and Psychotherapy Association). The CCPA believes that this name change will better reflect what counsellors do.

The CCPA's name change coupled with the legislation granting those who are eligible the title of "psychotherapist" could lead to a more solidified professional identity for counsellors in Canada. Additionally, on a semantic level, it could be argued that the word "psychotherapy" may better reflect what counsellors actually do, given that psychotherapy means to provide "talk therapy" with grounding in psychological theory (Wampold, 2001). In contrast, the dictionary or layman meaning of the word "counselling" is to offer advice or guidance (Collins Compact English Dictionary, 1994), which is less representative of what counsellors actually do. Finally, it is believed that the name change could facilitate the association's quest for third party billing. The CCPA expects that the regulation of psychotherapy, which will create strict laws and criteria for practicing as a psychotherapist and thus increase credibility, will increase counsellors' chances of being covered by insurance companies (Canadian Counselling and Psychotherapy Association, 2009). After all, regulation of a profession is important as it creates requirements to adhere to standards for education and qualification, continuing competence, complaints and disciplinary processes and practice standards (Health Professions Regulatory Advisory Council, 2006).

The principal motivation behind regulating psychotherapy is to reduce the potential for harm to the public since the practice of mental health therapy often occurs in private, unsupervised settings with emotionally vulnerable clients (Canadian Counselling Association, 2008). The CCPA appreciated the need to provide public protection and a structure and standards of practice for its members, as it established a Code of Ethics, Standards of Practice, and Ethical Complaints Procedure and voluntary certification process for its members over two decades ago. The rationales behind these initiatives are to support high standards of training of professional counsellors, to assist the faculty of counsellor education programmes to improve their objectives,

resources, and programmes, and to encourage ongoing review and evaluation of existing counsellor education programmes. The CCPA acts in a voluntary and self-regulated manner.

The variety of roles Canadian mental health counsellors play and the current lack of statutory regulation of counselling in most Canadian provinces have implications for their sense of professional identity. The field of counselling needs professional representation in today's complex society because of outside forces trying to impose limitations on counsellors as to how they should work and with whom (Gale, 1998). The CCPA is one organization that by endeavouring to enhance the counselling profession, addresses the issue of counsellor professional identity. Given the many provincial and national changes to counselling across the country, and the concomitant changes in definition of practice, the present study seeks to explore how counsellors view themselves in the midst of these changing parameters of practice.

What is Professional Identity?

Professions are not fixed entities and continue to develop and change, so the search for a professional identity continues to be worthy of study (Schoen, 1989). Pelling and Sullivan (2006) propose that a profession can be distinguished by five main characteristics: (a) a specialized body of knowledge, (b) theory-driven research, (c) an established professional society or association, (d) control of training programmes and a code of ethics and, most notably, (e) standards for admitting and policing practitioners. Others (Giddens, 1991; Totton, 1999) indicate simply two identifying features of a profession: possessing expert knowledge, and the use of political tactics to establish a small group of select few in control of its own boundaries.

One strategy for arriving at a definition of counsellor identity is to examine the distinctive roles that counsellors play. In order for counsellors to have a collective identity, they must demonstrate that what they do is different from what others do (Van Riper, 1972). Forming a

professional identity, then, requires emphasizing counsellor functions that are distinctive in their service ability and concurrently to minimize or selectively eliminate counsellor functions that are not. In conjunction with this philosophy, Schoen (1989) speculates that one method of defining the identity of counsellors is to focus on specific activities that they perform. In other words, professional identity can be defined in terms of the professional activities and interests of the profession's members: professional identity rests upon professional roles.

Salient issues regarding the roles and functions of counsellors centre on questions about professional activities, work settings, and client populations (Goldschmitt, Tipton, & Wiggins, 1981). The meaning and advancement of a profession may depend on the existence of a recognized body of knowledge and skills connected with its practice (Sheehan, 1978). However, the diversity of activities and roles that counsellors play actually causes confusion in the search for professional identity (Domke, 1982). Counsellors work in a variety of settings, and may choose to identify with different professional titles (Schoen, 1989), which may impact on any clearly defined occupational activities that can be associated with counsellors. On the other hand, the development of a professional identity serves as a frame of reference for carrying out roles and developing as a professional (Brott & Myers, 1999). Therefore, by better understanding professional identity development, counsellors may be better able to determine their roles and functions as professionals. It is unclear as to whether professional identity affects counsellors' roles and activities or vice-versa, but clearly there is a relationship between the two.

Bruss and Kopala (1993) explore the literature on the meaning of professional identity, the obstacles to the healthy development of professional identity, and the manner in which a healthy professional identity may be developed in the training of counsellors. Professional identity includes the formation of an attitude of personal responsibility regarding one's role in

the profession, a commitment to behave ethically and morally, and the development of feelings of pride for the profession (VanZandt, 1990). According to Bruss and Kopala, the professional identity of a counsellor is remarkably complex since it is inextricably tied to the personal identity of the individual. The developing identity of a counsellor often begins in the training process, and is based on the fit between how the student envisions the role of an ideal counsellor and the actual standards and ideals as a counsellor. Counsellor trainees encounter obstacles to the development of a professional identity when the training environment (training providers, evaluation, and demands of the training system) does not match the students' individual goals and needs. Bruss and Kopala recommend that training providers should foster an environment of mutual respect that is sensitive to students' needs. More specifically, socializing counsellors into the profession, addressing self-esteem issues and burnout and encouraging discussion on professional identity can orient students to a sound professional identity.

Professional identity has also been studied among counselling psychologists who practice in health care settings. Mrdjenovich and Moore (2004) define professional identity as a sense of connection to the values and emphases of a profession. In their review of the literature they wondered whether professional identity changes depending upon the workplace setting. A critical issue is whether persons who are trained as counselling psychologists, but become involved with work in health care, actually continue to identify with the counselling psychology discipline. Mrdjenovich and Moore also describe how the core of counselling psychology is shrinking as members assume new roles in other divisions, including health psychology. Counselling psychologists in health care settings must learn new skills and terminology which may be in opposition to traditional counselling psychology values and training. They speculated that this may lead to an uncertain professional identity and alienation from colleagues, and other

psychologists. This would be unfortunate, as the application and integration of counselling psychology principles has the potential to make the contribution of counselling psychologists unique among mental health professionals in health care (Altmaier, 1991).

Like professional identity, counsellor self-efficacy has received increasing attention in the literature, and refers to counsellors' beliefs about their ability to execute specific role-related behaviours (Lent et al., 2006). The counsellor's sense of self-efficacy has been hypothesized to play important roles in clinical functioning, such as encouraging more helpful counselling responses, expending more effort when encountering obstacles in therapy, and appearing more poised during sessions (Lent et al.). Within the literature on counsellor competence, much of the research has concentrated on the concepts of skill and performance in counselling. McLeod (1992) addresses these concepts, describing that counsellor competence, which subsumes skill, refers to any traits or abilities of the person that contribute to successful performance of a role or task. Lin (1973) explains that often underlying the traits of efficiency and skilfulness is self-confidence, which begets the client's perception that the counsellor is an expert. According to Lin, a counsellor's high confidence exhibits itself by the counsellor's more positive attitudes toward self, most people, most clients, and counselling.

Brott and Myers (1999) explored the meaning of professional identity in their study on school counsellor identity. Professional identity can also be viewed as a self-conceptualization as a type of professional, and it serves as a frame of reference from which one fulfills a professional role, makes significant professional decisions and develops as a professional. Professional identity is part of a maturation process, beginning in training and continuing throughout one's career. Results of their study demonstrate that the development of a professional identity contributes to defining the role of school counsellors, which then shapes the counselling

programs and services provided to students. Involvement in the process of developing a professional identity was also found to be unique to each school counsellor. The maturation process school counsellors underwent was moderated by experiences during their profession, and so professional identity develops as the practitioner identifies with the profession.

Like the definition of "counselling," "professional identity" can have many meanings. Some speculate that professional identity embodies several characteristics (Goldschmitt, Tipton, & Wiggins, 1981; Pelling & Sullivan, 2006), while others maintain that there are simply one or two identifying features of the construct (Giddens, 1991; Schoen, 1989; Totton, 1999). In general, however, professional identity appears to embrace a specialized body of knowledge and appreciation of the profession's historical roots, an established professional association, research and training programs, and standards for admitting members of the profession. Part of the development of professional identity entails recognizing how a profession is distinct in its own right, which has been arduous for counsellors as a whole for several reasons. Thus, some argue that a counsellor's individual professional identity might be stronger than the perceived sense of counsellors' collective professional identity. The following section outlines the major theories about counsellor development which may shed light on the origins and progression of an individual's professional identity.

Counsellor Development Models

Understanding the development of counsellors, specifically how counsellors mature and change throughout their career, could potentially elucidate how counsellor professional identity is developed. Howard, Inman, and Altman (2006) propose that there are a number of critical incidents that can have a lasting effect on counsellors' perceptions of the therapeutic process, their beliefs about themselves as professionals, and their understanding of counselling as a

profession (Skovholt & McCarthy, 1988). Critical incidents can be described as significant learning moments that make a significant contribution to a counsellor's professional growth (Howard et al.). Some major categories of critical incidents in counsellor development include professional development, self-awareness, and competency (Heppner & Roehlke, 1984). Many counsellor developmental models have been proposed (e.g., Hogan, 1964; Loganbill, Hardy, & Delworth, 1982). The counsellor development literature can help counsellors understand their professional journeys and the typical themes in their professional growth (Tod, 2007). The purpose of the following section is to summarize the major counsellor development theories and to suggest possible implications for the professional identity of counselling practitioners.

Ronnestad and Skovholt's (2003) theory comprises six phases and is unusual in that it describes development across therapists' entire careers. The first phase, termed "lay helpers," describes individuals with no training in counselling who offer strong emotional support informally to others. These individuals often are guided by their personal worldviews rather than counselling theories, and typically lack control of their personal boundaries and emotional engagement with those they help. Phase two characterizes the self-doubting "beginning students" who believe their counselling approaches to be inadequate. Students in phase two are fearful and anxious during sessions with clients and therefore rely abundantly on teachers' and supervisors' guidance. To cope with their anxiety, trainees prefer relying on an easily mastered method that can be used in all situations and imitating expert counsellors. In phase three, "advanced students" tend to apply interventions rigidly according to theoretical knowledge and not on the individual clients' needs. They tend to take full responsibility for client outcomes and feel confident in their abilities. At the same time, these students feel ambivalence toward their training, supervisors, meeting the program's requirements, and their desire to become autonomous practitioners. Phase

four presents the "novice professional" that discards some ideas learned in training and begins adopting new approaches. While the novice professional experiences a sense of freedom after finishing training, he or she might also feel unprepared for the jobs and miss the guidance from previous supervisors. Self-reflection is a preferred learning method as novice counsellors cope with the gaps in their knowledge. The comfortable and competent "experienced professionals" in phase five tend to develop congruence between their professional roles and personalities and choose interventions that suit their personalities. These professionals are able to regulate their involvement with clients and have resolved the issues they faced as novice counsellors. Finally, "senior professionals" are those with 20 or more years of counselling experience, and constitute phase six. These professionals are generally satisfied with themselves and their careers, but some might feel bored from the repetition of routine tasks, or grief over the loss of clients or professional roles. The final stages are noteworthy given the suggested link between the general satisfaction with self (personal identity), and the satisfaction experienced with one's career (professional self). The increasing congruence between experienced counsellors' work roles and personalities also imply a consolidation of personal and professional identity.

Hogan (1964) suggests that there are four levels of development in the therapist. During the first stage, the "method of choice" heavily influences the therapist's approach, which is advanced by the therapist's training. Similar to Ronnestad and Skovholt (2003), Hogan postulates that the beginning therapist is insecure and dependent on training and supervision, and tries to apply everything he or she has learned. At this stage, imitation of the supervisor is inevitable. In the second stage, the therapist tries to invest his or her personality into the therapeutic relationship and approach. The therapist is ambivalent, struggling with feeling overconfident and overwhelmed by the responsibility of the profession. In the third stage, the

therapist's approach is a reflection of his or her personal vocabulary through one or more methods. The therapist is a master in his or her trade and is increasingly self-confident in his or her profession. The therapist is generally more insightful and motivated, but is still either in denial about the profession or remains somewhat dependent on more experienced professionals. In the final stage, the therapist begins to develop creative approaches which are an amalgamation of both method and personal style. It is characterized by the master therapist, deep in artistry and intuitive judgment, personal autonomy, independent practice, and an awareness of personal limitations and professional problems.

Loganbill, Hardy, and Delworth (1982) describe in detail three stages in the development of a counselling supervisee, with the assumption that counsellor development is continuous and ongoing throughout the professional life span. Thus, the authors also posit that the development of counsellors begins in the training or supervision phase, but certainly continues its evolution post-training. The first stage, stagnation, has two major characteristics: stagnation and unawareness. The supervisee is unaware of any difficulty or deficiency in a specific area of supervision, or is stagnant in the sense that the supervisee experiences a blind spot with regard to his or her functioning surrounding supervision. This stage is characterized by black and white thinking and a lack of insight regarding the impact of his or her actions on the client or supervisor. There is a pattern of mental or emotional blocking which prevents further development of the supervisee and results in a lack of intensity of interest in counselling. The supervisee also is strongly dependent on the supervisor and has a low self-concept. The supervisee may remain in this stage for a long period of time. In stage two, there is a marked shift either abruptly or gradually toward instability, disruption, confusion, and conflict. The supervisee desperately seeks equilibrium and ambivalence as he or she becomes liberated from a

rigid belief system and traditional ways of viewing the self and others. In this stage, the supervisee fluctuates between feelings of failure and incompetence to feelings of ability and expertise, but remains confused about how his or her skills will be perceived by others and how useful they will be with clients. This stage represents a shift away from old ways of thinking to new and fresh perspectives. Stage three, integration, can be described as the calm after the storm, exemplified by reorganization, integration, flexibility, and personal security based on an awareness of insecurity and an ongoing monitoring of important issues of supervision. The supervisees have a solid and realistic view of themselves and of their competencies and have faith that their weaker, undeveloped areas will develop more fully. This stage is stable in the sense that there is much flexibility and welcoming of continued growth. This stage can be ongoing for the counsellor therapist who has reached a level of personal and professional maturity.

While each of these three major counsellor development models differs in number of stages, all of them follow a similar progression and share comparable themes: in the beginning, counsellors tend to be insecure, lack insight and control of their personal boundaries, and rely upon others for guidance; in the middle, counsellors tend to experience ambivalence or confusion about their theoretical knowledge and how they would ideally like to be; and toward the end emerges the experienced and self-aware counsellor, who is flexible and secure with his or her abilities and areas for improvement.

There are also similarities between these stages and the various definitions of professional identity. Like Loganbill et al. (1982), Brott and Myers (1999) consider the development of professional identity as an ongoing process of maturation that continues throughout one's career. Professional roles are a key concept in counsellor development models,

and in definitions of professional identity (e.g., Bruss & Kopala, 1993; Schoen, 1989; Van Riper, 1972). Self-concept is another key phrase in discussion of both professional identity and counsellor development (Bruss & Kopala; Loganbill et al.). Bruss and Kopala postulate that the professional identity of a counsellor is connected to the personal identity and needs of the individual, similar to Hogan (1964) who theorizes about an amalgamation of both method and personal style in the final stages of counsellor development. Being imaginative and creative is a final accomplishment of the experienced therapist in Hogan's model, paralleling a component of Gazzola and Smith's (2007) definition of professional identity. From these definitions, it appears that counsellor development mirrors or follows the development of professional identity; however, the two concepts are not reported to be synonymous, but most likely one a constituent of the other. It can further be inferred from the similarities in definitions that a counsellor who has reached the final stage of development must therefore have a solid professional identity. Hypotheses aside, the two concepts seem to be related.

The markers of an individual's growth may perhaps be more easily identifiable, while the development of a collective identity of a profession may be more muddled and complex. As the name would suggest, significant, perhaps longstanding, and communal factors above and beyond an individual build a collective identity, and so counsellor collective identity is at least equally at risk of persuasion and weakness due to external factors. Demonstrating how counsellors are unique in their service delivery and roles is an example of how counsellors' collective identity may be strengthened. The following section will address the typical challenges counsellors face to forming a solid collective professional identity.

Challenges to Counsellors' Sense of Professional Identity

The speculated causes of counsellors' unclear professional identity are prevalent in the literature, and some researchers admit that the profession has been suffering from a confused identity for many years (Gale and Austin, 2003; Goodyear, 1984). Professional counsellors' sense of collective identity was explored in an attempt to help professional counsellors find unity in diversity. Gale and Austin explain how the field of counselling has acquired "professional status," but that this has done little to promote professional counsellors' sense of collective identity. The authors describe how counselling has fulfilled many criteria essential to a profession: a professional organization, an ethical code and standards of practice, credentials, and licensing governing practice. Professional status, the universal role, a shared identity, and appreciation for the history of a profession all contribute to the ability to differentiate one professional from other allied professionals and, ultimately, lead to a collective identity of a profession. Ironically, the initiatives undertaken to advance counselling's status as a profession have increased the professionalism of the vocation (in terms of the aforementioned criteria), but have not distinguished how counsellors differ from others working in the field of mental health.

Gale and Austin (2003) explain that major challenges to counsellors' sense of collective identity include differences in training, specialization, professional affiliations, and credentialing. The authors postulate that the lack of collective identity is understandable, since the specialty falls somewhere between two distinct disciplines: education and psychology. This hazy midpoint is somewhat akin to the accusations faced by counselling psychologists of being either too "counsellor oriented" or too "psychology oriented," described by Goodyear (2000). Indeed, counsellors identifying more with one discipline over the other (i.e., psychology versus counselling or vice-versa) may play into the disjointed collective identity of counsellors.

According to Domke (1982), counselling's mixed lineage with both the education and psychology fields has produced professionals whose orientations range from an individual, curative focus to preventive and "systems" orientations. Furthermore, Domke explains that the mixed allegiances of counsellors holding dual memberships in associations that focus on educational settings and associations that focus on the field of psychology are indicative of the confusion in the field.

Goodyear (2000) indicated that there has been tension between counselling and psychology for decades arising from professional counsellor licensure, accreditation of counselling programs, and changes in counselling's professional organizations. Counsellors and counselling psychologists have a shared identity because they have many interests in common. Goodyear explains that the histories of counselling and counselling psychology are "members of the same family" (p. 106) and that the two professions have always shared considerable overlapping memberships. Not only do the two groups have shared historical roots, Goodyear states, but also shared purposes. Despite these similarities, Goodyear notes that the relationships between professional counsellors and counselling psychologists have generally been characterized by resentment. In addition, the gradual move toward seeking licensure and diversity of titles and scope of practice among counsellors has created confusion about the profession's identity.

One's individual identity can have little bearing on the shared identity of a profession, as evidenced in a study conducted by Gazzola and Smith (2007). Counsellors in their study reported having a strong sense of their individual professional identity but perceived the identity of counselling as a profession as weak. The study suggests that contributions to an individual's professional identity may include one's work values (the desire to help others), using abilities

and knowledge, growing as a person, success and improvement at work, and being imaginative and innovative. While the preponderance of participants indicated a high level of personal satisfaction on these variables, they nonetheless described a lack of unity within the profession itself.

Another influence on the collective identity of a profession is the perception of it by others. Gelso and Karl (1974) investigated students' perceptions of counsellors and other help-givers in terms of personal characteristics and problems appropriate for treatment by each professional group. A questionnaire containing one hundred adjectives describing personal characteristics and nine problem topics was administered to 240 students in an introductory psychology course. Students were invited to give their perceptions of counsellors (college and high school counsellors), counselling psychologists, clinical psychologists, psychiatrists, and advisers. Results indicate that students reported the least amount of difference on the adjective checklist between clinical psychologists and psychiatrists, and the greatest differences in perceptions of counsellors compared to allied professionals. Counselling psychologists were perceived as more knowledgeable, inquisitive and analytic than counsellors. Participants indicated that they were also significantly more likely to discuss a variety of personal problems with psychiatrists than with counsellors. Counsellors were perceived as less knowledgeable, analytic, purposeful, and interesting, and more dull and uninterested (in client problems) than the other groups. These findings are in contrast to the declaration by Young and Nicol (2007) that counsellors in general are perceived by the public to have greater therapeutic capabilities, interpersonal and process-oriented skills, than professionals in allied disciplines. The authors attribute this to several factors: (a) counsellors are distinct in their ability to work in the career and vocational areas, (b) the influence of feminism and other critical perspectives has led to

counsellors' keenness to extend their skills beyond traditional counselling skills, and (c) counsellors are less resistant to radical departures from accustomed research practices than other areas of psychology.

The conflicting results of Gelso and Karl's (1974) study and Young and Nicol's (2007) report may also be due to the time factor; because the two studies were conducted over three decades apart, the difference in findings is probably indicative of increased exposure to, and awareness and knowledge of, the roles and functions of counsellors among the public. Because some Ph.Ds. advertise themselves as counsellors, based on their findings, Gelso and Karl recommend that professionals at counselling centers would do well to inform their public that they are counselling or clinical psychologists when appropriate. It would seem that such titles elicit more desirable perceptions of personal characteristics among the public. Otherwise, the authors recommend that counsellors need to make additional efforts to alter students' perceptions about their roles and knowledge as mental health professionals.

Some counselling researchers would agree that the profession has been suffering an identity confusion or crisis for many years (e.g., Gale & Austin, 2003; Goodyear, 1984). While the counselling profession has taken many initiatives to advance its status as a profession, it still has not been able to distinguish itself from other mental health professions. Some studies in the literature suggest this might be due to the fact that the discipline falls somewhere between two separate fields of study (education and psychology) (Goodyear, 2000), or because of the wide variation in counsellors' orientations (Domke, 1982). Counsellors have a shared identity with counselling psychologists in particular, as they are alike in their educational background and interests. Studies over the years have demonstrated confusion and misperceptions as to the roles

and functions of mental health professionals among the public. It is apparent that there is a need to address the differences and commonalities between mental health professionals.

Counsellors and Other Mental Health Professionals

According to Hershenson and Power (1987), mental health counsellors do not seek to cure illness, but rather to facilitate healthy development. In contrast to the fields of clinical psychology and psychiatry, counselling has been said to be based more on practice, individual assessment, growth and development, and holistic methods (Swickert, 1997). In their study, Hershenson and Power illustrate how mental health counsellors differ from other mental health professionals based in the psychiatric medical model. Counsellors, compared to psychotherapists, tend to work with both the client and the environment and build on existing strengths wherever possible, while still using scientific methods. Counsellors focus on normal human development, and not on psychopathology, and seek to utilize the client's assets and skills rather than eliminate pathology. Mental health professionals who are based in the medical model take the role of healer and of treatment provider who work on a patient to remove the patient's pathology, whereas counsellors take the role of coach who work with the client to develop and use the client's skills in reaching his or her goals (Hershenson, Power, & Waldo, 1996).

Public perceptions of counsellors versus allied mental health professionals are important to study, as the public are indeed those who use counselling services. It is possible that with greater public awareness and valuing of the counselling profession, counsellors themselves will also appreciate the uniqueness of their profession. Appreciating the unique role and function of counsellors is an important component of the development of one's individual professional identity and one's outlook on the profession as a whole (Brott & Myers, 1999).

Reviewing some comparative studies regarding other mental health professionals, Sharpley, Bond, and Agnew (2004) report a common finding that there is a lack of clarity regarding public expectations about how counsellors are trained and how they differ from the large number of paraprofessionals who describe themselves as counsellors. Comparative ratings of counsellors with psychiatrists, psychologists, and social workers generally reveal confusion on the differences between them. The literature also suggests a lack of awareness of the specific therapeutic activities of counsellors, psychiatrists, psychologists, and social workers. Motivated by these findings, Sharpley et al. administered questionnaires to 226 participants that targeted their knowledge about, and attitudes toward, counselling. Results of the study differed from those of previous studies in that the main activities of counsellors were indicated to be listening, supporting and helping facilitate problem-solving, rather than giving advice to people. Results further demonstrated that most participants believed there should be more counsellors available, that they would consider going to a counsellor for a personal problem, and that counsellors are as professional as their psychologist colleagues. Overall, results implied that the profession of counselling is highly respected by participants, and that there is a greater understanding of the role and function of counsellors than previously reported. These findings suggest a clear and widespread increase in the acceptability and value of counsellors and counselling among the public. The greater knowledge and awareness of the role and function of counsellors, as well as the reported willingness to seek and pay for counselling, might also imply that more and more people are seeking counselling and that there is significantly less stigma associated with seeking counselling than previously.

In sum, there are a number of global areas where the field of counselling may be distinguished from allied professions. Mental health counsellors may differ from other mental

health professionals in that they are not based in the psychiatric medical model (Swickert, 1997). Counselling, compared to professions under the medical model, tends to work with both the client and the environment, focusing on normal human development. In contrast, professionals working under the medical model tend to concentrate on psychopathology. Counsellors aim to utilize the client's assets and skills rather than eliminate pathology. However, mental health professionals are not bound by these potential differences which may derive from their training or educational background. They may choose to adopt similar approaches and work in similar settings with similar clients, which may render any distinction between allied professionals obscure. For example, while a counsellor's graduate training may focus on narrative therapy, the counsellor is not required to practice under this theory after graduation. Indeed, there are a large number of paraprofessionals who describe themselves as counsellors. Thus, distinguishing one mental health professional from another can be problematic in light of these "freedoms," so to speak. Still, a recent study (Young & Nicol, 2007) on participants' perceptions of counsellors suggests that the public is more educated on the main activities of counsellors, and that seeking counselling is more respected and understood than previously reported. These findings imply that there is a widespread increase in the acceptability and value of counsellors and counselling among the public.

Comparing and contrasting counsellors, counselling psychologists, and clinical psychologists can be quite perplexing, particularly because of literature addressing the similarities between counsellors and counselling psychologists (Goodyear, 2000; Lalande, 2004), and counselling psychology and clinical psychology (Linden, Moseley, & Erskine, 2005). Given the many common characteristics between these professions, it is difficult to identify many clear-cut differences. Still more confusing is the literature that argues that each is a profession distinct

in its own right, not serving to emulate other professions (Pelling & Whetham, 2006; Young & Nicol, 2007). Ultimately, it is incontrovertible that all three mental health professions share similarities, and that each is striving to establish itself as a unique profession.

Though these three professions are alike, there are some important differences that distinguish them: educational background, amount and type of training, professional memberships, clientele, and approach. The definition of "counsellor" for the purposes of this study implies someone with a master's degree in counselling or related field who assists others in managing personal challenges in order to promote personal growth (Leong, Altmaier, & Johnson, 2008). The Canadian Psychological Association (2008) defines "psychologist" as someone who holds a master's and/or doctoral degree in psychology that requires six to ten years of university study of how people think, feel, and behave. Firstly, psychologists will typically have completed their graduate university training in clinical psychology, counselling psychology, clinical neuropsychology, or educational/school psychology. A "clinical psychologist," accordingly, is someone who has obtained a master's and/or doctoral degree in clinical psychology, while a "counselling psychologist" is someone who has obtained a master's and/or doctoral degree in counselling psychology. Counselling psychology is a relatively recent development and a distinct branch of psychology (Schoen, 1989). Secondly, both clinical and counselling psychologists are trained to assess and diagnose problems in thinking, feeling, and behaviour as well to help people overcome or manage these problems (Canadian Psychological Association). Psychologists are uniquely trained to use psychological tests to help with assessment and diagnosis. Counsellors, in contrast, hold a master's degree in counselling or other related field, and do not formally diagnose problems and administer psychological tests (Canadian Counselling Association, 2008). However, all generally use "counselling" with their

clients and work in a variety of settings, including universities and governmental and non-governmental organizations, hospitals, schools, clinics, employee assistance programs and private practice (Gelso & Karl, 1974).

In fact, Gelso and Karl (1974) echo these statements that "counselling" is an umbrella term that subsumes a variety of professionals, differing in amount of graduate training and educational background. Clinical and counselling psychologists are also licensed to practice by provincial regulatory bodies in each Canadian jurisdiction; clinical psychologists are typically members of the Canadian Psychological Association, counselling psychologists are often members of both the CPA and the CCPA, while master's-level counsellors are typically members of the CCPA only (Lalande, 2004). An association, like the CCPA, is a national organization, while a college exists at a provincial level (e.g., the College of Psychologists of Ontario, 2009). Psychologists, for example, are regulated by statute at a provincial level, while counselling is not, with the exception of Quebec. Apparently, while the professions are distinct in theory given their background and training, the differences are obscure in practice.

The likeness between counsellors and counselling psychologists is reflected in continuing overlapping memberships (Goodyear, 2000); for example, in Canada between the CCPA and the CPA. The commonality between the two professions is reflected in the particular emphasis that both groups give to three particular areas of research and practice: (a) multiculturalism, (b) training and supervision theory, and (c) a focus on developmental issues and healthy functioning (Canadian Counselling Association, 2008; Goodyear). Each group even claims these areas as defining traits of their profession. A functional link between counsellors and counselling psychologists is that the majority of counselling psychology faculty has some connection to a master's degree program in counselling. This shared undertaking of training master's-level

counsellors connects the two professions at a practical level. Certainly, much of the counsellor identity literature focuses on the professional identity of counselling psychologists (e.g., Neimeyer & Diamond, 2001; Schoen, 1989) and uses the terms "counsellor" and "counselling psychologist" interchangeably. Both counselling and counselling psychology are newer fields in mental health (Lalande, 2004) and share similar historical and foundational roots (Domke, 1982). In addition, many master's-level counselling education programs are taught by counselling psychologists (e.g., McGill University, 2009; University of British Columbia, 2009; University of Ottawa). Given the similarities between these allied professions, investigating the literature on counsellor professional identity among counselling psychologists is relevant to the study of master's-level counsellors.

At the same time, counselling psychologists are seen as fitting somewhere between counselling and psychology (Schoen, 1989), as being rooted in the two professional affiliations (Lalande, 2004), which is clear in the name of the profession. But it has also been said that the similarities between the two have meant that the distinction between counselling psychologists and clinical psychologists is vanishing steadily (Fox, Kovacs, & Graham, 1985).

Counsellors are seen as fitting somewhere between psychology and social work (Van Hesteren & Ivey, 1990) or psychology and education (Hanna & Bemak, 1997). Young and Nicol (2007) explain that there is a high degree of similarity between counselling and clinical psychologists in Canada, especially those in private practice. Counselling psychology might not have a unique identity beyond the distinctions ascribed to it within university training programmes. The CPA allows very little differentiation between these two domains. For counselling psychologists, the CCPA and the CPA are the two main professional identity groups (Lalande, 2004). Probably for a small number, the CCPA is their primary professional identity

group. The housing of virtually all Canadian counselling training programs is in education, which reflects the field's historic roots, but poses an external threat because of the poorly perceived fit between counselling psychology and education. The training of generic master's level counsellors embedded in university departments whose faculty identifies as counselling psychologists serves to unite counselling and psychology and advance psychology broadly within Canadian society (Young & Nicol).

Though counsellors, counselling psychologists, and clinical psychologists all share certain commonalities, each is striving to differentiate itself from the other. All professions use counselling in practice and can work in a variety of settings with a wide-ranging clientele. However, counsellors typically hold a master's degree in counselling or other related field, while counselling psychologists and clinical psychologists generally hold Ph.D. degrees in counselling psychology and clinical psychology respectively. Furthermore, counsellors do not formally diagnose problems and use psychological tests with their clients. The similarities between counsellors and allied mental health professionals pose problems for their professional identity, which will be addressed in further detail in the following section.

Counselling and Professional Identity

With the increasingly diversified roles counsellors play today (Gale & Austin, 2003), there is certainly a strong need for counsellors to define themselves as a unified and distinct profession. The meaning of professional identity for counsellors may basically signify who they are and what they do in the numerous divisions of mental health they serve (Gazzola & Smith, 2007). Counselling has been thought to be suffering from a disjointed identity (Garfield & Kurtz, 1976) for many years now, and the potential causes of this have been speculated on by many.

Defining the unique perspective of counselling is also a challenge within a context of a changing field of professional psychology that is moving toward common credentials, training and standards, and taking into account that the definitions of counselling have developed over the years in Canada within a variety of organizations, culminating in multiple perspectives of the field (Lalande, 2004). The disjointed professional identity of counsellors who work in different kinds of settings, with diverse client groups, and use a range of theories and practices may also contribute to the weak professional identity of counsellors (Young & Nicol, 2007). It is also possible that identity confusion lies in the high degree of similarity between counselling and other psychology-based professions, which originates from university training programs (Linden, Moseley, & Erskine, 2005). Otherwise, competition with other professional groups, and pressure from external influences (employers, professional associations, or other stakeholders in the field of psychology) on how to define counselling practice might be at play (Young & Nicol). Finally, the professional identity of counselling is further complicated by the generic and conversational use of the term "counselling" in daily life (Young & Nicol). The following studies questioned counsellors on both their own professional identity and their perceptions of counsellor identity as a whole.

Addressing the struggles counsellors face to find their identity, Gazzola and Smith (2007) conducted a web-based survey on counsellor professional identity as revealed by counsellors themselves. Participants were invited to answer various questions about their work roles and values, the nature of their work, professional formation, career satisfaction, and their perceived status compared to other mental health professionals. The impetus for their study rested on two major purported causes of counsellors' identity confusion, namely: the various functions counsellors have today and the lack of statutory regulation of counselling in Canada, with the

exception of Quebec. Results of the study suggested that it is difficult to qualify the "typical counsellor:" counsellors are indeed employed in a variety of settings and participate in many professional activities. Understandably, this would dampen counsellors' shared sense of who they are and what they do. Results also indicated that, though counsellors believe they have a unique role in society, they do not feel sufficiently respected by the public or other professionals. In short, the counsellors surveyed in this study reported a solid sense of individual professional identity, but not a solid sense of shared professional identity. In light of this, the authors stress a need for more counsellors to assume leadership roles that will reinforce the nature of the profession and the planned future of counselling for the benefit of consumers, allied professionals and counsellors themselves.

Professional identity begins to take shape among counselling students, where students must successfully meet challenges throughout their graduate counselling program. Nelson and Jackson (2003) explored the formation of professional identity via soliciting information about Hispanic students' experiences with their own professional development. Eight graduate counselling students were given in-depth semi-structured interviews aimed at investigating their perceptions of counsellors and identity as a counsellor. Regarding professional identity, participants generally described that internship and supervisory experiences, and support and encouragement from family members, played significant roles in their efforts to develop a professional identity. Interestingly, others' perceptions of the counselling profession were a common theme in the development of professional counsellor identity. Participants described that others' perceptions of counselling were based on misinformation and that they frequently had to clarify the function and roles of counsellors to family members and friends. All participants divulged positive feelings about counsellors, but also commented on the

competitiveness among mental health professionals and the general lack of prestige counsellors have in comparison. In addition, interviewees believed that there was little difference among allied professionals in terms of their professional roles. It was apparent that participants generally reported personal factors such as self-confidence, personal knowledge, and encouragement from family as influential on individual professional identity development, but that collective professional identity was somewhat retarded by public perceptions of the profession.

Schoen (1989) investigated professional identity among a group of counselling psychologists in Australia, in hopes to determine if there is a structured set of activities that define the role of counselling psychologists. Respondents of a mailed-out survey gave feedback on the importance of various activities to their *present* versus *ideal* positions as counselling psychologists. Participants comprised professionals working in a vast range of employment settings, with disparate educational and training backgrounds. Results demonstrate somewhat of an identity confusion among counselling psychologists, with less than half identifying with the title "counselling psychologist." The remaining participants preferred the general "psychologist" title, "counsellor" title, or "clinical psychologist." The authors interpret the findings as indicative not so much of a lack of clearly defined activities of a counselling psychologist, but as a matter of preference of what title the professional chooses to adopt. Quite possibly, the professional identity confusion displayed among participants may be due to the simple fact that participants surveyed were not a homogenous population sample.

Collective Professional Identity and Future Trends

Neimeyer and Diamond (2001) conducted a study aimed at gauging the perceptions of counselling psychologists on the future of their profession in the United States. The authors explored at length the murkiness of the specialty regarding its foundational features, its core

contributions and its future course. The struggle to convey a distinct and stable identity, the researchers explain, has impact both outside and inside the field; counselling psychologists cannot expect to be known as a distinct profession if the professionals within it cannot decide how they want to be known. The authors also address how the distinction between counselling psychology and clinical psychology is increasingly blurred, and caution that one will be absorbed into the other if counselling psychology does not make an attempt to create its own distinct identity. In order to address these concerns, the researchers used a Delphi poll method to predict future developments in counselling psychology over the next ten years. Results indicated that the most likely future events in the field would centre on the field's commitment to issues of diversity and life-span development, identification with adjustment and preventative mental health models and a commitment to the scientist-practitioner model. The progression toward professionalization in assessment, intervention, and methodology were expected to continue within the field.

Counsellors at the doctoral level were interviewed on the perceptions of their profession in a study conducted by Swickert (1997). Ten doctoral graduates in counsellor education programs in the U.S. responded to open-ended questions addressing the nature of their work, what led them to choose counselling and what personal meaning the profession has for them. All participants had ten or more years of experience as a full-time (20 or more weekly client contact hours) licensed private practitioner. Many interviewees stated they believed strongly in the uniqueness of counselling, especially in comparison to psychology, and admitted to spending much time and energy on educating the public about what counsellors do. The insurance industry was a commonly mentioned body that did not recognize the counselling profession, where interviewees described repeatedly needing to prove the validity of their credentials as mental

health professionals. One interviewee added that allied mental health officials also do not recognize counsellors as qualified providers. Half of participants described "turf wars" with psychologists, stating that psychologists are in a power position and attempt to discredit counsellors. In general, the sensation of frustration and anger was unanimous among all interviewees stemming from the public's lack of recognition of counsellors' distinct services.

Prochaska and Norcross (1982) conducted a study on psychotherapy and its continued experience of an internal crisis of confidence. The researchers used a Delphi poll to predict the trends in psychotherapy in the following decade. Interestingly, the areas of concern in the profession are closely aligned with those nearly three decades later. Prochaska and Norcross begin by asserting the profession's incoherent identity and its recalcitrant issues by exploring the relevant literature. They hypothesized that it is the transient nature of psychotherapy that has produced a serious need for both practitioner and lay people to identify and anticipate trends that will have a marked impact on government policy decisions, service delivery and training. A 100-item questionnaire was created addressing the therapeutic interventions, therapist, therapy modalities, theoretical orientations, research, and social changes of the future that will affect the practice of psychotherapy. Short-term therapy modalities, family therapy, marital therapy, crisis intervention, and group therapy were forecasted to increase, with long-term approaches decreasing markedly. The groups of therapists predicted to increase were leaders of self-help groups, Psy.D. clinicians, M.SWs., Ph.D. clinicians, psychiatric nurses, Ph.D. counsellors and paraprofessionals, while psychiatrists were predicted to decrease in relative percentage of therapy provided. The expert panel was also in agreement that psychotherapy would become more cognitive behavioural, present centered, problem specific, and briefer in the following ten years. Indeed, these predictions remain the same in similar studies conducted (Nocross, Hedges,

& Prochaska, 2002). The authors conclude with the recommendation that professionals become active advocates working to help direct the future of the discipline by making the effort to maintain public support for the research, training, and service needs of psychotherapy.

Norcross, Hedges, and Prochaska (2002) polled 62 psychotherapy experts using Delphi methodology to forecast the changes in psychotherapy in the next decade. The panel gave feedback on a variety of topics, including the theoretical orientations, therapeutic interventions, psychotherapy providers, treatment designs, and future state of affairs within the field. All panel members held a doctorate degree and reported an average of 30 years of post-doctoral clinical experience. The panel predicted an increase in therapeutic methods characterized by computer technology, client self-change, and use of homework assignments and problem-solving techniques. Master's-level practitioners were also predicted to expand in the next decade, as well as the use of self-help groups. In contrast, psychiatrists as psychotherapy providers were expected to experience a significant decline. Other forms of therapy deemed to be on the rise included short-term therapy, psychoeducational groups for specific disorders, crisis intervention and couples/marital therapy. Long-term therapy, by contrast, was forecasted to decline. Interestingly, the panel expected that master's-level practitioners would flood the mental health market, whereas more costly therapists such as psychiatrists and psychologists would experience the least growth. Based on these predictions, it would appear that due to the anticipated popularity and prevalence of master's-level psychotherapists, there is a need for counsellors to identify the profession and its services as unified and distinctive.

Professional identity may be affected by the different kinds of settings, diverse client groups, and range of theories and practices used by counsellors. It is possible that identity confusion lies in university training programs, in competition with other professional groups, or

in pressure from external influences. Studies have shown that there is no "typical counsellor," (Gazzola & Smith, 2007; Lalande, 2004; Young & Nicol, 2007) but that counsellors are indeed employed in a variety of settings and participate in many professional activities. Additionally, others' perceptions of the counselling profession are a common theme in the development of professional counsellor identity, especially since many counsellors find themselves spending much time and energy on educating the public about what they do. Furthermore, counsellors may feel they need to prove the validity of their credentials as mental health professionals to such bodies as insurance companies. It has also been reported that internship and supervisory experiences, as well as support and encouragement from family members, play significant roles in the development of one's professional identity. Naturally, the concept of professional identity introduces itself and becomes personally meaningful at the beginning of one's counselling career, perhaps even beginning as a counselling student in training. Thus, first experiences with training and formal education in the field can begin to shape one's professional identity.

Counsellor Training and Identity

Though counsellors come from a wide range of training and educational backgrounds worldwide, forces such as accreditation standards attempt to harmonize at least the level of counsellor training (Pelling & Whetham, 2006). Personal benefits of counsellor training include a greater understanding of people, improved interpersonal skills, and personal growth (King, 2007). Some researchers have addressed what constitutes training, with some arguing that counsellors are born and not made (Pelling & Whetham). Still, it is apparent worldwide that formal education and credentialing are more and more valued, and that counsellor training programs aim to produce competent practitioners (Gale & Austin, 2003).

King (2007) explored the career development of counsellors and motivations for counsellors' career choices in the British context. An underlying premise of the researcher's study is that, unlike other health professions, there is no clear career pathway for counsellors. King explains that though programs differ in their approach to counsellor training, the anticipated result is to produce proficient counsellors. King argues that counselling training prepares the counsellor for work, but not for finding employment. She further contends that counselling training is a substantial emotional and financial investment for aspiring counsellors but careers in counselling are neither well publicized nor investigated. King designed a questionnaire to target information about counselling graduates' experiences with counselling training, finding work and career satisfaction. Results indicate a high satisfaction with the training for counselling work, but dissatisfaction about the lack of help with preparing graduates for the counselling market. Very few participants reported having full-time employment as counsellors, with a significant number reporting engaging in voluntary work. King concludes that there is a timely need for study on the career development of counsellors in hopes to help potential candidates make more informed career choices. While career management is increasingly seen as the individual's responsibility, King reasons that the training body has a responsibility to discuss career prospects and be clear about what it can offer. However, there is some debate in the literature as to how or even if counsellors should be formally trained, as demonstrated in the following study.

Pelling and Whetham (2006) outlined the different types of counselling training and education available in Australia. Similar to Canada, because counselling is not a legally regulated profession in Australia, Australian counsellors possess a diverse variety of training and educational backgrounds. Pelling and Whetham report that some researchers argue that a

competent counsellor must have counselling knowledge and counselling skill, while others indicate that personal characteristics such as warmth and compassion are more important determinants of effective counsellors. They also note that some argue that a minimal amount of training is required to be a counsellor, while others argue that individuals who do not meet such requirements do not deserve to be excluded from the profession. According to Pelling and Whetham, because the reasons behind what makes a good counsellor are fairly hazy, there is little agreement on how counsellors should be prepared. However, the authors do not discount the rising importance of formal education and credentialing in the profession. Therefore, where counselling is legally regulated, the need to meet accreditation standards impact on counsellor training. Pelling and Whetham also point out that in countries where counselling is a regulated profession, a master's degree is required to refer to oneself as a counsellor. They suggest that the various qualifications and legislatures dictate whether or not someone can be deemed a professional counsellor. The authors urge that counselling in Australia needs to develop in an inclusive manner toward more standardized educational and training credentials. Such an inclusive progression may mean a more unified collective professional identity.

Canada is one such country where formal education and credentialing are increasingly valued, partly evidenced in the gradual move toward regulating psychotherapy in Quebec, Ontario, and Nova Scotia and the existence of organizations like the CCPA that are dedicated to the enhancement of the profession with established criteria (educational, for example) for membership. It is clear that, at least in Canada, there seems to be a connection between membership, training, and education and enhancement of the profession, which is ultimately intended to influence counsellors' professional identity (Canadian Counselling Association, 2008).

Summary of Research Findings

Professional identity has been studied among many groups and individuals both qualitatively and quantitatively, and has been described by many researchers. Studies demonstrate that there seems to be two major facets of professional identity: individual and collective (Gazzola & Smith, 2007). Individual professional identity has been said to be interconnected with the personal identity of the individual (Bruss & Kopala, 1993). Like personal identity, individual professional identity develops over time; professional identity develops as the practitioner identifies more and more with the profession (Brott & Myers, 1999). Naturally, development is mediated by experience, in particular critical incidents that make a significant contribution to the practitioner's growth (Howard, Inman, & Altman, 2006). In investigating the antecedents of an individual's professional identity, considering the various models of counsellor development may be helpful. Theories put forward by Hogan (1964), Loganbill, Hardy, and Delworth (1982), and Ronnestad and Skovholt (2003) describe different stages of professional development beginning in training and amalgamating in an expert or seasoned stage where the professional has gained congruence between his or her professional self and his or her personality and individuation. It seems that counsellor development models may be able to explain the link between personal and professional identity and the mediating factor for both: experience.

Collective professional identity, distinct from individual professional identity, has received much attention in the literature. While the counselling profession is rapidly gaining recognition in the mental health world, professional counsellors' sense of professional identity and how counsellors differ from other mental health professionals remain unclear (Gazzola & Smith, 2007). Thus, having a strong individual identity may have little bearing on a strong sense

of collective identity. The counselling profession has been said to be suffering from 'identity confusion' for many years (Gale and Austin, 2003; Goodyear, 1984). Though the description of professional identity varies considerably in the literature, there is widespread agreement that a collective professional identity is essential to espousing a sense of unity among the implicated professionals, an attitude of personal responsibility regarding one's role in the profession, a commitment to behave ethically and morally, and the development of feelings of pride for the profession (Brott & Myers, 1999; Gale & Austin; Mrdjenovich & Moore, 2004; VanZandt, 1990). A lack of a professional self-image for a profession, as for an individual, can result in consequential insecurity and conflicting actions on the part of its members (Blocher, Tennyson, & Johnson, 1963), which can ultimately impact the counselling programs and services provided to clients (Brott & Myers).

In order for counsellors to have a collective professional identity, they must demonstrate how their profession is distinct from others (Van Riper, 1972). Some major challenges to professional counsellors' sense of collective identity include inter-group differences in training, specialization, professional affiliations, and credentialing, as well as joint roots in education and psychology (Gale & Austin, 2003). Further exacerbating a clear collective identity are the decades of tension between counselling and psychology from professional counsellor licensure and accreditation of counselling programs, and a shared identity among mental health professionals because of many interests and shared purposes in common (Goodyear, 2000). However, with the increasingly diversified roles counsellors play today (Gale & Austin), there is certainly a strong need for counsellors to define themselves as a unified and distinct profession.

Epistemology

Researchers bring with them "a basic set of beliefs that guide action" (Guba, 1990, p.17), called a paradigm or worldview (Maxwell, 2005), which informs and shapes their research. Social constructivism was chosen as an appropriate worldview for this study, as it focuses on a group of individuals' understanding of the world and the subjective meaning of their experiences (in relation to professional identity) (Creswell, 2007). Under this worldview, the researcher seeks a complexity of views through open-ended questions and relies as much as possible on the participants' subjective views of a situation. This paradigm is also consistent with the basic premise of grounded theory, in that inquirers inductively develop (using a ground-up philosophy) a theory or pattern of meaning. In addition, constructivist researchers recognize how their own background shapes the interpretation of the data; in other words, how they make meaning of participants' responses.

Literature Synthesis

As demonstrated in the literature, a profession's identity is founded on several factors: an understanding of the history and philosophy of the profession; an awareness of the differences in training, programs, and credentialing from other professions; familiarity with the role and functions of professional associations; an understanding of the importance of research contributions for the profession (Pelling & Sullivan, 2006); possession of expert knowledge and skills (Giddens, 1991; Sheehan, 1978); and the establishment of a governing organization (Totton, 1999). The establishment of accredited preparation programs and credentialing are also important factors in the study of collective professional identity among counsellors. Professional organizations also serve as opportunities for members to advocate for the profession, and to promote professionalism (Remley & Herlihy, 2005), thus indirectly fostering a stronger sense of

collective identity.

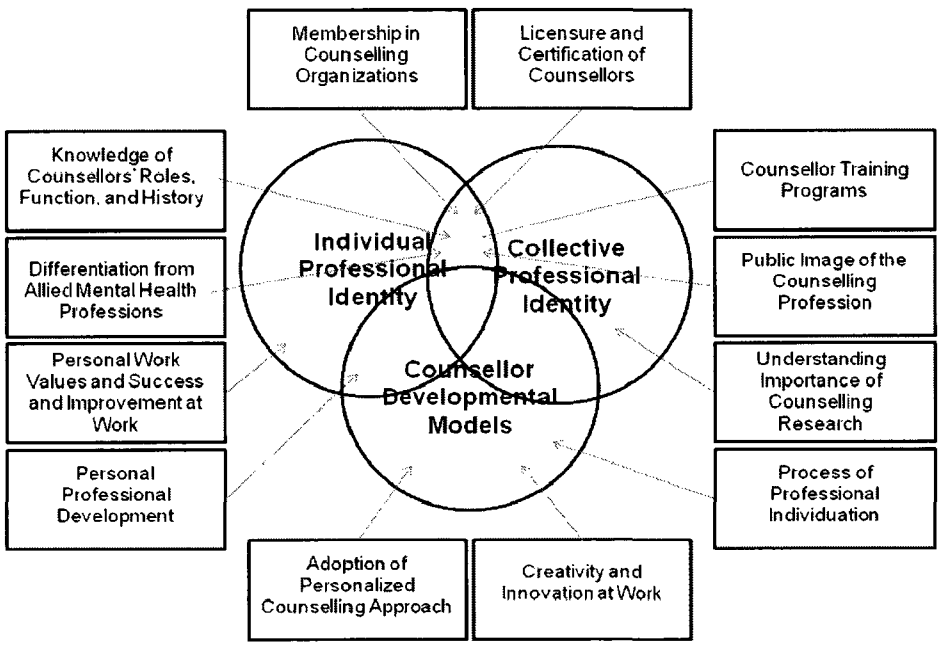
Notwithstanding the importance of appreciating the history, philosophy, and professional associations of the profession, also significant to the development of professional identity is understanding one's own professional development, and being aware of the impact of differences in preparation programs and credentialing (Lafleur, 2007; Totton, 1999). Developmental psychology, particularly the works of Erikson and Mahler, has heavily influenced the development stage theories of individual counsellors' development (Loganbill, Hardy, & Delworth, 1982). Hogan (1964) outlines four stages of the clinician's development, beginning with the counsellor-in-training who progressively becomes a master therapist with independently developed creative approaches. Skovholt and Ronnestad (1992) found that professional development leads to "professional individuation" which is achieved through an integration of the professional self and the personal self. Based on this literature, it appears that the development of counsellors is an individual process that moves from an external, authoritative stage (e.g., from professors and mentors) to an internal authority stage (i.e., self as mentor), or responsible independence (Brott, 1997).

Professional identity is a multifaceted term which furthermore can be divided into two subparts as revealed in the literature: individual and collective. While the two are distinct concepts and generally unrelated, there are common themes in their definitions as demonstrated in the literature that centre on: professional role and knowledge, a recognition and appreciation of the profession, membership to professional organizations, licensure and certification, the public image of the profession and how it differs from allied professions, and counsellor training programs (Gale & Austin, 2003). In sum, professional identity appears to be a function of multiple factors and the present study seeks to identify concretely which ones play a role in the

individual experiences and perceptions relating to professional identity among the participants; essentially, what theories fit and how they interconnect in the individuals' descriptions of professional identity.

Though in inductive investigations, conceptual relationships will emerge through the research process, Bloomberg and Volpe (2008) suggest that researchers publicize the categories of information they expect to unearth. Figure 1 (see below) represents the researcher's founding assumptions based on reports in the literature and findings from previous studies. It depicts the overlap between individual professional identity, collective professional identity, and the counsellor developmental models, and the various elements that influence them as commonly cited in the literature. The literature and accompanying figure also served in the creation of the present study's interview protocol.

Figure 1. Literature Synthesis: Visual Representation



Research Questions

Consistent with qualitative methods and an inductive method of inquiry, a series of interview questions addressed the study's research questions. The research was guided by the following three research questions. The first question aimed to identify the elements of individual counsellors' professional identity. The second question targeted the typical work roles, practices, and activities of counsellors. The final research question addressed the connection between counsellors' individual professional identity and how they perceive the collective identity of their profession.

1. What influences counsellors' sense of individual professional identity?
2. What characterizes the work of counsellors?
3. What is the relation between counsellors' individual professional identity and counsellors' collective identity?

The following chapter will review the study's methodology, detailing the study's terminology, grounded theory, the study's grounded theory-inspired approach, its participants, data collection procedures, and methods used to increase the study's credibility, dependability, and transferability.

CHAPTER III

METHODOLOGY

There were two reasons for selecting a qualitative approach for the present study. First, there were relatively few qualitative studies conducted on master's-level Canadian counsellors, and second because interviews generate an in-depth exploration into social and personal matters that, in turn, elicit detailed narratives and stories from interviewees (DiCicco-Bloom & Crabtree,

2006). A qualitative methodology also fulfilled the study's purpose as a discovery-oriented thesis in a field where there is little established knowledge, rather than as research intended to test an experimental hypothesis or an existing theory (Le Surf & Lynch, 1999). A grounded theory-inspired methodology was selected because it offered the opportunity for an insightful exploration and a systematic approach to identify themes and patterns among counsellors relating to professional identity.

Terms Defined

"Experienced counsellors" in this study were defined as Canadian Certified Counsellors with ten years or more of remunerated counselling experience. Seasoned counsellors versus beginner or novice counsellors were expected to have a more solidified and rich professional identity. The number ten as a minimum number of years of experience was chosen because it is a generally accepted figure for achieving expertise in most fields (Benner, 1984). Each participant had a master's degree in counselling. "Allied mental health professionals" referred to practitioners, other than counsellors, who offer mental health services, and included social workers, clinical psychologists, counselling psychologists, psychiatric nurses, and psychiatrists. "Individual professional identity" referred generally to a self-conceptualization as a type of professional, which serves as a frame of reference from which one fulfills a professional role, makes significant professional decisions and develops as a professional (Brott & Myers, 1999). "Collective professional identity" referred generally to the profession's status, the universal role, a shared identity, and appreciation for the history of a profession (Gale & Austin, 2003).

Semi-Structured Interviews

The common qualitative interview methods were reviewed prior to the selection of the semi-structured interview strategy for the present study. In reviewing these methods, DiCicco-

Bloom and Crabtree (2006) describe how in less structured interview strategies, the interviewee is more a participant in meaning making than a channel through which information is retrieved. Semi-structured interviews seek to explore meaning and perceptions to gain a better understanding of the life experiences of participants. All interviews were semi-structured and were scheduled in advance at a designated time and location (DiCicco-Bloom & Crabtree). The interview was organized around a set of predetermined questions, with other questions materializing from the discussion. This interview strategy also permitted a deeper exploration of participants' personal experiences. Semi-structured interviews are chosen to allow new viewpoints to emerge freely, and resemble a less formal conversation between two professionals where the interviewer gently directs conversation (Aira, Kauhanen, Larivaara, & Rautio, 2003). The interview was loosely structured, with the possibility of questions being created or deleted for subsequent interviews.

Each participant was interviewed once for a period of one to two hours, and all interviews were audiotaped. The interviewer took notes, as needed, before, during, and immediately after the interview to have a complete record of any observations and of the conversation (Swickert, 1997). The interviewer also performed "member checks" in vivo throughout the interview, by paraphrasing what the interviewee had said in order to avoid misunderstanding at the time of data analysis. Each interview was then transcribed verbatim.

Demographic Questionnaire

Prior to the interview, participants were asked to complete a demographic questionnaire (see Appendix C). This brief questionnaire was created for the needs of this study and compiled basic information on various topics. The demographic questionnaire comprised inquiries of counsellors' age, level of education, employment history, years of experience as a counsellor,

employment setting and nature of clientele they typically see. This information was used to situate counsellors in terms of their demographic information so that possible patterns or commonalities between them could be observed.

Justification for Using Grounded Theory-Inspired Methodology

A grounded theory-inspired approach was selected for the purposes of this study for several reasons: Firstly, grounded theory is well-suited to answering process-oriented research questions (Creswell, Hanson, Plano, & Morales, 2007); in this case, questions about counsellors' experiences over time or changes that may have stages and phases related to professional identity. Secondly, grounded theory's systematic procedures seem to best fit the rigorous methods adopted by counselling professionals (Creswell et al.). Thirdly, grounded theory offers a constant comparison of data with emerging categories and theoretical sampling of different groups to maximize similarities and the differences of information (Creswell, 2007). Such identifiable commonalities and differences among participants might better yield general themes and potential patterns surrounding professional identity to add to the existing literature, and that may be used as a springboard for further research in this area. Finally, grounded theory is an appropriate method when the nature of the phenomenon is subjective (Thériault & Gazzola, 2008). Because of the private nature of one's professional identity, a grounded theory-inspired approach is apt for isolating feelings and beliefs held in common among the present study's population.

Adaptation of Grounded Theory Methodology

In situating my study, it is important to elucidate what I mean by a "grounded theory-inspired" approach. The following section will specify what aspects of grounded theory were used and discuss in detail their associated procedures. A comparison between the current

adaptation of grounded theory and how traditional grounded theory methods are typically applied will also be provided when appropriate.

Grounded theory is an iterative, inductive method of data collection based on individual and group interviews that aims to explain a core phenomenon in detail and to relate it to possible causes, consequences, and situational conditions that influence it (Creswell, 1998; Strauss & Corbin, 1994). Grounded theory uses set procedures and steps for analysis, which includes open, axial, and selective coding as advanced by Strauss and Corbin (1990). In this study, open-ended interview questions relating to participants' lived experience and perceptions of their professional identity and that of the counselling profession were utilized so as to encourage responses in a narrative form (Humberstone, 2001). Interviews were transcribed prior to data analysis, where preliminary categories were generated. In the case of the present study, I asked participants, "What do you do as a professional counsellor?" From this initial question, data analysis yielded categories of information: a grouping of the statements into broad ideas (Strauss & Corbin, 1998). This was the first data analysis process, termed open coding, which refers to the procedure for developing categories of information. In the open coding phase, the researcher examines the text for relevant categories of information supported by the text (Creswell, 1998). Using the constant comparative approach, the researcher attempts to "saturate" the categories by searching for instances that represent the category and to continue searching and interviewing until the new information obtained does not further provide insight into the category. This process intends to reduce the database to a small set of themes or categories that characterize the process being explored. During this process, the researcher would be mindful of indentifying a core phenomenon; an idea that seems central to professional identity. Although other categories

might emerge, the focus should remain on this core phenomenon (Creswell, Hanson, Plano, & Morales, 2007).

The data also underwent a process of axial coding where the researcher interconnected the initial categories (Creswell, 1998). This involved developing an understanding of the properties of the categories and how they relate to each other. Diagrams may be drawn to help to articulate statements of such relationships (Humberstone, 2001). In the axial coding phase, there is a shift to more advanced categorization and relating of the data in which more interviews are conducted or the researcher reexamines the initial interviews with the focus on the core phenomenon (Creswell, Hanson, Plano, & Morales, 2007). Axial coding is achieved by identifying one or more of the open-coding categories, and re-examining the data or collecting new data to build a model around this core phenomenon (Creswell et al.). The researcher must ask several structured questions of the data surrounding the definition of professional identity, the causes of it, and the strategies that were used to better comprehend the unfolding process. The researcher must classify a single category as the central phenomenon of interest and from there begins to explore the interrelationship of categories (Creswell). The initial categories may be subsets of more generic categories. The relative importance of each initial category is determined by the influence it was given by the participants, the relative frequency of its emergence throughout the interviews, and its uniqueness (i.e., its inability to be accounted for by another category) (Humberstone). The model generated from axial coding consists of causal conditions that influence the central phenomenon, the approaches to addressing the phenomenon, the broader context and intervening conditions that shape the approaches, and the consequences of undertaking the approaches (Creswell et al.).

Typically, grounded theory results in the creation of a theory that is detailed and saturated to the point that any new information gathered would not further develop the study's model (Creswell, Hanson, Plano, & Morales, 2007). Thus, saturation, which means the point at which no new information emerges, must occur in order to create a theory. Theory development is a complex activity that requires an in-depth explanation of how well-developed categories interrelate and form a theory that explains a particular phenomenon (Hage, 1972). Corbin and Strauss (2008) warn that researchers who plan on constructing a theory need to "do it well and not settle for some poorly constructed, thin imitation of theory. The construction of theory necessitates that an idea be explored fully and considered from many different angles or perspectives." (p.56) Corbin and Strauss also state that grounded theory methods may be used without the intention of creating a theory. Thus, the aim of this study was not to form a theory, but rather to provide a description of the elements that contribute to the six participants' professional identities. Therefore, saturation was not a goal in this study. Open and axial coding stages were chosen for their systematic procedures (Creswell et al.), and to serve as a potential basis for future research that may build upon and further explore the study's results (Strauss & Corbin, 1998).

Typically, selective coding is the final stage of grounded theory after saturation has occurred. This stage seeks to identify a unifying concept that is present in all categories of the data, as well as to pinpoint the various links between the categories (Humberstone, 2001). While this study employed grounded theory's open and axial coding stages, it did not attempt to discover an overarching theme through the selective coding stage. Instead, conceptual ordering was used to classify emerging themes along specific dimensions, without developing an overarching explanatory scheme (Strauss & Corbin).

Conceptual ordering refers to the "organization of data into discrete categories. . . according to their properties and dimensions, then the utilization of description to elucidate those categories." (Corbin & Strauss, 2008, p. 54). The process of conceptual ordering entails making sense of the data by organizing them according to a classification system. Items or themes are first identified from the data and given a label and then described according to their properties. Conceptual ordering is a precursor to theorizing, as it serves to develop properties and dimensions that may later be used in the selective coding stage.

Development of the Interview Protocol

The development of an interview protocol entails several steps ultimately intended to increase the trustworthiness of results (Merriam, 1998). Creating the present interview protocol entailed using expert opinions and a review of the literature. Questions were also created on the basis that they addressed the study's three research questions. One of the most effective approaches for assessing the validity or credibility of a data collection instrument is to review research literature (Colton & Covert, 2007). Thus, the study's interview questions were generally either based on reports in the literature pertaining to professional identity or inspired by actual research and interview questions used in previous related studies. To further increase the trustworthiness of the study, the interview protocol was pilot tested three times on different colleagues in the counselling field, and in vivo member checks were implemented throughout the interview before data analysis.

Sources Used for Interview Protocol

The semi-structured interview protocol (see Appendix D for full interview protocol) comprises fifteen broad questions and eleven related follow-up questions that are more specific. Based on reports indicating that professional identity can be viewed as an individual and

collective concept (Gale & Austin, 2003; Schoen, 1989), the interview protocol was designed to target both domains. Most of the interview questions centre on counsellors' individual professional identity, while some target counsellors' perception of collective identity exclusively. Questions one through fifteen address counsellors' individual professional identity, while sub-questions one, two, and four are directed at collective identity. Specifically, counsellors are asked to situate their own work and perceptions of the field of counselling, by comparing themselves to other counsellors in general. Gale and Austin describe individual professional identity as a self-conceptualization that serves as a frame of reference from which a professional role is fulfilled, while a collective professional identity is defined as the universal role and shared identity and appreciation for the history of a profession. This will briefly be described to participants prior to broaching each of these sections.

Questions one and two (see Table 1) are rooted in the literature on counsellor roles (Goldschmitt, Tipton, & Wiggins, 1981; Schoen, 1989; Van Riper, 1972) and the "professionalization" of counselling (Gale & Austin, 2003), and are amended interview questions borrowed from similar ones conceived by Creswell (1998). Question three was inspired from the literature addressing the role of counselling organizations on one's professional identity (Goodyear 2000; Mrdjenovich & Moore, 2004; Pelling & Sullivan, 2006), and from the Canadian Counselling Association (2008) and its designation of Canadian Certified Counsellor. Questions four and five invite participants to think about the place of counselling among the mental health professions. These questions are rooted in studies conducted by Gelso and Karl (1974), Goodyear, and Sharpley, Bond, and Agnew (2004). Question six focusing on the influences on counsellors' status as mental health professionals originates from Lalande's (2004)

review of counselling in Canada and Gazzola and Smith's (2007) study of counsellors' self-perceptions.

Gelso and Karl's (1974) investigation about the role of doctorate degrees in the field of mental health provided the motivation for item seven. Questions eight through eleven all speak to participants' sense of individual professional identity, specifically when they became aware of its existence, how they would define it, and how it has changed over the years. These items were loosely based on previous studies devoted to participants' motives for choosing the counselling profession and what personal meaning the profession has for them (Gale & Austin, 2003; King, 2007; Pelling & Whetham, 2006; Schoen, 1989; Swickert, 1997). Question twelve, on the role of training on counsellors' sense of professional identity, is anchored in King's and Pelling and Whetham's studies on the professional preparation of counsellors. Investigations of participants' perceptions of various mental health professionals with different credentials (Gale & Austin) provided the motivation for item thirteen, where participants are invited to ponder the advantages of having different levels of education when doing counselling. Because counselling-related activities have been found to relate to counsellors' sense of professional identity (Canadian Counselling Association, 2008; Schoen), item fourteen was created to identify such activities. The final question on the statutory regulation of counselling was first and foremost inspired by the current state of counselling in Canada and the statutory regulation of psychotherapy in Ontario (Canadian Counselling Association), and secondarily by Swickert and Young and Nicol (2007) who generally address the public's difficulty with recognizing counselling as a distinct mental health profession.

Table 1

Sources of Semi-Structured Interview Protocol on Professional Identity

Question	Literature Reference
1	Creswell (1998); Gale & Austin (2003); Goldschmitt, Tipton, & Wiggins (1981); Schoen (1989); Van Riper (1972)
2	Creswell (1998); Gale & Austin (2003); Goldschmitt, Tipton, & Wiggins (1981); Schoen (1989); Van Riper (1972)
3	Canadian Counselling Association (2008); Goodyear (2000); Mrdjenovich & Moore (2004); Pelling & Sullivan (2006)
4	Gelso & Karl (1974); Goodyear (2000); Sharpley, Bond, & Agnew (2004)
5	Gelso & Karl (1974); Goodyear (2000); Sharpley, Bond, & Agnew (2004)
6	Gazzola & Smith (2007); Lalande (2004)
7	Gelso & Karl (1974)
8	Gale & Austin (2003); King (2007); Pelling & Whetham (2006); Schoen (1989); Swickert (1997)
9	Gale & Austin (2003); King (2007); Pelling & Whetham (2006); Schoen (1989); Swickert (1997)
10	Gale & Austin (2003); King (2007); Pelling & Whetham (2006); Schoen (1989); Swickert (1997)
11	Gale & Austin (2003); King (2007); Pelling & Whetham (2006); Schoen (1989); Swickert (1997)
12	King (2007); Pelling & Whetham (2006)
13	Gale & Austin (2003)
14	Canadian Counselling Association (2008); Schoen (1989)
15	Canadian Counselling Association (2008); Swickert (1997); Young & Nicol (2007)

Participants

The population for the present study was a sample of purpose and convenience. Six master's-level mental health counsellors in the Ottawa area were invited to participate in an interview on the professional identity of counsellors. Participants were contacted via phone or email; a copy of the recruitment text can be found in Appendix A. Participants were selected on the basis that they have a master's degree in counselling (Educational Counselling, Counselling Psychology, or Counselling), currently work as a counselling practitioner, and have at least ten years of work experience post-graduation as a counsellor. The sample for the present study was recruited via referrals from colleagues and professors in the field, and interviews were conducted from the month of April 2009 to August 2009. Participants worked in a variety of work settings, including university, school, community agency, and private practice. All willing participants completed an informed consent form (see Appendix B).

Measures to Ensure Confidentiality

To ensure confidentiality, participants and colleagues they referred to during the interview were given pseudonyms and their work settings were kept confidential. Transcribed interviews were revised by the researcher and auditor, and any identifying information was deleted or changed. Transcripts, consent forms, and data will be destroyed ten years after collection.

Data Collection Procedures

Prior to data collection, the study received approval from the University of Ottawa's Ethics Committee. Colleagues and professors in the field were asked if they knew of anyone who fit the participant criteria. If so, the colleague or professor then approached the potential participant, offering them information about the study, and asked permission to pass on their

contact information to me. Special attention was given to avoiding people whom I knew in another context (e.g., my former supervisors or professors) for ethical reasons. If the potential participant consented, I e-mailed or called the individual to provide further details and answer any questions. At this point, the purpose of the study, and general requirements of participation were described. Individuals were sent further information, if desired, about the study in writing by email, including the Recruitment Text (see Appendix A), and were also asked if they would like to see a copy of the interview questions (see Appendix D) prior to making a decision to participate. All participants were sent a copy of the questions beforehand. All potential participants who were approached to participate in this study agreed to participate.

Each time, the interviewer and participant then agreed upon an ideal date and location for the interview. All participants were interviewed at their place of work during work hours. Prior to the interview, I again explained briefly the purpose of the study; particularly that they would be asked primarily about their own professional identity and experiences, and secondarily about how they view other counsellors and the profession as a whole. Participants were again invited to ask any questions before the interview, and were also invited to ask questions throughout the interview process. It was emphasized that because of the semi-structured nature of the interview, the interview would resemble a casual conversation where questions may be removed, altered, or re-positioned for better flow and as needed. Participants were also encouraged to deviate from a question if an idea came to mind, and promised that it is my duty to time-keep and re-track participants if they seemed to be lost or confused about a question. Finally, participants were told that I would often reiterate what I was hearing as a form of in vivo member checking to avoid misunderstandings and to promote clarification.

Before being interviewed, participants were provided with two identical copies of an Informed Consent form (see Appendix B); the participant and I signed both copies. The participant kept one while I kept the other. Participants were then asked to complete the Demographic Information questionnaire (see Appendix C). Participants were finally asked if they are a Canadian Certified Counsellor and the year they graduated from their master's program.

After each interview, I thanked the participant for participating in the study. If there was time, the participant was invited to ask questions and debrief on the experience. Participants were all told that I would remain in contact with them throughout the study in case further questions arose on either side. Participants were also invited to contact me if they desired to expand on or change an answer to a question. This occurred with one participant. Participants were also told they would be supplied with an electronic copy of the study upon completion.

Each audio tape of individual interviews was transcribed in its entirety; after transcription, I reviewed them. To ensure the confidentiality of participants and the security of the data, I at all times maintained control of all recordings and transcripts. Recordings and transcripts were maintained in a password protected data file. No identification of the actual names of participants and any other identifying information were kept in the transcripts of participant interviews.

Trustworthiness of the Data

Methods of trustworthiness establish confidence that a study's findings accurately portray its participants within the context of the phenomenon of interest (Licoln & Guba, 1985); in this case, their description of professional identity and perceptions of the counselling profession. The criteria for trustworthiness include addressing credibility, dependability, and transferability.

Demonstrating the credibility of data is important in qualitative research (Creswell & Miller, 2000). It parallels internal validity in quantitative research, which means that the research is measuring what it intends to measure (Lincoln & Guba). Creswell (2007) recommends that qualitative researchers engage in at least two validation procedures in any given study. There were a number of procedures employed before and during data collection intended to increase the credibility of the data: bracketing biases, pilot testing, in vivo member checks, debriefing, auditing, preliminary analyses, and use of a reflective journal. The strategies used to increase the study's dependability and transferability will also be provided in the following section.

Bracketing Biases

In most qualitative research, the researcher is the only or primary instrument to collect data (Berg, 2001). Indeed, grounded theory has inherent limitations that relate to the researcher's theoretical sensitivity; findings are largely descriptive and rely on the personal interpretation of the researcher during data collection and data analysis (Kirk & van Staden, 2001). Divulging researcher bias from the outset of the study is important so that the reader recognizes the researcher's standpoint and assumptions that have a bearing on the investigation (Merriam, 1988). To minimize my value judgments, the following measures were taken: (a) I bracketed my biases; (b) I acknowledged my own background and included a self-reflection as relating to the study's research questions; (c) I maintained field notes in relation to my thoughts, feelings, and questions following each interview; (d) I noted any assumptions that may have resulted in biasing my results or creating themes (Strauss & Corbin, 1990); and (e) I collaborated with an auditor during data analysis to enhance theoretical sensitivity, accountability, and to avoid selective inattention (Creswell, 2007). Further, a colleague who was also a graduate student in counselling and was familiar with grounded theory methodology, met with me throughout the

study to discuss and examine the formation and fit of open and axial codes. Part of the auditor's role is to judge whether the findings and interpretations are supported by the data. Stating my assumptions and biases surrounding this investigation both verbally and in writing increased awareness and promoted critical thinking during data analysis.

Researcher's biases at outset of study. Several experiences in my development as a student and as a novice professional contributed to both the selection of this thesis topic and the progression of this study. Having graduated from an undergraduate degree in psychology with the aspiration of pursuing a Ph.D. in the field, I was initially biased toward clinical psychology. Most of my professors were clinical psychologists and most of my peers aspired to become clinical psychologists. As a stepping stone to the very competitive Ph.D. in clinical psychology, I decided to apply to several master's degrees in the fields of counselling or counselling psychology. I met a clinical psychologist to ask for career advice during this time, who to my surprise knew nothing about the field of counselling psychology and spoke very highly instead about the merits of being in the clinical field in comparison to counselling. After being accepted into a counselling program, I learned that many of my peers also knew little about the differences between mental health professionals, and some were even under the impression their M.Ed. in counselling would lead to the title of psychologist. Questions surrounding professional identity were not part of the curriculum, and answers it seemed would come only from individual investigation.

Throughout my master's degree, I took initiative in learning about the differences between different Ph.D. programs on my own and where they would lead me. I contemplated applying to Ph.D. programs in clinical psychology, counselling psychology, educational counselling, and even experimental psychology. In my search, it frustrated me that so few people

around me bothered to educate themselves about different career paths and that almost everyone was strongly biased toward his or her own profession. There were many sweeping generalizations made about the differences between professions, and so I began my study with a negative bias toward collective identity: that professionals cannot separate themselves from a collective whole or representation and that there was very little individual variation. It was rare that I heard about teamwork between different professionals, and common to hear people say "Psychologists are X, while counsellors are Y." I began to think there were chasms between the mental health professions and in the midst of learning about the counselling profession, I was also surprised at how misinformed the public, the students, and allied professionals were about what counsellors do.

I began my study believing that turf wars were prevalent in the mental health world, that the work of different mental health professions varied widely between one another and that counsellors were very limited in the work they could do compared to other allied professionals. The literature also seemed to suggest extreme confusion among counsellors as to their professional identity and it echoed a pronounced sense of competition or sensed superiority between the professions. After creating the interview protocol largely based on my review of the literature, pilot testing it on three novice counsellors further supported a direct link between collective identity and individual professional identity; when asked about their professional identity, the novice counsellors spoke mainly about perceptions of the profession by others, making sweeping generalizations about each individual mental health profession and how they differ from one another.

However, once I began my work as a counsellor for my practicum, working alongside allied professionals in a collaborative and positive manner, my perception of the professions

changed. I learned that any profession is likely best explained by individuals within a profession and began to internalize this attitude as I interviewed participants one by one. Adopting instead a curious and open mind during interviews was the most practical immediate way to combat pre-existing notions and assumptions that I previously had.

Pilot Testing

Prior to data collection, I informally pilot tested the interview protocol on three counselling students individually. These students were friends and colleagues of mine, who agreed to help give feedback on the interview process and interview protocol. Between interviews, questions were altered, added, removed, or the sequence changed if needed based on the feedback of interviewees. The purpose of pilot testing the interview protocol was threefold: to give me the opportunity of practice as this was my first interviewing experience, to test the face validity and comprehensibility of interview items themselves, and to test the approximate length each interview would take. In this sequential approach, collecting themes and specific statements from my pseudo-participants helped create an interview protocol that was grounded in the views of participants (Creswell, 2003).

In Vivo Member Checking

Member checking is useful to check for accuracy (Lincoln & Guba, 1985). Traditionally, member checking involves taking data, analyses, interpretations, and conclusions back to the participants so that they can judge the credibility of the account (Creswell, 2007). Due to limited time and resources of this study, I opted for in vivo member checks. This is a form of verifying the validity of data by checking the accuracy of information recorded during the interview (Truell, 2001). Throughout the interview, I took notes on what the participant was saying and would check with the participant what I thought I had heard him or her say as an answer to a

particular question. In some instances, the participant corrected what I had understood. I sometimes also followed up on novel ideas from participants to encourage the participant to say more. This form of member checking, called in vivo member checking, offered the opportunity for corrections or rephrasing of the original comments.

Debriefing

Debriefing is the review of data and research process by someone who is familiar with the phenomenon of interest being explored. The role of the reviewer is to provide support, challenge the researcher's assumptions and question the researcher's methods and interpretations (Lincoln & Guba, 1985). An expert in the field of counsellor professional identity was utilized for this purpose of my study. The expert also read the study at regular points until the final draft to decide whether the investigations and findings are 'fit' and appropriate in terms of his or her experience. 'Fittingness', according to Lincoln and Guba, is a strategy put in place to ensure rigour of data collection and analysis when the researcher is unable to return the analyzed data to participants for final validation.

Auditing

All transcripts and data analyses were reviewed by an auditor, which ensured that the coding was unbiased and that common elements were grouped according to my explanations based on the data. The reviewer, used for the purpose of debriefing, also played the role of auditor because of his expertise in the area of counsellor professional identity and his familiarity with grounded theory methodology. The auditor critically and systematically reviewed repeating ideas, themes, and theoretical constructs within the data. An outside observer who examines the researcher's data ensures accuracy (Lincoln & Guba, 1985). Whenever possible, consensus was reached between the auditor and I to the codes in question. Whenever the auditor disagreed with

my codes, he provided the investigator with recommendations of alternative ways of grouping the repeating ideas and labelling the themes; in the end, consensus was reached between the auditor and I to any codes in question.

Preliminary Analyses

Formal data analysis was preceded by an additional stage of "coding" which sought to ultimately increase the credibility of the findings. Prior to open coding, all important concepts and statements from the transcripts were first paraphrased. Specifically, before extracting categories of information in the open coding phase, statements of interest were first condensed into another document. This was a form of rudimentary analysis that broke down the data into discrete sentences of information; these units of data were then conceptually labelled (Merriam, 1998). Instead of identifying categories of information directly from large documents of verbatim text, dozens of important concepts were first isolated and paraphrased as closely as possible to participants' own words. Paraphrases were then organized systematically in a table; thereafter, open codes were created directly from the paraphrases. This additional stage of pre-analysis was intended to help categories emerge more freely and also to stay true to the underlying philosophy of grounded theory: that the theory should be closely grounded in participants' own descriptions (Creswell, Hanson, Plano, & Morales, 2007).

Reflective Journal

A reflective journal was used throughout the study for several purposes: to account for my own potential biases as it related to the study of counsellor professional identity, to record my methodological decisions and the reasons I had for making them, to record my impressions and special observations after each interview, to take note of patterns and the growing insights I experienced during the research process, and to reflect upon what was happening during the

research process in relation to my expectations and interests (Lincoln & Guba, 1985). The journal was also available for audit.

Dependability

Dependability in qualitative research parallels reliability in quantitative research, and refers to the consistency of the results over time and across different researchers (Morrow, 2007). Lincoln and Guba (1985) state that dependability cannot exist without confirmability; one inevitably ensures the other in qualitative research. Dependability and confirmability can be created by means of an audit trail. Via my reflective journal which also included field notes and memoing to document the research process, a detailed audit trail was generated. The audit trail includes written records of the recruitment process, different stages of analysis, reflection on emerging categories, the author's working hypotheses of the data analysis, and the process of developing a core category that seems to emerge from the data (Strauss & Corbin, 1998).

Transferability

In grounded theory, transferability of the results entails being able to take the results of the study from its original sample, to a subsequent theory, and then later to additional individuals (Gall, Borg, & Gall, 1996). Transferability parallels the concept of external validity in quantitative research. Transferability is inherent in the thick description of the phenomenon of interest (Strauss & Corbin, 1998). The participants in this study provided a rich and detailed account of their experiences and perceptions relating to professional identity. This enables the reader to transfer information to other settings and determine whether the findings are transferable (Creswell, 1998). After analyzing participant data, the findings may be applied to additional individuals on a case-by-case basis.

The following chapter will present the study's results in terms of the various themes that emerged from the six participants that relate to the influences on their professional identity. By means of conceptual ordering, the results will also present how the themes have been classified along various dimensions.

CHAPTER IV

RESULTS

Descriptive Analyses

A total of six interviews were conducted on six individuals for the study. Interviews ranged from 57-126 minutes, with an average of 94 minutes. Table 2 (see below) provides a detailed description of the six individuals that participated in this study. Pseudonyms were used for all six participants. This information was derived from information provided by the participants on a demographic questionnaire completed prior to the interview. Four out of six participants were females. The average age of the participants was 52; ages ranged from 37-61 years old. Five out of six had a Master's of Education in Counselling, while the sixth had a Master's of Arts in Counselling. All of the participants met the inclusion criteria. Participants had a wide range of experience in terms of clientele, counselling activities, and clients' typical presenting issues. Years of counselling experience post-graduation ranged from 10-24 years. One participant worked in a high school, one worked in a community agency, one worked in a university as a personal counsellor, two worked in a university as career counsellors, and the last worked in private practice. Five out of six counsellors said counselling was not their first career. Five out of six counsellors were also Canadian Certified Counsellors.

Table 2

Participant Group Profile

Participants	Wanda	Toni	Teresa	George	Cyndi	Albert
Gender	F	F	F	M	F	M
Age	61	52	61	37	47	55
Years of Experience	10	11	16	10	12	24
Is counselling first career?	NO	YES	NO	NO	NO	NO
Degree	M.Ed. Couns.	M.A. Couns.	M.Ed. Couns.	M.Ed. Couns.	M.Ed. Couns.	M.Ed. Couns.
CCC	Yes	Yes	Yes	No	Yes	Yes
Place of work	High School	Community	University	University	University	Private Practice

The purpose of this study was threefold: to investigate counsellors' individual professional identity and the influences on its development, to learn the typical counsellor work roles and activities, and finally to explore the connection between counsellors' individual professional identity and how they view the collective identity of the profession. Data collection and data analysis were inspired by grounded theory (Strauss & Corbin, 1998) and were conducted simultaneously. Three research questions guided the study:

1. What influences counsellors' sense of individual professional identity?
2. What characterizes the work of counsellors?
3. What is the relation between counsellors' individual professional identity and counsellors' collective identity?

Twenty-five themes emerged from the axial coding stage (see Appendix E for full list of open and axial codes). The themes were then categorized into five overarching categories: (a)

key influences on counsellor professional identity, which included seven themes; (b) counsellors' professional image, which included seven themes; (c) counsellors' roles and practices, which included six themes; (d) counsellor education and training, which included three themes; and finally, (e) critical events of counsellor professional identity, which included two themes. The themes were listed under each category in no particular order. A description of each category and rationale for placement of themes will be provided in the following five sections. Each theme will be discussed in detail, and will be accompanied by at least one verbatim example to ascertain that the participants' voices are present (Truell, 2001).

Key Influences on Counsellor Professional Identity (7 Themes)

The following seven themes were listed as key influences on counsellor professional identity because they were unanimously described by participants as significant and common contributors to the development and description of their individual professional identity. Crucial factors that played a role in counsellors' individual professional identity included their personal identity, their personal work experience, their perceived competencies, their value of self-directed learning and professional development, being part of a collective group, their place of work, and time. Each theme will be elaborated upon separately.

1. Professional identity is closely tied to personal identity. In defining their professional identity, all six participants expressed a strong interplay between their personal and professional identities. Specifically, counsellors either described that it was difficult to distinguish between the two, or else that their personal identity informs who they are professionally. The following statements first portray the sentiments of Wanda, who believes that she is the same person with the same responsibilities, whether in or out of the office. The second

and third statements by Albert and Teresa also illustrate the relationship between personal and professional identity.

> I mean, as a counsellor, you have to be a very authentic person – you can't put your counsellor hat when you walk in the door and take it off when you leave. You have to be very authentic in who you are. If I meet a student who's working in the mall, I can't be some distant person. I have to be the same person who I am when they might see me out here. [Wanda]

> I mean, they are connected. . . I mean, you know, I'm a caring, compassionate, empathic person. And those are qualities that I see in myself as a counsellor. I'm still that same person. [Albert]

> I mean, this is partly why I'm glad that my work and personal life do overlap, because I think people do very much identify with their work; who they are and what they do, and the importance of it. [Teresa]

George spoke at length about the need for congruency between a person's personality and choice of profession. He believed he was born with the propensity toward counselling and explained that his general philosophy about life informs his professional philosophy and practices. Teresa described entering the profession already with a "solid personal identity," which she suspects may have sheltered her from ever having experienced a professional identity crisis. When describing her professional identity, Toni directly identified that her professional identity starts with who she is as a person, while all participants tended to mention the large impact of their personal experiences throughout life on how they conduct their work. In fact, Toni described entering the counselling profession as a client; the trajectory of her work began with her personal experiences in counselling, then informally counselling others in a similar context, and ultimately pursuing the credentials to conduct the work she does today. Personal identity was discussed among all participants as the primary form of identity one develops, while professional identity is naturally developed later on when one enters a profession. This is captured in the following statement:

> I find professional identity and identity are really closely interrelated, so I don't think I could have a really wobbly identity, but have a really strong, shiny professional identity. [Cyndi]

Thus, personal identity seemed to shape the development and description of counsellors' professional identities rather than vice-versa. Participants discussed the interplay between the two as more uni-directional rather than mutually influencing or circular.

2. Work experience strongly influences individual professional identity. When asked about the various influences on their professional identity, all participants most commonly cited their experience in the field as influential. For example:

> I think the experience over time and the different experiences I've had allow me to feel able to present to people and to feel confident that I'm able to be there for them. I'm not afraid to go to where they're at, not afraid of their feelings or their angst, or I'm not gonna judge them. So it makes me feel that I have capacity, that I'm capable, and that I'm professional. [Toni]

> I've identified as well through my work experience, my varied work experience, the different roles I've held, you know, [I've] been very happy to have held on to each of those roles. [Albert]

Practical experience in the field was generally revered over further education, certification, and memberships in professional associations. Participants not only named their experience over the years as having the most impact on how they define their work as counsellors, but also described continued professional development in the form of ongoing counselling training and hands-on workshops as crucial to furthering their expertise and confidence in the field. Experience was also cited as important to counsellors' status or perception by others, be it other professionals or clients.

Experience was most valued by participants because of the focus on immediate applicable skills and exposure to various presenting problems. Compared to education where the focus is typically more on theory, a shared belief among participants, direct practical experience

was said to offer more opportunity to learn by encouraging counsellors to utilize creativity and apply problem-solving skills. George explained that the counselling profession is one where "the learning is in the doing." Teresa echoed these sentiments by comparing the contribution of education versus experience when asked what most influences her professional identity:

> I think it's primarily the experience, the doing of this work, 'cause I didn't come out of my program – came out with an M.Ed. and a term counsellor, but I didn't come out with a really clear idea of what I was – what it meant I would do. . . I'm not an academic, and I'm not big on theory and research. I'm very much more practical, in-the-moment. . . it's the experience that gives you confidence. [Teresa]

3. Counsellors define their professional identity in terms of their perceived competencies. Participants' experience, perceived competence, and professional identity seemed to simultaneously influence one another and directly increase with time. Participants began to describe their professional identity differently, as captured below:

> I'm a resource. . . a safe place to go. . . I guess we're a confidante as well. [Wanda]
>
> I'm someone who sees, you know, meets with clients. . . throughout the day. . . [Albert]
>
> I think first and foremost, I see myself as very human. [Teresa]

In short, participants began describing their professional identity either in terms of their roles and responsibilities, their abilities, or who they are personally. However, all participants eventually spoke about their present perceived level of competence or explained how it has increased over the years. Participants described competence in terms of the counsellor role or approach, understanding limits of competence, acquired subject knowledge, professionalism and poise, and of course self-belief in these qualities (confidence). Essentially, participants believed that a central category of "who they are as professionals/how they define themselves" is perceived ability as a counsellor today. The following are examples:

> I think a lot of [my professional identity] is feeling more competent and confident. [Teresa]

> I see myself as someone who is competent. . . and. . . resourceful, so if I'm not sure what to do, I have no problem going out and asking what and how to do something, so, I guess I see myself as. . . dedicated. . . [Cyndi]

> I'm a curious questioner who has developed a set of tools to help people find the information they already know – but can't access by themselves. [George]

4. Counsellors place importance on self-directed learning and professional development. Though experienced, all participants possessed an attitude of reflective awareness and lifelong learning, and ongoing commitment to developing as professionals. While some activities were unique among participants, others such as reading and watching counselling related material, attending conferences, and sharing professional experiences with colleagues were commonly cited. Cyndi explained how seeking counselling herself helped her learn, as well as seeking supervision in her practice. Toni, George, and Cyndi presently supervise counselling interns as part of their professional development, and expressed that supervising interns was a significant factor in their learning and reflecting on their own practice. All participants said they continue to seek training and take counselling-related courses, usually to either learn about a particular presenting problem (e.g., eating disorders) or a particular intervention (e.g., cognitive-behavioural therapy). Albert explains how he conceptualizes the relationship between his master's degree training and his ongoing professional development in the following statement:

> When it comes to readiness to take on the profession, I've always viewed doing my master's degree as a launching pad, and then beyond that it was where else did I want to train, like what areas did I want to really specialize in, whose brain did I want to pick on as far as having questions about a certain therapeutic approach. . . so I've learned from people. [Albert]

Wanda echoes the value of professional development in her own words:

> If you continue your professional development, you become aware of so much more. And that awareness helps you, I think, provide a better service to other people. [Wanda]

Albert's statement signifies that, according to him, the training obtained during his master's degree should be regarded merely as a starting point in what should be a counselling professional's lifelong commitment to learn; learning does not end at graduation. Interestingly, professional development is so important, that Wanda, Toni, and Cyndi claimed that continued learning and professional development may supplement a master's degree in the case of a counsellor who only has a bachelor degree.

In some cases, participants were funded by their counselling agencies to seek professional development, whereas others were not due to their workplace's financial constraints. Nonetheless, Teresa, who is in the latter circumstance, argued that counsellors should try as much as possible to seek professional development, whether it is provided to them or not:

> I went. . . [out of town] in the spring for grief training, just because it happened to be offered there – but you know, that was all paid for by myself and I think it's important, and I wish we had the funds – you know, and the director wishes that too – But, I also think it's everybody's responsibility to keep that stuff up. Just because they're not paying for it, it's no excuse not to go. [Teresa]

5. Being part of a collective group is important to counsellors' individual professional identity. Participants described a connection between collective counsellor identity and individual professional identity in the sense that being part of a collective group was important to them. Belonging to a professional group was reported as important to participants' individual professional identity. For example, partaking in counsellor associations was unanimously described as crucial to one's professional identity, while credentials such as certification were mentioned by some as being important in connecting counsellors. Cyndi stated that representation of the profession and internal modifications of counselling associations affect her sense of professional identity. Namely, modifications to counselling organizations, such as

the name changes that occurred within the CCPA over the years, impact on how she defines herself and in turn how others perceive her. Indeed, Wanda, Toni, and George asserted that how others view their profession (counsellors collectively) affect how they view themselves as professionals. Similarly, Albert and Wanda affirmed that how they represent the profession individually affects how the profession as a whole is viewed. Their attitudes are illustrated below:

> When it all comes down to it, I think it's how we represent the profession, and how we speak on what we do, be it as a counsellor or therapist or as a coach, and from that, on that basis, that's where our credibility stems from. [Albert]

> I identify very, very strongly to being a counsellor and to what that means. I would not want anyone to see and know me as a counsellor having personal standards that would be detrimental toward that title – that professional title. . . I feel I have to live up to the service. [Wanda]

Likewise, all participants described that various activities involving a collective group of counsellors, such as attending conferences, seeking and giving supervision, and sharing with colleagues, help them feel in touch with the profession. Albert described that a number of colleagues are an important source of his identity because of the networking opportunities he has had with them, while George suggested that networking and belonging to a collective group is so important because counselling can be an isolating field. Thus, he believes that meeting with colleagues gives counsellors an opportunity to reflect and debrief on their work and obtain a form of supervision. In Toni's case, training was identified as particularly important as it gave her opportunity for collective learning and to connect with others. Finally, throughout the interviews, it was common for participants to switch back and forth from using an individual voice to a collective voice in discussing their work. For example, in describing their own practices and approaches to counselling, counsellors typically began to speak collectively in terms of what "counsellors" do rather than what they do specifically as an individual counsellor.

They emphasized in particular the importance of a sense of unity among counsellors in terms of ethical, professional, and client-focused practices.

6. Professional identity is context bound. When asked to describe their typical working day and duties as a counsellor, participants volunteered that where the counsellor works is a major contributor to the specific roles the counsellor adopts, and therefore identifies with. For example, counselling agencies may offer services within a certain model or approach to help clients, and therefore their counsellors are expected to work from this perspective. This is reflected in Toni's statement:

> For example, a social work perspective is more structural, or – in [City], anyway – structural or context-based, which is what we do employ here, so I employ a lot of that here, because I'm in a resource agency. [Toni]

Interestingly, all four counsellors who worked in educational settings (university or high school) compared their counselling to teaching; in their work, Wanda, Teresa, George, and Cyndi claimed that they teach "life skills," teach people "how to love themselves," and "educate" people on a variety of topics.

How a counselling setting is administered was also mentioned as an element that determines the various responsibilities counsellors have. For example, Wanda, George, and Cyndi described needing to meet the demands of various people and agencies beyond clients, as their setting grouped personal and academic counselling in the same department. The two career counsellors, George and Cyndi, described "university politics" and budgeting reasons as responsible for universities compartmentalizing the work of mental health professionals. George revealed that often those who are responsible for funding or running counselling agencies are not mental health professionals themselves and therefore separate the services and assign counsellors labels based on what's best for budgeting purposes, for example. In the case of the two career

counsellors, this mentality meant that their services were housed under "career counselling," where the university distinguished it from the department of "personal counselling," even though they were trained equally as personal counsellors and often did personal counselling with students.

Participants also described that their clientele could depend on work setting. They imagined that any mental health professional working in a medical setting would tend to adopt more of a medical approach to helping clients, as per the philosophy of the centre, and would tend to work with a clientele with specific and unique needs. Participants conceived that counsellors working in community settings would typically see more socially marginalized clients. In fact, Toni declared that because she works in a community centre, she sees many clients who come from lower socio-economic backgrounds, live in poverty, and present with issues more directly related to personal safety, substance abuse, and other forms of abuse. Because of the numerous and severe presenting issues, she struggled to narrow down the common client issues she faces. However, she was unique in describing her role as counsellor to always be mindful of clients' safety and to first and foremost connect clients to shelter, a safe environment, or food prior to larger counselling goals. Similarly, most participants described that a counsellor working in private practice might have similar roles and work philosophies to allied professionals working in private practice:

> I think what [mental health professionals] are being asked to do, so it may be that if they work in a hospital or non-profit organization, they may be asked to do a slightly different role than say, a clinical counsellor in private practice. So, where they work, [and] the clientele that they work with might be a little bit different. But if we were to put them all into, say private practice, where they're all sort of on the same playing field, that's where I say that the work could be quite comparable. [Albert]

This testimonial imparts that the setting, and not as much the type of mental health professional, more strongly influences the defining role of a professional. For example, it was

generally agreed that because social workers tend to be employed in hospital and community settings, their ascribed roles are to be more directly involved in the client's or patient's life in terms of connecting him or her to resources and other forms of assistance. All participants agreed that mental health professionals working in private practice, where there is probably less chance of upper level management, would likely have more freedom in their work, specifically in how they work, and with whom they work.

7. Professional identity develops over time. After describing their professional identity, participants were asked to explain how their professional identity has developed and changed over the years. Participants either replied that it has grown or deepened over the years, or that it has become increasingly pervasive. The development of participants' identities seemed to parallel their experience over time, how their counselling practice has changed, their perceived competence and knowledge, and how their personal identities have changed over time. Professional identity was not described as a fixed concept, and like other forms of identity, was affected by a multitude of factors and experience that accumulate over time.

> Well, I would only say that my identity has evolved and you know, just because of my life and my life experience. . . so the way I am now, compared to the way I was fifteen years ago, or ten years ago. . . through maturity, through you know, any wisdom that I've gained, knowledge I've gained. . . I've been able to apply it to myself as a professional. [Albert]

> I think it's changed since the beginning, and I don't think anything's ever completely static. [Teresa]

All participants described the progression of their professional identity positively in terms of "deepening" or "strengthening." Indeed, all participants claimed they have a strong professional identity today, which developed over time and was framed by their amount of experience in the field. George added that further understanding his own professional identity helped him better understand what he stood for (professionally) and in turn, articulate that to

others. A prevalent theme in their descriptions was growth and clarity, rather than an increase in confusion or identity crisis.

Counsellors' Professional Image (7 Themes)

Participants discussed a number of concepts that were found to relate to their perceptions of the image of counselling or counsellors. National representation, certification, regulation, public perception of counsellors, public perception of the relations between allied mental health professionals, participants' preferred professional title, and their perceived status had in common the notion of how counsellors believe they are perceived by the public, allied professionals, and how they perceive themselves. Themes that centred on perceptions of counsellors and counsellor status, and participants' reasons for their preferred professional title clearly related to their perceived image. The benefits of national representation, certification, and regulation were directly associated with an increased sense of credibility or image of individual counsellors or the profession as a whole. Each of these themes will be further discussed in their own sub-sections.

1. National representation is important to counsellors' collective identity. All participants identified the Canadian Counselling and Psychotherapy Association as the first organization that came to mind when I said "counsellor professional identity." All but George were certified through the CCPA and Wanda and Albert described being involved in the organization in terms of taking on leadership and advocacy roles. Wanda, Toni, and Teresa believed that it is common practice for counsellors to belong to the CCPA. The only participant who was not certified through the CCPA still considered the CCPA as "definitely" a representation of counsellor professional identity. Reasons for participants' involvement in the CCPA included that the CCPA (a) reinforces a solid sense of professional identity, (b) was

affiliated with the institution from which participants graduated, (c) positively represents the profession, and (d) provides certification. The CCPA's standards of professionalism were also praised and admired by participants, and were commonly cited as another influence on how they conduct their work and define themselves professionally, individually and especially collectively. The ethical codes and standards of practice were also said to add to the professionalism and reputation of the profession. Wanda had a particularly high opinion of the CCPA and its impact on the representation of the profession:

> I cannot say enough good things about [the CCPA]. The standard of professionalism. . . I'm just really very impressed with the professional standards that they hold, the people that are involved, and it's a genuine honour to have those opportunities to just be involved. . . it really is. . . and they're really a strong voice of advocacy for counselling, not just in Ontario, but in Canada. So, I think they're very well respected. [Wanda]

2. Counsellors value certification for the public perception/recognition of it. When asked how important being a Canadian Certified Counsellor (CCC) is to their professional identity, Wanda, Toni, Cyndi, and Albert stated it is important to their professional identity for various reasons. Teresa claimed that certification wasn't that important to her own professional identity, but that she preferred being certified because of the value placed on it by others. She added that certification is not an important part of her identity, but that it is a somewhat significant influence on how she is viewed. Namely, she explained that certification publicizes that a professional has certain credentials, which is generally revered in any field. While some participants revealed that certification is important to their professional identity because it ensures a protocol for standards and practices and also connects counsellors, all six participants claimed that certification is particularly important to other people. George, the only participant who wasn't certified, explained that he hadn't yet had the chance simply due to "laziness." Nonetheless, he shared most of the sentiments of his certified counterparts, especially agreeing

that certification is valued and recognized by others. "Others" included both service users and allied professionals, where certification was expected to attest to the legitimacy or credibility of the counsellor's professional abilities in the eyes of both service users and other professionals. These were typical responses:

> Being certified indicates to prospective clients that the counsellor they are seeing has a certain level of proficiency and experience. [Toni]

> I think that being a CCC has some value professionally because it tells others in the field that I have certain credentials and perhaps it has some meaning to clients as any certification does. [Teresa]

> When I did get my certification, it shifted for me and I started to realize how important it felt to be able to. . . put it on my business card, to be able to have a little. . . certificate to show that I was a member. So, it did feel like I had met a certain criteria that when people saw it, that they would assume accreditation and professionalism. [Cyndi]

3. Regulation will benefit the status and credibility of the profession. Currently, Ontario is undergoing regulation of psychotherapy, which will set in place parameters around which professionals may be able to adopt the title psychotherapist. Thus, psychotherapist and not counsellor, is in the process of becoming a legally protected title. Participants were asked how this regulation will affect the profession's identity, and also how it will affect their individual professional identity. There were many positive anticipated effects of the regulation of psychotherapy. Most participants predicted that regulation would positively affect their own professional identity. George claimed that regulation would not affect his own professional identity, because he described a large divide between internal influences on his self-perception and external influences. All six spoke at length about the advantages it will produce for the profession as a whole. For example:

> I really think the recognition and the stature of the profession will be advanced through regulation. . . When any profession is regulated, it tends to raise the stature, have other professions look favourably [on it]. [Wanda]

> I think it would further strengthen and build on the professionalism and reputation of counsellors receiving the training necessary to be able to [provide psychotherapy]. [Cyndi]

Generally, participants who were more involved or knowledgeable about the regulation spoke in greater detail and with more enthusiasm than participants who were less attuned to the current changes. The following were typical responses: regulation will (a) advance the stature of the profession, (b) increase public recognition of the profession, (c) increase chances of third party billing and give more opportunity to counsellors, (d) better differentiate the work of counsellors from that of allied professionals, and (e) ultimately protect the general public by separating professional counsellors from non-professional counsellors. George further explained that regulation would not influence his professional identity, as adopting the title "psychotherapist" still would not affect or help others understand his work any better because "everyone understands titles differently."

Still, participants associated positive feelings and thoughts with the regulation and were pleased and hopeful about its intended results. Some even shared that they believe regulation will affect the sense of unity among counsellors, thus increasing a solid sense of collective professional identity:

> I think it's essential, and I think it will. . . help separate things in a more explicit fashion in terms of how people perceive professional counsellors and I think also how we perceive ourselves. It will enhance our own status, and it will. . . increase the confidence of the field as a whole. [Toni]

4. Counsellors believe that the public perception of counselling is based on lack of knowledge. Though it was generally acknowledged that seeking counselling is increasingly common and that stigma surrounding mental health is decreasing, most participants claimed that many people are still unaware about what counsellors are and do. Some participants even described experiencing continued erroneous assumptions about what counsellors do.

Opportunities to witness these perceptions generally occurred when participants were asked what they do for a living. Often after expressing their professional designation or title to random members of the public, people had either limited knowledge of the meaning of the participant's profession, or else had erroneous perceptions of what it means to be a counsellor. As Wanda noted, most people's experiences with counsellors are school guidance counsellors. In reaction to some of these misguided notions, participants reported either feeling insulted or frustrated. Toni illustrated the public's lack of knowledge in a somewhat comical but candid way:

> Right now, you can put up a shingle and be Jo-Jo the psychic and clients don't know the difference. Clients don't know the difference between Ph.D. counsellor – like, there's no difference for them unless we explain it. . . and a lot of times, they don't really even care, either. [Toni]

The two career counsellors in the sample in particular described experiencing many misperceptions of their work by members of the public. They expressed often encountering people who were severely misguided about what career counsellors do, and were sometimes insulted. The following excerpt is an example of a common scenario for one of the career counsellors:

> Sometimes I tell them I'm a career counsellor, but often when I do that, people will say, oh yes, you find jobs for people, and then I feel kind of offended. [Cyndi]

Most participants speculated that the lack of knowledge or misinformation about counselling is due in part to the lack of popularity of the word "counsellor" in society and in the media. Counsellors agreed that there is a strong preference at least in the "Hollywood" depiction of the field for the term "therapist," and as such, Albert added that when people don't initially understand the term "counsellor," following with the title "therapist" usually clears up confusion. Interestingly, still while most participants have experienced the various forms of ignorance about counselling among members of the public, their direct experiences with clients and coworkers

have generally been positive. In short, while participants may sometimes be annoyed and even offended by this public lack of knowledge, it generally has not attacked their sense of individual professional identity. George explained that erroneous perceptions about counsellors affect more the collective identity of counsellors rather than his own individual professional identity. This was a fairly common attitude among participants:

> I'm pretty clear on what I do, but it's like other folks are not so much. . . I think they just trust us to do our own job and they don't really ask questions as to how we do it! . . . I want. . . people to get to know me and what I do, so I just like just start telling people about stories about what I do, what goes on, and then they're kinda like, wow! That's really neat! . . . I was clear [on my professional identity]! I know what I do. . . [George]

5. Counsellors' personal experiences with allied professionals are in conflict with the perceived public reputation of professions. When asked to ponder the differences between counselling and allied mental health professionals, all participants were generally in agreement that by and large, psychologists and psychiatrists diagnose and are more based in the medical model, and that social workers tend to take a more actively involved role in connecting clients with resources and to the community. However, concerning allied professionals' approach to individual clients, participants were generally hesitant to make sweeping generalizations and used instead tentative terms such as "a psychologist might," or "I've heard that. . ." Participants were aware of the stereotypes among mental health professions; for example, the notions that "psychiatrists aren't good listeners," "psychologists like to label," and "social workers are too focused on the role of society on clients." However, in all cases, participants described never having directly experienced these stereotypes in working with and meeting allied professionals over the years. For example:

> You hear all these things about people saying [social workers] are really like. . . militant, or like radical. . . like, there's a focus on the system or the environment. . . And I've heard that, but I've never had a chance to sit down and like have a discussion to kind of hear those things come out. [George]

In effect, participants described working with allied professionals who actually fit the opposite description than is publically expected. For example, the psychiatrist with whom they previously worked offers counselling; the social worker works from a very similar approach to the participant; the general practitioner they know offers counselling and avoids psychiatric medication; and the psychologist who works from a developmental rather than medical paradigm. In addition, participants acknowledged a public perception of "turf wars" between allied professionals; for example, a sense of superiority among professionals with doctoral degrees versus master's degrees. But in fact, participants who have worked with allied professionals in the same workplace described never experiencing stigma from either side. Finally, participants agreed that, like clients, mental health professionals ought to be considered as individuals and not subsumed under an umbrella term or stereotype. This is summarized nicely in Toni's own words:

> I would say it's not the groups, I would say that it's individuals. . . I prefer to think that way anyway because if I think of globally against every group. . . there'll be a self-fulfilling prophecy of not having a good encounter with a social worker, or a psychologist, or a doctor, or a psychiatrist. . . psychiatrists always were not the best at providing support to people, 'cause they aren't known to be great listeners – this is what we always used to hear. . .but again, there are some psychiatrists that are wonderful! . . . So, where I'm coming from is really trying to build relationships and be collaborative with individuals. [Toni]

6. Counsellors' preferred professional title is counsellor. When asked what their preferred professional title is, five out of six participants answered "counsellor," and one participant specified "professional counsellor." In fact, Wanda, who has more seniority at her place of work and thus another professional designation as manager, still claimed she first and foremost identifies as a counsellor when asked what she does for a living. Toni claimed that over her counselling career, she has varied the title, but insisted that it must always include the word "counsellor." In Cyndi's case, a career counsellor, she described preferring the single term

"counsellor" to "career counsellor" because in her experience, the former term generated less erroneous perceptions. In contrast, Wanda, who counsels in a high school, explained sometimes adding that she is a "high school counsellor," because she believes most people, having been to high school, have a good sense about what a high school counsellor is. In some cases, participants would follow-up their title with a brief description of what counselling means:

> I would try and make it pretty clear that, as a counsellor, and I sometimes will use the words psychotherapist, or therapist in conjunction with counselling, that I'm talking about something that does go much deeper than just being an advisor or being a coach. [Albert]

The choice of the title "counsellor" seems to parallel the fact that all participants also said they strongly identify as counsellors. It also seems that participants choose their titles based on what would be best publically understood. They also expand on or reduce their designated title accordingly. Although some participants were aware of why they preferred this title (for reasons of identification, because it's clearer to the public, or they simply "like" it better), others weren't as sure. Teresa, who was firmly set on her preferred professional title, still didn't seem bothered by this lack of awareness:

> I just call myself a counsellor. . . There are some people who use the term psychotherapist. I do sometimes call it therapy, 'cause again, the lines are blurred – you can't separate them out totally – but I don't call myself a psychotherapist. And I can't even tell you exactly why. I think it's because I suppose the designation when I took the program was counselling. . . It is what it is. [Teresa]

7. Counsellors define status in terms of three sources: intraprofessional, interprofessional, and public perceptions. Participants were directly invited to speak about the idea of status during the interviews, and the notion of status surfaced often among all six participants. Interestingly, one of the six participants asked me, "What do you mean by 'status'? How would you define that?" This question posed by George helped unearth this theme. Indeed, participants spoke about status in a variety of contexts, namely: how participants perceive their

own status (intraprofessional), how they believe they are perceived by allied professionals (interprofessional), and how they believe they are perceived by the public. Participants framed their intraprofessional status in terms of sense of competency or self-efficacy. They may have identified their training, their experience, their applied knowledge and creativity, and place of work as influencing how they perceive their own status. For example:

> For myself, it's learning new things that have a direct application to the people that I'm helping or serving. I'd say applied knowledge. Applied knowledge in a creative way. [George]

Participants imagined that allied professionals may perceive counsellors as having less status mainly because of differences in amount of education, amount of experience, and methods of providing help. Specifically, participants supposed that professionals with doctorates would consider that counsellors are less capable because they have less education and do not adopt a medical approach, for example:

> My mind reading is that psychologists would believe that counsellors just didn't have the training and education to be as effective as they might be as a psychologist. Psychiatrists, I'm guessing, would think that. . . as a counsellor, we don't know enough about the biochemistry of the body. [Cyndi]

Participants were especially opinionated about alleged public perceptions of the status of counsellors. Albert suggested that the public views mental health practitioners along a "pecking order," with counsellors at the bottom in terms of status, and psychiatrists at the top. Teresa made a similar comment that counsellors are viewed as "like nurses to doctors." All participants believed that regulation is also expected to influence the public status of counsellors. Again, common themes emerged in terms of factors that influence the public perception of counselling. These included amount of education, place of work, and years of experience:

> My status? I have to say, working at a university! . . . That has a certain cachet to it. . . I noticed that as soon as I said [to people] 'and I'm working at X University', you can just

> tell – I mean, it's the. . . what's the reverse word of stigma? . . . Universities are the be all and end all in our society. [Teresa]

Counsellors' Roles and Practices (6 Themes)

This section will present the six themes that concerned counsellors' roles and practices. Participants identified several practices that are common to counsellors as well as their individual approach to helping their clients. They also discussed their additional roles beyond counselling, how their practice relates to the practice of allied professionals, the benefits of working on a multi-disciplinary team to their practice, and how their solid sense of professional identity influences how they practice. Details will be provided for each theme.

1. Counsellors perceive that there are universal counselling practices. When asked individually what they do as professional counsellors, data analysis revealed that participants tended to mention similar practices. Equally, when asked how their work compares to that of other counsellors, participants expected all counsellors, regardless of setting, to espouse a comparable mentality and conduct their work similarly. Throughout the interview, it was common for participants to speak about their counselling approach and general attitude about how counsellors ought to be. The following were typical comments about what being a counsellor means:

> I think that rapport is a huge piece in being an effective counsellor, and I think in order to build rapport, I think you have to. . . be authentic. . . and separate the person from the behaviour and still be able to maintain esteem in majority of cases. [Cyndi]

> I think [counselling] is just maintaining that healthy regard for the client; being very genuine with a client. [Albert]

> I need to be present to you, to support you and respect you so that you can make the changes for yourself. We're all different. . . and people make their own decisions, at different times for different reasons. So what else makes a good counsellor? Well, that's a primary thing. And the recognition that clients are individuals, as well. [Toni]

It was typical to hear participants speak proudly about their practices as representative or characteristic of what counsellors in general do. Cyndi described feeling like she is "part of a system;" that counsellors uphold similar values and practices and are committed to their own professional identity in their own unique way.

"Being human" and forming a strong rapport with clients, instead of acting like the expert, were also indicated to be markers of a typical "good" or "professional" counsellor. Additional practices that participants discussed as common practice among counsellors focused on professional behaviour, ethical conduct, and providing resources and referral. Participants agreed that all professional counsellors would practice within their level of competence and respect clients and boundaries.

2. Counsellors espouse a client-focused approach to helping clients. A client-focused approach to counselling was generally valued among participants. Participants listed the benefits of tailoring interventions to the individual's needs and empowering clients to make decisions rather than imposing what they think is best for the client. Thus, no participants claimed to abide by any particular approach or intervention; instead, participants identified as eclectic and using "whatever works" or "respects" the client's individuality. Prioritizing therapeutic goals with the client was common practice among participants. They explained how acting like the "expert" is not conducive to the self-empowerment or growth model, does not respect the individual's autonomy, and could even lead to clients abruptly ending therapy. George explained that he respects and pays exquisite attention to the person's "ecology," as in the person's individuality and personal background, when helping a client. In the same vein, some participants, especially when comparing their work to that of allied professionals in the medical field, disputed the

practice of viewing clients in terms of their disorder, as exemplified in Teresa's and Toni's statements:

> I'm trying to see you as an individual – as a whole person – not as someone with [a label] across her forehead! [Teresa]

> Here, we're more on a strength-based perspective. We're not looking for pathology. We're not looking for a diagnosis. We're looking from a strength-based, collaborative, empowerment-based model. . . we're looking at from a more internal, individual-based place. [Toni]

These opinions resonated with George, who mentioned that in counselling, he deals with the whole person, and does not reduce clients to labels. Viewing the client holistically was a common belief among participants. In line with their argument for a client-centred approach, participants also discussed the power differential between counsellor and client and warned of the dangers of being directive; namely, that clients would not learn how to make changes for themselves, might abandon counselling altogether, and could feel judged or neglected.

3. Counsellors have additional responsibilities beyond counselling. Participants mentioned that administration and management of many counselling settings require counsellors to perform a variety of activities above and beyond counselling. All participants, regardless of their work setting, described having a range of functions to some degree. For example:

> There would be the workshops, which I think last year when we did a count, there was probably about eighty different workshops. . .What happens is if [we] see a need, then we will design a workshop. [Cyndi]

> I should say. . . we do promotion meetings – we go through every student's academic progress at the end of the semester. . . and we'll do some grade nine career stuff. . .then we have all of the course selections that the students are choosing for next year reviewed to see if they've made the right choices. . . [Wanda]

While some duties were somewhat related to counselling, others were more far removed. All participants claimed they had a variety of administrative tasks to complete throughout a typical work day, which included answering phone calls, doing paperwork, attending meetings and so

on. Four participants, the high school counsellor, the community counsellor and the two university career counsellors, spoke about their position's additional roles that were less related to counselling. These professionals described their workplaces, though centred on counselling, as more like multi-purposed resource centres that provide a variety of forms of assistance. Such activities included giving educational workshops, providing strictly academic and career information, dealing with course changes and student schedules, connecting clients to resources, such as financial assistance, and meeting with outside professionals about matters unrelated to counselling (e.g., teachers, parents, principals, hospital workers). Accordingly, they described needing to have a "broad and in-depth knowledge base" to perform such functions; some clients may present with a variety of requests that may have nothing to do with personal counselling. In some cases, some counsellors stated that one-on-one personal counselling appointments were less common in comparison to their additional roles. In discussing additional roles, Toni commented on the importance of knowing your professional identity, because it can set parameters around the range of work a counsellor can reasonably conduct, illustrated below:

> I need to be grounded and clear. Otherwise, I'm going to get asked to do a hundred and fifty things in here by clients, by other staff, by other professionals. . . if I didn't know who I was, and I didn't know what my limits were and what I can do and can't do, I'd get pushed around, and also try to do everything. [Toni]

In general, these additional roles were discussed in a positive manner. Toni added that her extra roles and the wealth of inter-departmental learning and exchanging that takes place where she works makes it a very rich environment.

4. Counsellors believe their profession is similar to allied mental health professions.

All participants acknowledged a clear difference between mental health professionals, specifically, social workers, psychologists, and psychiatrists, in terms of educational background and scope of practice, but shared the belief that counsellors and allied professionals have many

practices in common. Virtues such as a solid grounding in professional conduct and ethical standards were nominated as very similar across the board. While the training of social workers may have a stronger focus on sociology, for example, participants agreed that in the end, the way each mental health professional conducts his or her work is an individual decision. So, it is natural for the work of mental health professionals to overlap. Social workers, therefore, may choose to have individual client counselling sessions all day long, and likewise a psychologist may choose to practice within a framework that others may believe is typically associated by and large with a different professional, such as a social worker. In these cases, where a mental health professional works was said to be a strong determinant of the framework a practitioner assumes. While turf wars were said to be steadily vanishing between mental health professions, these participants acknowledged:

> I think there's more coming together or more recognition of the overlap in the kind of work that we do. [Wanda]
>
> From my experience of working with [allied mental health professionals], I think we do very similar work, but approach it differently. [Teresa]
>
> [Having worked] with psychiatrists and psychologists, and psych associates and social workers, I think between the social workers and counsellors, I think there's a lot of similarities. . . overall, approaches would be different, but they'd be doing the same – very similar things on a day-to-day basis. . . I find [the work of psychologists], it's quite similar. [Cyndi]

Participants explained that all mental health professionals have a drive to help people, and that the way they conduct their work is only slightly different from counsellors. Participants tended to make fewer generalizations about the *differences* between mental health professionals, either because they acknowledged having little awareness of other mental health professionals, because they've worked with allied professionals who conducted their work very similarly, or

because they chose instead to speak on a case-by-case basis, consistent with treating all people as individuals.

5. Counsellors value and feel valued in a multi-disciplinary team. A multi-disciplinary approach or collaborative practice was said to be increasingly common in the treatment of mental health concerns today. Most participants claimed that they currently work, or have worked in the past, alongside allied professionals in serving clients. Not only did participants speak favourably about the value of allied professionals and a team approach, but they also commented on the merit that they themselves bring to the team. Toni captured this mutual sense of value:

> [Allied professionals] have encouraged me to think broadly and differently in a way that I might not have naturally, and I think in return, you know, I've brought my own ways of seeing things and my own training and experience to them! So how do I see them? I think there's value and there's a place for everyone. [Toni]

Participants maintained that though similar, each mental health professional has a different type of expertise to offer, that allied professionals can offer novel perspectives on client problems, and that mental health professionals can help share caseloads. Wanda and Albert added that working with allied professionals provides opportunities to learn different ways to conceptualize problems, to give and receive feedback, and consider different options in helping a client. As such, perceptions of counsellors and allied professionals alike were said to be increasingly positive, especially with the rising prevalence of multi-disciplinary teams. Cyndi was delighted to witness some of these positive perceptions at her multi-disciplinary work setting:

> I have to say one of the things that was the greatest surprise to me was going [to my new counselling job] and having psychologists, GPs, all kinds of different people say oh. . . I'd like to buy you lunch and find out more about you know, how you practice, what's important to you, that type of thing, and really, really open. . . it was quite a surprise – it was very respectful. [Cyndi]

6. A solid professional identity helps define professional roles. The importance of having a solid professional identity was undisputed among participants, particularly because they described professional identity partly in terms of professional roles. If counsellors are unsure about who they are as professionals, then they will likely be unclear on what they are supposed to do with clients. This can impact on professionalism, ethical conduct, the counsellor's own self-care, and ultimately the well-being of the client. As Toni said:

> If you don't know who you are and what you're capable of doing, and what you need not do, then you are going to be pulled and pushed and doing all kinds of things. . . so, if you don't have your clear understanding of what you're doing, then staff are pulled and pushed all over the place – 'cause they don't know how to say no. . . They don't know what they should exactly be doing – they don't know [what] they shouldn't be getting into. [A client] starts talking to you and she's dissociating, you have to know how to contain that, how to, you know, support her, to get grounded and contain, you know – The potential for harm and the harm that [can] occur is. . . great. [Toni]

This excerpt also introduces the notion that having a weaker professional identity could lead to being taken advantage of and engaging in activities that are not expected of professional counsellors. Toni continued to say that in her experience, without having had a strong professional identity, she would have acquiesced to many of the unrealistic demands of outside agencies and professionals, as well as clients'. A relevant sub-theme that emerged concerned defining the profession from within: in order to educate others on the roles of counsellors, counsellors must first understand their own roles. George addressed this notion directly:

> It's important to. . . be aware of what you do to explain it to other people, 'cause if you're not aware, you can't explain it. [George]

Having a solid professional identity was also important in "bringing meaning" to the work that counsellors do. Cyndi explained that she helps her clients find meaning in their lives by developing a strong professional identity herself. In tandem with this notion, I also asked all participants if the strength of a counsellor's professional identity would impact on clients or the

general success of therapy. All participants agreed that it would. Since professional identity was largely defined by a sense of competency and knowledge of appropriate counsellor roles, participants agreed that lacking or being weak on either area would be detrimental to the counselling or one's personal success as a counsellor. Furthermore, this insecurity will be noticeable to clients:

> Generally, what I've seen is that if you believe it, it tends to work out that way, so if you believe that it's like, oh geez, I don't know what the hell I'm doing here, it will be communicated. [George]

Counsellor Education and Training (3 Themes)

Three themes were classified in this section because of their relation to education and training. Participants provided their opinions on the level of education required to practice as a counsellor, the merit of having a doctoral degree in their field, and compared how mental health professionals differ in terms of their background in education and training. These themes are presented below.

1. Counsellors support the need for a master's degree among professional counsellors. When asked what they think should be the minimum education requirement to be a counsellor, participants all responded that a master's in counselling should be compulsory. Toni specified that to be a *professional* counsellor by today's standards, a master's degree would be required; she recognized that many people currently practice as good counsellors with only a bachelor's degree, but have years and years of counselling experience. Wanda, Toni, Teresa, and George clarified that a master's degree is essential because it is generally the first degree to expose students to counselling microskills and hands-on experience, whereas a bachelor's degree, for example, generally doesn't include internships. They said that a master's degree in counselling also focuses more specifically on counselling theories, and very importantly on

ethical practice; while a bachelor's degree may address ethics generally, participants agreed that a master's degree goes much more in depth into the ethical treatment of clients. This was considered especially important to avoid harming clients and to help prepare and guide counsellors to conduct themselves in a professional manner – in general, but especially in ambiguous or extraordinary circumstances. The following were typical comments:

> I mean, the standard, like for me. . . to be a professional counsellor would be like an M.A. or M.Ed. program because. . . when you look at the B.A. programs. . . you do like a four year honours, [and] you get a lot of theory, but. . . microskills courses, there aren't any ethics – well, there might be some ethics courses, but there's nothing that's really gearing you towards that profession to do that. [George]

> In terms of being a professional counsellor like we're talking about, I think you need to have a master's. . . it's just the bachelor degree wasn't really a lot about counselling. . . There was no real training – you have a B.A. but you don't know how to be a counsellor. [Toni]

2. Counsellors do not value the advantages of having a Ph.D. Most of the participants admitted considering pursuing a doctoral degree at some point during their career. The reasons stated for contemplating such a pursuit were diverse: the expansion of knowledge and wisdom and pursuit of self-actualization, the enjoyment of school and learning, because it's "fun and exciting," and because of the opportunities to network and collaborate with professors and other students. Most participants conceived that having a Ph.D. in the field would open more doors; namely, that it would proffer a higher salary, increase their status, allow them more freedom in their work, and possibly offer more job opportunities. George indicated that a Ph.D. would not make him a better counsellor; instead, he valued continued experience in the field (rather than further education) as most influential to his competency as a counsellor. Ultimately, despite the previously listed advantages, participants decided against pursuing higher education for several reasons. A major reason was the shared value of practical experience above all. Participants opted for alternative means to fulfill some of the benefits a doctoral degree might bestow. The

following were common responses to why participants decided against pursuing a doctoral degree:

> Well, you're exposed to new ideas and you're exposed to new learning and. . . you develop new skills and [are] given opportunities for more responsibility and whatever – it's exciting for anyone who really enjoys learning. And I was very keen to continue on, however, some other life events came around. . . And then I discovered dancing! And I thought to myself, do I want to study or do I want to dance? I just find dancing more fun! [Wanda]

> I don't know. . . I had seriously thought about it, and then I guess what the shift was for me is what I really love learning are skills. . . that make me. . . kind of wiser and a better counsellor. And I feel like those would be the types of skills that I can get through courses. [Cyndi]

> I mean there would be the possibilities of an academic position, possibly teaching at university. . . but you know, in the past, I mean, I've taught at community colleges, I've done some counselling at universities and community colleges as well, so. . . I mean, there might be a slightly different direction that I might take if I had the Ph.D., but you know. . . for the most part, what I'm doing and what I've chosen to do would be quite comparable – Ph.D. or no Ph.D. [Albert]

3. Counsellors believe that mental health professions differ in terms of training.

When asked to ponder what contributes to the reported "slight difference" between allied mental health professions, participants identified a number of global differences that originate from the professions' respective training. Specifically, differences centred on the amount and nature of professionals' training obtained during their schooling. It was unanimous that professionals like clinical psychologists and psychiatrists who are trained in the medical model to diagnose and use the Diagnostic and Statistical Manual of Mental Disorders IV-TR (American Psychiatric Association, 2000), are more likely to adopt a medical approach to helping clients and likely encounter more psychiatric and severe mental health issues. Some participants conveyed that due to the amount and nature of psychologists' and psychiatrists' training, expertise, and ability to diagnose and "treat" mental illness, they tend to be better equipped to work with clients who suffer from severe mental illness. While George and Cyndi admitted knowing little about how

allied professionals are trained, they still imagined that social workers receive training that focuses more on the impact of society on clients, and that psychologists and psychiatrists receive more practicum experience and theoretical knowledge than do counsellors. The remaining participants were positive that there are differences in training between counsellors and allied professionals, but opinions varied:

> But I think there's more specialized training [among psychologists] in some aspects. I think our training is fairly general. . . not general as in superficial, but broad-based. [Wanda]

> I think that the social workers don't have the clinical component – the counselling component. [Toni]

> My perception of social work is that it is. . . different. . . I think there's more theory involved. [Teresa]

Most participants agreed that professionals with Ph.Ds. such as psychologists, likely receive more specialized training. Notably, Wanda, Toni, and Teresa believed that the training of social workers was less based on individual/internal aspects of clients and instead more on groups and contextual factors, while George, Cyndi, and Albert imagined that the training of social workers would be more similar to that of counsellors. Wanda, Toni, and Teresa also described that based on their education and training, mental health professionals lay on a continuum in terms of severity of illness treated, such that counsellors would fall on the lower or beginning end of this continuum, dealing with less severe mental illness, and working upwards along the continuum there would be more severe cases which would be referred on to a psychologist, and then ultimately to a psychiatrist who is the only mental health professional able to prescribe medication. While he agreed that there may be differences between mental health professions in terms of educational and training background, Albert maintained that the graduate degree and training are not as important to a professional's practice as "where they've chosen to

take that degree." Thus, regardless of a professional's training background, there may be few or no differences between the mental health work of two different mental health professionals.

Critical Events of Counsellor Professional Identity (2 Themes)

Participants were asked to describe (a) the moment they first realized they were professional counsellors and (b) a professional identity crisis in their career as a counsellor. Responses to these questions were categorized as critical events in the development of their professional identity. The former case represents the beginning of their professional identity as counsellors, while the second case symbolizes a defining negative moment in their career, where its resolution had a bearing on their professional identity. Both critical events will be described in the following sub-sections.

1. Counsellor professional identity begins with a critical incident. When asked to describe the moment they first realized they were professional counsellors, Wanda, Toni, Teresa, Cyndi, and Albert were able to recount a single identifying moment. These moments were characterized by either a positive emotional experience or external acknowledgment related to the profession, or both. George explained that he was unable to think of such a moment. Wanda reported that she first realized she was a professional counsellor when she made a difference in a client's life. This pivotal event was further intensified for her, as the client's parent also later expressed how much of a positive influence this participant had on the client's life. Toni described an incident in which she refused to violate a code of ethics and henceforth realized what values she "stood for" as a professional counsellor. Toni had steadfastly declined a request from a superior to perform a task that would have been in conflict with counsellor standards of ethics. The emotions typically associated with these events were pride, validation, relief, or a general sense of meaning or purpose:

> I remember feeling a sense of, Wow, you know, this is all worth it. [Wanda]
>
> So that was a crisis. But maybe I realized what I stood for, what values I stood for, and how I believe that there was a standard that I needed to adhere to, so. . . [that's when] I knew I was a professional counsellor. [Toni]

Albert and Cyndi described moments that concerned official recognition by others. Teresa said there were two moments that this realization occurred: one related to a positive emotional experience, the other to external recognition. The first was when she successfully defended her theoretical perspective to a panel of professors prior to graduation, which elicited a sense of accomplishment and pride. The other moment concerned her employment at a university, which seemed to impress others. Receiving a diploma, being labelled "counsellor/therapist" by a client, and being employed as a counsellor for the first time were the major events that represented this realization for Teresa, Cyndi, and Albert. These are illustrated below:

> I think the other moment was probably when I came here [to work at a university]. . . And I don't know if that sort of hit me right away – it was probably, I'm guessing, more when I got the reactions from other people – Oh, you're at X University, wow! [Teresa]
>
> Yeah, I think there was a moment when I was doing personal counselling and it was when a student was telling me about some of the issues she was having. . . and then for her to refer to me as her therapist, or her counsellor and I remember thinking. . . I am that person! [Cyndi]
>
> I could probably say it was, you know, when I walked across the stage. . . when I graduated and received a diploma, and realized that this was sort of the culmination of what I had set out to do. And I was very proud. [Albert]

Interestingly, the three aforementioned events also caused different reactions in participants. In Albert's case, he clearly identifies a sense of pride and accomplishment. Cyndi followed by claiming the experience was "odd" because it was the first time she realized she was no longer an intern who could easily refer a client on to the "real counsellor;" now with her title and credentials, a sense of personal responsibility befell her. Teresa alluded to a sense of stature

that came with the public appearance of working at a university; she added thinking afterward, "now people really see me as a counsellor!"

2. Professional identity crises derive from personal sources. The meaning of "professional identity crisis" was described to participants as a serious sense of loss or confusion in "who you are professionally" or "what you do professionally" for a period of time in their careers as counsellors. Wanda, Toni, Cyndi, and Albert described having experienced a professional identity crisis in their careers as counsellors. Teresa, one of the two participants who claimed she had never experienced a professional identity crisis, speculated that her solid personal identity entering the field may have accounted for the lack of crisis. The other participant, George, merely described frustration over other people's misguided perceptions about the field (collective professional identity), but that others' perceptions still didn't cause identity confusion in him; he was "pretty clear" on who he is and what he does.

The four participants who had experienced a professional identity crisis described four incidents that pertained to personal difficulties that directly influenced their job satisfaction. Wanda and Toni described incidents in which their morals and professional conduct were called into question: Toni was asked by a superior to fulfill a request that was in direct conflict with counsellors' standards of ethics. Wanda continually witnessed breaches of ethics in her work environment that continued despite her best efforts to bring them to an end. The situations were resolved very differently: Toni upheld her values and refused to comply, and she explained that the crisis ultimately led to the realization that she was a professional counsellor. In other words, the resolution was positive. In Wanda's case, her situation ended in a prolonged leave from work due to burnout. She described this experience as "very, very hard," "defeating," and "soul-

destroying." Still, her steadfast commitment to the ethics and morals of the profession reinforced a solid sense at least of what she stands for and who she is as a professional.

Cyndi experienced a professional identity crisis when she no longer felt stimulated and challenged by her work. She believed that her work had reached a plateau and she was no longer utilizing her counselling skills. Cyndi described this event as a shift in values and decided to pursue counselling work that would meet these new values:

> I didn't feel like what I was doing felt like it had the same impact as I wanted. . . but I think that it's just like a relationship, when it comes to a point where it feels like maybe values have shifted, or. . . beliefs or. . . something's shifted, and so. . . it's not giving you what it is that you need anymore, and I felt like it's become more procedural, and less where I could use creative, divergent, problem-solving skills, which is one of my passions, and so. . . I thought, I'm really sad. [Cyndi]

Albert's identity crisis related to periods of burnout or stress during the times he was in between counselling jobs. These stressful periods for him were at times fraught with moments of questioning his identity, particularly whether or not he wanted to remain in the field. Still, he added that those periods were short lived. In all cases, participants' identity crises shared a degree of personal stress, emptiness, and dismay where either their values were being ignored or their expectations not met. As a result, participants went to various lengths to try to triumph over these crises and in most cases, crises were successfully managed and overcome.

To summarize, the following Table lists the five major categories and their themes as a visual representation to accompany the above descriptions.

Table 3

Summary of Categories and Themes of Counsellor Professional Identity

Categories	Themes
1. Key Influences on Counsellor Professional Identity	1. Professional identity is closely tied to personal identity 2. Work experience strongly influences individual professional identity 3. Counsellors define their professional identity in terms of their perceived competencies 4. Counsellors place importance on self-directed learning and professional development 5. Being part of a collective group is important to counsellors' individual professional identity 6. Professional identity is context bound 7. Professional identity develops over time
2. Counsellors' Professional Image	1. National representation is important to counsellors' collective identity 2. Counsellors value certification for the public perception/recognition of it 3. Regulation will benefit the status and credibility of the profession 4. Counsellors believe that the public perception of counselling is based on lack of knowledge 5. Counsellors' personal experiences with allied professionals are in conflict with the perceived public reputation of professions 6. Counsellors' preferred professional title is counsellor 7. Counsellors define status in terms of three sources: intraprofessional, interprofessional, and public perceptions
3. Counsellors' Roles and Practices	1. Counsellors perceive that there are universal counselling practices 2. Counsellors espouse a client-focused approach to helping clients 3. Counsellors have additional responsibilities beyond counselling 4. Counsellors believe their profession is similar to allied mental health professions 5. Counsellors value and feel valued in a multi-disciplinary team 6. A solid professional identity helps define professional roles
4. Counsellor Education and Training	1. Counsellors support the need for a master's degree among professional counsellors 2. Counsellors do not value the advantages of having a Ph.D. 3. Counsellors believe that mental health professions differ in terms of training
5. Critical Events of Counsellor Professional Identity	1. Counsellor professional identity begins with a critical incident 2. Professional identity crises derive from personal sources

Provisional Model of Counsellor Professional Identity

While the data did not undergo a process of selective coding and constructing a theory was not an objective of this study, a central theme that could explain the relationship between the five categories seems to be emerging. Following data analysis, I pondered whether or not the data seemed to be following a trend or whether there was a concept that could unify and explain the results. I asked myself: Is there an underlying feature that connects the study's themes? Can a hierarchy among the twenty-five themes be observed? Data analysis revealed numerous influences on professional identity, and it was apparent from participants that some elements of professional identity were more salient and personally meaningful than others. Thus, the twenty-five themes surrounding the elements of professional identity, characteristic work and activities of counsellors, and the connection between individual and collective professional identity were classified along a continuum of degree of influence on counsellor professional identity. Consequently, I created a provisional model that depicted a speculative prediction of an emergent theory based on the study's results and my own speculation and interpretation.

Three levels of degree of influence on counsellor professional identity materialized (see Figure 2). The first categorical level, the core of professional identity, represents the basic foundation that professional identity rests upon. In general, the central theme is independently the most influential in shaping the development of professional identity. The second categorical level, primary influences, includes the factors that participants described as very important or key contributors to their professional identity; furthermore, they are typically elements that have been described as having strong personal meaning to counsellors in defining their professional identity. The third categorical level, instrumental influences, encompasses those themes that are not intrinsically important, but nevertheless play a considerable role in counsellors' professional

identity. In particular, themes listed as instrumental may be instrumental or practically relevant to counsellors' professional identity in terms of counsellors' ability to work (i.e., to keep their job), but are not personally important to them.

Eight of the twenty-five axial codes or themes are represented in a series of rings. The centre ring of the diagram represents the core contributor of professional identity: personal identity. Based on unanimous and fervent participant responses about the close bond between personal and professional identity, personal identity seems to be central to the definition of participants' professional identity. Participants either described that their professional identity begins with who they are as a person, or else that their personal identity and personal experiences over their lifetime shape who they are professionally. In other words, it appears that professional identity is rooted in participants' personal identity.

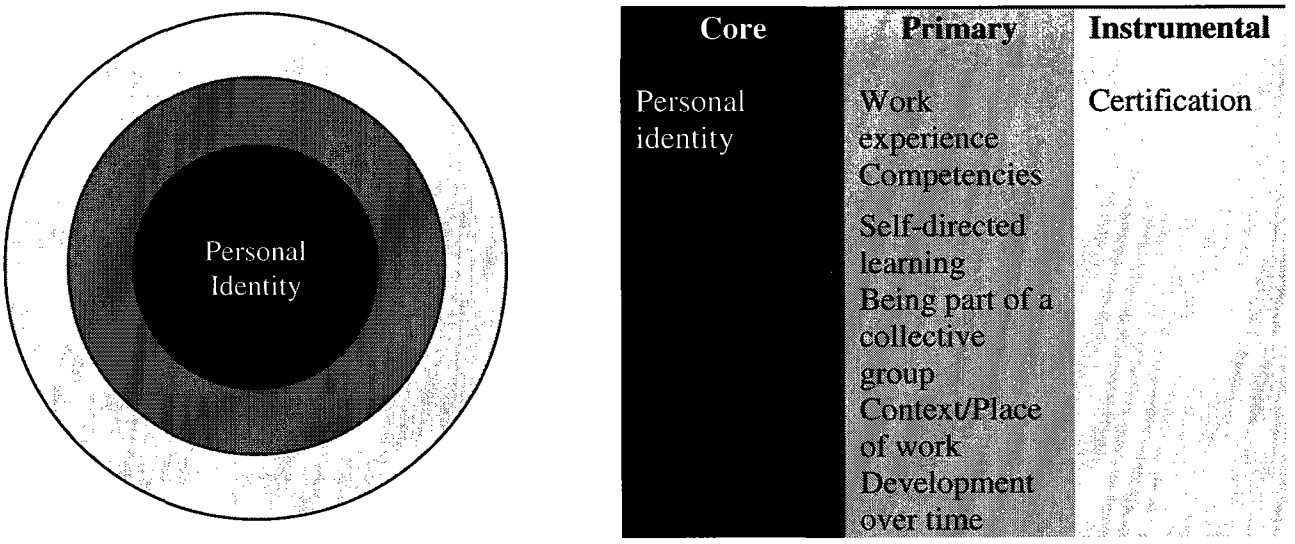
The six axial codes under "primary influences" were categorized as such because they were cited by participants as crucial or intrinsically important elements to counsellors' professional identity, or quintessential examples of it. All six participants unanimously described the six elements as highly influential on their professional identity. These elements included their work experience, their perceived competencies, self-directed learning and professional development, being part of a collective group, their place of work, and time.

There is only one theme listed under instrumental influences thus far. Certification was consigned to this category as participants discussed certification as extrinsically important to their work or individual professional identity as counsellors. In general, certification was considered desirable because of the importance placed on it by others in terms of being testament to the counsellors' credentials or ability to work as counsellors, but generally not personally important to participants.

Figure 2 and its complementary table present a provisional model of emerging trends in the data based on analysis of the six participants. The diagram is a visual representation of the overarching theme: the degree or level of influence on professional identity. The table delineates some of the axial codes and their place in terms of the level of importance to counsellor professional identity. There are three categorical levels depicted: 1) the central component or core of professional identity, 2) primary influences on professional identity, which include six themes, and 3) instrumental influences on professional identity, which includes one theme. Rings that are further away from the centre directly coincide with the level of significance to the formation of professional identity (the middle or darkest ring being the core; the most external or lightest being the least intrinsically important comparatively). Though the rings appear to be placed one inside the other (e.g., that primary influences are contained within instrumental influences), each ring or category represents an independent and separate category.

Due to the transient nature of this model and lack of saturation, only eight of the twenty-five themes were included within the model. The collection of additional data may permit a more comprehensive and explanatory model of the relationships between the five categories and where each of the twenty-five themes may be appropriately placed. It is predicted that with further research, the outstanding eighteen themes may be categorized into the existing model's categorical levels based on degree of influence, and that additional levels may be created. However, it is also possible that further research into this area may uncover a different theme and explanatory model altogether.

Figure 2. Influences on Counsellor Professional Identity: Provisional Model



In the final chapter, I will briefly summarize the main findings and compare them to previous findings and theories in the literature. Special attention will be given to a number of interesting or surprising findings. My speculations and interpretations will be divulged in light of my own expectations and biases throughout the study and existing literature. I will also present the implications of these themes and offer some recommendations for theory, research, practice, and training in counselling. The discussion will conclude with the study's limitations and directions for future research.

CHAPTER V

DISCUSSION

This study sought to determine how counsellors define their professional identity, their typical work roles and activities, and the connection between their individual professional identity and counsellors' collective identity in light of much research suggesting that counsellors continue to be uncertain as to their profession's unique identity (Gale and Austin, 2003; Gazzola

& Smith, 2007; Goodyear, 1984; Lafleur, 2007; Nelson & Jackson, 2003; Smith, 2007; Swickert, 1997). The focus of this research was to investigate individual counsellors' sense of their individual professional identity and their typical work roles and activities, while some questions targeted how they believe their work and professional identity compare to that of other counsellors. Elements of grounded theory were utilized to identify themes in participants' descriptions of professional identity. Data analysis permitted the discovery of five categories of information that related to key influences on professional identity, counsellors' professional image, counsellors' roles and practices, counsellor education and training, and critical events in the development of professional identity. Furthermore, a provisional model that may begin to explain the influences and factors that play into counsellor professional identity was proposed. Findings confirmed some of those found in previous studies, and notably added new information about counsellor professional identity among experienced counselling practitioners. In the previous section, the results of the study were revealed and a visual representation of the influences on counsellors' professional identity was offered. In this section, the main results of this study will first be compared to the available research involving professional identity. Second, discussion on three notable findings will be provided with regards to my related speculations that may explain the findings and their implications. The section will conclude with the study's limitations, recommendations for future research, and implications.

Summary of Main Results

The present study shed light on a number of influences on counsellors' individual professional identities, as well as perceptions relating to the profession as a whole. The provisional model presented on the influences on counsellor professional identity provides a prospective framework from which to view the professional identity of experienced master's-

level counsellors. Participants described the factors that played a part in their current strong professional identities and discussed their level of importance. Having a strong professional identity was seminal to conducting one's work, knowing how to respect ethical considerations and boundaries, and the quality of counselling services provided. There was also a close and direct relationship between participants' personal and professional identities, whereby both personal and professional experiences shaped professional identity over time. Key examples of these experiences included critical incidents that contributed to the development of participants' professional identity. Regulation was identified as influential on the public perception of counsellors, and to the collective identity of counsellors. Though a strong collective professional identity is vital to the public image and stature of the counselling profession, how strong or weak the collective professional identity is seems to carry little weight on counsellors' individual professional identity, at least among those who already claim to have solid professional identities. Despite this disparity, professional identity is indeed a complex and multi-faceted phenomenon that appears to have a direct impact not only on counselling professionals themselves, but also on the public image of the profession and particularly on individual service users.

Main Results and Links to Research

Counsellor professional identity and work roles. When asked to define their professional identity, participants said they have a strong professional identity which was influenced by several factors, particularly their work experience and work setting, and initially, training and education. Work setting was described as highly influential, as where a counsellor works can largely determine his or her work activities, clientele, and perhaps even the model or approach to helping clients. Participants described themselves as competent, confident, and self-

aware and further professed that without a strong professional identity, there would be confusion regarding their work role, boundaries with clients, and how to proceed with counselling. This is compatible with Brott and Myers' (1999) claim that professional identity serves as a frame of reference for carrying out professional roles. Feeling competent contributes to successful performance of a role or task (McLeod, 1992). Self-confidence tends to underlie efficiency, and is reflected through a positive attitude not only about work, but life as well (Lin, 1973). Indeed, Goldschmitt, Tipton, and Wiggins (1981) agree that issues salient to the roles and functions of counsellors include professional activities, work settings, and client populations.

If workplace is a strong contributor to counsellor roles, and there is widespread agreement that professional identity is partially defined by the work roles a professional adopts and identifies with (Goldschmitt, Tipton, & Wiggins, 1981; Schoen, 1989; VanZandt, 1990), it seems as though professional identity could be context bound. However, it could be argued too that since results indicate that professional identity is subsumed by personal identity, then perhaps it is counsellors who consciously choose their place of work based on their personal identity. Context, thus, may not mould counsellors' professional identity, but counsellors may have already proactively chosen their place of work based on their own beliefs and identity, whether consciously or not. Investigation on the development of professional identity could shed light on this relationship.

Counsellors' professional identity and personal identity. All participants, experienced counsellors, described an irrevocable connection between their personal and professional identity. This is consistent with Bruss and Kopala's (1993) assertion that professional identity is a complicated phenomenon due to its inextricable link to the personal identity of the individual. Some participants denied a distinction between the two, while others attributed their strong

professional identity to a solid personal identity. Thus, participants indirectly described their personal identity similarly in terms of a sense of confidence, a keen awareness of strengths and weaknesses, creativity and imaginativeness, general compassion and caring for others, a general sense of "comfort in their own skin," and independence. In the final stage of Hogan's (1964) theory, the master therapist adopts creative approaches that are characterized by artistry and intuitive judgment, personal autonomy, independent practice, and an awareness of personal limitations and professional problems. In fact, the major counsellor development models by Hogan, Loganbill, Hardy, and Delworth (1982), and Skovholt and Ronnestad (2003) have in common the notion of a merger of personal identity and professional identity, most apparent in the final stage of development: that of the experienced counsellor.

Participants described learning over time to use interventions or counselling approaches that fit with their personal style or general attitudes about life and people. Counselling approaches were selected based on what the participant had grown to become comfortable with and believe in over the years of accumulated professional and personal experience. According to Ronnestad and Skovholt (2003), with increasing experience, interpersonal experiences impact counsellors strongly throughout their career. Experienced counsellors learn from their direct experience with clients and from their personal life, as there is increased integration of the professional self and the personal self. The comfortable and competent experienced professionals tend to develop congruence between their professional roles and personalities and choose interventions that suit their character. The creative application of participants' counselling practices is a result of both professional learning or experience and personal style (Hogan, 1964).

Critical incidents on the development of counsellor professional identity. Howard, Inman, and Altman (2006) propose that there are several critical incidents that can have a lasting

effect on counsellors' perceptions of the counselling process, their individual professional identity, and their understanding of counsellor collective identity. Most participants were able to identify both the moment they realized they were a professional counsellor and one where they experienced a professional identity crisis. Professional identity crisis was described as a moment characterized by significant confusion or upset relating to their involvement with the counselling profession. In most cases, participants' professional identity crisis was resolved in a positive manner and ultimately helped solidify their professional identity. Such a critical incident eventually becomes a significant learning moment that makes a significant contribution to the counsellor's professional growth (Howard, Inman, & Altman). There tend to be long term positive influences of difficult experiences in counsellors' personal life on counsellor development (Ronnestad & Skovholt, 2003).

Participants said their professional identity as counsellors began either during a moment where they received positive external recognition, or a moment of success related to the profession. In short, it was a positive moment that launched their professional identity. These incidents generally took place around the time participants were about to graduate from their master's degree, or soon after entering the workforce. Loganbill, Hardy, and Delworth (1982) explain how beginning counsellors have a low sense of self-efficacy as counsellors. If advanced students tend to take full responsibility for client outcomes (Ronnestad & Skovholt, 2003), and begin with a lack of confidence, receiving positive client feedback can have a positive impact on their sense of self-efficacy, knowing their professional roles, and consequently their professional identity. Regarding positive external recognition, Nelson and Jackson (2003) also found that beginner counsellors cited others' perceptions of the counselling profession as a common theme in the development of their professional identity. Thus, positive recognition from others can play

a significant role in counsellors' efforts to develop a professional identity. It seems that both positive and negative professional experiences play an integral part in a professional's development.

Relationship between collective professional identity and individual professional identity. Several themes emerged from participants' responses regarding the work or identity of counsellors in general. Findings from Gazzola and Smith's (2007) study indicated that counsellors believed there was a lack of unity within the profession. Furthermore, they stated that it is difficult to qualify the typical counsellor, because counsellors are employed in a variety of settings and have a variety of activities. Indeed, Domke (1982) claimed that the diversity of counsellors actually confuses the search for a collective professional identity. Participants agreed that (a) counsellors work in a variety of settings, (b) have a variety of perspectives and approaches, (c) belong to a variety of associations, (d) may or may not be certified, and (e) work with a varied clientele. They also said that the counselling field is more similar to allied professions than dissimilar. In general, participants agreed that counsellors work in different settings that often influence a counsellor's approach to clients, but that counsellors nonetheless have universal practices that focus on empathy, authenticity, respect, collaboration, being non-judgmental and client-centred, eclecticism and empowerment. There are themes of assisting, facilitating, and helping promote personal growth in Leong, Altmaier, and Johnson's (2008) definition of counselling. Participants were also able to differentiate their field from allied professions in the sense that counselling embraces a developmental perspective rather than a psychopathology model, consistent with Remley's (1991) writings. It has previously been suggested that forming a separate professional identity requires distinguishing a profession's functions and services from those of similar professions (Van Riper, 1972).

However, when asked how the public views counsellors and the counselling profession, participants described widespread confusion or misinformation surrounding counselling. Participants expressed that the role and function of counsellors are still not commonly known. Furthermore, they explained that counsellors are not as respected as some allied professionals for reasons that relate to education and experience. Nonetheless, participants did not seem discouraged by the public perception of counselling as they reported having a strong individual professional identity. Clearly, the collective identity of a profession does not necessarily implicate a professional's individual identity (Gazzola & Smith, 2007). Nelson and Jackson (2003) reported that others' perceptions of the counselling profession had more of an impact on counsellor collective identity than participants' individual professional identity. Novice counsellors in their study also reported feeling less highly regarded by members of the public in comparison to allied professionals. Participants in the present study reported similar observations in terms of a prevalent public perception of turf wars and status differential between mental health professionals, but nonetheless had never personally experienced disrespect from clients or rivalry with their allied colleagues based on their professional designation. This is also in contrast to Swickert's (1997) findings, where experienced counsellors described turf wars with psychologists, and claimed that allied mental health officials do not recognize counsellors as qualified providers. In Swickert's study, there was a unanimous sensation of frustration and anger stemming from the public's lack of recognition of counsellors, whereas the present study's participants were not nearly as affected.

Participants believed in the value of unity and a solid collective identity within the counselling profession. For example, all participants cited the Canadian Counselling and Psychotherapy Association as the primary organization that came to mind as representing

counsellor professional identity. The CCPA was held in high esteem for its positive representation of the profession, advocacy for counsellors, contribution of ethical and professional standards and guidelines, and for allowing counsellors opportunities to connect with each other. The need for professional representation of counsellors and its positive effects on collective identity have been demonstrated in the literature (Gale, 1998; Remley & Herlihy, 2005). Lalande (2004) affirms that the CCPA is devoted to enhancing the counselling field of professional counselling and includes many master's-level counsellors. The establishment of a governing organization (Totton, 1999) and familiarity with the role and functions of professional associations (Pelling & Sullivan, 2006) are two of the pillars that a profession rests upon. Counselling associations like the CCPA seem to have an impact at the very least on how the profession is represented and thus the public image of counsellors.

Speculations on Notable Findings

This section will focus on discussion and speculation surrounding three notable themes that emerged from the data. These three themes were considered remarkable in light of my opposing biases or expectations, or contradictory findings in the literature. They are presented in consideration of previous theories and findings in the literature and the study's research questions. Exploratory explanations for each of the three themes will be put forward by means of my interpretations or comparison to the literature when possible.

Determining the strength of counsellor collective identity. There are several definitions of collective professional identity in the literature. Some suggest that the concept includes many facets, such as the status of a profession, a shared identity and universal role among its members, and the recognition and appreciation of a profession by the professional and the community (Gale & Austin, 2003). After reviewing various definitions in the literature, this

particular definition was elected for the purposes of this study because of its comprehensiveness. Thus, interview questions and descriptions of the study were framed around this definition. However, other less comprehensive definitions of collective identity exist. Other researchers explain that a collective professional identity may simply refer to the activities and work roles that are unique to a profession (Schoen, 1989; Van Riper, 1972), or else that a collective identity may arise from the profession's basic ability to distinguish itself from other related professions (Ritchie, 1994). Others' perceptions of the counselling profession also impact the collective professional identity of counsellors (Gazzola & Smith, 2007; Nelson & Jackson, 2003).

It seems that the nature of a profession's identity can fluctuate depending on which definition of collective identity is applied. Participants reported that (a) counselling is low on status and prestige in relation to allied mental health professions; (b) there is continued confusion or misguided public perceptions of the counselling profession; (c) counselling is similar to allied professions; and (d) counsellors perform a variety of activities. Therefore, in keeping with Gale and Austin's (2003) definition, the collective identity of counsellors according to participants seems to be weak. Conversely, participants were confident that despite the apparent heterogeneity within the profession, what holds counsellors together are universal counselling practices and philosophies, a commitment to ethical practice, and a growth/developmental perspective or wellness model rather than a remedial approach to their clients. These commonalities suggest a shared identity and universal role among counsellors, which could imply that the collective identity of counsellors is in fact strong, according to Schoen (1989) and Van Riper's (1972) definitions. Furthermore, participants were able to differentiate their profession from similar ones based on the unique training and underlying philosophy of counsellors. These distinctions may also fulfill the need for a profession to distinguish itself from

other related professions, which could indicate a strong collective identity by Ritchie's (1994) account. In short, counsellors were able to define their profession in some way.

Given that there is no consensus on the definition of collective professional identity in the literature, it is ambiguous where the collective identity of counsellors lies on the "continuum" of "strength" or "solidity" according to the participants. The problem may reside in this lack of agreement among researchers. Participants were not asked to comment directly on the strength of counsellor collective identity, but instead were invited to discuss first the similarities and differences among counsellors, and then the similarities and differences between counsellors and allied professions. In light of the range of definitions of collective identity, a question that comes to mind is who decides how to define the collective identity of a profession? Gazzola and Smith (2007) advise that counsellors should define their profession from within. In doing so, counsellors also need to decide what elements they believe define their collective identity. If a collective identity arises from the ability to differentiate one profession from another (Ritchie, 1994), it seems that the two or three unifying and unique qualities mentioned by participants in this study may fulfill this criterion. There do not seem to be directives on an acceptable number of differences necessary to distinguish one profession from another. If these qualities are indeed satisfactory to distinguish the field, counsellors then need to articulate their collective identity through these unifying concepts and distinctions from allied mental health professions to the public. Articulating a unique and distinct identity to others is an important contributor to a strong collective professional identity (Myers, Sweeny, & White, 2002; Remley & Herlihy, 2005). This could lead to increased recognition and status of counsellors and decreased confusion surrounding the differences between allied mental health professionals. Discussion among counsellors, counsellor educators, and counsellor researchers on the uniqueness of their

profession in a positive light is necessary not only for the public, but also to ensure counselling's place in the mental health market (Wollersheim & Walsh, 1993). It is likely that such endeavours will positively affect the public image of counselling, which will in turn further bolster the collective identity of the profession (Gazzola & Smith).

Counsellors' beliefs about educational requirements. While most participants admitted at one point in their life considering pursuing a doctoral degree in their field, they reported deciding against it largely because they valued practical experience over further education. Instead, they explained the worth of ongoing learning, professional development and workshops, supervision, and direct counselling experience to their practice. This firstly suggests that counsellors, at least the present participants, are not knowledgeable about what a doctoral degree in their field entails. Doctoral degrees in counselling psychology and clinical psychology are typically an extension of what is covered in a related master's program, and certainly have increased emphasis on precisely the activities that participants said they cherish: ongoing learning and increased knowledge on specialized areas and ethical practice, supervised practice, and usually extensive practicum experience (e.g., doctoral programs in either counselling psychology or clinical psychology at Queen's University, 2009; McGill University, 2009; University of British Columbia; University of Ottawa, 2009). In addition, doctoral degrees typically include a large research component, often aiming to underscore the links between research and theory on practice.

Sheridan et al. (1989) stated that psychologists, who are typically practitioners with doctoral degrees, are prepared for their careers because of their training in both research and service delivery. The authors urged that graduate education needs to emphasize the link between research and practice as the exclusion of one to the other can lead to poorly prepared

practitioners. Integrating research into practice is necessary to establish the credibility and effectiveness of counselling interventions (Murray, 2009). It also updates practitioners' knowledge and skills (Sheridan et al.). Failure to use research-based knowledge and practice can be costly and harmful in terms of overuse of unhelpful care, underuse of effective care, and incorrect implementation of interventions (Proctor, 2004). There is also much support in the literature of the importance of evidence-based counselling practices and the integration of theory into practice. Concerning theory, Brown (2002) conducted a comparative study on career counsellors of various training levels and found that licensed counsellors and psychologists compared to non-counsellor trained practitioners claimed that the former's degree program had adequately prepared them in part because of its emphasis on theory. Furthermore, licensed practitioners also regarded attending national conferences and reading professional journals as important to their counselling effectiveness. An understanding of theory is essential to the safe, competent, and effective practice of counselling (Brown).

Interestingly, while participants discussed at length the importance of several factors such as professional development and direct counselling experience, none of them directly cited research or research-based practices as influential to their work as counsellors. Theory was not mentioned by most participants, and one participant admitted that she is "not big on theory and research," because she is not an academic. In fact, the rationales mentioned behind obtaining a master's degree in counselling did not include learning about research or its connection to practice. In addition, three out of six participants imagined that years of counselling experience and ongoing professional development may supplement a master's degree for bachelor-level counselling practitioners. Though these statements do not necessarily imply that participants discount the importance of research on practice, it may be speculated that counsellors do not

sufficiently value research-driven practices and theory in their work as counsellors. This is notable given the previously described importance of research in service delivery. Certainly, participants acknowledged that experience above all is what most influenced their professional identity and perceived self-efficacy as counsellors. There is a distinction between knowledge, which is the product of a methodical, empirical process, and wisdom, which derives from experience (Williams & Irving, 1995). It seems that participants value wisdom over knowledge, while Ronnestad and Skovholt (2003) claim that counsellors' functioning is founded on accumulated wisdom and integrated knowledge.

These findings suggest that counsellors may not fully appreciate the relationship between research/education and practice, or at least that they may be misinformed or unaware about what a Ph.D. has to offer. Independent learning, direct client contact, and creative application of interventions are certainly beneficial and exemplary preferences of experienced professionals (Hogan, 1964; Ronnestad & Skovholt, 2003). With increased experience, there is a shift from textbook learning toward a self-directed preference for what to learn and how to learn (Pelling & Whetham, 2006; Ronnestad & Skovholt). It is possible that with increased experience, counsellors rely less and less on research-driven practices and more and more on their previous experience in their counselling practice. It is also possible that asking participants why they never followed through on their original aspiration to pursue a Ph.D. may have evoked defensiveness, which in turn led them to devalue the advantages of a doctoral degree. Quite simply, participants also may not have been serious about pursuing a doctoral degree, which could explain their limited knowledge about it.

That participants did not speak highly of the benefits of obtaining a Ph.D. was noteworthy also given my biases, particularly my personal value of a doctoral degree for its

increased level of preparation in terms of counselling research and practice. Given my curiosity about the differences in training and education among various mental health professions and extensive research into the curricula of various doctoral and master's programs, I expected participants to be equally inquisitive and engage in similar investigatory practices; particularly given their years of experience with multi-disciplinary teams. Personally, having worked alongside allied professionals myself, I have always shown interest in the differences in my training from that of my colleagues in related fields. Participants did not express much curiosity about the training or education of allied professionals and did not discuss any significant previous attempts to learn about what various educational programs have to offer.

To address these potential matters, counsellor education programs and multi-disciplinary meetings would do well to address the potential gap between knowledge or research and practices used by clinicians. Research findings need to be made meaningful to service providers. It has been said that there is an anti-theory stance among many counsellors (Williams & Irving, 1995). In the mental health world, there are areas of research seeking application and areas of practice seeking research (Sheridan et al., 1989). A related recommendation is for counsellors to become more familiar with the differences in training and education among different mental health practitioners and what doctoral degrees involve. If counsellors are striving toward a distinct professional identity and increased public recognition in the mental health world, then they must first appreciate the different foundations and training between allied professionals (Smith, 2007). Discussion on these topics would be appropriate in counsellor training programs, multi-disciplinary meetings and conferences, and certainly within counselling journals.

Counsellors' beliefs about regulation. The principal reason cited for regulating psychotherapy is to protect the public, namely to reduce harm that may be caused by practitioners who are not qualified to provide counselling services (Canadian Counselling Association, 2008). Regulation will set strict parameters around which professionals may legally be subsumed under the psychotherapy profession based on amount of education and professional development, for example. Participants were asked to explain how they imagine that regulation will affect their individual professional identity, the identity of the profession, and their general thoughts and feelings about it. Overall, opinions were positive and participants anticipated that regulation would advocate for the profession, advance the profession's stature and "legitimacy," and could ultimately lead to a stronger collective identity. Interestingly, none of the participants imagined any adverse affects of regulating psychotherapy, nor did they comment on the choice of regulating the term "psychotherapist" and not "counsellor."

Though the questions on the regulation of psychotherapy generally targeted how regulation would affect *counsellors,* I still wondered why the notion of how it will affect the public wasn't broached in participants' responses. There are a number of potential explanations for this: (a) participants believe they would not fall under the category of practitioners that the public needs to be protected from; (b) clients are not their primary interest; (c) they are not aware of the main purpose of regulating psychotherapy; and (d) the regulation is also intended to produce a number of positive effects for counsellors, both on an individual and collective level (Canadian Counselling Association, 2008). Furthermore, it is possible that the concept of protecting the public was not raised as participants had no personal negative experience with professionals who practice counselling without any credentials. Some participants even expressed their concern that several of their friends and colleagues they believe are competent

professionals who "do a lot of good" with only a bachelor degree, may no longer be able to continue their work with the regulation. Indeed, one participant contended that she knows of licensed practitioners who ought not to be practicing because of their harmful professional behaviour. Thus, participants were able to summon some shortcomings of the regulation.

These comments call to mind the issue of how much counsellors need to be trained, and certainly suggest that licensure and a graduate degree do not guarantee competent practitioners. They also suggest that amount of education may not necessarily be an appropriate dimension on which to sort out "qualified counsellors" from "unqualified counsellors." This argument is in line with some researchers' views as presented by Pelling and Whetham (2006) that individuals who do not meet counsellor training and education requirements do not deserve to be excluded from the profession providing they possess "counsellor qualities," such as warmth and compassion. These participants' sentiments seem to suggest that there ought to be additional or different criteria for deeming which counselling practitioners are competent, and which ones are not. This matter would be worthwhile to discuss further with additional counselling practitioners.

Indeed, the literature (e.g., Canadian Counselling Association; Van Riper, 1972) and participants alike reported that regulating a profession can have positive results: positively impacting the public image of a profession (clarifying public misperceptions and advancing the profession's stature), augmenting the chances of being covered under third party billing for counsellors, and increasing the demand for services. Efforts such as regulation help demonstrate how a profession is distinct in its own right and could lead to a more separate collective identity for counsellors (Van Riper, 1972). It is clear that participants foresee a number of positive results of regulation on the collective identity of the profession. However, there seem to also be concerns that ironically involve the primary reason for regulating the psychotherapy profession.

Given the many potential implications of regulating psychotherapy on counsellors and the public alike, discussion surrounding the purpose and potential outcomes of regulating psychotherapy should be encouraged. Related seminars and independent research should also be promoted among counsellors of all levels of experience. It would be particularly advantageous to increase communication between counsellors and those responsible for regulating psychotherapy. Lack of knowledge surrounding the regulation and the major purpose for its implementation can cause confusion among counsellors and the public and erroneous assumptions about what the regulation will mean. This confusion or ignorance will only further exacerbate the collective identity of counsellors and may even create unnecessary anxiety among individual counsellors who may feel threatened by the regulation.

Limitations

Though the study's methodology included procedures to increase trustworthiness of the findings, results must take into account several general limitations. While the study included participants from a variety of settings, backgrounds, and age groups, and included both men and women, the sample size was small. Therefore, the size of the study group was insufficient to conduct a formal grounded theory, and saturation did not occur. Because of this limitation, the findings of this study and provisional model presented should be considered as a potential foundation of an emergent theory only (Truell, 2001).

Because participants for the study were experienced counsellors of the same generation, it is possible that age and experience influenced their definition and experience of professional identity. Novice or counsellors with less experience were not included. Thus, results may only be transferable to counsellors with similar backgrounds or who meet the criteria established for this study.

Finally, this study did not directly investigate the development of counsellor professional identity, but rather the current description of participants' professional identity and retrospective accounts of its development. While some questions invited participants to reflect upon its development and how it has evolved, limitations are inherent in the participants' memories of the account and this must be taken into consideration when interpreting the data.

Recommendations for Future Research

Suggestions for further research are useful because of their potential for increasing the utility of the results of this study. Future research should investigate professional identity among novice or beginning counsellors; specifically, how inexperienced counsellors define their professional identity, its contributing factors, and whether or not they describe their professional identity as stronger or weaker. Such an investigation could shed light on potential differences between the professional identities of experienced versus inexperienced counsellors. The question of whether counsellors develop their professional identities as they get more experience can only be answered by comparing counsellors at different levels of experience (Ronnestad & Skovholt, 2003). The impact of experience, age, or personal identity (e.g., personality, personal experiences, values, etc.) on professional identity development may be further explained.

Though this study did not actually investigate the development of counsellor professional identity, and only participants' retrospective accounts of how their professional identity developed, it can be inferred that professional identity development is a complex process that may vary from person to person. Research that directly studies professional identity development could provide insight into how professional identity changes or strengthens over time and which factors are most at play at what time during professional identity development. Specifically, such research could clarify whether or not professional identity tends to develop in a linear, or by

contrast, unsystematic manner. Furthermore, in light of the findings that suggest professional identity is context bound, future research could directly investigate whether counsellor professional identity begins to develop prior to or during a counsellor's first counselling job. Again, in this case, examining beginner counsellors would be ideal. This would further explain and compare the significant roles of place of work and personal identity on professional identity; namely, which carries more weight. Findings from such a study could have implications on counsellor training programs in particular, to encourage novice counsellors to reflect upon their professional identity *before* entering the workforce and apply for jobs accordingly. Longitudinal studies that follow the development of counsellors' professional identity may also reveal a parallel between professional identity development and other existing development models; such a connection could ultimately lead to increased knowledge and the development of a counsellor professional identity development model.

Though this study unearthed a number of themes that emerged from the six participants, findings could be further tested using wider scale methods, or simply a larger group of participants using a formal grounded theory approach.

Implications

One suggestion for promoting the development of a strong individual professional identity is for counsellor training programs to encourage counsellors-in-training to reflect upon their professional identity and the influences on its development through ongoing discussion or perhaps including professional identity issues in the program's core curriculum. Ronnestad and Skovholt (2003) reveal that self-reflection upon professional experiences in general are prerequisites for optimal development. This could lead to a more comprehensive and in-depth understanding of oneself and others, and of how to conduct one's work. Learning more about the

factors that influence professional identity development could contribute to the advancement of counsellor education and potentially improve the quality, so to speak, of counsellors' professional identities. Bruss and Kopala (1993) contend that professional identity often begins in the training process, and thus recommend training programs to provide an environment that is sensitive to students' individual ideal counselling practices and beliefs and especially to promote discussion on professional identity that may orient students to a sound professional identity. A professional's personality is expressed in his or her work, thus discussing this manifestation during training in a positive and reassuring manner can make the difference of a counsellor trainee feeling reasonably assured of his or her personal and professional capacities, versus questioning his or her suitability for the profession chosen (Ronnestad & Skovholt).

In line with the suggestion that counsellors should define their profession from within, it would also be beneficial to encourage counsellors with solid professional identities to openly discuss their professional identity with other counsellors in professional group settings. This is consistent with Gazzola and Smith's (2007) advisory for more counsellors to assume leadership roles that will reinforce the profession's unique identity for the benefit of future clients, allied professionals, and counsellors themselves. A related recommendation is to incorporate dialogue on professional identity at multi-disciplinary meetings, such as conferences, workshops, and meetings among allied professionals. Open discussion that promotes collaboration between allied professionals, and invites members of each profession to define their own professional identity by situating it in the mental health world could help solidify a unique identity not only in counsellors, but in all mental health professions. This could foster respect for both the general similarities and the differences between different mental health professions.

While counsellors in the present study recognize a number of similarities and differences between mental health professions, they also described significant diversity *within* the counselling profession; namely, differences in clientele, training background, employment settings, affiliation (or non-affiliation) with professional associations, theoretical approach, and professional roles and activities. This finding has implications in defining the scope of practice of counsellors and certainly raises the question as to whether the scope of practice of counsellors/psychotherapists ought to be broad or narrow. This is an important consideration especially in light of the creation of the College of Psychotherapists and Mental Health Therapists in Ontario (Canadian Counselling Association, 2008) which is presently endeavouring to define the professional capacities and establishing parameters surrounding the practice of "psychotherapists." Indeed, extensive research and discussion with a variety of professionals who will be affected by this regulation will be required in this process.

If counsellors are clearer on their professional identity, they may be better able to articulate to others how their profession is unique. Reflecting upon a profession's distinct identity could advance the sense of collaboration among professionals. Ultimately, a clear counselling identity could benefit clients who will have a more accurate understanding of distinctions between allied mental health professions when deciding upon seeking mental health services. Thus, public misconceptions about counsellors may be significantly reduced. Better understanding the differences between counsellors and allied professionals may guide service users toward better service and appropriate assistance. This could also help establish counselling's unique place in the mental health market (Wollersheim & Walsh, 1993) and lead to increased demand for service (Gazzola & Smith, 2007). Based on the findings that a solid professional identity informs professional roles, ethical conduct, and the quality of counselling,

professional identity is also considerably important to service users, or clients. Research supports a close and reciprocal relationship between how a counsellor develops and how counsellors handle challenges and difficulties in the client relationship (Ronnestad & Skovholt, 2003). Thus, the strength of a counsellor's professional identity may indirectly impact on the quality of counselling or professional rapport with clients.

References

Aira, M., Kauhanen, J., Larivaara, P., & Rautio, P. (2003). Factors influencing inquiry about patients' alcohol consumption by primary health care physicians: qualitative semi-structured interview study. *Family Practice, 20*(3), 1-6.

Alexander, T. (1994). The process of psychotherapy: An essential element. *Psychotherapy, 31,* 308-317.

Altmaier, E. M. (1991). Research and practice roles for counseling psychologists in health care settings. *The Counseling Psychologist, 19,* 342-364.

Aptekar, H. H. (1950). Case work, counselling and psychotherapy: their likeness and difference. *Jewish Social Services Quarterly, 27,* 163-171.

Benner, P. (1984). *From novice to expert: excellence and power in clinical nursing practice.* CA: Addison-Wesley.

Berg, B. L. (2001). *Qualitative Research Methods for the Social Sciences (4th Ed.).* Boston: Allyn & Bacon.

Blocher, D. H., Tennyson, W. W., & Johnson, R. H. (1963). The dilemma of counselor identity. *Journal of Counseling Psychology, 10*(4), 344-349.

Bloomberg, L. D., & Volpe, M. (2008). *Completing Your Qualitative Dissertation: A Roadmap from Beginning to End.* Thousand Oaks: Sage Publications Inc.

Bond, T., Courtland, C. L., Lowe, R. Malayapillay, A. E. M., Wheeler, S., Banks, A., Kurdt, K., Mercado, M. M., & Smiley, E. (2002). The nature of counselling: An investigation of counselling activity in selected countries. *International Journal for the Advancement of Counselling, 23,* 245-260.

Brammer, L., & Shostrom, E. (1977). *Therapeutic Psychology: Fundamentals of Counseling and Psychotherapy Third Edition.* Englewood Cliffs, NJ: Prentice Hall.

Brott, P. E. (1997). The development of school counselor identity. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 57*(12-A), 5059.

Brott, P. E., & Myers, J. E. (1999). Development of a professional school counselor identity: A grounded theory. *Professional School Counseling, 2*(5), 339-348.

Brown, C. (2002). Career counseling practitioners: Reflections on theory, research, and practice. *Journal of Career Development, 29*(2), 109-127.

Bruss, K. V., & Kopala, M. (1993). Graduate school training in psychology: Its impact upon the development of professional identity. *Psychotherapy, 30,* 1-7.

Burrell, M. (1987). Psychotherapy and the medical model: the hypocrisy of health insurance. *Journal of Contemporary Psychotherapy, 17,* 60-67.

Canadian Counselling Association. (2002). *Question and answer session on the proposed recommendations for the revision of the regulated Health Professions Act in Ontario.* Retrieved on 23 September 2008 from: http://www.ccacc.ca/AdvocacyOCCQ&A.htm.

Canadian Counselling Association. (2008). Retrieved on 27 June 2008 from: http://www.ccacc.ca/aboutus.html

Canadian Counselling and Psychotherapy Association. (2009). Retrieved on 20 September from: http://www.ccpa-accp.ca/NAMECHANGE.html

Canadian Psychological Association. (2008). Retrieved on 13 August 2008 from: http://www.cpa.ca/public/##5

Cecil, J. H., Havens, R., Moracco, J. C., Scott, N. A., Spooner, S. E., & Vaughn, C. M. (1987). Accreditation surveys: CACREP accreditation intentions. *Counselor Education and Supervision, 27,* 174-183.

College of Psychologists of Ontario. (2009). *What is the college of psychologists of Ontario?* Retrieved on 15 November from: http://www.cpo.on.ca/about-the-college/index.aspx?id=52&ekmensel=8_submenu_0_link_2

Collins Compact English Dictionary. (1994). Wrotham, England: Harper Collins Publishers.

Colton, D., & Covert, R. W. (2007). *Designing and constructing instruments for social research and evaluation.* San Francisco: John Wiley & Sons, Inc.

Corbin, J., & Stauss, A. (2008). *Basics of qualitative research, third edition.* Thousand Oaks, CA: Sage.

Corey, G. (2009). *Theory and Practice of Counseling and Psychotherapy Eighth Edition.* Belmont, CA: Thomson Brooks/Cole.

Crago, H. (2000). Counselling and psychotherapy: Is there a difference? Does it matter? *Australian and New Zealand Journal of Family Therapy, 21*(2), 73-80.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* London: Sage Publications.

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice, 39*(3), 124-130.

Creswell, J. W. (2003). *Research design. Qualitative, quantitative and mixed methods approaches.* Thousand Oaks, CA: Sage.

Creswell, J. W. (2007). *Research design: Qualitative, quantitative, and mixed method approaches (2nd ed.).* Thousand Oaks, CA: Sage.

Creswell, J. W., Hanson, W. E., Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *Counseling Psychologist, 35*(2), 236-264.

Cross, M. C., & Watts, M. H. (2002). Trainee perspectives on counselling psychology: Articulating a representation of the discipline. *Counselling Psychology Quarterly, 15*(4), 293-305.

Davis, T., & Witmer, M. J. (1990). Assessing the impact of counselor licensure in Ohio as perceived by counselors, counselor educators, and legislators. *Counselor Education & Supervision, 30,* 37-48.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders, Fourth Edition, Text Revision.* Washington, DC: American Psychiatric Association.

DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education, 40*(4), 314-321.

Domke, J. A. (1982). Current issues in counseling psychology: Entitlement, education, and identity confusion. *Professional Psychology, 13,* 859-870.

Fox, R., Kovacs, A., & Graham, S. (1985). Proposals for a revolution in the preparation and regulation of professional psychologists. *American Psychologists, 40,* 1042-1050.

Gale, A. U. (1998). Carl McDaniels: A life of transitions. *Journal of Counseling and Development, 76,* 202-207.

Gale, A. U., & Austin, D. (2003). Professionalism's Challenges to Professional Counselors' Collective Identity. *Journal of Counseling & Development, 81,* 3-10.

Gall, M. D., Borg, W. R., & Gall, J. P. (1996). *Educational research: An introduction.* White Plains, NY: Longman.

Garfield, S. L., & Kurtz, R. (1976). Clinical psychologists in the 1970s. *American Psychologist, 36,* 1-9.

Gazzola, N., & Smith, D. J. (2007). Who do we think we are? A survey of counsellors in Canada. *International Journal for the Advancement of Counselling, 29*(2), 97-110.

Geisler, J. S. (1995). The impact of the passage of a counselor licensure law: One state's experience. *Journal of Mental Health Counseling, 17,* 188-199.

Gelso, C. J., & Karl, N. J. (1974). Perceptions of "counselors" and other help-givers: What's in a label? *Journal of Counseling Psychology, 21*(3), 243-247.

Giddens, A. (1991). *Modernity and Self Identity.* Oxford: Polity Press.

Goldschmitt, M., Tipton, R. M., & Wiggins, R. C. (1981). Professional identity of counseling psychologists. *Journal of Counseling Psychology, 28*(2), 158-167.

Goodyear, R. K. (1984). On our journal's evolution: Historical developments, transitions, and future directions. *Journal of Counseling and Development, 63,* 3-8.

Goodyear, R. K. (2000). An unwarranted escalation of counselor-counseling psychologist professional conflict: Comments on Weinrach, Lustig, Chan and Thomas (1998). *Journal of Counseling & Development, 78,* 103-106.

Guba, E. G. (1990). The alternative paradigm dialog. In E. G. Guba (Ed.), *The paradigm dialog* (pp. 17-30). Newbury Park, CA: Sage.

Hage, J. (1972). *Techniques and problems of theory construction in sociology.* New York: Wiley Interscience.

Hanna, F. J., & Bemak, F. (1997). The quest for identity in the counselling profession. *Counselor Education and Supervision, 36,* 195-206.

Health Professions Regulatory Advisory Council. (2006). *Regulation of health professions in Ontario: New directions.* Retrieved on 15 November from: http://www.health.gov.on.ca/english/public/pub/ministry_reports/new_directions/new_directions.pdf

Heppner, P., & Roehlke, H. (1984). Differences among supervisees at different levels of training: Implications for a developmental model of supervision. *Journal of Counseling Psychology, 31,* 76-90.

Hershenson, D. B., & Power, P. W. (1987). *Mental Health Counselling.* New York: Pergamon Press.

Hershenson, D. B., Power, P. W., & Waldo, M. (1996). *Community Counselling: Contemporary Theory and Practice.* Massachusetts: Allyn & Bacon.

Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist, 25,* 517-572.

Hogan, R. A. (1964). Issues and approaches in supervision. *Psychotherapy: Theory, Research and Practice, 1,* 139-141.

Hosie, T. W., West, J. D., & Mackey, J. A. (1993). Employment and roles of counselors in employee assistance programs. *Journal of Counseling & Development, 71,* 355-359.

Howard, E. E., Inman, A. G., & Altman, A. N. (2006). Critical incidents among novice counselor trainees. *Counselor Education and Supervision, 46,* 88–102.

Humberstone, V. (2001). The experiences of people with schizophrenia living in supported accommodation: A qualitative study using grounded theory methodology. *Australian and New Zealand Journal of Psychiatry, 36*(3), 367-372.

King, G. (2007). Career development of counsellors. *British Journal of Guidance & Counselling, 35*(4), 391-407.

Lafleur, L. B. (2007). Counselors' perceptions of identity and attitudinal differences between counselors and other mental health professionals. *Dissertation Abstracts International Section A: Humanities and Social Sciences. 68*(5-A), 1877.

Lalande, V. M. (2004). Counselling psychology: A Canadian perspective. *Counselling Psychology Quarterly, 17*(3), 273-286.

Le Surf, A., & Lynch, G. (1999). Exploring young people's perceptions relevant to counselling: A qualitative study. *British Journal of Guidance & Counselling, 27*(2), 231-243.

Lent, R. W., Hoffman, M. A., Hill, C. E., Treistman, D., Mount, M., & Singley, D. (2006). Client-specific counselor self-efficacy in novice counselors: Relation to perceptions of session quality. *Journal of Counseling Psychology, 53*(4), 453-463.

Leong, F. T. L., Altmaier, E. M., & Johnson, B. D. (2008). *Encyclopedia of counseling: changes and challenges for counseling in the 21st century.* London: Sage.

Lin, T. (1973). Counseling relationship as a function of counselor's self-confidence. *Journal of Counseling Psychology, 20*(4), 293-297.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry.* London: Sage.

Linden, W., Moseley, J., & Erskine, Y. (2005). Psychology as a health-care profession: Implications for training. *Canadian Psychology, 46,* 179-188.

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *The Counseling Psychologist, 10,* 3-42.

Manthei, R. J. (2006). What Can Clients Tell Us about Seeking Counselling and Their Experience of It? *International Journal for the Advancement of Counselling, 27*(4), 541-555.

Maxwell, J. A. (2005). *Qualitative research design: An interactive approach. (2nd ed.)* Thousand Oaks, CA: Sage Publications.

McGill University. (2009). *PhD counselling psychology program.* Retrieved on 16 December from: 2http://www.mcgill.ca/files/edu-ecp/IntroductionPhDApplicationCounselling.pdf

McLeod, J. (1992). What do we know about how best to assess counsellor competence? *Counselling Psychology Quarterly, 5*(4), 359-372.

Merriam, S. B. (1988). *Case study research in education: A qualitative approach.* San Francisco: Jossey-Bass.

Merriam, S. B. (1998). *Qualitative research and case study applications in education.* San Fransisco: Jossey-Bass.

Morrow, S. L. (2007). Qualitative research in counseling psychology: Conceptual foundations. *The Counseling Psychologist, 35*(2), doi: 10.1177/0011000006286990

Mrdjenovich, A. J., & Moore, B. A. (2004). The professional identity of counselling psychologists in health care: A review and call for research. *Counselling Psychology Quarterly, 17,* 69-79.

Murray, C. E. (2009). Diffusion of innovation theory: A bridge for the research-practice gap in counseling. *Journal of Counseling & Development, 87,* 108-116.

Myers, J. E., Sweeney, T. J., & White, V. E. (2002). Advocacy for counseling and counselors: A professional imperative. *Journal of Counseling & Development, 80,* 394-402.

Neimeyer, G. J., & Diamond, A. K. (2001). The anticipated future of counselling psychology in the United States: A Delphi poll. *Counselling Psychology Quarterly, 14,* 49-65.

Nelson, K. W., & Jackson, S. (2003). Professional Counselor Identity Development: A Qualitative Study of Hispanic Student Interns. *Counselor Education and Supervision, 43*(1), 2-14.

Norcross, J. C., Hedges, M., & Prochaska, J. O. (2002). The face of 2010: A Delphi poll on the future of psychotherapy. *Professional Psychology: Research and Practice, 33*(3), 316-322.

Ontario Coalition of Mental Health Professionals. (2009). Retrieved on 10 December 2009 from: http://www.mentalhealthcoalition.ca/

Pelling, N. (2004). Counselling psychology: Diversity and commonalities across the Western World. *Counselling Psychology Quarterly, 17*(3), 239-245.

Pelling, N. (2006). Introduction to the special issue on counselling in Australia. *International Journal of Psychology, 41*(3), 153-155.

Pelling, N., & Sullivan, B. (2006). The credentialing of counselling in Australia. *International Journal of Psychology, 41*(3), 194-203.

Pelling, N., & Whetham, P. (2006). The professional preparation of Australian counsellors. *International Journal of Psychology, 41*(3), 189-193.

Pottinger, A. M., Stair, A. G., & Brown, S. W. (2008). A counselling framework for Caribbean children and families who have experienced migratory separation and reunion. *International Journal for the Advancement of Counselling. 30*(15), 15-24.

Prochaska, J. O., & Norcross, J. C. (1982). The future of psychotherapy: A Delphi poll. *Professional Psychology, 13*(5), 620-627.

Proctor, E. K. (2004). Leverage points for the implementation of evidence-based practice. *Brief Treatment and Crisis Intervention, 4,* 227-242.

Queen's University. (2009). *Clinical psychology at Queen's University.* Retrieved on 16 December from: http://www.queensu.ca/psychology/Graduate/Graduate-Programs/Clinical.html

Remley, T. P., Jr. (1991). On being different. *Guidepost, 3.*

Remley, T. P. Jr., & Herlihy, B. (2005). *Ethical, legal, and professional issues in counseling (2nd ed.).* Upper Saddle River, New Jersey: Pearson Education, Inc.

Ritchie, M. H. (1994). Should we be training licensed psychologists? ACES Spectrum, *55*(1), 15.

Ronnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30,* 5-44.

Rose, T., Loewenthal, D., & Greenwood, D. (2005). Counselling and psychotherapy as a form of learning: Some implications for practice. *British Journal of Guidance & Counselling, 33*(4), 441-457.

Schoen, L. G. (1989). In search of a professional identity: Counseling psychology in Australia. *The Counseling Psychologist, 17*(2), 332-343.

Sharpley, C. F., Bond, J. E., & Agnew, C. J. (2004). Why go to a counsellor? Attitudes to, and knowledge of counselling in Australia, 2002. *International Journal for the Advancement of Counselling, 26,* 95-108.

Sheehan, P. W. (1978). Psychology as a profession and the Australian Psychological Society. *Australian Psychologist, 13,* 303-324.

Sheridan, E. P., Perry, N. W., Johnson, S. B., Clayman, D., Ulmer, R., Prohaska, T., Peterson, R. A., Gentry, D. W., & Beckman, L. (1989). Research and practice in health psychology. *Health Psychology, 8*(6), 777-779.

Skovholt, T. M., & McCarthy, P. (1988). (Eds.) Critical incidents in counselor development [Special issue]. *Journal of Counseling and Development, 67*(2), 69–130.

Skovholt, T. M., & Ronnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling & Development, 70*(4), 505-515.

Skovholt, T. M., & Ronnestad, M. H. (2003). Struggles of the novice counselor and therapist. *Journal of Career Development, 30*(1), 45-58.

Smith, K. L. (2007). The experiences of deaf counsellors in developing their professional identity. *Dissertations Abstracts International. The Sciences and Engineering, 68*(3-B).

Stanley, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist, 53*(4), 440-448.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques (2nd ed.).* Thousand Oaks, CA: Sage.

Strauss, A., & Corbin, J. (1994). Grounded theory methodology: An overview. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 273-286). Thousand Oaks, CA: Sage.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Grounded theory procedures and techniques.* Newbury Park, CA: Sage.

Sweeney, T. J. (1995). Accreditation, credentialing, professionalization: The role of specialties. *Journal of Counseling & Development, 74,* 117-125.

Swickert, M. L. (1997). Perceptions regarding the professional identity of counselor education doctoral graduates in private practice: A qualitative study. *Counselor Education and Supervision, 36*(4), 332-340.

Thériault, A., & Gazzola, N. (2008). Feelings of incompetence among experienced clinicians: A substantive theory. *European Journal for Qualitative Research in Psychotherapy, 3,* 20-29.

Tod, D. (2007). The long and winding road: Professional development in sport psychology. *The Sport Psychologist, 21,* 94-108.

Totton, N. (1999). The baby and the bathwater: 'professionalisation' in psychotherapy and counselling. *British Journal of Guidance and Counselling, 27*(3), 313-323.

Truell, R. (2001). The stresses of learning counselling: six recent graduates comment on their personal experience of learning counselling and what can be done to reduce associated harm. *Counselling Psychology Quarterly, 14*(1), 67-89.

University of British Columbia. (2009). *Counselling psychology program.* Retrieved on 16 December from: http://www.ecps.educ.ubc.ca/cnps/2009%20CNPS%20PHD%20Stud%20Handbook%20 9-08-09%20-%20Final.pdf

University of Ottawa. (2009). *Psychology (PhD) curriculum requirements.* Retrieved on 16 December from: http://www.etudesup.uottawa.ca/Default.aspx?tabid=1727&monControl=Exigences&Pro gId=579

Van Hesteren, F., & Ivey, A. E. (1990). Counseling and development: toward a new identity for a profession in transition. *Journal of Counseling & Development, 68,* 524-528.

Van Riper, B. W. (1972). Toward a separate professional identity. *Journal of Counselling Psychology, 19*(2), 117-120.

VanZandt, C. E. (1990). Professionalism: A matter of personal initiative. *Journal of Counseling and Development, 68,* 243-245.

Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings.* Mahwah, NJ: Lawrence Erlbaum Associates, Inc., Publishers.

Weinrach, S. G. (1987). Some serious and some not so serious reactions to AACD and its journals. *Journal of Counseling and Development, 65,* 395-399.

Williams, D. I., & Irving, J. A. (1995). Theory in counselling: Using content knowledge. *Counselling Psychology Quarterly, 8*(4), 279-289.

Wollersheim, D. M., & Walsh, J. A. (1993). Clinical psychologists: Professionals without a role? *Professional Psychology: Research and Practice, 24,* 171-175.

Wright, J. K. (2005). 'A discussion with myself on paper': counselling and psychotherapy masters student perceptions of keeping a learning log. *Reflective Practice, 6*(4), 507-521.

Young, R. A., & Nicol, J. J. (2007). Counselling psychology in Canada: Advancing psychology for all. *Applied Psychology: An International Review, 56*(1), 20-32.

Zlatchin, P. (1955). Is the difference between counselling and psychotherapy important? *Annals of the New York Academy of Sciences, 63,* 412-413.

Appendix A

Recruitment Text

"I am interested in your experiences and perceptions that contribute to your sense of individual professional identity as a counsellor. Professional identity can be thought of in various ways such as how you see yourself as a professional in your daily practice and/or how your profession is distinct from other mental health professions. I am interested in exploring your feelings and beliefs relating to your professional training and education, work experience with clients and the public, and interaction with your work environment, co-workers, and allied mental health professionals, and how they relate to your sense of individual professional identity. In addition, I am interested in how you view the profession of counselling as a whole, independently of your own individual identity. Your participation will contribute to the completion of my M.A. thesis in Educational Counselling at the University of Ottawa. If you agree to participate in this study, you will be asked to fill out a brief demographic questionnaire (which will take no more than 10 minutes) and then be interviewed for approximately 60 to 90 minutes about your experiences as a professional counsellor. The interviews will be recorded on audiotape. Any responses that you give will be kept confidential and your anonymity will be protected in any written accounts of the research. You are free to withdraw from the study at any time without any penalty. If you are interested, please contact me and I will be happy to share more details about the study with you."

Appendix B

INFORMED CONSENT TO PARTICIPATE IN RESEARCH

This consent form (a copy of which has been given to you) is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, feel free to consult further with Sara Alves. . This study is a part of the completion of an M.A. thesis entitled "Our Place in the Mental Health World: An Exploration of Counsellors' Professional Identity". Please take the time to read this carefully.

1. Purpose:

The goal of this project is to study how counsellors define and experience their sense of professional identity as counsellors. Specifically, the goal is to understand what critical incidents and experiences in your counsellor education, training, and professional experiences facilitate or obstruct your sense of professional identity as a counsellor. Another goal is to determine how you define your profession's sense of collective identity and how it relates to your own sense of individual professional identity. Your participation in this study will be an important contribution to this goal and may contribute to your own understanding of your professional development as a counsellor.

2. Procedures:

If you agree to participate in this study, you will be asked to fill out a brief demographic questionnaire (approximately 10 minutes) and then be interviewed once for approximately 60 to 90 minutes about your perceptions, experiences, and beliefs surrounding professional identity. The interview will be recorded on audiotape. Any responses that you give will be kept confidential and you may withdraw from the study at any time without any penalty.

The tapes of the interviews/discussions will be transcribed so that the dialogue can be coded. To ensure anonymity and confidentiality, all personal identifying information will be deleted or altered to conceal your identity as well as the identity of places and persons you may mention. Your taped interview and transcript of the interview will be coded by the primary researcher in Educational Counselling at the University of Ottawa and one expert in the field of counselling and psychotherapy will be consulted to ensure quality coding.

Be assured that the primary researcher and expert in the field will be bound by a code of ethics that regulates counselling professional conduct relating to all matters in the conduct of research, including confidentiality. Moreover, all information will be treated as private and confidential even after identifying features have been removed. Tapes and transcripts will be coded to remove any identifying information and kept in a locked filing cabinet in the thesis supervisor's (Nick Gazzola) office. The code keys will be stored in a reference file separate from the data set. All of the tapes and transcripts will be kept for ten years and will be destroyed by the end of 2018.

The results of this study may be presented at research conferences or published in scholarly journals. In all matters regarding the communication of results, your anonymity will in no way be compromised. Once completed, the results of the investigation will be made available to you upon request.

If you would like information about the ethical conduct of the project, or would like to express concerns, contact the Protocol Officer for Ethics in Research:

Protocol Officer for Ethics in Research
Research Grants and Ethics Services, University of Ottawa
550 Cumberland St., Room 160
Ottawa, ON K1N 6N5
Tel: (613) 562-5841
E-Mail: ethics@uottawa.ca

3. Conditions of Participation:

- I understand the purpose of this study and how much time it entails, and that during the research process I may learn more about myself and the profession in terms of professional identity.
- I understand that participating in this study is entirely voluntary.
- I understand how confidentiality will be maintained during this project.
- I understand the anticipated uses of the data and that publication and communication of results will be done in such a way as to ensure that all participants will remain anonymous.

Your signature on this form indicates you have understood to your satisfaction the information regarding participation in this research and agree to participate in this research. In no way does this waive your legal rights and it also doesn't release anyone involved with the research from their legal and professional responsibilities. You are free to withdraw from the study at any time. You should feel free to ask for clarification or new information throughout your participation.

If you have further questions concerning matters related to this research, please contact:

Sara Alves

or
Nick Gazzola, Ph.D.
Faculty of Education
University of Ottawa

Participant's Name (please print):_____

Participant's Signature: _____

Date: _____

Interviewer's Signature: _____

Date: _____

Appendix C

Demographic Information

Name: _____ **Code:** _____

Interviewer: _____ **Interview Date:** _____

1. How many years have you practiced as a counselor?

(10– 12) (12 – 16) (16 – 20) (20+)

2. Is counselling your first career? YES NO

3. Work activities:

Type of Counselling	*How often do you engage in this type of counselling?* *Never, Sometimes, Often, Very Often*
Personal/individual	
Career	
Group	
Workshops	
Family	
Couples	
Providing supervision	
Receiving supervision	
Other (specify)	

4. Relating to the nature of clientele you serve, please list the general reasons for which your clients seek counseling (e.g., anger management, abuse, depression, time management, etc.)

5. What is your date of birth?

6. What degree(s) do you have in your current field?

7. What is your current professional designation?

Appendix D

INTERVIEW PROTOCOL

Interviewee:_____ Date: _____
Time: _____

** I will begin with very briefly telling participants that I will ask them mainly questions about their individual professional identity, and secondarily how it compares to their perception of counsellors in general, or the profession on the whole.*

1. What do you do as a professional counsellor?

   - How do you think this compares to other professional counsellors?

2. What do you do that exemplifies the term "counsellor professionalism?"

   - How do you think this compares to other professional counsellors?

3. What associations come to mind for you when I say "counsellor professional identity?"

   - How important is being a CCC to your professional identity?

4. How does your work as a counsellor compare to that of other mental health professionals?

   - How do you think the work of counsellors in general compares to that of other mental health professionals?

5. From your experience, how do you think other mental health professionals perceive you as a counsellor? How do you perceive other mental health professionals?

6. What do you think influences your status as a mental health professional? (i.e., education, experience, title, age, gender, theoretical orientation, exposure in the media, etc.)

7. Have you ever considered pursuing a doctoral degree in your field? Why or why not?

   - How would having a Ph.D. in your field change your career personally?

8. Can you tell me about the first time you realized, *"I am a professional counsellor?"*

9. How would you describe your professional identity?

   - How did this description come to be for you/ where does your professional identity come from?

10. Has your professional identity changed since you first started working as a counsellor?

If so, how?

- How do you feel today about your decision to become a counsellor?

- When someone asks you what you do for a living, what do you say? What is your preferred professional title?

11. How important is it for you to have a solid professional identity?

- Have you ever experienced a professional identity "crisis," so to speak, in your career as a counsellor? Please explain.

12. How do you think the training you received as a counsellor differed from that of other mental health professionals?

- What role did your master's counselling education program play in the development of your professional identity as a counsellor?

13. How important is level of education for you when doing counselling (e.g., B.A., M.A., Ph.D.)?

14. Is there anything you do that helps you feel more in touch with the counselling profession? (i.e., read the counselling literature, be a member of a professional organization, attend conferences, etc.)

15. How do you think the statutory regulation of psychotherapy will affect your sense of professional identity?

- What are your thoughts/feelings about this regulation?

Appendix E

Open and Axial Codes of Experienced Master's-Level Counsellors

Axial Code	***Verbatim Examples of Axial Code***	***Thematic Label***	***Open Codes***
Professional identity is closely tied to personal identity	*"I mean, as a counsellor, you have to be a very authentic person – you can't put your counsellor hat when you walk in the door and take it off when you leave – you have to be very authentic in who you are. If I meet a student who's working in the mall, I can't be some distant person, I have to be the same person who I am when they might see me out here."* Wanda.25.8.	Influences on professional identity	• My professional identity is connected to my personal identity
	"I mean, it really starts with who I am. . . as a person – in terms of how I see myself in the world and – and how I see the world. So that's uh. . . where it begins. . ." Toni.1706.		• The counselling role should be congruent with the person
	"There's not a lot of um demarcation for me between personal and professional. . ." Teresa.1292.		• Personal experience teaches me counselling skills
	". . . There's some different styles of counselling would believe in, like a true self, you know, something that is, you come with a set of programs, much like what's on a computer, it's hard wired when you get here, and those tend to naturally um orient you or filter your experience in a certain way as you live your life. And I do tend to believe with that. . . Just by virtue of like your personality, you're gonna		• People may be born counsellors

	have natural types of skill sets because different personalities have different filters or values that are important to them, and you develop skills, capabilities, in order to get or satisfy those values through your behaviours or what you do." George.426.		• I am a counsellor even outside the office
Work experience strongly influences individual professional identity	*"I think it's primarily the experience, the doing of this work, 'cause I don't think – I didn't come out of my program – came out with an M.Ed. and – and a term counsellor, but I didn't come out with a really clear idea of what I was – what it meant I would do. . . I'm not an academic, and I'm not big on theory and research – I'm very much more practical, in-the-moment. . . it's the experience that gives you confidence."* Teresa.1255.	Role of experience on professional identity	• Practical experience is more important to me than education
	"... I think the learning is in the doing, like in our profession, the learning is in the doing. . ." George.2344.		• My professional identity comes more from experience
	"I would say, certainly in those first five years. . . five to ten years. . . the education that has been obtained is very significant. . .but at some point, as you get further and further away from having gained that degree. . . you need to, you know, build your portfolio. . . in other words, you know, through different		• In counselling, the learning is in the doing • Over time, experience becomes more and more important. • Practical experience offers immediate applicable skills

	experiences and through meeting different people and attending conferences and joining as a volunteer at working at maybe different professionals settings – I think that's where you start to build the credibility as a health professional." Albert.574.		
Counsellors define their professional identity in terms of their perceived competencies	*"I see myself as someone who is competent... and... resourceful, so if I'm not sure what to do I have no problem going out and asking what and how to do something, so, I guess I see myself as – um... dedicated..."* Cyndi.857.	Defining professional identity	• I am competent.
	"I'm a resource. . . when you put the title counsellor after your name, you had better be prepared and ready to um. . . accept, so whoever comes to you, it can be a student, it can be a staff, you know, whatever, um. . . and I have served as a resource for many teachers. . . you are a counsellor. So you are a safe place to go. . . I guess we're a confidante as well. There is a looking to for support and resource." Wanda.24.7.		• Professionals need to be very skilled and capable at what they do. • I am a resource.
	"I mean I didn't get to be what may look like calm and confident and competent when I was your age – it's a learned thing, and so I'm coming from the experience of knowing what it's like to		

	have some feelings of depression or anxiety, the relationship breakup, or whatever it is! Not because I got it out of a book." Teresa.392.		
Counsellors place importance on self-directed learning and professional development	*"When it comes to. . . readiness to take on the profession. . . I've always viewed um. . . you know, doing my master's degree as a launching pad. . . and then beyond that it was you know, where else did I want to train, like what areas did I wanna really specialize in, you know, whose brain did I want to pick on as far as having questions about a certain therapeutic approach. . . so I've learned from people. . . having mentors. . . either formally or informally has also been an important part of my professional career."* Albert.1095.	Counsellors and professional development	• Counsellors should receive counselling to understand client's position.
	"I went. . . [out of town] in the spring for uh grief training, just because it happened to be offered there – but you know, that was all paid for by myself and. . . I think it's important, and I wish we had the funds – you know, and the director wishes that too – But. . . I also think it's everybody's responsibility to keep that stuff up. Just because they're not paying for it, it's no excuse not to go." Teresa.1809.		• Counsellors are committed to their own professional development and learning.

			• I have benefited from professional support in my practice. • Counsellors need ongoing supervision. • Counsellors have the responsibility of seeking training and professional development.
Being part of a collective group is important to counsellors' individual professional identity	*"There are a great many people, I mean, there's colleagues that I have a huge network of. . . professional colleagues, who are an important part of my identity. . . you know, in one way or another. . . my identity just comes – my professional identity comes from different sources."* Albert.721.	Importance of sense of unity and commonality among counsellors	• How others perceive counsellors affects how I perceive myself
	"I identify very, very strongly to being a counsellor and to what that means. . . I feel I have to live up to the service." Wanda.25.11.		• Representation of the profession affects my professional identity
	"Conferences would be the biggest one. . . followed by being a member of CCA." Cyndi.1310.		• Counsellors have common goals and practices
	"I think the nature of the work is uh, unless you set up your own reflecting team or unless you set up your own kind of like um supervision. . .		• Counselling associations' name change affects my sense of professional identity.
	the nature of the work is. . . isolating. . . unless you, you know, consciously make an effort to get out and get into the community and connect with people and that kind of thing. . . I think the job itself		• I would like to advocate more for counselling. • Certification connects counsellors. • Involvement with CCA reinforces a positive professional

	doesn't naturally lend itself to that." George.2551.		identity. • Training helps counsellors connect to each other. • Reading/watching counselling related material, professional development and sharing with colleagues help me feel in touch with the profession. • Going on conferences helps me keep in touch with the profession. • Being a member of a professional association helps me feel in touch. • Supervising interns helps me keep in touch. • Socializing with other counsellors helps me feel in touch with the profession. • Counsellors practice within a code of ethics. • Counsellors need to be accountable through a regulated body. • Membership in professional associations is crucial for professional identity.
Professional identity is context bound	*"I think. . . what they're being asked to do, so it may be um that if they work in a hospital or non-profit organization, they may be asked to do. . . a slightly different role. . . than a, say a clinical*	Role of workplace on professional identity	• Role of counsellors is heavily influenced by place of work •Where I work affects how I am perceived •Workplace financial

	counsellor in private practice. Um so where they work, the clientele that they work with might be a little bit different. Um. . . but if we were to. . . put them all into, say private practice, where they're all sort of on the same playing field, that's where I say that the work could be quite comparable." Albert.316.		constraints affect what counsellors do • I use a multi-disciplinary approach to helping clients • Working with allied professionals teaches me new skills
	"I think anyone who deals with – like in a hospital setting – would be dealing with more critical or chronic issues. . ." Wanda.1.14.		• Differences are more common between individuals than groups of people
Professional identity develops over time	*"I became more aware of it, so. . . I think I was like. . . an effective counsellor with people, you know, all along that timeframe, but I might not have been able to articulate what I was standing on."* George.2063.	Progression of professional identity	• Professional identity develops and grows over time.
	"Well, I would only say that my identity has evolved and you know, just because of my life and my life experience. . . so the way I am now, compared to the way I was fifteen years ago, or ten years ago. . . through maturity, through you know, any wisdom that I've gained, knowledge I've gained. . . um I've been able to apply it um to myself as a professional um. . . I'm a better counsellor now than I was when I started in this profession." Albert.857.		• I have gained deeper knowledge and awareness of my professional identity.
	"I think you grow as a counsellor – I don't think you		

	kinda just get a degree and then you're a – I think you grow, you grow into it." Wanda.26.10.		
National representation is important to counsellors' collective identity	*"I cannot say enough good things about [the CCA]. The standard of. . . um professionalism. . . I'm just really very impressed with the professional standards that they hold. . . the people that are involved. . . and it's a genuine honour to have those opportunities – to just be involved. . . yeah, it really is. . . and they really um they're a strong voice of advocacy for counselling, not just in Ontario, but in Canada. So uh I think they're very well respected."* Wanda.29.28.	Importance of national representation	• CCA's standards of professionalism are so admirable and well-done.
	"The CCA is a big one, for me." Cyndi.299.		• Belonging to CCA is common practice among counsellors.
	"I would say for me, it's been through the Canadian Counselling Association, uh they've been uh my primary body." Albert.204.		• CCA is a strong voice of advocacy for counselling.
Counsellors value certification for the public perception/ recognition of it	*"I think that being a CCC has some value professionally because it tells others in the field that I have certain credentials and perhaps it has some meaning to clients as any certification does. That said, how important is it to my professional identity? I would rather have it than not but I don't think it is a huge part of my identity. When*	Being a CCC and professional identity	• Certification is important to my professional identity.

	asked, I say I am a counsellor, not a CCC." Teresa.1982.		
	"I think [certification] might change [my professional identity] for others, but not necessarily for myself." George.1003.		• Certification is not a very important part of my identity.
	"Well, [certification] would certainly uh bring forward that. . .I paid my dues. . . because in order to be a certified counsellor. . . you've got to put in so many hours, you've got to. . . ensure that you've taken certain courses as part of your graduate program. . . it's maintaining your hours um. . . making sure that you still continue to attend professional activities, and so on. . ." Albert.228.		• Certification ensures protocol for standards and practices.
	"Being certified indicates to prospective clients that the counsellor they are seeing has a certain level of proficiency and experience." Toni.2506.		• Certification is important for public recognition.
Regulation will benefit the status and credibility of the profession	*"I think it's essential, and I think it will. . . help um separate things in a more explicit fashion um in terms of how people perceive professional counsellors and I think also how we perceive ourselves. It will enhance our own status, and it will. . . increase the confidence of the field as a whole."* Toni.2291.	Effect of regulation on professional identity	• The status of the profession will increase.
	"I really think the ah recognition. . . and the ah. . .		• Public recognition of the counselling

	stature of the profession will be advanced through regulation." Wanda.36.43.		profession will be advanced.
	"It wouldn't affect it for me, it may affect it for how I am viewed." George.2882.		• Benefits could include more opportunity, higher pay and access to third party billing for counsellors. • The public will be better able to differentiate between professional and non-professional counsellors. • Regulation will not affect my sense of professional identity.
Counsellors believe that the public perception of counselling is based on lack of knowledge	*"Right now, you can put up a shingle and be Jo-Jo the psychic and clients don't know the difference. Clients don't know the difference between PhD counsellor –*	Public perceptions of counselling and counsellors	• Stigma around mental health deters some from seeking counselling.
	like, there's no difference for them unless we explain it. . . and a lot of times, they don't really even care, either." Toni.2299.		• Seeking counselling is a difficult choice to make for most people.
	"I think for a lot of people, their only experience of counselling is guidance counselling in school – Uh, so they don't – and sometimes when I say that I'm a counsellor, people say, "oh, you know, for the academic stuff, or the career stuff", and I say, no, the personal." Teresa.866.		• Counsellors are responsible for how we represent the profession to the public. • Many people are unaware about the role and function of counsellors.
	"Well, when [the public] doesn't don't know [what a		• Some people do not respect the work of

	counsellor means], I tell them therapist. . . that's a lingo, especially from Hollywood they seem to understand. Now that's not the model we want to defer to – uh, the Hollywood models of therapy, which are fraught with all kinds of violations, but people understand therapist." Toni.2450.		counsellors.
	"You know, um. . . some people might just know better about what a psychotherapist or they get a sense of what a psychotherapist does compared to a counsellor." Albert.947.		• The public views counsellors as like assistants to doctors.
	"Sometimes I tell them I'm a career counsellor, but often when I do that, people will say... oh yes, you find jobs for people, and then I – I feel kind of offended." Cyndi.1002.		• People are more comfortable seeing a counsellor than most allied professionals.
			• "Therapist" may be a better understood term. • The title psychotherapist has more status. • The title "therapist" may better reflect the work of counsellors than "counsellor".
Counsellors' personal experiences with allied professionals are in conflict with the perceived public reputation of professions	*"You hear all these things about. . . people saying, oh, you know, [social workers] are really like. . .militant, or like um radical, you know. . . or in terms of like. . . it's the system, like there's a focus on the system or the environment. . . And I've*	Impressions about allied professionals and their perceptions of counsellors	• Not all doctors rely on prescribing meds to treat mental illness

	heard that, but I've never like, had a chance to sit down and like have a discussion to kind of hear those things come out." George.1206.	
	"I would say it's not the groups, I would say that it's individuals. . . I prefer to think that way anyway because if I think of globally against every group, I'm gonna go in and what's going to happen is there'll be a self-fulfilling prophecy of not having a good encounter with a social worker, or a psychologist, or a doctor, or a psychiatrist. . . psychiatrists always were not the best at providing support to people, 'cause they aren't known to be great listeners – this is what we always used to hear. . .but again, there are some psychiatrists that are wonderful!. . . so where I'm coming from is really trying to build relationships and be collaborative with individuals." Toni.1137.	• I consider allied professionals on an individual basis and don't label a profession globally
	"I think some [doctors] like [giving meds]and some of them don't – some of them are more comfortable with, okay this is. . .the diagnosis, this is the condition, this is the medication – whether it's the physical or the mental, or some of them. . . recognize that there's lots that they can do. . . " Teresa.1687.	• I've never experienced stigma between the mental health professions
	"I'm doing a scan [of whether I've experienced turf wars between professions] – I'm doing a sort of okay,	• I've never experienced social workers as fitting into their public reputation

	where have I ever like really ever come across evidence of that in my life – in my experience, and it's like I'm coming up with. . . nothing." George.1475. *"There could be. . . M.SWs. out there who have a – quite a similar orientation to what – what I am about – so, it's not always going to be about the graduate degree designation as much as just where they've chosen to um. . . take that degree."* Albert.504.		of being too systemically-oriented
Counsellors' preferred professional title is counsellor	*"You know, people say what do you do? I say counsellor – they have no idea! That's why I started saying professional counsellor! Mental health counsellor."* Toni.2314.	Counsellors' preferred professional title	• While some people think counselling and therapy are different, I disagree.
	"Some people might just know better about what a psychotherapist does compared to a counsellor, um I mean I still like the title counsellor." Albert.943.		• My preferred professional title is counsellor.
	"I identify more as a counsellor. I will. . . mostly say I work as a counsellor in a high school." Wanda.28.28.		• My preferred professional title is professional counsellor. • The title psychotherapist is more specific and better reflects what counsellors do. • I strongly identify as a counsellor.

Counsellors define status in terms of three sources: intraprofessional, interprofessional and public perceptions	*"I think [my training] played a relatively significant role, in that it introduced [me] to the idea of. . . um solution-focused and brief therapy. . . finding out which [problems] were getting in the way now and let's look at those ones, so. . . um. . . yeah, perspective, philosophy, identity, yeah."* Cyndi.1196.	Influences on status of counsellors (Intra-professional perception)	• My training gave me counselling credibility and skills (was important to my identity)
	"Those things have affected my own professional identity - um, I think my status as a professional is affected by the agency that I work at, as well." Toni.1367.		• My experience influences my status.
	"For myself it's. . . um. . . it's learning new things that have a direct application to the people that I'm uh helping or serving. I'd say applied knowledge. Applied knowledge in a creative way." George.1602.		• Applied knowledge and creativity affect my status.
			• Where I work affects my status.
	"Because it's a level of education, some [psychologists] would not see counsellors as capable, and they would perceive that, you know, clients should be seen by psychologists!" Toni.1120.	(Inter-professional perception)	• Physicians might see counsellors as having little impact on clients.
	"My mind reading is that psychologists would believe that counsellors just didn't have the training and education to be as effective as they might be as a psychologist. Um. . . psychiatrists, I'm guessing would think that. . . as a		• I am concerned that under experienced counsellors will be allowed third party billing after regulation.

counsellor, we don't know enough about the biochemistry of the body." Cyndi.566.		
"My perception as a counsellor is that there isn't necessarily a huge difference between the two, but that psychologists' perception is that there is a huge difference [between counsellors and psychologists]. Teresa.675.		• Psychologists might see counsellors as less capable because they have less education.
"My status? I have to say, working at a university! . . . That has a certain cachet to it. . . I noticed that as soon as I said 'and I'm working at X University', you can just tell – I mean, it's the. . . what's the reverse word of stigma? . . . Universities are the be all and end all in our society." Teresa.963.	(Public perception)	• Mental health professionals are viewed on a pecking order from psychiatrists at the top, to counsellors at the bottom.
"In the community as well, 'cause if you think of somebody who's like you know, a Ph.D. or supposed to be like the uh expert frame, you know, so you automatically get a certain level of credibility or status." George.1487.		
"Having had a supervised practice is really something that's uh become extremely important because it shows that um you have people that want to come and see you. . . it's almost evidence that you're a relatively good		• The public views counsellors as like assistants to doctors.

	counsellor if you have a private practice." Cyndi.698.		
	" Self-confidence in the knowledge that I bring um and expertise that I bring, the amount of, whether it's coursework I've done, or – or experience that I've gained from. . . you know, working in a certain field. . . my own work experience. . . brings a certain status." Albert.546.		• Where I work affects my status.
	"I think as we get regulated, the status will increase." Wanda.18.41.		• Amount of education affects status.
			• A Ph.D. would increase my status. • Public recognition of the counselling profession will be advanced.
Counsellors perceive that there are universal counselling practices	*"And the recognition that clients are individuals, as well. . . yeah, that we're all different. . . so what else makes a good counsellor, well, that's a primary thing."* Toni.561.	Defining goals and practices of counselling	• Building a strong rapport is a marker of an effective counsellor.
	"I think it's just maintaining that. . . healthy regard for the client. . . being very genuine with a client." Albert.143.		• Counselling involves teaching.
	"I'm never – right from the get-go – I never bought into the "I'm-a-counsellor-you're-a-client" – I'm the expert." Teresa.382.		• Counsellors need to empower clients to take responsibility.

			• Counsellors need to be client-centred, not directive. • Counsellors prioritize therapeutic goals with clients • Counsellors need to be imaginative and creative in helping clients. • Counsellors provide referrals and resources to clients. • Counsellors need to be authentic and human with clients
Counsellors espouse a client-focused approach to helping clients	*"I'm trying to see you as an individual – as a whole person – not as someone with [a label] across her forehead!"* Teresa.849.	Counsellor role with clients	• Counsellors need to be client-centred, not directive.
	"[Previously], it was a – abstinence philosophy – sort of like one size fits all. It doesn't work, one size fits all... but it's more respectful – a client-centered and meeting people where they're at... being client-centered and empowering people to... take responsibility for their own lives... let me respect you and be present to you where you're at." Toni.520.		• Counsellors need to empower clients to take responsibility.
	"In my experience, you have an awful lot of um... skill, ability, um power, whatever you wanna call it, to influence. And if you are influencing in a way that isn't ecological with the person, don't think that's a good thing. I don't think that's going to be a very		• Counselling approaches vary according to individuals' needs.

	helping type of. . . thing going on." George.755.		
Counsellors have additional responsibilities beyond counselling	*"As a professional counsellor um my main duties here at the school is to be responsible for students' academic counselling. And that means uh ensuring that they have the correct courses according to their educational ability um as they progress through from grade nine to grade twelve. . . career counselling is our second mandate in that um we have to at each grade level ensure they have appropriate uh career information. So, we do a lot of um career education. . . so our knowledge base has to be pretty broad and pretty in-depth for that. . . And then, personal um counselling."* Wanda.1.15.	Additional roles of counsellors	• I have various administrative requirements throughout the day.
	"There are a number of different things that occur here. . . there are other times when we have to mobilize to be able to provide support – then the other things that occur, there are admin requirements here, like we have staff meetings, we have um, you know, um meetings that uh occur within the department, we have meetings with the manager, um we have um clinical supervision. . . um, there's attending other sessions. . . so there's a lot of um inter-departmental learning and		• I must meet the demands of people above and beyond clients.

	exchanging that goes on, which makes it a very rich environment." Toni.58.		
Counsellors believe their profession is similar to allied mental health professions	*"I think between the social workers. . . and counsellors, I think there's a lot of similarities. . . overall, approaches would be different, but they'd be doing the same – very similar – things on a day-to-day basis. . . I find the [work of psychologists] I find it's quite. . . similar."* Cyndi.384.	Comparing counselling to allied professions	• Mental health professionals have similar standards of professionalism.
	"I think there's more coming together or more recognition of the overlap in the kind of work that we do." Wanda.18.36.		• Mental health professionals share values.
	"The way that [mental health professionals] think about it and the way that they do the work is, you know, kind of the same and slightly different." George.1109.		• The work of mental health professionals overlaps
	"There's some basic standards that are the same. . . I think that the way that we [mental health professionals] might conduct our work could be slightly different." Toni.827.		
Counsellors value and feel valued in a multi-disciplinary team	*"[Allied professionals] have encouraged me to think broadly and differently in a way that I might not have naturally, and I think in return, you know, I've brought my own ways of seeing things and my own*	Counselling and multi-disciplinary/ collaborative approach	• Each mental health profession has a different type of expertise to offer.

	training and experience to them! So how do I see them? I think we all – there's value and there's a place for everyone." Toni.1252.		
	"I have to say one of the things that was the greatest surprise to me was going to health and counselling and having psychologists, GPs, all kinds of different people say oh. . . I'd like to. . . find out more about you know, how you practice, what's important to you, that type of thing, and really, really open. *And maybe that's just the setting that we were in, but it was quite a surprise – it was very respectful."* Cyndi.679. *"I really enjoy the whole collaborative approach, and in other work settings I've been in, we've always practiced you know, that whole sort of team. . . and collaborating on you know, whether it was someone having difficulty with a client. . . and they needed feedback. . . we may talk about it and look at different options and so on."* Albert.487.		• Counsellors help alleviate the caseload of allied professionals. • Increasingly, there is a multi-disciplinary approach to helping clients. • Working with allied professionals is beneficial for learning and knowledge. • Allied professionals' perceptions of counsellors are changing for the positive.
A solid professional identity helps define professional roles	*"It helps me to be clear and grounded so that I can be focused and then able to do what I need to do. . . I know what. . . I can do and what I can't do – my limits."*	Benefits of having a strong professional identity	• A solid professional identity informs my role as a counsellor.

	Toni.1967.		
	"It's important to have like a – to be aware of what you do to explain it to other people, 'cause if you're not aware, you can't explain it." George.2097.		• A solid professional identity is necessary to articulate to public what counsellors do.
	"I think it's pretty important, 'cause I think it brings meaning. It's kind of what I do – I'm helping people bring meaning into their lives by developing fairly solid professional identity." Cyndi.1017.		• Having a solid professional identity is important.
			• Having a solid identity may prevent an identity crisis. • Not knowing your professional identity would impact on counselling clients. • Without a clear professional identity, counsellors can be taken advantage of.
Counsellors support the need for a master's degree among professional counsellors	*"Yeah, [to be a] professional counsellor with all of the. . . um. . . yeah, with the association and the support and the network and the professional identity, yeah, I think you'd have to have a master's."* Cyndi.1274.	Counselling and level of education	• Master's in counselling is the minimum educational requirement for practice.
	"I mean, the standard, like for me is, is uh. . . to be a professional counsellor would be like an M.A. or M.Ed. program – Um. . . because. . . there's just. . .		

	when you look at the B.A. programs. . . you do like a four year honours, it's like, you get a lot of theory, but. . . microskills courses, there aren't any like ethics, well there might be some ethic – ethics courses, but, like there's nothing that's really gearing you towards that profession, you know, to do that." George.2439.		• Counselling master's programs teach counselling theory and ethical practice.
Counsellors do not value the advantages of having a Ph.D.	*"Well, you're exposed to new ideas and you're exposed to new learning and. . . you develop new skills and uh given opportunities for more responsibility and whatever – it's exciting for anyone who really enjoys learning. Um and uh I was very keen uh to continue on uh, however, some other life events uh came around. . . And then I discovered dancing! [laughs] And I thought to myself, do I want to study or do I want to dance? I just find dancing more fun!"* Wanda.20.44.	Considering the pros and cons of a Ph.D. to counsellors	• A Ph.D. would give me more financial freedom.
	"Would [a Ph.D.] make you a better counsellor? No. I don't think so. I don't think it would make you a better counsellor." George.1740. *"I remember thinking [about a Ph.D.] – I just thought, oh, there's no way. For me, as I say, because I'm not an academic, and I'm not big on um theory and research – I'm very much more practical, in-*		• A Ph.D. would offer me wisdom.

	the-moment. . . I don't have a brain that works to grasp theory very easily. . . if you give me the – the real life example, I'll get it." Teresa.1069.		
	"There might be a slightly different uh. . . you know, direction that I might take if I had the Ph.D., but you know, I don't see for the most part		• A Ph.D. would increase my status. • A Ph.D. would not make me a better counsellor.
	what I'm doing and what I've chosen to do would be quite comparable – Ph.D. or no Ph.D." Albert.678.		• A Ph.D. offers more theoretical knowledge, whereas individual courses offer immediate applicable skills.
	"I don't know... I had seriously thought about it, and then I guess what the shift was for me is what I really love learning are skills... that make me... kind of wiser and a better counsellor. And I feel like those would be the types of skills that I can get through courses." Cyndi.804.		• Counsellors can do very similar work, with or without a Ph.D.
Counsellors believe that mental health professions differ in terms of training	*"But I think there's more specialized training [among psychologists] in some aspects. I think our training is fairly general. . . not general as in superficial, but broad-based."* Wanda.33.29.	Differences between counsellors and allied professionals	• Psychologists are based in medical model and deal with severe issues.
	"I think if you're thinking psychologists, they're probably dealing with probably more deep-rooted um mental health. . . they do diagnose. . . I see it as a		• Mental health professions are on a continuum in terms of severity of illness.

	continuum. . . I think other mental health professionals are given more chronic, long-term. . . we don't do treatment. Like, I think a lot of these other – do treatment - we just – we're just not set up to do treatment. . . . I think we address. . . and provide support. . . and probably referral, and follow-up. . . I see my social worker as a more of a connection to the community. Uh, providing help and support through the community. . ." Wanda.14.14.	
	"My perception of social work is that it is. . . different. . . I think there's more theory involved." Teresa.576.	• Social workers deal with social/ community context, while counsellors address the personal/individual. • Social workers are more hands-on and connect clients to resources. • Psychologists investigate clients' backgrounds and history more. • Training of counsellors is more generalized than other mental health professions. • Training of social workers generally doesn't include counselling. • Training of social workers is more theoretical. • Most other professionals receive

			more practicum experience. • Psychologists' training is more focused on research and theory.
Counsellor professional identity begins with a critical incident	*"Yeah, I think there were two times – one was when I walked out from my defence. . ."* Teresa.1129.	Moment of realizing "I'm a professional counsellor"	• I realized I am a professional counsellor when I made a difference in a client's life.
	"So. . . so that was a crisis. But maybe I realized what I stood for, what. . . values I stood for, and how I believe that there was a standard that I needed to. . . adhere to, so. . . [that's when] I knew I was a professional counsellor." Toni.1622.		
	"I think having the [client's] parent come back and saying, I've known for many years my son was very capable and feeling he had just been shuffled on or moved on and here was somebody who had the knowledge skills interest to pay enough attention. . . and say, okay, what – what's going on here? How can we help? Um, so that would have been, probably when I was doing my second internship. . . oh, boy. . . but I really – I remember feeling a sense of, Wow, you know – this is all worth it." Wanda.23.25.		• I realized I am a professional counsellor when I stood up for my ethical beliefs.
	"I could probably say it was, you know, when I walked across the stage. . . when I		• I realized I am a professional counsellor when I received my

	graduated. . . and uh received a diploma, and realized that this was sort of the culmination of what I had set out to do – and I was very proud." Albert.698.		diploma.
	"Yeah, I think there were two times. . . I think the other moment was probably when I came here. . . And I don't know if that sort of hit me right away – it was probably, I'm guessing, more when I got the reactions from other people – Oh, you're at X University, wow!" Teresa.1129.		• I realized I am a professional counsellor when my client labelled me as such.
	"Yeah, I think there was a moment when. . . I was doing... personal counselling and it was when a student was telling me about some of the issues she was having. . . and then for her to refer to me as her therapist, or her counsellor and I remember thinking. . . I am that person!" Cyndi.832.		• I realized I am a professional counsellor when I became employed.
Professional identity crises derive from personal sources	*"So that was a crisis. But maybe I realized what I stood for, what values I stood for and how I believe that there was a standard I needed to adhere to. . . I knew I was a professional counsellor."* Toni.1622.	Causes of professional identity crisis	• Crisis linked to someone else's serious disregard of counsellor professional conduct.
	"I didn't feel like what I was doing felt like it had the same impact as I wanted... but I think that it's just like a relationship, when it comes		• Resolving my professional identity crisis led to the realization that I am a professional

	to a point where it feels like maybe values have shifted, or... beliefs or... something's shifted, and so... it's not giving you what it is that you need anymore, and I felt like... it's become more procedural, and less... where I could use... creative, divergent, problem-solving skills, which is one of my passions, and so... I thought, I'm really sad." Cyndi.1056.	counsellor.
		• I have never had a professional identity crisis. • Crisis linked to a sense of emptiness/boredom in counselling role. • My crisis was linked to periods of stress or burnout. • Resolving my crisis led to the realization that I am a professional counsellor.