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Keeping up with the Times: Improving the Modern Counselor through Professional Identity

Development, Technological Policy, and Positive Risk Taking

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Abstract

Awareness of ‘best practices’ and ‘critical issues’ assists counselors-in-training as they attempt to navigate the expectations of their programs and prepare for their future careers. This article identified the development of a professional identity as a significant goal for counselors-in-training and a curriculum responsibility for counselor educators. The authors also identified two critical issues that counselors-in-training and working professionals face currently. The first critical issue addressed is how technologies fit into counseling practices and their impact on the counseling process. The second critical issue is the potential impact of counselor-client willingness to take a risk with therapeutic options. New and seasoned counselors alike will be met with challenges as they develop and grow in their professional identity. Counselors can support their own professional development by understanding ‘critical issues’ that have the potential to impact professional identity as well as gleaning the knowledge of ‘best practices’ for ethical decision-making.

Keywords: counseling, counselor education, technology, best practices, professional identity, positive risk taking

Keeping up with the Times: Improving the Modern Counselor through Professional Identity Development, Technological Policy, and Positive Risk Taking

In a process that has involved the review of previous research, discussion among counselors in training, and interviews with veterans of the counseling profession, three themes have risen as critical for counselor educators to emphasize in the development of current and future counselors-in-training. First, professional identity development is foundational in the development of the prepared, self-motivated counselor-in-training student. Second, future clinicians who are informed of the advantages and challenges associated with new communication technologies as it relates to clinical integrity will be more suited for making a decision as to how they utilize these tools in counseling. Finally, a counselor's willingness to take appropriate, positive risks in the clinical setting may be vital to ensuring clientele reach their potential.

Professional Identity

According to Gibson, Dollarhide, and Moss (2010), counselors-in-training encounter three transformational tasks that lead to a personal understanding of professional identity. The authors' model identified "a movement from external validation, through course work, experience, and commitment, to self-validation" (p. 28). As counselors-in-training advanced from entry in their programs to preparing to enter practicum to preparing to enter internship to awaiting graduation, they differed in their "definition of counseling, responsibility for professional growth, and transformation to systemic identity" (p. 28). Within each task, the authors also identified a transformational process that prepared the students for their transition to the post-master's reality of the field and developed a network of support for tough days ahead.

Core Values

Socrates said, “Know thyself” (Varsamis, 2015); Lord Polonius told Laertes in Shakespeare’s Hamlet, “This above all: to thine own self be true, And it must follow, as the night the day, Thou canst not then be false to any man” (Shakespeare, 2015); Samuel Gladding shared words that have stayed with him over his career, “You must be a person who knows the depth of his soul and the width of the world. You need to go inside as you go outside” (Gladding, 2009, pp. 33-34). Two counselors, a licensed clinical social worker and a licensed professional counselor, with almost 50 years of combined experience, noted that, “You gotta know yourself, man” (C. Quick, personal communication, September 25, 2015) and “You have to know and be yourself. Be true to who you are.” (P. Hawkins, personal communication, October 8, 2015). As counselors-in-training acquire content knowledge about the profession, they are constantly challenged by counselor educators to pursue a greater sense of self through numerous reflective assignments. Ronnestad and Skovholt (2003) noted, “Reflection is understood as a continuous and focused search for a more comprehensive, nuanced and in-depth understanding of oneself and others, and of the processes and phenomena that the practitioner meets in his/her work” (p.29). Counselors-in-training are encouraged to develop a lifelong desire to know oneself better as they meet challenges to reflect, identify, and reflect again.

Personal Life Experiences

Kern (2014) noted “many counselors and counselor educators are drawn to the profession because they have personal experience with diagnoses or other mental health issues. These experiences, whether their own, a family member’s, or a friend’s, spark a passion for helping guide another through the same labyrinth” (p. 305). Skovholt and Trotter-Mathison (2011) observed that as helping professionals pursued their work in the context of their personal

histories they grew and developed as professionals. This contextual lens also included physical and social changes over the lifespan of the practitioners that impacted their work through “increased ability to understand and relate to clients, increased tolerance and patience, heightened credibility as a model, and greater awareness of what is effective helping” (p. 50).

Graduate Coursework

Coppock (2012) acknowledged, “most formidably, professional identity is built during the 2 to 4 years devoted to acquiring the master’s degree required for licensure as a professional counselor in all 50 states” (A personal journey, para. 3). According to a licensed professional counselor, an important lesson was realizing, “that I didn’t know anything, there is so much that you will continue to learn” (P. Hawkins, personal communication, October 8, 2015). CACREP standards expect that master’s and doctoral-level counseling programs address the development of professional identity through curriculum across eight content areas including: professional orientation and ethical practice, social and cultural diversity, human growth and development, career development, helping relationships, group work, assessment, and research and program evaluation (CACREP Standards, 2009). Coppock (2012) added, “It has become a challenge for counselor educators to develop curricula that offer the essential components to train counselors, while simultaneously including experiences that will instill and enhance strong identity as a professional counselor” (What distinguishes counselors? para. 7). Counselor educators can encourage the development of professional identity by additional course expectations of job shadowing, interviews of counselors, and guest speakers, as well as ensuring a realistic understanding of the profession (Moss et al., 2014). A licensed professional counselor with eight years of experience suggested that early identification of area of specialty will further assist counselors-in-training with development (N. Long, personal communication, October 2, 2015).

Graduate Student Clinical Experiences

A significant aspect of development of a professional identity occurred during clinical experiences of practicum and internship. According to Prosek and Hurt (2014), the experiences may “serve as a catalyst in the progression of professional development” (p. 289). Gibson et al. (2010) found that “the actual experience of counseling clients is essential to counselors-in-training’s professional identity development, specifically as it relates to their integration of expert knowledge, personal values, professional values, and membership in the professional community” (p. 34). Skovholt and Trotter-Mathison (2011) identified the importance of clients as teachers who through negative and positive feedback provide clinicians with opportunities to evaluate, reflect, and adjust approaches as needed (pp. 48-49).

Integration

As counselors integrate personal and professional selves, professional identity develops, and clients benefit. Skovholt and Trotter-Mathison (2011) described a dynamic process of “merging of one’s values, theoretical beliefs, and skills” (p. 40) while also “shedding values, beliefs, and skills that no longer fit and adding others” (p. 40). According to Moss, Gibson, and Dollarhide (2014), “Expert counselors reached a level of congruency with their professional and personal selves. They were able to reflect and see how personal experiences affected them professionally and how professional experiences affected their personal life” (p. 8). Skovholt and Trotter-Mathison believed that “embracing of a unique, individual style can ... be an important factor in career vitality” (p. 40) thus benefitting the professionals as well as the clients.

Normalization

Moss et al. (2014) conceptualized the post-licensure, post-graduate professional identity development process as a transformational model that reveals difficulties faced by most

counselors and pinpoints potential strategies and resources to overcome stumbling blocks. Counselors can find support from other counselors who have experienced or are experiencing the same feelings of frustration and doubt. The authors summarized, “Identity development is a lifelong process. As counselors gain awareness of this process, they can be more effective and experience greater job satisfaction” (p. 11).

Widening the Reach: Technology in Counseling

Having clients in physical proximity to the mental health counselor is something that has and is continuing to change. The once held belief that counseling takes place only in face-to-face sessions where the client sits across from the counselor in an oversized-comfortable chair, with dim lighting and a white-noise machine running, is assuredly shifting, to look very different from previous held perceptions for the delivery of counseling services. Now, for some clinicians the counseling session may take place from behind a computer or a smartphone, the environment may be from behind their desks or the living room of their homes, but many will be in the absence of their clients.

Prior to the introduction of e-mail in 1971 the only other form of communication for the counselor and client, aside of being face-to-face, was speaking by telephone (Bradley, Hendricks, Lock, Whiting, and Parr, 2011; Kingsley and Henning, 2015). Recent research findings suggest that an estimated 210 billion e-mails are now being sent daily (Bradley et al. 2011). Therefore, it is no surprise that this and other forms of communicating technology have expanded in many areas. This is now reflected in areas with the physician/patient, attorney/client, nurse/patient, psychologist/client, social worker/client, and the counselor/client, widening the reach to communicate (Kingsley and Henning, 2015).

In the United States, an estimated 88% of all adults have cell phones, while in African American communities with ownership of computers and Internet connection capabilities usually reporting to be low, the saturation of cell phone ownership is very high. Research also notes that 60% of all homeless persons also possess ownership of a cell phone. Now, over half of all reported cell phone users own ‘smart phones’ (Epstein and Bequette, 2013).

In more recent years, research by Kingsley and Henning (2015) reports that non-face-to-face counseling has made a shift from the use of the telephone to speak with clients to the use of the Internet. This technological approach to counseling has many identifying names: “on-line practice, e counseling, web-based therapy, web-based counseling, e-mail counseling, Internet therapy and therapy-e-mail.” (p. 187). With an ever-changing world in an era of increasing needs and means for communication, a growing amount of contemporary clinicians are utilizing digital technology in counseling practices. As new technologies are introduced into one seasoned counselor’s work with clients, it is suggested that caution be taken with an emphasis placed on the use of some video feed to reduce the risk of missing important pieces with some consideration given to context (C. Quick, personal communication, September 25, 2015). The use of video counseling, social networking websites, text messaging, smartphone apps, and web-based interventions are all finding their place in the arena of face-to-face and distance counseling (Reamer, 2015).

In efforts to develop ‘best practices’ lie conflicts between benefits and ethical challenges reflected in this ‘critical issue’. With support found on both sides for the use of distance and digital technology in counseling, all mental health professionals should have some familiarity with options clients are likely to have. A ‘best practice’ strategy for incorporating technologies

into the clinical setting should include supervision and professional development activities for counselors-in-training and working professionals (Sude, 2013).

Some points made in support of technology with text-based interaction, for both instantaneous response or lag time response, from computer or phone, highlight the flexibility, privacy, and anonymity as noted advantages in this form of communication. These technologies are common in society, thus drawing little attention and lessen the likelihood of social stigma. The ability to connect with clients between sessions and the ability to encourage skills learned in face-to-face sessions are also noted support in use of the technologies. In family counseling, members who struggle with interaction in real time are benefitted with the ability to integrate text messaging as part of their counseling (Sude, 2013). Text messaging has been reported as being especially helpful for cognitive behavioral therapy with self-monitoring, updating counselor, and completing homework assessments. Associated low cost and endless wide-reaching borders are advantageous for the client and counselor alike. Growth for counselors is likely, as overhead costs are reduced and counseling options are broadened for the clients, such as those located in rural areas and those with health problems who could not otherwise access face-to-face counseling services. Easily accessible at any time, scheduling, cancellations and rescheduling of appointments are reported administrative benefits of these technologies in the counseling environment (Sude, 2013).

Disadvantages included a lack for the feel of a therapeutic presence for the client. While depending on the counselor's theoretical orientation, the collaborative relationship between client and counselor may be more difficult to establish without the ability to read facial cues or body language (Kingsley and Henning, 2015). It is a belief that the therapeutic relationship is of most importance and cannot be developed in the way that it is in face-to-face sessions, therefore,

distance counseling could not be encouraged as it would not be beneficial (P. Hawkins, personal communication, October 8, 2015). The greatest limitations noted are the ethical concerns and the absence of regulations and ethical guidelines for best practices. With technology changing so rapidly it is difficult for regulatory boards and professional organizations to provide guidelines for each specific form of technology used in practice. The American Mental Health Association, (2010) and the American Counseling Association's *Code of Ethics* (2005), provides guidelines for the use of technology in practice (Sude, 2013). Some of the specific areas of ethical concerns noted across the spectrum for mental health professionals are: informed consent, privacy and confidentiality, boundaries, practitioner competence, and records and documentation (Reamer, 2014; Sude, 2013).

Given the vast use and acceptance of technology in our society, especially among the newer generation of mental health professionals, clinicians may think less about the incorporation of the new technologies into their practice before they have a full understanding of the risk. As technology-based mental health services are projected to grow, gaining a broader working knowledge of benefits, risk and ethical issues are suggested, as each clinician will need to make a decision for the inclusion or exclusion of distance counseling and the use of technology in work with clients (Sude, 2013). Therefore, clinicians may want to review their theoretical orientation and according to Reamer (2014), "they must reflect the meaning and nature of the therapeutic relationship, and the ways in which digital technology enhances or detracts from it" (p. 130).

The Case for Positive Risk Taking

Risk Defined

At some point, whether in relation to another individual or an organization, when facing a career change or a serious issue of morality, clinicians at all levels will come to an intersection that requires them to make a decision that, one way or another, involves an uncomfortable level of risk. Many clinicians face these issues every day, especially when they are serving in settings that address, regularly, issues of suicidal ideation, violent behavior toward one's self or others, exploitation, and the like. Risk, an ever present characteristic in counseling, can be understood as the relation of actions to the ideas of danger, loss, threat, damage, and injury (Morgan, 2004). Certainly, when imagining the possible, ideal outcomes of a presenting situation, clinicians should always take the time to measure the implications of all the options they are being presented. Not doing so would likely cause there to be a substantive amount of unnecessary risk. Legal and ethical violations would likely also follow suit.

Positive Risk Taking

There is, still, a positive side to risk. Positive risk taking can conceivably be identified as counselors and clients assuming a level of responsibility or committing to a course of action that, while unusual, remains within reason when considering the context (Morgan, 2004). To be able to identify positive clinical risk is to also be able to identify what it is not. Ethically responsible, positive risk taking does not ignore the existence of real, significant operational threats, it is not reckless, and it is not so characteristically overzealous that the clinician becomes blind to bigger-picture implications or influential factors. Positive risk taking may also be illustrated by a counselor who, after having responsibly assessed all available options, makes a decision based on the potential for achieving the greatest good instead of being motivated to find the least risky

option. This kind of positive risk taking is even understood by some practitioners as a legitimate necessity for all competent counselors (C. Quick, personal communication, September 17, 2015).

If the objective of counselors is to provide clients with the best resources, interventions, and product possible, it is important to understand the motivation behind decision making processes being used in the clinical setting. As a clearer picture of what is or is not acceptable to a clinician develops, product delivery can be more fully informed. A more fully informed clinician generally leads to more fully informed protocol and administrative policies. This all aids in the development of a practice that is arguably better equipped and more diversified than one that is more risk averse. Additionally, clinicians who more fully understand risk and positive risk taking have an edge in the area of psychoeducation where they can communicate to their clientele what may or may not qualify as a positive, progressive risk worth taking.

This psychoeducation is an appropriate foundation worth laying in the lives of clients who are at a point where positive risk taking can reasonably be made. Once an objective has been identified, empowering clientele to face risk without overwhelming fear and, instead, with a sense of creating opportunity for themselves is arguably the tipping point between being risk averse and being a positive risk taker. There must, however, be guidelines established between the counselor and client concerning what is worth condoning as positive and what is not. Identifying both strengths and areas of improvement can create a good baseline that can be revisited both within the clinical setting and out of session whenever the clinician is not present to aid the client in real time decision making. Responsible risk takers, in this case, the client-clinician team, acknowledge that things can sometimes go awry, and they implement a method of recognizing signs of things turning negative while also maintaining a plan of action if things do go wrong. Finally, frequently revisiting the process, past outcomes, and future objectives will

ensure that the client is developing or recovering in a positive direction so as to equip the partnership to reformulate its approach in a more fully informed manner. (Morgan, 2004)

Positive Risk Taking Vital to Effective Risk Assessment

From a managerial perspective, the necessity for positive risk taking is no different than for an individual clinician and his or her clientele. A satisfactory risk assessment of a mental health organization's practices would arguably reveal both a level of risk reduction—done by abiding by local, regional, and national standards of organizational function—and visible, positive risk taking that results in improved services and ultimately better cared-for clientele. Once the risk assessment is performed, management should use the outcomes to inform policy and protocol, just as the individual counselor does. Specific protocol related to positive risk taking might be technologically related, such as communicating via text or distance counseling.

Another perhaps overlooked avenue of positive risk taking may be the communication of risk with potentially violent clientele. While most, if not all mental health agencies have a formal policy for addressing situations related to violence or self-harm, there is, in general, not going to be a policy for risk communication of a preventive nature. The use of “warning systems” which may include threat levels varying from there being no threat, to being on watch, to there being a warning system in place may be useful in curbing potential incidents of violence before they become reality, and all by maximizing the number of people who take appropriate actions for the safety and protection of lives (Monahan and Steadman, 1996). While this may come across as a risk averse action by getting out of danger, positive risk taking lies in the opportunity for the client-clinician partnership to enter a phase of gaining control over a situation that either is deteriorating or may be soon to do so.

Conclusion

According to Gibson et al. (2010) and Moss et al. (2014), counselors-in-training and working professionals might benefit from application of transformational models that normalize the development of professional identity. Reflection about core values, personal life experiences, graduate coursework and clinical experiences, along with the integration of personal and professional selves might provide a strong foundation for beginning the development of a professional identity. Counselors of tomorrow have the capacity to reach beyond traditional professional practices with the inclusion of technology and clinical integrity. Not participating in opportunities of positive risk taking may mean that both the practitioner and client are paying a higher premium to remain where they are in the therapeutic relationship. Counselors new and experienced should not be afraid to take a risk if it means that, in the end, the client's condition would improve. By doing so, we maintain sight of what is most important. Counselor educators might consider updating curricula to better reflect current expectations for professional identity, communication technologies, and risk taking.

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