



## Keynote Address | *The Mental Health Counselor's (Long) Journey to Professional Equality*



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*Aaron Norton's keynote address, Thursday morning in Orlando, is on, "Mental Health Counselors: Who We Are, What We Do, and Where We're Going."*

For information about the conference, visit [www.amhca.org/conference](http://www.amhca.org/conference).

We've come such a very long way as a counseling profession.

As far as anyone knows, counseling was not mentioned in professional literature until the 1930s. In those days, we helped people make important career and lifestyle choices both through the counseling process and through the use of psychometrics.

Though some counselors urged the profession to branch out into the treatment of mental illness, this vision didn't gain traction until the birth of community mental health centers in the mid-1960s. In those days, counselors were often thought of as paraprofessionals who could handle minor cases of neurosis or maladjustment (i.e., the "worried well"), whereas serious mental illness was best left to the advanced skill sets of psychologists and psychiatrists.

But then five key events in the 30-year span from the 1970s through 1990s helped eventually establish clinical mental health counseling, not as a profession subservient to the advanced expertise of psychologists, but rather as an allied profession of equals—colleagues and peers who brought their own unique expertise and identity to the treatment table:

1. The first state licenses to practice counseling in the 1970s (Virginia, Arkansas, and Alabama), which provided governmental recognition of counselors as clinical healthcare practitioners (an effort not achieved by all 50 states until 2010);
2. The establishment of our beloved American Mental Health Counselors Association (AMHCA) in 1976,

which created a fellowship for counselors who specialized in the treatment of mental disorders;

3. The birth of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) in 1981, which established a set of core standards for the curricula of counseling degree programs;
4. The establishment of the National Board for Certified Counselors (NBCC) in 1982, which created a standardized test and clarification of subject areas that counselors should master; and
5. The recognition in the 1990s of clinical mental health counselors by managed care as healthcare providers who could independently diagnose and treat mental disorders, according to the 2018 "Clinical Mental Health Counseling in Community and Agency Settings."

In spite of these events, as of 2005 the U.S. Department of Veterans Affairs (VA) was still excluding clinical mental health counselors from its behavioral health workforce. The irony was not lost on many of us that the one profession most qualified to provide counseling was the only profession barred from doing so.

In 2006, Congress agreed with us, passing the Veterans Benefits, Healthcare and Information Technology Act, which essentially obligated the VA to treat licensed counselors the same as clinical social workers. But the wheels of government sometimes turn slowly, and as AMHCA

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noted, the VA did not start hiring licensed counselors in positions equivalent to those of social workers until 2013. Counselors remain underrepresented in the VA system, though this is rapidly changing, representing another frontier of progress for the profession.

## Advancing Counselors' Right to Use Psychological Tests

Some psychologists, professors, and attorneys maintain that licensed counselors cannot administer and interpret psychological tests. Last year, an attorney in my state of Florida contacted me because a licensed mental health counselor (LMHC) was being sued by a licensed psychologist, who alleged that the LMHC was not qualified to administer intellectual and adaptive functioning tests, even though the LMHC had a great deal of training, expertise, and experience in the evaluation of intellectual disorders. Further, Florida's licensure board takes the position that appropriately trained LMHCs may administer and interpret these tests, according to the National Board of Forensic Evaluators (NBFEE), which updated its position paper, "Can Licensed Mental Health Counselors Administer and Interpret Psychological Tests," in late 2017: [goo.gl/969ihp](http://goo.gl/969ihp).

In reality, counselors have embraced psychometrics since the early 1900s, and NBFEE notes that the administration and interpretation of psychological tests has been considered part of the scope of practice for appropriately trained counselors by AMHCA, CACREP, the American Counseling Association (ACA), NBCC, the Social Security Administration, the Fair

Access Coalition on Testing, and the 20/20 Task Force.

State licensure boards largely agree. In most states, licensed counselors can administer and interpret psychological tests, but there are a few exceptions, which the ACA has noted in its 2016 report, "Licensure Requirements for Professional Counselors: A State-by-State Report":

- Alabama, Arkansas, and Texas permit counselors to administer and interpret all tests except projective tests;
- California allows counselors to administer and interpret tests, except "projective techniques in the assessment of personality, individually administered intelligence tests, neuropsychological testing, or utilization of a battery of three or more tests to determine the presence of psychosis, dementia, amnesia, cognitive impairment, or criminal behavior"; and
- Tennessee prohibits counselors from "the use of projective techniques in the assessment of personality, nor the use of psychological or clinical tests designed to identify or classify abnormal or pathological human behavior, nor the use of individually administered intelligence tests."

Nonetheless, with licensure in every state; myriad professional associations, certifications, and journals; a scope of practice similar to clinical social workers and psychologists; and well-established recognition by government and managed care—yes, indeed, we have come a long way. Today, counselors comprise the largest sector of licensed mental

health professionals in the behavioral healthcare workforce, according to the American Psychological Association, based on data from the Centers for Medicare & Medicaid Services. What a journey!

## Counseling Profession Continues to Face Challenges

Yet, in spite of these advances, and many others too numerous to outline here, we have a great deal of work to do:

- Counselors are still underrepresented in the VA system,
- We cannot serve as medical officers in the armed forces (unlike social workers and psychologists),
- Our reimbursement rates for our work have declined over time,
- We have difficulty transporting our counseling license from one state to another,
- We cannot bill Medicare despite the growing mental health needs of our aging population, and
- In some states, we still face restrictions on administering and interpreting tests, as well as conducting certain types of forensic evaluations.

How do we overcome these few remaining inequalities in our behavioral healthcare system? That is the precise focus of my keynote presentation at AMHCA's 2018 Annual Conference in Orlando [www.amhca.org/conference](http://www.amhca.org/conference). I hope to see you all there. ☀