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Hong Ryun Woo
University of Iowa

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INSTRUMENT CONSTRUCTION AND INITIAL VALIDATION:
PROFESSIONAL IDENTITY SCALE IN COUNSELING (PISC)

by

Hong Ryun Woo

An Abstract

Of a thesis submitted in partial fulfillment of the
requirements for the Doctor of Philosophy degree in
Rehabilitation and Counselor Education
(Counselor Education and Supervision) in the Graduate College of
The University of Iowa

May 2013

Thesis Supervisor: Associate Professor Malik S. Henfield

ABSTRACT

The advantages of having a strong professional identity include ethical performances, promoted wellness, and increased awareness of roles and functions among individual counselors (Brott & Myers, 1999; Grimmit & Paisley, 2008; Ponton & Duba, 2009). Scholars in the counseling field have underscored the importance of unified professional identity of counseling, but have yet to create or comprehensively measure the construct. The purpose of this study was to construct a reliable and valid instrument the Professional Identity Scale in Counseling (PISC). The PISC is a 62-item instrument designed to measure professional identity in counseling professionals across all counseling sub-specialties and sub-populations. The PISC's development was based on a comprehensive definition of professional identity derived from the counseling literature.

To investigate the factor structure of the PISC, an exploratory factor analysis with the Principle Component Analysis extraction and the varimax rotation method was conducted. The factor analysis produced a meaningful six-factor solution with a total of 54 items. These six factors were Engagement Behaviors, Knowledge of the Profession, Professional Roles and Expertise, Attitude, Philosophy of the Profession, and Professional Values. They approximately accounted for 43.54% of the total variance in a sample of 371 participants.

Reliability was supported by internal consistency values as reflected in high Cronbach's coefficient alpha for four factors and acceptable Cronbach's alpha for one factor. Regarding validity, support for convergent validity of the PISC was illustrated as all six subscales significantly correlated with one subscale of the PIVS, Professional Orientation and Values, and five subscales significantly correlated with the other subscale of the PIVS, Professional Development. Social desirability that was measured using the M-C (20) did not appear to impact participants' responses to the instrument items, providing evidence of discriminant validity of the PISC.

Additional analysis was conducted to investigate differences among participant groups on the PISC total scores. Results showed significant group differences between master's-level and doctoral-level counseling professionals. Implications for counselors and counselor educators are also discussed related to the findings.

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April 11, 2013
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CERTIFICATE OF APPROVAL

PH.D. THESIS

This is to certify that the Ph.D. thesis of

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TABLE OF CONTENTS

LIST OF TABLES	vi
LIST OF FIGURES	vii
CHAPTER I. INTRODUCTION.....	1
Statement of Problem	2
Purpose of the Study.....	7
Research Questions.....	8
Definition of Terms	8
Brief Overview	11
CHAPTER II. LITERATURE REVIEW	12
Counseling as a Profession	12
Establishing Professional Status	12
Professional Identity	16
Importance of Professional Identity.....	16
History of Professional Identity Issue in Counseling	19
Definig Professional Identity	26
Study Definition of Professional Identity	30
Knowledge of the Profession	31
Philosophy of the Profession	33
Professional Roles and Expertise.....	36
Attitude	38
Engagement Behaviors	39
Interaction	42
Summary.....	44
CHAPTER III. METHODOLOGY	45
Conceptual Design and Scale Construction.....	45
Identifying Use, Definition, and Relevant Content Areas of Interest.....	46
Instrument Format and Design.....	47
Generation of Items Comprising Each Content Area	48
Content Validation.....	48
Consulting a Panel of Expert Reviewers	48
Construct Validation.....	50
Participants.....	50
Data Collection Procedures	54
Instrumentation	55
Demographic Questionnaire.....	55
Professional Identity and Values Scale (PIVS).....	55
Marlowe-Crowne (20).....	56
Data Analysis.....	56
Factor Analysis.....	57
Reliability	59
Validity.....	59
Independent Samples T-Tests	60
Summary.....	60
CHAPTER IV. RESULTS.....	61

Factor Analysis	61
Interpretation of Item Loading and Model Refining.....	69
Identifying, Defining, and Refining the Underlying Factor Structure.....	70
Factor Number 1: Engagement Behaviors	70
Factor Number 2: Knowledge of the Profession	70
Factor Number 3: Professional Roles and Expertise.....	70
Factor Number 4: Attitude	71
Factor Number 5: Philosophy of the Profession	71
Factor Number 6: Professional Values.....	71
Reliability	74
Validity	75
Independent Samples T-Tests.....	76
Summary.....	77
 CHAPTER V. DISCUSSION.....	 79
Discussion of Major Findings.....	79
Implications for Counselors and Counselor Educators	88
Limitations	90
Suggestions for Future Research	92
 APPENDIX A PROFESSIONAL IDENTITY SCALE IN COUNSELING (PISC): INITIAL VERSION	 94
 APPENDIX B EXPERT REVIEWER FORM	 99
 APPENDIX C PROFESSIONAL IDENTITY SCALE IN COUNSELING (PISC): TEST VERSION	 101
 APPENDIX D DEMOGRAPHIC QUESTIONNAIRE	 107
 APPENDIX E INFORMATION ABOUT EXPERT REVIEWERS	 111
 REFERENCES	 113

LIST OF TABLES

Table 1. Participant Demographic Characteristics.....	54
Table 2. Kaiser-Meyer-Olkin (KMO) Test and Bartlett’s Test of Sphericity in the PISC.....	61
Table 3. Total Variance Explained by the Initial Factor Extraction with 15-Factor Solution.....	62
Table 4. Parallel Analysis: Eigenvalues for Actual and Random Ordered Data	64
Table 5. Factor Correlation: Seven-Factor Solution.....	66
Table 6. Factor Correlation: Six-Factor Solution	66
Table 7. Component Matrix: Seven- and Six-Factor Solutions with PCA Extraction and Varimax Rotation Method	67
Table 8. Total Variance Explained: Six-Factor Solution with PCA Extraction and Varimax Rotation Method	69
Table 9. The Final Refined PISC Model	72
Table 10. Pearson Correlations among the PISC, PIVS, and M-C (20).....	75
Table 11. T-Tests for Four Groups and the PISC Total.....	77

LIST OF FIGURES

Figure 1. Literature Synthesis: Visual Representation of Professional Identity (PI).....	10
Figure 2. Eigenvalues for a Fiteen-Factor Solution	63

CHAPTER I

INTRODUCTION

The counseling profession has evolved over the past few decades. Since 1900, when the first systematized guidance was used in public schools (Calley & Hawley, 2008), the profession of counseling has advanced through the development in credentialing, accreditation, and ethical standards (Gale & Austin, 2003). One specific advancement has been an increase in the various types of counseling specialty programs, such as mental health counseling, school and community counseling, marriage and family counseling, and personnel services for college students (Hosie, 1989).

Another significant advancement has been a constructive efforts made to clarify counseling professional identity as related to the profession as a whole (Calley & Hawley, 2008; Gale & Austin, 2003; Gladding & Newsome, 2004; McLaughlin & Boettcher, 2009; Myer, Sweeney, & White, 2002). Although increased sub-specializations in the counseling profession are valuable from several standpoints, these multiple sub-specialties have occasionally resulted in rifts within the counseling field (Gale & Austin, 2003) by making it difficult to forge a unified professional identity (Calley & Hawley, 2008). As a result, there has been an increasing awareness of the importance of shared professional identity that both encompasses sub-specialties in the counseling profession and promotes a sense of “unity through diversity” (ACA, 2002).

Having a clear sense of its own identity is essential for the counseling profession to flourish. Professional identity refers to a core set of beliefs, values, and assumptions about the distinctive characteristics of an individual’s chosen profession that distinguishes it from other professions (Weinrach, Thomas, & Chan, 2001). On a basic level, the words ‘professional identity’ in the counseling field includes who professional counselors are, what they do, how they are different from other helping professionals (e.g., counseling psychologists, social workers, and psychiatrists), and further, how they

are trained in terms of job qualifications and licensure. The advantages of having a strong professional identity include ethical performances, promoted wellness, and increased awareness of roles and functions among individual counselors (Brott & Myers, 1999; Grimmit & Paisley, 2008; Ponton & Duba, 2009). A deeper understanding of professional identity at the individual level influences cohesive professional identity and the profession's future (O'Bryant, 1992). Myers, Sweeney, and White (2002) highlighted advocacy efforts achieved by counselors who have strong professional identities essential to maintaining the professional status of the profession such as by enhancing a professional image of the profession (Borders & Benshoff, 1992) and to planning the future of counseling like making an effort to work towards promoting quality (Pedersen & Nisenholz, 1999).

Statement of the Problem

Because counseling sub-specialties characterize themselves as different professions in terms of national standards for credentials and licenses, training, practice, and code of ethics, this segmentation has resulted in disagreement on the shared professional identity of the profession as a whole. In order to strengthen the profession and develop counseling as a discipline, counseling professionals and counseling organizations have continuously paid attention to the importance of developing a collective professional identity. Such attempts have mainly focused on identifying a counseling philosophy and orientation that distinguishes the profession from other helping professions. For example, scholars characterized counseling as more aligned with human development, prevention, and wellness orientation toward helping than counseling psychology that focuses on clinical practice, assessment, and intervention (Hansen, 2003; Myers, 1991; 1992). In addition to this, other counseling professionals described a unique feature of counseling as more individual based than social work that emphasizes a systems-approach (Gale & Austin, 2003).

In counselor training programs, the importance of having a clear sense of identity has also been stressed (Hieber, Simpson, & Uhlemann 1992). As a part of the effort to explore professional identity among students, research studies on how counseling students perceive and identify with the profession have been performed in counselor education programs. Furthermore, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) has established specific course requirements related to professional identity development in the curriculum (CACREP, 2001). The recent revision of the CACREP standards (CACREP, 2009) indicated concerns about the appointment of counseling psychologists and other related mental health professionals as faculty in CACREP-accredited programs. As a result, CACREP standards are being revised to reflect a plan of hiring faculty members who hold a Ph.D. degree in Counselor Education, specifically, in CACREP-accredited programs. Although the counseling profession has long strived to articulate a collective professional identity, a cohesive identity for counselors and the profession still remains elusive (Mellin, Hunt, & Nichols, 2011).

Writers in the area of counseling professionalism have attempted to conceptually set characteristics and criteria that capture a professional identity of counseling (Bernard & Goodyear, 2004; Calley & Hawley, 2008; Gray, 2001; Mrdjenovich & Moore, 2004; Moore-Pruitt, 1994; Puglia, 2008). For instance, Puglia (2008) studied professional identity as consisting of the following three components: “agreement with counseling philosophy, beliefs that the counseling profession includes activities such as becoming licensed and certified, and professional engagement” (p.13). On the other hand, Remley and Herlihy (2007) identified six components that describe counselor professional identity. They focused on counselors’ knowledge and understanding of history, of philosophical foundations, of counselors’ roles and functions that are similar and different from other helping professions, and of counselor ethics. They also highlighted

counselors' engagement in professional organizations and sense of pride in the chosen profession.

The effort to define professional identity of counseling by conceptualizing its components is significant. However, the conceptual discrepancies using different sets of criteria have contributed challenges associated with comprehensively covering criteria indicative of professional identity. In addition, theorizing aspects of professional identity without empirical evidence on how significantly those aspects reflect the idea of professional identity in the field does not provide in-depth information on the topic. In fact, the American Counseling Association (ACA), representing 29 major counseling organizations recently established the following consensus definition of counseling in its 20/20: A Vision for the Future of Counseling: "Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (ACA, 2012). Establishing a consensual definition of counseling is an important first step promoting a sense of collective professional identity. As the new definition of counseling has just emerged, the next logical step for professional counselors, counselor educators, and the profession as a whole is to explore criteria and characteristics of a unified professional identity as related to this new definition. Moreover, it is essential to collect empirical support for characteristics of a common professional identity by testing a meaning of professional identity with measurement scales that can be used across counseling specialties.

In addition to efforts to define professional identity, several researchers have attempted to measure its construct by developing instruments. For example, Moore-Pruitt (1994) in her dissertation study developed The Counselor Identity Scale (CIS). She used the term *counselor identity* for this scale; however, she was intended to operationalize and measure counselors' ego identity based on Erikson's framework of ego identity. In this study, Moore-Pruitt identified counselor professional identity as a part of ego and described it as "an integration of theoretical orientation and methodology that is

consistent with the counselor's personal values and beliefs: the counselor is authentic" (p. 34). With this definition, Moore-Pruitt explored how professional counselors integrate their professional and personal identities, as well as how this integration process influences their counseling abilities.

A few years later, Puglia (2008) created the Professional Identity and Engagement Survey (PIES) to quantify how professional identity develops in master's level counseling students in CACREP-accredited programs. Puglia depicted professional identity as "comprised of three components, agreement with the counseling philosophy, beliefs that the counseling profession includes activities such as becoming licensed and certified, and professional engagement" (p. 13). Two years later, Emerson (2010) also developed the Counselor Professional Identity Measure (CPIM) in attempt to measure professional identity of counselors. Emerson constructed her items, based on Remley and Herlihy's (2007) understanding of professional identity that includes six components: (a) history of counseling, (b) philosophy of counseling, (c) counselors' roles, (d) professional ethics, (e) professional pride, and (f) professional engagement. Other than these three studies, some scholars attempted to assess counselors' professional identity using instruments they constructed themselves (e.g., Auxier, Hughes, & Kline, 2003; Nelson & Jackson, 2003).

Although these studies intended to measure professional identity, each has limitations. The first problem is that each instrument exists with each relying on a different description of professional identity (i.e., Moore-Pruitt, 1994; Puglia, 2008). They intended to measure professional identity in counseling professionals but, instead, measured professional counselors' growth and development in general, or ego identity (Auxier et al, 2003; Moore-Pruitt, 1994; Nelson & Jackson, 2003). The continuous use of divergent instruments may have little to no implications for research devoted to establishing a unified professional identity. Making comparisons between studies' findings with different purposes and variables is virtually impossible—serving to add to

the inconsistency related to a cohesive definition of professional identity. Although different groups of counseling professionals may play different roles depending on their work settings (e.g., schools vs. mental health clinics), they need to agree with core values and professional identity of counseling which their practices and services can be based upon.

Another limitation to existing instruments is that the populations employed in developing the instruments have been limited. For example, each qualitative or quantitative study of professional identity targeted a specific group of counseling professionals, such as counselors-in-training (Auxier et al., 2003; Moore-Pruitt, 1994; Nelson & Jackson, 2003), recently graduated counselors (Gray, 2001), counseling practitioners (Emerson, 2010), school counselors (Brott & Myers, 1999), counselor education doctoral graduates working in private practice (Swickert, 1997), and counselor educators (Calley & Hawley, 2008). Although various groups of professionals may play different roles depending on their positions (e.g., counselors vs. counselor educators) and may be developmentally at different stages (e.g., counselors-in-training vs. practitioners), they all need to agree on a common definition of counseling's professional identity and its components that can refer to all counseling professionals in the field. Indeed, counselors are not the only group of professionals that represent the field of counseling. Research with specific counseling groups is informative; however, definitions of professional identity tailored to each sub-group may not be collective and general to counseling's identity, as well as its members' professional identity as a whole. Because professional identity represents the profession and its future direction, all members of the profession will have to look together in the same direction and share a common vision for the development of the profession.

Due to the lack of an instrument that captures a unified measurement of professional identity as related to the new definition of counseling, advancement in many areas of counseling has been delayed. To support the moves for increased

professionalization, counselor educators, and professional associations have to identify training and educational standards, and also monitor quality of services provided by professional counselors. Since neither of these (i.e., setting criteria of a unified professional identity as related to the new definition and supporting it by empirical research) has been accomplished to date, this study is intended to fill this gap by constructing and testing an instrument that measures criteria of professional identity across counseling sub-specialties and sub-populations.

Purpose of the Study

The purpose of this study was to construct a valid and reliable measure according to a comprehensive definition of professional identity derived from the counseling literature. Scholars in the field of counseling have underlined the importance of unified professional identity in the field, but have yet to create or comprehensively measure the construct (Emerson, 2010). In fact, the lack of an instrument that measures professional identity across sub-specialties and sub-populations could be one of the counseling profession's weakest links. A lack of an instrument can leave answers to fundamental questions unclear, such as who counselors are as professionals, how they are different from other helping professionals, and what behaviors are expected of them in their chosen field. Furthermore, without a measure of professional identity, those questions of how counselors' professional identity develops, what educational components create strong professional identity, what directions counselor education programs should take to ensure appropriate training standards, and what post-graduation factors are related to its development remain unanswered. Thus, defining and assessing professional identity is critical not only for counseling professionals to be more definitive about their role and function, but also for the profession to continue on the path toward greater professionalization and full recognition along with other fields. Indeed, other fields (e.g., psychology, social work, etc.) are becoming more widely known to the public and, oftentimes, more respected by defining their discipline, establishing a clear

professional identity, and re-evaluating the discipline's identity (Larson, 1982; Stalikas, 2003). If the field of counseling wants to be held in similar esteem, it must be open to doing the same.

Research Questions

The purpose of this study is to develop a reliable and valid instrument that measures professional identity. Thus, the basic research question providing the underlying structure for the present study was: Can this new instrument (PISC) that measures professional identity in counseling professionals be relevant, reliable, and valid? Based on this fundamental research question, four specific research questions were generated as follows.

Research Question 1

Can the PISC provide adequate scales resulting from factor analysis testing?

Research Question 2

Do PISC subscales achieve internal consistency indicated by Cronbach's coefficient alpha of 0.70 or greater?

Research Question 3

When compared with the Professional Identity and Values Scale (PIVS), does the PISC have convergent validity?

Research Question 4

When compared with Marlowe-Crowne (20), does the PISC have discriminant validity?

Research Question 5

Are there any differences among participant groups in their composite scores of the PISC?

Definition of Terms

This section addresses the theoretical and operational definitions of the key terms used in the present study. Terms are defined as follows.

Professional Identity

Professional Identity (PI) in this study refers to a state of mind that categorizes an individual as a member of a selected profession and develops over time. PI as derived from the literature consists of knowledge of the profession and its philosophy, expertise required of its members of the profession, understanding of members' professional roles, attitudes towards the profession and oneself, engagement behaviors expected of its members, and interactions with other professionals. The initial hypothesized content areas are illustrated below in Figure 1.

1. *Knowledge of the profession*, in this study, will be characterized as a basic knowledge and understanding of the counseling profession, including counseling history, standards for professional preparation, impact of credentials and certification, ethical standards, counseling associations, and counseling journals.
2. *Philosophy of the profession* will be defined as the belief system that underlies the counseling profession and distinguishes counseling from other mental health professions (e.g., counseling psychology, social work, and psychiatry).
Counseling philosophy is characterized by five key perspectives: developmental approach, wellness, prevention, empowerment, and advocacy.
3. *Professional roles and expertise* will be characterized as having knowledge of the counseling professional's various roles (e.g., counselor, educator, supervisor, and consultant) in diverse settings and the expertise to provide appropriate services.
4. *Attitude* will be defined as one's perspective toward the profession (e.g., pride for one's profession, beliefs in the future of the profession) and toward the relationship between oneself and the profession.
5. *Engagement behaviors* will be defined as a set of professional actions and activities that a counseling professional practices as a member of the profession. Professional engagement behaviors include advocacy efforts on behalf of clients,

as well as the profession, demonstration of ethical standards, maintaining credentials/certificates, professional involvement in community services, professional involvement in counseling associations and conferences, research engagement, and keeping abreast of current literature in the field.

6. *Interaction* will be defined as a set of actions that individuals engage in for professional development. It includes advising, mentoring, supervisory relationships, on-going feedback from professional colleagues and peers, as well as networking through training and professional associations.

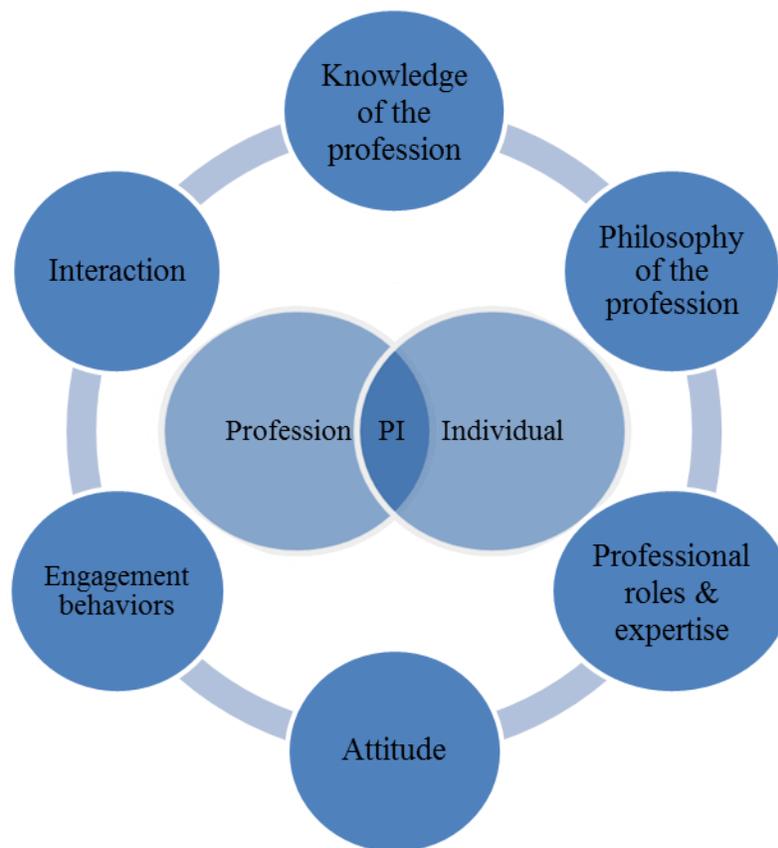


Figure 1. Literature Synthesis: Visual Representation of Professional Identity (PI)

Brief Overview

This study is described in five chapters. Professional identity was introduced in the first chapter. The purpose of the study, statement of the problem, the need for the study, and definitions of major terms were also included. The second chapter presents a review of literature related to counseling's history, specifically the establishment of professional status, definitions of professional identity, and studies that measured professional identity. The study definition of professional identity of the new instrument Professional Identity Scale in Counseling (PISC) and its constructs is also presented. The third chapter details the methodology, including its conceptual design and scale construction processes, content and construct validation processes, and psychometric testing methods. The fourth chapter reports the findings of this study by attending to each research question created. Finally, the last chapter addresses limitations and suggestions for future research on professional identity in the counseling field.

CHAPTER II

LITERATURE REVIEW

Chapter one addressed the rationale for a research study on professional identity in the field of counseling. Specifically, the need to construct a comprehensive definition of professional identity and a reliable and valid instrument that measures professional identity was described. Chapter two presents a literature review relevant to this study as follows: (a) the establishment of counseling's professional status, (b) the importance of professional identity, (c) definitions of professional identity, and (d) the study definition of professional identity of the new instrument Professional Identity Scale in Counseling (PISC) and its constructs. In closing, a summary of this chapter is also provided.

Counseling as a Profession

Establishing Professional Status

The counseling profession has evolved over the past few decades. Although counseling is a relatively new field among the helping professions (Gale & Austin, 2003; Myers, 1992; Myers & Sweeney, 2004; Pistle & Roberts, 2002), it has taken many critical initiatives to advance its status as a profession. A profession is an occupation that requires specialized training and study. The elements of a profession include a body of specialized knowledge, a set of philosophical foundations, code of ethics, accreditation, professional associations, and legitimate tools (Emerner & Cottone, 1989; Feit & Lloyd, 1990; Gale & Austin, 2003; Ritchie, 1990). Since 1900, when systematized guidance was first used in public schools, counseling has become a profession, setting abovementioned essential criteria, and has broadened its horizon with various professional advancements (Emerner & Cottone, 1989; Gale & Austin, 2003; Feit & Lloyd, 1990).

One of the elements that contributed to the development of counseling as a profession has been the establishment of the professional counseling organization, American Counseling Association (ACA). This entity, founded to bring various counseling groups together, has been growing systematically to respond to the mission of

the counseling profession which emphasizes developing professionalism (Myers et al., 2002). This professionalism includes an establishment of ethical standards, recognition of counseling history and counselors' unique skills, emphasis on advocacy for the profession and members' needs, and effort to establish a shared professional identity of the counseling profession (ACA, 2009). Specifically, since one of the historical predecessors of the ACA, the American Personnel and Guidance Association (APGA), adopted the first code of ethics in 1961, ACA has continued to develop its own ethical standards and published a formal code of ethics titled *Code of Ethics and Standards of Practice* in 1995 (Herlihy & Remley, 1995). This code of ethics was intended to be a comprehensive collection of ethical standards of conduct acceptable to all counseling groups, some of which had their own ethical codes (Remley, 1993).

In addition to establishing code of ethics, government relations staff of ACA has effectively advocated for the inclusion of professional counselors in the Public Health Services Act, making counseling the fifth helping profession that achieved core status (Goetz & Barstow, 1999). As described, ACA indeed continues to promote the advocacy movement for the profession and its members, by providing "leadership training, publications, continuing education opportunities, and advocacy services to nearly forty-five thousand members" (<http://www.counseling.org/>). Glossoff (1996) mentioned that professional associations serve as a vehicle for distributing knowledge; establish training and ethical standards; and advocate for the credibility and advancement of the professions that they hold membership of.

Another key accomplishment of counseling has been the organization of an accrediting body to suggest curriculum and to sanction training programs, the Council for Accreditation of Counseling and Related Educational Programs (CACREP). CACREP initially was affiliated with ACA. Although it remains close to ACA, CACREP is now an independent council. Since 1981, CACREP has played a pivotal role in establishing the field's professional status. Members of CACREP have created accreditation standards

and core curriculum areas to uphold the credibility of the profession, which, in turn promotes individual counselors (White, 2009). Establishing accreditation standards and a core body of knowledge has delivered many benefits to the counseling profession. The benefits include quality assurance of graduate-level counseling programs, maintenance of professional standards, and unity among professional counselors. CACREP not only attempts to strengthen the counseling profession, it also encourages advocacy efforts at the client's level, as well as on a professional level (White, 2009). In a survey with 338 counselor education students, Wilcoxon, Cecil, and Comas (1987) discovered that those students enrolled in CACREP-accredited programs were significantly more positive towards accreditation than students in non-CACREP-accredited programs.

Development of the certification agency, National Board for Certified Counselors (NBCC), was another significant contribution to the professionalization of counseling. Founded in 1982 and officially recognized by the ACA, the NBCC represents the first, independent, national certification body, generating accountability and education criteria for professional counselors, in conjunction with the CACREP. Certification is primarily a means of professional identification and practice control (Emener & Cottone, 1989). As an organization distinctly identifying credentials in the counseling field, NBCC has promoted excellence and visibility of the profession by increasing the standards within the profession and by enhancing counselors' accountability and credibility (Feit & Lloyd, 1990; Ritchie, 1990; White, 2009). In addition, the NBCC has invested a significant amount of time in advocacy efforts for counselors and the advancement of the profession. For example, the NBCC has initiated the Fair Access Coalition on Testing (FACT), a "unified body opposed to attempts by psychologists to restrict professional counselors and other helping professionals from administering and interpreting various testing instruments" (Guerra, 1998, p. 6). The NBCC has also organized a plan to support the few remaining states to achieve counselor licensure and has provided \$9,000 to one state to initiate this effort (Myers et al., 2002). These endeavors have improved the

public's knowledge about professional counselors and encouraged counselors to be united to advocate for personal and professional needs (White, 2009).

Another substantial advancement in the process of professionalization has been an increasing awareness of the importance of establishing a strong professional identity within the counseling field, as described in the previous chapter. Over several decades, various types of counseling specialty programs have flourished, such as school and community counseling, marriage and family counseling, mental health counseling, and personnel services for college students. Diverse and multiple counseling sub-specialties have fragmented and developed within professional associations and/or organizations with which professional counselors and counselor educators have been affiliated. Although subdivision and sub-specialization in the counseling field is valuable from several standpoints, they have detracted from the definition of a shared professional identity of the counseling field (Calley & Hawley, 2008). Because these sub-specialties characterize themselves as distinct professions in terms of the national standards for credentials and licenses, education, training, practice, and codes of ethics, this segmentation has resulted in disagreement about which specialty is more critical and disagreement about the shared professional identity encompassing sub-specialties in the counseling profession. The lack of a unified professional identity among counseling sub-specialties can be considered as a negative impact on advocacy efforts of counseling (Myers et al., 2002), thereby hindering counseling from prospering as a profession. However, there has been a constructive effort and progress in clarifying professional identity of the counseling profession (Calley & Hawley, 2008; Capuzzi & Gross, 2003; Gale & Austin, 2003; Gladding & Newsome, 2004; McLaughlin & Boettcher, 2009; Myer, Sweeney, & White, 2002).

Professional Identity

Importance of Professional Identity

While it has made significant strides, as in any new profession, the field of counseling is still in the process of developing and discovering its professional identity. Identifying professional identity of the profession has been a critical topic in the counseling literature throughout its history (Puglia, 2008). The topic of professional identity is indeed at the forefront of nation-wide awareness within the profession because of its importance (Gibson, Dollarhide, & Moss, 2010; Puglia, 2008).

Establishing a well-defined sense of its own identity is crucial for counseling to flourish as a profession. On the individual level, professional identity includes understanding one's roles and responsibilities as a counseling professional, the sense of satisfaction and pride in one's chosen field, and presenting the profession. Therefore, having a weak professional identity may have a direct influence on the quality of the person's work, and thus influence the image of the profession (Brott & Myers, 1999; Remley & Herlihy, 2005). For professional counselors, if an individual has not successfully assimilated to the culture of the profession and has not developed a clear sense of professional identity, role confusion may occur (Erikson, 1994; Studer, 2007). Without a clear professional identity, the counselor's ability to best serve clients and to perform ethically as a professional may be compromised (Gibson et al., 2010). Furthermore, without a well-defined sense of professional identity, counselors may risk being viewed as other types of helping professionals (e.g., social workers) in their work settings and being substituted by other mental health professionals (Webber & Mascari, 2006). Therefore, it is essential for professional counselors to know who they are and what behaviors are expected of them when they enter their field (Puglia, 2008).

Advocacy literature additionally emphasizes the need for identifying professional identity as a fundamental foundation for effective advocacy among professional counselors (Hill, Bandfield, & White, 2007; Myers et al., 2002). Authors suggest that the

lack of a well-defined, common definition of professional identity of counseling may have an unfavorable impact on advocacy efforts (Myers et al., 2002). For example, Erikson (1997) outlined several stages of counselor advocacy that begins with the development of a strong sense of professional identity. Erikson (1999), who studied the essential components of advocacy, concluded that one of the critical elements of successful advocacy was having a well-defined professional identity (White, 2009).

Similarly, Myers and her colleagues (2002) stressed that having a solidified professional identity is an essential part of becoming a counselor-advocate. They wrote that advocacy efforts, exerted by professional counselors who have secure professional identities, were crucial to developing the professional status of counseling such as by enhancing a professional image of the profession (Borders & Benshoff, 1992), and to envisioning the future of counseling like making an effort to work towards promoting quality (Pedersen & Nisenholz, 1999). Professional pride that is directly related to identity is indeed essential for effective advocacy (Myers et al., 2002).

Furthermore, literature associated with professional identity development shows that a strong professional identity has been considered by many in the field of counseling as a clear indicator of success (Brott & Myers, 1999; Lafleur, 2007). Thus, involvement in the elements of professional identity can be viewed as a strong gauge of a counseling professional's extrinsic markers for success in the chosen field (Healey & Hays, 2011). Specifically, they noted that actionable components of the counseling philosophy can be strong indications of a person's extrinsic motivation for success in the chosen field.

On the professional level, a deeper understanding of one's professional identity can influence a synergistic collective identity and the future of the profession (O'Bryant, 1992). Many counseling professionals agree that forging a professional identity is necessary for the future of the counseling profession (McLaughlin & Boettcher, 2009). For example, a collective identity within a profession is required to promote a sense of cohesion among the associated professional members (Gazzola & Smith, 2007). The

absence of a professional self-image toward a profession among the implicated members can lead to a lack of unity and harmony within the profession, which may result in insecurity and inconsistency on the part of its professional members (Blocher, Tennyson, & Johnson, 1963). As counseling professionals actively engage in the development of a collective professional identity and a shared sense of purpose, counseling as a whole will flourish (Gale & Austin, 2003).

Moreover, counseling professionals think that in order for counseling to advance as a profession, a clear sense of its professional identity must be developed (Hiebert, Simpson, & Uhlemann, 1992). Specifically, Remley and Herlihy (2007) stated that establishing a professional identity is “vital to the long term success of a profession” (p.22). They emphasized that the failure to develop a clear identity leaves counseling with “little chance of becoming a unified and socially recognized profession” (p.42). Developing a professional identity is therefore imperative for the future of counselors, as well as for the field of counseling, as it struggles for full recognition among other healing professions. As one of the youngest mental health professions, the counseling field has yet to clarify and establish a professional identity to achieve equal professional status that other similar professions have, in addition to educating the public on activities and services (Puglia, 2008).

Finally, gaining a recognizable professional identity for the counseling profession is considered fundamental to the successful movement toward licensure and recognition from the public (Hanna & Bemak, 1997). Licensure for professional counselors in fifty American states constantly needs national recognition by third party payers of counseling services. This is tied to the equal recognition that the counseling profession can gain as a mental health profession. Continuing success in this area may depend on its effort and ability to clearly define its own identity and to articulate factors that impact the professional identity of members involved (Calley & Hawley, 2008). Indeed, the lack of a clearly defined professional identity in the field of counseling may lead to the public’s

lack of awareness of the roles and professional identity counselors take. Erikson (1997) stated that the continued conflict about the identity within the profession “results in a lack of uniformity and translates into difficulties telling the public who we are and what we do” (p. 20). For example, characteristics of the counseling philosophy would better fit with issues that ordinary people face in their life because most of their problems and concerns are developmental in nature. However, if the public is not sure about what counselors can do for their clients and does not recognize professional counselors’ competencies, they will be less likely to seek mental health services provided by counselors. Instead, people may be more likely to bring their concerns to counseling psychologists and/or social workers who they better recognize than counseling practitioners. Even when issues and problems are not severe, the public may seek help from counseling psychologists who value the counseling psychology’s philosophy that attends to the medical model focusing on diagnosis, psychopathology, and the use of psychotropic medications (Duffey & Somody, 2011; Malley, 2010; Pope, 2006). However, by knowing the scope of counseling practice, the public will have a better idea of where to go with their problems and issues. Ritchie (1994) stressed that in order to survive, the counseling profession “must demonstrate that the practice of counseling is significantly different from the practice of psychology or other licensed professions” (p. 15). In other words, the future survival of the counseling profession depends on counseling’s quest for establishing a clear professional identity (Maples, Altekruze, & Testa, 1993).

History of Professional Identity Issue in Counseling

Professional identity within a field is often exhibited in the title, role, and vision of a profession. It should be based on a cohesive determination by, of, and for members of the profession (Myers et al., 2002). However, one of the main criticisms the counseling profession currently faces is its inability to clearly define its identity and distinguish the profession from other mental health disciplines (Hanna & Bemak, 1997). Counseling

professionals also have argued that counselors lack a unified definition of professional identity and have difficulties in achieving a common focus across multiple counseling groups within the profession (Myers, 1995; Remley, 1995). In fact, defining professional identity has become increasingly complex (Palmo, 1996) and for many years has remained one of the most controversial issues for all health care professions (Herr & Cramer, 1987).

Difficulties in defining professional identity in the counseling field are mainly based on two sources. First issue is from its philosophical roots (Sherrard & Fong, 1991). Counseling exists within the psychological professions and has areas of overlap with other mental health professionals, particularly counseling psychologists and social workers (Mellin et al., 2011; Pate, 1980). For example, professionals mention the counseling profession's original fidelity to a number of core humanistic principles, which is broad-based across mental health professions, as a source of identity confusion. The debate on whether counselor education has distinctive features shared with other mental health professions (e.g., counseling psychology and social work) is still ongoing.

A second issue is based on multiple sub-specialties within the counseling profession. While other psychological disciplines began as a whole and then advanced sub-specialties, counseling started out being identified with at least two distinct specialties, namely, mental health counseling and school counseling (Calley & Hawley, 2008; Hershenson, Power, & Waldo, 1996; Remley & Herlihy, 2007). In addition, counseling professionals have debated over whether to become a whole unit (Hershenson, et al., 1996). Historically, the two specialties have been considered separate fields. While mental health counseling provides counseling services to children and adults in various clinical settings, school counseling provides counseling and guidance services within the k-12 school settings. Both specialties also describe themselves as distinct areas in terms of professional associations, standards for curriculum, training, and practice. Therefore,

this segregation has resulted in ongoing diffusion and identity uncertainty within the broader counseling profession (Calley & Hawley, 2008).

Since identity confusion within the profession began to be an obstacle to counseling in advancing as a profession, professional counselors and counselor educators have made a significant, constructive effort to resolve the identity confusion issue (Gale & Austin, 2003; Hanna & Bemak, 1997). First, professional counselors have engaged in discussions and debates over their identity issue. Counselors have deliberated whether counseling should strive to become one unified profession or remain groups of sub-specialties (Gale & Austin, 2003; Gladding & Newsome, 2004; Remley & Herlihy, 2007). The overall consensus among them appears to accept one cohesive identity across sub-specialties, although what constitutes professional identity is still under discussion (Gerig, 2007; Gladding & Newsome, 2004; Hansen, 2007; Remley & Herlihy, 2007). Professional counselors also have debated whether they should adopt one of many philosophical approaches (e.g., wellness approach, existentialism, and social constructionism), as a basis for their unified professional identity (McLaughlin & Boettcher, 2009). Along with this, counselors have considered whether they should embrace the currently dominant medical model or keep their own distinctive approach, which incorporates a humanistic perspective (Fong, 1995; Hansen, 2003; McLaughlin, 2006; Seligman, 2004). Counselors on one side believe that the realities of their practice require that they follow the dominant diagnostic, medical model, while counselors on the other side insist that they should maintain their distinct, humanistic approach. The latter group of individuals says that failure to retain their distinctive perspective challenges the emergence of a professional counselor identity (Gale & Austin, 2003; Hansen, 2003; McLaughlin, 2006; Myers et al., 2002). It may be true that the realities in counseling practices, such as third party reimbursement issues, licensures, and professional status, are tied to the currently prevailing medical model. However, it is also clear that other models, such as preventive, ecological approaches, are gaining significant attention and

will likely play a momentous role in the future (Gerig, 2007; Lewis, Lewis, Daniels, & D'Andrea, 2003).

Second, at the beginning of the 1990s, a watershed discussion of counseling's professional identity was created among contributors to the *Journal of Counseling and Development* (JCD), the ACA's flagship journal and a rich foundation for tracing the movement of counseling's identity (Heck, 1990; Ivey & Hesteren, 1990; Robinson, 1990; Steenbarger, 1990). In the inaugural issue of JCD in 1984, the editor, Rodney K. Goodyear, accentuated promoting professionalism that included developing a common identity and appreciating counseling's history, as well as professional counselors' unique skills (Gale & Austin, 2003). Some counselor educators (e.g., Van Hesteren and Ivy) viewed counseling professionals practicing somewhere between counseling psychology and social work, depending on their professional education and training (Gale & Austin, 2003). Similarly, other counselor educators saw counseling falling somewhere between psychology and education because counseling literature and theories stem from those two professions (Weinrach, 1987). Some professionals conclude that counselors and counseling psychologists share identity and have many common interests (Goodyear, 2000), despite the existing conflict in defining identity. Although no consensus has emerged about identity of counseling as a whole, perspectives of those who greatly contributed to the field of counseling have inspired how to forge a collective identity and provided professional counselors "a sense of unity in diversity" (Gale & Austin, 2003, p. 4).

Third, the ACA has played a major role in promoting identity and professionalism in counseling. The ACA has initiated a task force to help create comprehensive strategic approaches for the future of counseling (Gale & Austin, 2003). In its golden anniversary year of 2002, ACA celebrated with the theme of "Unity Through Diversity." Under this theme, ACA restarted the discussion over counseling's unified identity and its relations with other mental health professions (ACA, 2002). In 2006, the ACA delegates,

representing 29 major counseling organizations, created a common definition of counseling in its 20/20: A Vision for the Future of Counseling: “Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (ACA, 2010). Along with this definition of counseling, which is a great first step in getting the profession on the same accord, the delegates have also released seven *Principles for Unifying and Strengthening the Profession* in 2008. Of the principles, sharing a common professional identity among counselors is identified as the first critical principle in moving the counseling profession forward (ACA, 2010). These efforts that the ACA made to determine what the counseling profession should be envisioning have been another milestone in the discussion of professional identity. Furthermore, this initiative calls on counselor educators and professional counselors to recognize changes essential for the sustainability and progress of the counseling profession.

Fourth, there have been a variety of research studies conducted related to the topic of professional identity in the counseling field. Many counseling professionals have studied professional identity using different groups of counseling individuals, such as counselors-in-training and their preparation programs, counseling practitioners, and counselor educators. For example, in a qualitative study with 238 practicing counselors, Mellin et al. (2011) examined how counselors define the counseling profession and how they perceive the profession as distinct from social work and psychology. The authors found that participants believed their professional identity as grounded in a developmental, preventive, and wellness approach toward helping. They also discovered that participants appeared to hold a unified professional identity across sub-specialties, such as community counseling, mental health counseling, and school counseling. In a quantitative study with counselor trainees, Busacca and Wester (2006) explored the career concerns of counselors-in-training, specifically their professional development concerns, defined as “broadening one’s sense of the profession and identity as a

counseling professional” (p. 182). In this study, Busacca and Wester reported that approximately 83% of participants considered professional development concerns as greatly important. In a recent qualitative study with 43 counseling trainees, either from school counseling programs or marriage, family, and couples counseling programs, Gibson et al. (2010) investigated what transformational tasks are necessary for professional identity development of counselors-in-training. They found tasks, such as personal definition of counseling, responsibilities for professional growth, and transformation to systemic identity, as necessary for the transformation of counselor professional identity.

Counseling researchers who examined professional identity issues also paid attention to other aspects of professional identity. In a survey with 521 CACREP or APA-accredited counselor training programs nationwide, Zimpfer and Mohdzain (1992) investigated whether graduate preparation programs in the field of counseling identify themselves primarily with counselor education or counseling psychology. They were also interested in whether those programs and their faculties were engaged in behaviors aligned with their proclaimed professional identification. Zimpfer and Mohdzain found that most counselor preparation programs made their professional identity clear, at least as it related to particular characteristics or behaviors. Specifically, this study revealed that 23 times more programs identified them as associated with ACA over APA. Although the gap was closed among the programs that provided both master’s and doctoral degrees, the preference remained weighted toward ACA. According to data about plans for future faculty, more programs desired to hire new faculty who received their doctoral degrees in counselor education and supervision. These studies on professional identity with various counseling populations indicate that counseling professionals on various levels were aware of and concerned themselves with identity issues in counselors. The studies also indicate that professional identity is at the forefront of nationwide attention within the field of counseling (Gibson et al., 2010).

Fifth, efforts to develop and strengthen a clear, unified professional identity within the profession have been also evidenced in the curricular requirements formulated by the CACREP (Calley & Hawley, 2008). Professional development rests on deliberate efforts to instill the values, attitudes, and behaviors expected of future counseling professionals in trainees (Choate, Smith, & Spruill, 2005). CACREP standards (2000) reflected this emphasis by instituting a professional orientation into the profession as one of the core knowledge areas mandatory in the graduate curriculum. The standards specify that a professional orientation course should focus on an in-depth understanding of the counseling profession, including its history, ethical standards, professional roles and responsibilities, associations, credentialing processes, and public policy processes (Choate et al., 2005). Further, CACREP standards (2000) articulated that counselor educators should develop and implement systematic procedures in gauging individual students' professional development throughout their progress in a counselor education program.

Finally, professional identity of counseling remains a current, salient topic among counselor educators, shown by continuing discussions among those who are members of a professional on-line community, Counselor Education and Supervision Network (CESNET-L), in the counselor education field. Through this electronic mailing list, counselor educators and professional counselors have been constantly discussing and debating topics of counseling's professional identity. Topics discussed varied from a counseling philosophy and orientation that distinguishes the profession from other helping professions to whether faculty members in counselor education programs should possess doctorates in counselor education. Over 70 individuals then posted their responses. Other topics associated with professional identity, such as 20/20; A Vision for the Future of Counseling, the importance and meanings of CACREP accreditation, educational standards and training, credentials and licenses, and advocacy efforts for the profession, also were frequently discussed within this community. As described,

counseling professionals, professional associations, and researchers within the counseling profession truly have made substantial positive contributions in the effort to establish a strong, unified professional identity. Although forging a clear, cohesive identity within the counseling profession is incomplete, the combined collective efforts have strengthened the foundation of the profession, propelling it forward.

Defining Professional Identity

Although the existing definitions of professional identity are inconsistent, attempts to define it and to identify its elements are well documented in counseling literature. Moore-Pruitt (1994) described professional identity as a part of ego and defined it as “an integration of theoretical orientation and methodology that is consistent with the counselor’s personal values and beliefs; the counselor is authentic” (p. 34). She also depicted counselor identity as “a measurable domain of ego identity that individuals formulate much as they formulate religious, political, and gender role ideologies” (p. iii). Under the framework of ego identity formation, Moore-Pruitt explored how counseling practitioners integrate their professional and personal identities and how this integration process can impact their therapeutic abilities. Based on her definition of professional identity, Moore-Pruitt (1994) developed The Counselor Identity Scale (CIS) to operationalize and measure counselor ego identity. The CIS consists of four sub-scales, each of which represents one of four identity status drawn from the work of Marcia (1996): (a) identity achievement, (b) identity diffusion, (c) identity foreclosure, and (d) identity moratorium.

Building another definition, other researchers explained that professional identities are established as counselors cultivate attitudes about their professional roles, involvement within the profession, ethical standards, and learning styles that reinforce higher level cognitive functioning (Blocher, 1983; Etrtnger, Htllerbrand, & Claiborn, 1995; Skovholt & Ronnestad, 1992; Vanzandt, 1990). Brott and Myers (1999) described professional identity as a cognitive frame of reference from which counselors carry out

professional roles and responsibilities. In their grounded theory study, they investigated development of professional identity among school counselors. They suggested that professional identity evolves over time. This developmental process functions as a frame of reference with which persons reach an understanding of their chosen field in association with their own self-concept. Further, they suggested that this frame of reference assists individuals to verbalize their philosophy, approach, and responsibilities to others within and outside of their profession, and to develop as a professional. Similarly, Auxier et al. (2003) noted that professional identity is the therapeutic self that is a mixture of personal selves (e.g., values, morals, and perceptions) and professional selves (e.g., roles, decisions, and ethics). The therapeutic self makes frames of reference (professional and personal contexts) for roles and decisions in counseling in addition to attitudes regarding responsibilities and ethics, problem solving patterns, and modes of thinking (Gibson et al., 2010).

In line with the definition of professional identity articulated by Brott and Myers (1999), Weinrach and his colleagues (2001) described identity as “a core set of values, beliefs, and assumptions about the unique characteristics of one’s selected profession that differentiates it from other professions” (p. 168). In particular, they emphasized an aspect of identity in terms of what distinguishes counseling professionals from other mental health care professionals. Similarly, Gray (2001) explained that professional identity is “understanding and having a sense of pride in one’s profession...essential both for one’s own internal satisfaction with one’s chosen career and for the continued societal recognition of the profession” (p. 12). Others (Gladding & Newsome, 2004) defined professional identity under which the use of a certain approach to counseling practice is used.

Developing another definition, Remley and Herlihy (2007) identified professional identity as comprised of six components. They believed that professional identity consists of knowledge and understanding of the profession, including (a) history of counseling,

(b) philosophy of counseling, (c) counselors' roles, (d) professional ethics, (e) professional pride, and (f) professional engagement. Likewise, Puglia (2008) defined professional identity as consisted of three elements, including "agreement with the counseling philosophy, beliefs that the counseling profession includes activities, such as becoming licensed and certified, and professional engagement" (p. 13).

Based on similar or the same aspects of the framework proposed by Remley and Herlihy, Puglia (2008) and Emerson (2010) examined counselor professional identity. Puglia (2008) depicted professional identity as comprising of three components: "agreement with the counseling philosophy, beliefs that the counseling profession includes activities such as becoming licensed and certified, and professional engagement" (p. 13). Keeping this definition of professional identity in mind, Puglia developed the Professional Identity and Engagement Survey (PIES) to capture how professional identity evolves in master's level counseling students. Puglia's definition of professional identity includes the five following components: (a) belief in the acquisition of certifications and credentials, (b) the uniqueness of counseling among other people-oriented vocation, (c) pride in the profession, (d) agreement with philosophy of counseling, and (e) actions exhibiting professional engagement. Using the same framework of Remley and Herlihy, Emerson (2010) also created the scale, Counselor Professional Identity Measure (CPIM), to measure the professional identity of counselors.

Also, in line with the efforts to identify components of professional identity, particularly with counselor educators, Calley and Hawley (2008) explored several elements consisting of professional identity among counselor educators. Those elements include beliefs and values distinctive to the counseling discipline, the scope of professional engagement, an understanding of counseling's history, theoretical orientation, credentialing or licensure, and scholarly work. Specifically, Calley and Hawley conducted a survey with 69 counselor educators. Among the participants, 75% obtained a doctoral degree in counselor education, and 77% were associate or full

professors. In this study, Calley and Hawley found that regarding the previously selected factors associated with professional identity, most counselor educators favored professional engagement related to what they perceived to be “a sense of belongingness” (p. 14) over activities conceptually regarded as appropriate for becoming a successful and engaged professional to be engaged in, such as participation in advocacy and leadership activities for their profession through scholarship. As indicated in the professional identity among counselor educators, major activities that overall contribute to an individual’s role in academia include teaching, research, and service.

In this study, Calley and Hawley (2008) underlined the importance of exploring professional identity issues among counselor educators. They believed that professional activities that counselor educators engage in and their interactions with the tenets associated with the counseling’s identity are worthy of investigation because those are directly related to the transmission of professional identity. For instance, where a counseling professional seeks to publish (i.e., counseling journals vs. psychology journals) becomes relevant to transmitting and modeling professional identity. Moreover, diverse aspects of the counselor educator, including self-proclaimed identity, theoretical orientation, selection of teaching materials, professional advocacy efforts, and engagement in professional associations may be instrumental to the development of the counselor educator’s professional identity. These aspects may also subliminally form the professional identity of counselors-in training.

In another study on professional identity, including counselor educators, Healey and Hays (2011) attempted to conceptualize aspects of professional identity from a gendered perspective. In this conceptual paper, they outlined a model, based on the paradigm of ecological systems theory that introduced areas of the counseling profession that influence the development of an individual’s professional identity, including issues associated with cultural or conventional gender role expectations. The authors suggested that at the core of professional identity is an individual’s agreement with the leading

philosophy in the counseling profession, which focuses on normal development, prevention, wellness, and advocacy and empowerment. They further suggested that these primary values and beliefs, as well as counseling professionals' resulting approaches to their role within their chosen profession can be viewed via the personalized lens developed by the contexts related to professional and gender role expectations.

To summarize, many researchers in professional counseling journals have identified various elements of the counseling profession's identity and have created definitions based on the identified elements (Puglia, 2008). As shown, the prevailing definitions are divergent, and a clear, unified definition of professional identity with the counseling profession has yet to be formed, which makes professional identity a challenging topic to grasp. Although each author has developed different definitions and components of professional identity (Emerson, 2010), most of them have consistently viewed professional identity as what sets counseling professionals apart from other mental health professionals (Brindle & Goodrick, 2001; Gale & Austin, 2003; Gladding & Newsome, 2004; Pope, 2004; Remley & Herlihy, 2007). They agree that the field of counseling's identity differs from that shaped in many other human service professions.

Study Definition and Content Areas of Professional Identity

Although a comprehensive, unified definition of professional identity with the counseling profession has yet to be articulated, forging consensus about the definition of counseling is a first step in getting the profession on the same accord and promoting a sense of shared professional identity. As the new definition of counseling has just been constructed, the next reasonable step for professional counselors, counselor educators, and the profession as a whole, is to identify criteria and characteristics of professional identity as related to this new definition. In this study, professional identity is identified as a state of mind that categorizes an individual as a member of a selected profession and develops over time. The components of professional identity in this study are identified as follows: (a) knowledge of the profession and its philosophy, (b) expertise required of

members of the profession, (c) understanding of members' professional roles, (d) attitudes towards the profession and oneself, (e) behaviors expected of members of the profession, and (f) interactions with other professionals in the field. The definition and components identified seem to be comprehensive and collective because they repeatedly appear in counseling literature on professional identity, and they also reflect a philosophy of counseling that underlines the new definition of counseling. A description of each component follows.

Knowledge of the Profession

Counseling professionals who hold a strong professional identity will have an expansive knowledge of the profession. Having a rich understanding of the profession provides insight for counseling professionals into what becoming a member of the profession indicates (Emerson, 2010). Moreover, acquisition of knowledge of the profession is frequently emphasized in the counseling literature and standards of counseling organizations. For example, CACREP standards speculate that orientation to the profession, one of the eight core curricula areas, should involve a comprehensive understanding of the profession that includes knowledge of counseling history, ethical standards, professional roles and functions, professional organizations, and credentialing processes.

The National Counselor Examination (NCE) also has a segment on professional orientation that includes knowledge of the counseling profession (<http://www.nbcc.org/certifications/ncc/>). The NCE is the test used for those who seek the National Certified Counselor (NCC) certification and is also the certifying examination for several states (<http://www.nbcc.org/certifications/ncc/>). Therefore, it can be concluded that knowledge of the profession is not only an essential part of professional identity, but also a basic element to perform competently as a counseling professional (Emerson, 2010).

Many researchers also viewed knowledge of the profession as a critical component of professional identity (Brown, 1989; Smith, 2004; Vacc & Loesch, 1987). They included an understanding of counseling history, credentialing and certification processes, and ethical standards as a part of the component, knowledge of the profession. Specifically, Vacc and Loesch (1987) highlighted the importance of having an understanding of counseling's history. As they articulated, "although heritage is not destiny, destiny is in part contingent upon heritage" (p. 19). Other scholars (e.g., Borders & Benschoff, 1992) focused on the knowledge of and training for appropriate professional credentials within the profession, such as national certifications (e.g., National Board Certified Counselor) and other specialty certifications (Choate et al., 2005).

Some other researchers (e.g., Collison, 2000; Egan, 1998; Lamadue & Duffey, 1999; Leach, Stoltenberg, McNeill, & Eichenfield, 1997; Stoltenberg, McNeill, & Delworth, 1998) paid attention to having a knowledge of ethics and legal standards as indicative of counselors' professional development and clinical competence. Likewise, in a qualitative study with master's-level counselors-in-training, Choate et al. (2005) explored a set of performance indicators to measure students' professional development and their progress in a counselor education program. They developed one of the performance indicators, namely knowledge of ethical and legal standards (i.e., passing ethics/professional issues course and examination, possessing knowledge of code of ethics and professional standards), as an important component to assess professional development of counseling students.

For the purposes of this study, knowledge of the profession is defined as a basic knowledge and understanding of the counseling profession, including its history, standards for professional preparation, impact of credentials and certification, ethical standards, and counseling associations and counseling journals.

Philosophy of the Profession

The core beliefs and values of the counseling profession's philosophy are critical in the development of a counseling professional (Healey & Hays, 2011). Remley and Herlihy (2007) suggested that, in order for a counseling professional to achieve a strong professional identity, adhering to a proposed set of philosophical assumptions is imperative. The counseling philosophy is the foundation on which counseling is built, where counseling professionals learn what is expected of them, and what makes them different from other mental health service professionals (Puglia, 2008).

The counseling literature on professional identity clearly and frequently focuses on the philosophy of the profession as an essential part of identity development among counseling professionals. For example, Remley and Herlihy (2005) noted that when master's level counselors-in-training start to think about their status within the counseling profession and compare their status and role to other mental health care practitioners', they begin to develop their professional identity. They learn that counseling practitioners work from a counseling philosophy different from that of other mental health professions. Ultimately, their repertoire of resources expands and they begin to cultivate a more profound identity. Also, Pistole and Roberts (2002) identified the process of distinguishing the counseling profession from other health service providers as one theme that affects professional identity among mental health counselors. Other scholars (e.g., Lafleur, 2007; Myers, 1992) also believed that a person's agreement with the guiding philosophy is at the core of professional identity.

Specifically, Hansen (2003) explored the impact of two opposing philosophies on counselors' professional identity formation. On one hand, counseling has traditionally embraced a humanistic approach as the basis for training and practice. On the other hand, counselor education incorporates diagnostic training into counselors' professional preparation. However, Hansen argued that incorporating a diagnostic approach into counselors' education may have a negative impact on and even threaten an individual

counselor's professional identity as well as the counseling profession's identity. Therefore, he suggested that it is necessary to train counselors to become professionals with a strong counseling identity, concordant with humanistic philosophy during their preparation (Jebril, 2008).

Along with agreeing that the counseling philosophy is the foundation for professional work, understanding and articulating what it looks like and how it is characterized is also an important part of professional identity. Counseling literature has shown that the counseling philosophy views the human experience through the lens of: development, prevention, wellness, empowerment, and advocacy. First, according to Ivey and van Hesteren (1990), the developmental approach underlies all counseling practice. The developmental approach focuses on positive human change and is based on the assumption that there are expected events in peoples' lives, some of which are challenging. Interestingly enough, Ivey and Regazio-DiGilio (1991) stated that such challenging events and life stressors are the stimuli for development and growth. This perspective is different from the view proposed by the predominant medical model that perceives life stressors as being signs of mental illness (Remley, 1991).

Second, prevention is another underlying foundation in counseling (ACA, 2007; Myers, 1992; Puglia, 2008; Remley, 1991; Remley & Herlihy, 2007; Smith, 2001). Ivey and Van Hesteren (1990) depicted counseling practice as proactive in that it implies preventive care. Likewise, Albee & Ryan-Finn (1993) linked the preventive approach to the developmental perspective and called for advocacy efforts to move from the prevailing medical model to the prevention-oriented approach of counseling. Albee (1982) believed that one way to decrease the prevalence of mental illness and other mental health issues was to strengthen an individual's ability to cope with life stressors. If professional counselors can help their clients learn effective ways to deal with challenges, maladjustment and pathology could be significantly reduced. Myers (1992) also

underscored that development, prevention, and wellness are interrelated and that healthy people make healthy choices.

Another critical component of counseling philosophy is the wellness approach (Gladding & Newsome, 2004; Hill, 2004; Lafleur, 2007; Mellin, Hunt, & Nichols, 2011; Myers, 1991; 1992; Remley & Herlihy, 2005, 2007). This approach views individuals from a holistic perspective, relating to the conscious integration of the body, mind, and spirit to uphold holistic wellbeing (Myers & Sweeney, 2008). The goal of this perspective is to maximize each individual's potential by achieving positive mental health (Remley & Herlihy, 2007). After tracing the history of the inclusion of a wellness approach into the field of counseling, Myers (1991, 1992) noted that the wellness perspective has been one of the main philosophical foundations of counseling. The wellness paradigm marked a shift from philosophical roots in psychology that traditionally paid substantial attention to diagnosis, clinical remediation, and symptom management from the medical model as a guide for intervention and case conceptualization (Goodyear, et al., 2008; Myers, 1992). In addition, the wellness perspective of counseling has been most prominent within the counseling profession, as distinguished from the psychologically-oriented mental health fields (Healey & Hays, 2011).

The counseling philosophy also contains an emphasis on empowerment (Healey & Hays, 2011; Lafleur, 2007; McWhirter, 1991; Myers, 1992; Puglia, 2008; Remley & Herlihy, 2007). Empowerment is a means for individuals to achieve wellness (Healey & Hays, 2011), and is the process of facilitating individuals' competencies to independently explore their life journey (Puglia, 2008). The empowering process is implemented through a focus on individual strengths and an integration of prevention to reduce the continuation of life-threatening mental illness issues (Healey & Hays, 2011). According to McWhirter (1991), empowerment underlies all counseling practice. In addition, development, prevention, and wellness are achieved by this process. That is, empowerment is similar to the developmental perspective in its systemic view and its

fundamental belief in positive change. It reflects the preventive approach in its goal of skill building for clients, and shares the holistic view with the wellness paradigm (Puglia, 2008).

Finally, the philosophical foundation of counseling is also grounded in advocacy for individual clients, groups and communities served by counseling professionals, and the counseling profession itself (Lafleur, 2007; Myers, 1992; Myers, Sweeney, & White, 2002; Remley & Herlihy, 2007). Advocacy concerning welfare for the abovementioned bodies is the process by which a counseling professional assists a client in finding much-needed services or resources (Healey & Hays, 2011). It is often conceptualized as actions and behaviors that guide professional engagement (Borders & Benschoff, 1992). According to Myers et al. (2002), the advocacy construct is a part of the professional identity and is vital, if the counseling profession is to survive in an emulous and competitive marketplace.

The underlying philosophy of counseling consists of five components: a developmental perspective, preventive approach, wellness paradigm, empowerment, and advocacy. Myers (1992) underscored that these five components are all interrelated and serve as the underlying foundation of the counseling's professional identity. She further highlighted that the counseling profession needs to advocate for the recognition of this philosophical foundation for third party reimbursement. The counseling philosophy functions as the distinctive viewpoint that sets the counseling profession apart from other mental health disciplines.

Professional Roles and Expertise

A profession builds upon a body of knowledge and skills that is not usually known to the public and is unique to the profession (Elliott, 1972; Emener & Cottone, 1989; McCully & Miller, 1969; Pietrofesa & Vriend, 1971). What the body of knowledge displays is a question about what professionals do that really works (Myers et al., 2002). The counseling literature demonstrates that acquisition of expert knowledge, theory, and

skills are needed to perform a professional role embraced in professional identity formation (Hall 1987; Van Zandt, 1990). The CACREP, which sanctions specialized training in the field of counseling, has directly addressed this concern by recognizing core areas of knowledge (Feit & Lloyd, 1990).

Possessing a specialized body of knowledge and skills as a critical component of professional identity is beyond question. Myers et al. (2002) stated that regardless of counseling settings, form of clientele, or variety of intervention, a fundamental and critical question for all professional counselors is whether or not counseling methods work to help a client in need. Similarly, Sexton, Whiston, Bleuer, and Walz (1997), who conducted a thorough review of outcome studies in counseling, concluded that “regardless of unique specialty, professional counselors are linked by a common body of professional knowledge” (p. 243). Van Zandt (1990) also noted that counseling skills and a high level of competency when delivering professional services are an indication of professionalism. In a qualitative study among Hispanic counselors-in-training, Nelson and Jackson (2003) found that possessing specific expertise and knowledge was imperative for professional identity development of the participants. Other researchers (e.g., Pistole & Roberts, 2002) also discovered that establishing and expanding a systematic body of knowledge based on practice and research impacted professional identity among mental health counselors.

In addition to having a specialized knowledge, understanding the counseling professionals’ various roles (e.g., counselor, educator, supervisor, and consultant) in diverse settings serves as a vital component of professional identity (Remley & Herlihy, 2007). Counseling professionals with a clear professional identity should understand the different roles and functions that they perform and how the roles differ from other mental health professionals (Remley & Herlihy, 2007). The CACREP accredits many specialty programs, such as clinical mental health counseling, school counseling, career counseling, and counselor education and supervision (<http://www.cacrep.org/>). ACA divisions also

illustrate varied roles and functions of counseling professionals. Counseling professionals indeed play diverse roles in a variety of settings. Eventually, the lack of a clear understanding of the extensive range of professional services and functions will negatively impact the quality of a counseling professional's work, and thus also influence the image of the counseling profession itself (Antunes-Alves, 2010).

Attitude

Professional identity includes a sense of pride for the profession and a belief in the profession's future (VanZandt, 1990). Positive perspectives of the relationship between oneself and the profession also contribute to the creation of professional identity (Brott & Myers, 1999; Gale & Austin, 2003; Mrdjenovich & Moore, 2004; Sweeney, 2001; VanZandt, 1990). According to VanZandt (1990), professional pride stems from recognition of the profession's history, commitment to present practices, and faith in the profession's future.

Counseling professionals agree that those who have pride and satisfaction in their chosen field will have a strong professional identity (Myers et al., 2002; Remley & Herlihy, 2007). For instance, Remley and Herlihy (2007) suggested that professional counselors with a solid professional identity are willing to speak out about the counseling profession and are enthusiastic in sharing their knowledge, positive feelings toward the profession, and appreciation of the profession. They further stated that professional counselors who have a strong identity and its resultant professionalism will exhibit their professional pride by defending the counseling profession against incorrect statements. Gray (2001) also stated that feelings of pride for the profession are the basis of professional identity. As he said, "The sense of pride is essential both for one's own internal satisfaction with one's chosen career and for the continued societal recognition of the profession" (p. 12). These statements are consistent with Myers et al. (2002) who asserted that a strong foundation of professional pride is associated with credentials, and

is essential for professional advocacy and satisfaction in career, and in turn for the future of the profession.

In addition, the constructs of professional identity include a congruence of oneself (e.g., personal characteristics, goals, and values) with the counseling profession.

According to Auxier, Hughes, and Kline (2003), professional identity is the therapeutic self that is a mixture of professional selves like roles, decisions, and ethics and personal ones like values, morals, and perceptions (Gibson et al., 2010). Gattiker and Larwood (1986) noted that professional identity is also related to the incorporation of professional values into an individual's self-identity rather than a simple identification with the philosophy of counseling, beliefs, and professional engagement. These statements suggest that counseling professionals, who have genuineness, personal goals and values, and positive professional self-image that correspond with the characteristics and values of the counseling profession, will be more likely to have a strong professional identity. Indeed, a strong professional identity, indeed, can inspire pride and satisfaction in one's career area and promote creation of professional aspects of the self within the chosen profession (Remley & Herlihy, 2005).

Engagement Behaviors

Currently, counseling literature seems to equate development of professional identity or professionalism with engagement in professional activities or a set of desired behaviors (Borders & Benschhoff, 1992; Gale & Austin, 2003; Spruill & Benschhoff, 1996; Puglia, 2008). Many scholars believe that as a counseling professional agrees with the philosophical foundation of counseling, successful professional engagement could then be assessed by evaluating the professional's level of involvement and actions in the profession (Lafleur, 2007; Puglia, 2008). Engagement behaviors refer to actions that a counseling professional takes to become part of the profession (Healey & Hays, 2011). Examples of professional behaviors are involvement in professional associations, publishing and presenting, reading professional research and journals, advocacy efforts,

maintaining credentials, and participating in community services (Healey & Hays, 2011; Puglia, 2008).

In fact, there is a significant amount of literature that illustrates that professional engagement is a critical aspect of professional identity (Feit & Lloyd, 1990; Gale & Austin, 2003; Myers & Sweeney, 2004; Van Zandt, 1990; Zimpfer et al, 1992). For instance, many studies illustrate how early involvement in professional activities in the field of counseling in the process of professional identity development was helpful for building a personal understanding of and positive relationship with the field (Puglia, 2008; Spruill & Benschhoff, 1996). Also, LaFleur (2007) explored the attitudes and factors attributed to professional identity among licensed professional counselors. Participants identified membership in professional associations, licensure, supervision during training, and advocacy efforts for the profession as elements that contribute to professional identity development. The results of this study demonstrate the interrelatedness of professional identity and professional engagement (Puglia, 2008). In a study with counselor education faculty members, Zimpfer et al. (1992) also adopted professional engagement behaviors as part of standards for determining professional identity among faculty.

Specific engagement behaviors for professional growth are highlighted in the counseling literature. First of all, memberships in professional counseling organizations are viewed as an essential part of professionalism (Gale & Austin, 2003; Spruill & Benschhoff, 1996). It is because professional associations function as a means through which participants can distribute and share knowledge, establish educational and ethical standards, and advocate for the credibility and advancement of the field they represent (Glasoff, 1996; Southon & Braithwaite, 1996). Currently, there are numerous professional organizations from national counseling associations to regional and program-level ones, in which counseling professionals can participate (Gale & Austin, 2003). According to VanZandt (1990), professional engagement in counseling

organizations helps counseling professionals maintain excellence and promote the image of the profession. Also, Choate et al. (2005) stated that one common and effective way for counseling students to become engaged in the profession is through memberships, conference attendance, and participation in professional counseling organizations, such as the ACA, ACES, and Chi Sigma Iota, a counselor education international honor society.

Second, engaging in certification and licensure process as well as maintaining credentials are also considered integral to professional engagement behaviors. Bloom (1996) stated that a counseling student's commitment to credentialing symbolizes a high level of standards. In line with this statement, Myers et al. (2002) emphasized that counseling professionals who plan to seek certifications and licenses have greater competence and professional pride. Moreover, they perceive their job to be more valuable.

Next, participating in research and keeping abreast of current literature in the counseling field have also been identified as important behaviors exhibiting professional engagement. VanZandt (1990) called for counseling practitioners to stay current through reading articles published in professional journals. Also, Pistole and Roberts (2002) underscored that the professional identity of professional counselors would be promoted with the integration of scholarly research. They addressed a concern that master's level practitioners may not be prepared to conduct research, but need to know its value to practice. They believed that an emphasis on the use of research would promote professionalism.

Finally, advocacy can be viewed as behaviors that lead to professional involvement (Borders & Benschhoff, 1992). Advocacy efforts and activities include community services, lobbying and policy making efforts that support the counseling profession, educating the community and public about the profession, and other advocacy projects associated with a direct contribution to the field of counseling (Healey & Hays, 2011). Being advocates for clients and for the counseling profession indeed is

fundamental to the development of professional identity and for the future of counseling (Myers et al., 2002).

Interaction

Professional identity formation and development are socialization processes that include the acquisition of a specific body of knowledge and skills required to achieve a new professional role and the development of professional values, attitudes, behaviors, and self-identity components (Benshoffs, 1996; Hall, 1987; LaFleur, 2007; McGowen & Hart, 1990; Watts, 1987). O'Byrne and Rosenberg (1998) detailed the interpersonal aspect of identity development. They believed that the professional acculturation process develops through guided engagement in the professional community. In this framework, new counseling professionals who become socialized in the language of counseling, realize what is expected, and learn how to perform in the new culture of the profession through education, observation, practice, supervision, and consultation. Dollarhide and Miller (2006) identified this sociological process as immersion into a culture of the profession through which an individual learns appropriate professional values, attitudes, ways of thinking, and problem solving strategies (Gibson et al., 2010).

For years, the socialization of counseling professionals through communications with professional peers, colleagues, mentors, supervisors, other professionals in the field, and networks has been a critical component of professional identity formation (Bernard & Goodyear, 1998; Borders, 1996; Gibson, et al., 2010). For example, in a qualitative study with fifteen career counselors who held CSI chapter leadership as graduate students, Luke and Goodrich (2010) found that participants perceived their CSI leadership as a catalytic factor for their professional identity growth. Participants developed professional relationships with colleagues and faculty members in and out of their chapters, as well as within the international organization. All participants voiced that these professional relationships and social interactions helped them develop their professional identity and

continue to engage in various professional organizations, both at the local and international levels.

In another study, Gray (2000) examined the level of professional identity among counseling practitioners who have licensures for two years or less. He discovered that counseling supervisees reported a stronger professional identity when their supervisors were Licensed Professional Counselors (LPC) than those with supervisors licensed in other mental health professions. In addition, he found that professional identity was greater for the supervisees working in states in which licensure laws forced professional counselors to seek LPCs to supervise them. This study not only supported the belief that professionalism is promoted in part to supervisory relationships (Borders, 1996; Collison, 2000; Spruill & Benschofs, 1996), but also illustrated that counselors' professional identity develops through relationships and interactions with other professional counselors with a clear counseling identity (Puglia, 2008).

Among other studies on the interpersonal aspects of professional identity development, researchers described mentoring relationships, consultations, and supplemental supervision sessions with colleagues and peers as an indicator of counseling students' professional growth (Benschoff, 1994; Bernard & Goodyear, 1998; Campbell, 2001; Tentoni, 1995). In addition to mentee students' professional development, the responsibilities for mentoring colleagues' professional growth provided mentor students with a sense of self-confidence, direction, and empowerment (Choate et al., 2005). Researchers believed that interpersonal relationships and interactions within the field serve as a vehicle for socializing counseling students into the profession and for promoting students' professionalism (Bernard & Goodyear, 1998; Campbell, 2001; Tentoni, 1995). Choate et al. (2005) stated that the future of the counseling profession depends on the socialization of counseling students into becoming devoted professionals prepared for professional roles.

Summary

The previous review of the literature has presented a broad view of professional identity examined in this study. This chapter has also included a review of the counseling literature with regards to the current status of counseling and efforts to define professional identity. After reviewing the literature, the need to create a consistent and comprehensive definition of professional identity was evident to promote professionalism in the field. Also, the review of the measures of professional identity has illustrated the need for developing an instrument of professional identity, based on the established comprehensive definition. Chapter three delineates how this study has been conducted.

CHAPTER III

METHODOLOGY

This chapter describes the research methodology used in the design, construction, and psychometric evaluation of a new instrument PISC developed for this study. Several models exist for directing the development of new measures (e.g., Clark & Watson, 1995; Smith & McCarthy, 1995; Springer, Abell, & Hudson, 2002). Most models commonly agree with engagement in a two-stage process for instrument development, which includes (a) conceptual design and construction of the measure and (b) its psychometric validation once developed.

Organized in five sections, this chapter first details the initial steps taken during the instrument construction phase, specifically, conceptual design and instrument development. The second section of this chapter addresses content validation processes of the PISC. The third section outlines plans for a construct validation study. In this section, the data collection phase, the steps undertaken to disseminate the test instrument, and instruments used for construct validation of the PISC are also presented. Next section describes both conventional protocols for psychometric reliability and validity testing and specific strategies employed to ensure reliability and validity of the PISC. Finally, the last section presents plans for independent samples t-tests to examine any significant between-group differences in the composite scores of the PISC.

Conceptual Design and Scale Construction

The development of the Professional Identity Scale in Counseling (PISC) is divided into four steps. According to Springer, Abell, and Huston (2002), these four steps of scale construction include (a) identifying and defining the content areas of interest, (b) selecting the most proper instrument format to measure these content areas, (c) creating a pool of potential instrument items intended to illustrate the content areas to be measured, and (d) submitting the proposed items to a panel of expert reviewers to ensure content

validity. In addition to these steps, an additional phase that includes the demographic questions for use in sample description and for validity testing was added.

Identifying Use, Definition, and Relevant Content Areas of Interest

In this step, it was determined that the major purpose of this scale was to measure the construct of interest, Professional Identity Scale in Counseling (PISC). Specifically, this instrument aimed to measure professional identity of counseling professionals across counseling sub-specialties and sub-populations. Second, in an effort to establish the definition of professional identity in the PISC and its construct, an extensive literature review was conducted. This review included literature searches using databases and search engines, such as ERIC (ProQuest version), ERIC (EBSCOhost version), PsycINFO, Google Scholar, Science Direct Collection, Social Sciences Index databases, and The International Bibliography of the Social Science (IBSS). In addition to empirical research reports, information was sought from commentaries, editorials, and review articles. The search was expanded using the ancestral approach to include other articles that were not found in the primary sources but referenced within articles.

Next, it was required to identify putative and relevant definition and content areas of professional identity. Compiled from numerous sources, a general definition of professional identity is as follows: Professional identity (PI) refers to a state of mind that categorizes an individual as a member of a selected profession and develops over time. PI consists of knowledge of the profession and its philosophy, expertise required of its members of the profession, understanding of members' professional roles, attitudes towards the profession and oneself, engagement behaviors expected of its members, and interactions with other professionals. Definitions for each content area of PISC have been detailed in Chapters one and two.

Finally, the item proportions for each content area were decided in the fourth step. The number of instrument items for each component of the PISC was not predetermined

and evolved as the instrument construction process proceeded. The number of items created was chosen to ensure that the breadth of each content area was covered.

Instrument Format and Design

After identifying and defining the construct of PISC, determining the most appropriate instrument format and design was undertaken. Since the researcher's primary interest was to place respondents at different points on the continuum of professional identity, a format of subject-centered scale was used for the PISC (Dawis, 1987). Dawis depicted subject-centered scales as "scale scores reflect[ing] differences among the subjects in terms of their standing along the scale's dimension" (p. 481).

Regarding subject-centered scale formats, the PISC employed a Likert-type scale format. Since the Likert (1932) method is a classic format for constructing subject-centered scales (as cited in Dawis, 1987), it is preferred over dichotomous formats because the latter tend to force respondents to select one side or the other about a statement when their real feelings may be more nuanced or complex (Clark & Watson, 1995; Rubin & Babbie, 1997). The PISC used a six-point Likert scale to ensure that survey respondents could distinguish between six levels of response (Dawis, 1987). Also, the use of an even number of selections reduces the likelihood of a neutral response and the tendency to lean to either one side or the other in terms of responding to the item.

Concerning demographic information, Fowler (1993) noted that demographic questions should be parted from other survey statements or questions. It was then decided that demographic questionnaire would be placed in a separate section. It was also determined that the demographic questions should be placed at the beginning of the survey to augment the chance of success and achievement experienced by the respondents, which would encourage them to proceed to more challenging items (Fowler, 1993).

Generation of Items Comprising Each Content Area

An initial pool of instrument items for each content area was guided by a careful and exhaustive review of the existing literature. Each item was oriented to and written to assess one of the six constituent components of the PISC construct. Items were intentionally written at the component level (i.e., to measure the six components) rather than the broad construct level (i.e., to measure PISC as a whole). This approach allows for distinctions that would be masked if items were calculated considering all components (Smith, Fischer, & Fister, 2003).

Based on the information gleaned from the literature review, a pool of 61 potential statements were written by the researcher, each with six levels of choice, consistent with the established Likert scales format. Specifically, 10 items were designed to assess knowledge of the profession, and 11 items for philosophy of the profession, 11 items for professional roles and expertise, 12 items for attitude, 10 items for engagement behaviors, and 7 items for interaction were created. The item development process was guided by DeVellis (2003) and Crocker and Algina (1986) who outlined the guidelines such as using present tense in language and limiting the use of double negatives and indefinite qualifiers (e.g., merely, seldom), in addition to having no more than 20 words of a statement when possible. In order to avoid a common threat (i.e., acquiescence bias) to content validity, reverse coding items were limited. Since statements that reflect the opposite of the construct may produce response bias (e.g., DeVellis, 2003), reverse coding items were intentionally limited. A table of all the initial items by subscale can be found in Appendix A.

Content Validation

Consulting a Panel of Expert Reviewers

As noted by Schwab (1980), content validity is critical to the item construction process. Content validity is the degree to which a specific measure reflects a particular

intended content domain (Carmines & Zeller, 1991). To aid in assessing the content validity and clarity of the PISC, expert opinions were solicited.

Initially, the researcher developed a pool of potential reviewers who have an extensive background in research in the area of interest, professional identity of counseling. The researcher selected 20 experts to review the proposed instrument items. These reviewers were chosen because they were considered remarkable leaders by virtue of their contributions to the development of professional identity in the counseling profession. More specifically, they have published articles with the topic of professional identity of counseling, authored definitions of the concept, and served in national level counseling associations as former and/or current presidents.

Next, each reviewer of the panel received an invitation e-mail with the information on: (a) the purpose of the research study being conducted, (b) the rationale for constructing the scale, (c) an invitation to participate in the study by serving as an expert reviewer, and (d) a link to an online website where they would review the items and provide feedback. Two weeks later, a follow-up e-mail was sent. In total, 12 reviewers provided their responses and feedback. Of the 12 reviewers, 11 were currently working in universities as counselor educators, while one was a counseling practitioner. Their master's degree majors varied, such as community counseling, mental health counseling, school counseling, and marital, couple, and family counseling. All of them received their doctoral degree in the Counselor Education and Supervision specialty, including one pre-CACREP program. Reviewers ranged in age from 35 to 66 years ($M = 50.36$). The information about the expert reviewers is presented in Appendix E.

At the time of rating the instrument items, reviewers were asked to review the material that consisted of two parts. The first part included: (a) study definition of professional identity, (b) a definition and explanation of the constructs of professional identity, and (c) literature references for the constructs. The second part included a structured framework, an expert reviewer form, for the process of evaluating a set of 61

novel items (see Appendix B). In this form, reviewers were asked to rate a set of statements on a Likert scale according to the degree items were appropriate descriptors of professional identity as defined. They were also asked to provide specific comments and feedback on each item, as well as on the overall instrument.

Upon receiving feedback on the items from those expert reviewers, tabulations were then created to determine which items from the initial pool of items would be reworded or deleted. Those items with high inter-rater agreement (9 or more reviewers) among the reviewers were compiled and rearranged into the test instrument. There were no items with low inter-rater agreement (below 6). According to reviewers' feedback, 10 items were reworded from the initial pool of 61 items plus the one item suggested by the expert panelists. In total, 62 items comprised the PISC. For the review of the final report of the revisions, the revised 62 items were sent to the experts who provided feedback. During this process, two items were reworded. Through these two rating rounds, 62 items were finalized (see Appendix C).

Construct Validation

After the expert review, a validation study was conducted on the 62 item Professional Identity Scale in Counseling (PISC). This validation study included evaluation of the revised items and final adjustment to the length of the instrument (DeVillis, 2003). Validation of items included two types of assessment: (a) evaluation of construct validity of the instrument and (b) assessment of social desirability as suggested by DeVillis (2003).

Participants

Prior to participant recruitment and data collection, the proposal of this study was approved by the university's *Institutional Review Board*. A sample of this study was gathered from counseling professionals who self-identified themselves as master's level counselors-in-training, doctoral level counseling students, master's level and doctoral level counseling practitioners, and/or counselor educators. Recruiting participants from

the various groups centered on the portion of this study validating the PISC to be used across counseling sub-specialties and sub-populations.

The sample consisted of 371 counseling professionals (i.e., master's and doctoral level counseling students, counseling practitioners, and counselor educators). The descriptive statistics on the demographic data are presented in Table 1. Female participants represented the majority of the sample ($n = 286, 77.1\%$), with 85 male participants (22.9%) responding. Participants ranged in age from 21 to 66 years ($M = 38.95$). With respect to ethnicity, 291 participants (78.44%) self-identified as White/European American, 25 (6.84%) as Hispanic, 21 (5.66%) as Black/African American, ten (2.7%) as Asian American, eight (2.16%) as Asian or Pacific Islander, two (0.54%) as Arab American, one (0.27%) as Jewish, and 13 (3.50%) as Multi-racial. In terms of participants' current positions and roles, 130 (35.04%) reported being master's-level counselors-in-training, followed by doctoral-level counseling students ($n = 52, 14.02\%$), counseling practitioners ($n = 104, 28.03\%$) and counselor educators ($n = 85, 22.91\%$). As illustrated in Table 1, participants represented a wide range of years of working experience in the counseling profession, ranging from less than one year to more than thirty years ($M = 10.45$).

Table 1. Participant Demographic Characteristics

Characteristic	Frequency	Percent of Sample	Total <i>N</i>
Gender			
Male	85	22.9	371
Female	286	77.1	371

Table 1. Continued

Race/Ethnicity	291	78.44	371
White/European American	25	6.84	371
Hispanic	21	5.66	371
Black/African American	10	2.7	371
Asian American	8	2.16	371
Asian or Pacific Islander	2	0.54	371
Arab American	1	0.27	371
Jewish	13	3.5	371
Multi-racial			
Current Roles/Positions			
Counselors-in-training	130	35.04	371
Doctoral-level counseling students	52	14.02	371
Counseling practitioners	104	28.03	371
Counselor Educators	85	22.91	371
Years of Working Experience in the Counseling Field			
Less than a year	5	1.35	371
1 – 2 years	64	17.25	371
3 – 5 years	56	15.09	371
6 – 10 years	58	15.63	371
11 – 15 years	45	12.13	371
16 – 20 years	25	6.74	371
21 – 25 years	17	4.58	371
26 – 30 years	12	3.23	371
More than 30 years	13	3.50	371
Master's Degree			
Career Counseling	15	4	371
College Counseling	20	5.4	371
Community counseling	47	12.7	371
Marital, Couple & Family Counseling	16	4.3	371
Mental Health Counseling	74	19.95	371
School Counseling	250	67.4	371
Social Work	4	1.1	371
Student Affairs	11	3	371
Psychology	19	5.1	371
Other	9	2.43	371

Table 1. Continued

Master's Degree Accreditation			
Status	204	55	371
CACREP	5	1.3	371
CORE	52	14	371
None	105	28.3	371
Not sure	5	1.35	371
Other			
Doctoral Degree			
Counselor Education & Supervision	103	27.8	371
Counseling Psychology	15	4	371
Psychology	3	0.8	371
Other	9	2.43	371
Doctoral Degree Accreditation			
Status			
CACREP	93	25.1	371
APA	13	3.5	371
None	10	2.7	371
Not sure	16	4.3	371
Other	3	0.8	371
Number of Courses Taken with a Clear Emphasis on Professional Identity			
None	23	6.2	371
One	22	5.93	371
Two	17	4.58	371
Three	10	2.7	371
More than three	7	1.89	371
Affiliated Counseling Associations (national-level)			
ASCA	206	55.53	371
ACA	135	36.49	371
ACES	37	9.97	371
CSI	31	8.36	371
Other	186	50.13	371

In regards to master's degree majors, 15 participants (4%) were in or obtained a degree in career counseling, 20 (5.4 %) in college counseling, 47 (12.7%) in community counseling, 16 (4.3%) in marital, couple & family counseling, 74 (19.95%) in mental

health counseling, 250 (67.4%) in school counseling, 4 (1.1%) in social work, 11 (3%) in student affairs, 19 (5.1%) in psychology, and 9 (2.43%) in other fields. The accreditation status of master's programs was shown as follows: 204 programs (55%) accredited by CACREP, 5 (1.3%) accredited by CORE, 5 (1.35%) accredited by other accreditation bodies, and 52 (14%) that were not accredited. One-hundred-five respondents (28.3 %) reported that they were not sure of their program's accreditation status.

Regarding doctoral degree majors, 103 participants (27.8%) were in or indicated specialization in counselor education and supervision, 15 (4%) in counseling psychology, and 3 (0.8%) in psychology. In terms of accreditation status of doctoral programs, 93 participants (25.1%) indicated that their program was accredited by CACREP, followed by 13 (3.5%) accredited by APA, 3 (0.8%) accredited by other accreditation bodies, and 10 (2.7%) that were not accredited. Sixteen participants (4.3%) were not sure of accreditation status. Participants were asked to indicate number of courses taken with a clear emphasis on professional identity development. Some participants reported taking more than three courses ($M = 1.60$) across their entire training experiences. Among national-level counseling associations that participants were affiliated with, ASCA ($n = 206$, 55.53%) was most frequently reported by the participants followed by ACA ($n = 135$, 36.49%), ACES ($n = 37$, 9.97%), and CSI ($n = 31$, 8.36%). Participants ($n = 186$, 50.13%) were also affiliated with several associations other than those four above. The number of participants adequate for this study was determined by examining the literature (Cattell, 1978; Kline, 1979; MacCallum & Widaman, 1999). According to the literature, sample size in this study was large enough for psychometric analyses.

Data Collection Procedures

Participant recruitment was performed using a web-based method; participants were directed to the website www.surveymonkey.com for further information. This website included a brief description of the purpose of this study, participant selection criteria, procedures, consent information, and the survey questionnaire. A mass e-mail

announcement was then sent out to three mailing lists: (a) the ACA graduate student listserv, the COUNSGRADS, (b) another electronic mailing list, Counselor Education and Supervision Network (CESNET-L), and (c) the American School Counseling Association (ASCA) membership directory. The invitation letter included a brief summary of the study, eligibility of participation, time expected to complete the on-line survey, and a web address directly linked to the survey.

Prior to taking the on-line survey, participants were asked to review the consent information provided, indicate their agreement to participate, and complete the survey. All instruments included in the survey questionnaire were approved by instrument developers and converted into electronic form. The period of data collection was between early November 2012 and January 31, 2013. Completed surveys were downloaded from www.surveymonkey.com and used for data analyses. The instruments included in the web-based survey were presented in the following section.

Instrumentation

Demographic Questionnaire

At the time of participation, respondents were asked to provide some demographic information about themselves and their background. This questionnaire included participants' gender, age, ethnicity, education level, program accreditation, counseling specialty, job status, licenses and/or certifications, and affiliation with counseling association. The demographic questionnaire is provided in Appendix D.

The Professional Identity and Values Scale (PIVS)

The Professional Identity and Values Scale (PIVS, Healey, 2009) was developed to assess a level of professional identity. The PIVS consisted of three subscales that were derived from a qualitative study on female counselors' perceptions of the counseling profession and of their professional development. The first subscale, Professional Orientation and Values, contained 18 items. The first 11 items assessed the respondents' agreement with the counseling philosophy and standards associated with the practice of

counseling. The rest of the items measured the professional values of components, such as continuing education, growth, and relationships. The second subscale, Professional Development, consisted of 14 items concerning participants' levels of identity development. The PIVS asks participants to respond to each item on a 6-point Likert-type scale ranging from 1 (strong disagreement) to 6 (strong agreement). Healey (2009) reported Cronbach's coefficient alpha for the scale including all subscales as .80. Convergent validity of the PIVS compared with the Professional Identity and Engagement Scale (PIES, Puglia, 2008) was reported as .498 ($p < .001$).

Marlowe-Crowne (20)

To detect socially desirable response distortions, the tendency to depict oneself in favorable terms, the M-C (20) (Strahan & Gerbasi, 1972) was used in this study. This scale comprised of 20 true-or-false statements (e.g., "I have never intensely disliked anyone") derived from the 33 item Marlowe-Crowne Social Desirability Scale (MCSDS, Crowne & Marlowe, 1960). Scores range from one to twenty with higher scores reflecting a greater tendency toward socially desirable responses.

The M-C (20) is a short, homogeneous form of the MCSDS as described by Strahan and Gerbasi. Correlations between the M-C (20) and the MCSDS were all in the 0.90s (Strahan & Gerbasi, 1972). In another study that examined the adequacy of short forms of MCSDS, Fischer and Fick (1993) reported correlations between the M-C (20) and the MCSDS as 0.976 with an internal consistency reliability of 0.937.

Data Analysis

After the conceptual design and development of the test version of the PISC was completed, psychometric testing for the validation of the PISC was initiated. Multi-stage statistical analyses of the collected data were performed to establish factor structure, reliability, and validity of the PISC. A listing of statistical analyses is provided as follows.

Factor Analysis

A total number of 435 on-line surveys were completed. Prior to data analyses, the criteria for eliminating and retaining cases were created to ensure that that data qualified for analysis. The inclusion criteria were: (a) participants were counseling professionals from any group of master's level counselors-in-training, doctoral level counseling students, master's level and doctoral level counseling practitioners, and counselor educators, (b) participants completed demographic questionnaire, and (c) participants completed most responses (at the maximum of 3 items missing) in each of three instruments (i.e., PISC, PIVS, and M-C [20]). As a result, 64 cases that did not meet the above criteria were eliminated. Specifically, among the 64 individuals, 28 withdrew their participation in the early stage of the demographic questionnaire, and 36 only completed the demographic questionnaire and withdrew their participation. A total of 371 cases were retained as described in the previous section. In order to make maximum use of the data, the group mean was used for the cases with missing values. The group mean approach was preferred over the grand mean approach because each participant group had its own characteristics. Also, there was no specific pattern identified among items with missing values, and six participants randomly left less than 3 items unanswered.

An Exploratory Factor Analysis (EFA) was performed to identify the salient structure of the PISC. EFA was specifically chosen over Confirmatory Factor Analysis (CFA), given the goals of the current study. Several reasons supported the use of EFA. First, there was little research available specific to the domain or construct of professional identity assessment. Moreover, the appropriateness of using EFA rather than CFA was supported by Hayton, Allen, and Scarpello (2004). They noted that "EFA is particularly appropriate for scale development or when there is little theoretical basis for specifying a priori the number and patterns of common factors" (p. 192). As the researcher studied the existence of certain underlying dimensions, EFA appeared to be a reasonable approach to

investigate whether the hypothesized construct of interest would emerge (Netemeyer, Bearden, Sharma, 2003; Nunnally & Bernstein, 1994).

Regarding methods of factor extraction, the Principle Component Analysis (PCA) was used in this study. PCA was considered to be appropriate because PCA attempts to obtain a simple structure by maximizing the total variance of the loadings within the factors (Thompson, 2004). Since participants in this study were heterogeneous from different populations and have diverse characteristics, it was important to consider potential group differences and identify which items would most efficiently explain variation in the dataset. Regarding factor rotation, the varimax rotation method was employed. It was chosen because it was hypothesized that each factor of the PISC was intended to measure each different construct, the subscales of the PISC would not hypothetically correlate with each other.

In order to determine factor retention, a combination of methods was employed in this study. Several rules have been used to determine the number of factors to retain (Henson & Roberts, 2006; Thompson, 2004). Conventionally, the most frequently used methods are Kaiser's eigenvalue-greater-than-one rule and the scree test (Fabrigar et al, 1999; Henson & Roberts, 2006; Thompson, 2004). However, recently, researchers have argued that eigenvalue-greater-than-one rule does not accurately assess the number of factors to retain and is likely to overfactor (Hayton et al., 2004; Henson & Roberts, 2006). Similarly, the scree test is another commonly used method that has been criticized for its overestimation of the number of factors and its subjectivity in decision-making and interpretation (Fabrigar et al., 1999; Hayton et al., 2004). Notwithstanding, in this study, in addition to eigenvalue-greater-than-one rule and the scree test, parallel analysis (PA) was employed to determine which factors to extract or retain. PA has been highly suggested by researchers because this analysis is statistically based and produces superior results in regards to the number of factors (Hayton et al., 2004; Henson & Roberts, 2006; O'Connor, 2000; Thompson, 2004).

Prior to interpretation of the factor structure, researchers needed to set a variable loading acceptable for the rotated factor structure. As appropriate cutoff scores for item loadings in this study, the absolute value of 0.40 was used as the minimum value for item retention. Although there is no standard cutoff scores for factor loading in the measurement literature, 0.40 for loading cutoff was viewed as acceptable by most statisticians (Pett, Lackey, & Sullivan, 2003).

Reliability

In order to test the PISC's reliability, Cronbach's coefficient alpha, a generally preferred indicator (Cohen, Cohen, West, & Aiken, 2003), was used. The Cronbach's alpha was calculated to evaluate how the items interrelated with each factor. This reliability coefficient alpha calculates the mean of all possible split-half configurations of a scale and then uses that number in computing the inter-item correlations. Nunnally and Bernstein (1994) suggested .70 as a minimum alpha value, below which the reliability of an instrument was regarded as "unacceptable."

Validity

In order to assess convergent and discriminate validity of the PISC, standard methods to establish construct validity of an instrument (Clark & Watson, 1995; Nunnally & Bernstein, 1994) were administered. First, convergent validity of the PISC was assessed by a comparison with the instrument, The Professional Identity and Values Scale (PIVS, Healey, 2009), which has conceptually similar perceptions of professional identity. Significant correlations between the subscales of the PISC with those of the PIVS would show convergent validity. Pearson-*r* correlation was employed to determine the degree of similarity existing between the two measures. To evaluate discriminant validity of the PISC, specifically to determine whether the PISC would be significantly affected by socially desirable response distortions, correlations of the subscales of the PISC to those of the Marlowe-Crowne (20) were produced.

Independent Samples T-Tests

To examine any significant between-group differences among the four participant groups in the composite scores of the PISC, six independent samples t-tests were performed. The test examined the hypothesis that those four groups of participants with different professional roles and positions, as well as educational experiences, would significantly differ from each other on the PISC instrument. For this analysis, total scores calculated from the PISC were tabulated.

Summary

Chapter III presented an outline of the research methods and procedures in design, development, and psychometric testing of the PISC. Divided into five sections, the chapter discussed (a) design and construction of the test instrument, the PISC, (b) content validation procedures, (c) planned construct validation procedures, (d) planned psychometric testing strategies, and (e) independent samples t-tests among the sample groups. The following chapter reports and interprets the findings from the data analysis using the PISC.

CHAPTER IV

RESULTS

This chapter presents results of this study. Specifically, results of factor analysis and reliability and validity tests using the PISC are described. Also, results of independent samples t-tests on the composite scores of the PISC among four participant groups are provided.

Factor Analysis

As discussed in the previous methodology section, this study employed Exploratory Factor Analysis procedures to examine the factor structure of the PISC. The factor analysis processes included a number of steps: (a) examining the fitness of the dataset for factor analysis, (b) conducting factor analysis by utilizing several methods, (c) interpreting item loadings on factors extracted, and (d) identifying and defining the underlying factor structure.

Prior to conducting factor analysis, the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's Test of Sphericity were examined to determine the factorability of the dataset. As presented in Table 2, the KMO measure was .880, and Bartlett's Test of Sphericity was statistically significant ($\chi^2 = 9726.923$, $df = 1891$, $p = 0.000$) indicating that the dataset was appropriate to proceed with a factor analysis (Bartlett, 1950; Kaiser, 1974).

Table 2. Kaiser-Meyer-Olkin (KMO) Test and Bartlett's Test of Sphericity in the PISC Study

Kaiser-Meyer-Olkin (KMO) and Bartlett's Test of Sphericity		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.880
Bartlett's Test of Sphericity	Approx. Chi-Square	9726.923
	df	1891
	Sig.	.000

To determine how many factors to extract, a combination of five criteria was created: (a) the a priori hypothesis that the instrument consisted of six factors, (b) eigenvalue-greater-than-one, (c) the scree test, (d) the parallel analysis (PA), and (e) the interpretability of the factor solution.

First of all, an initial factor analysis of the data was conducted using the Principle Component Analysis (PCA) with varimax rotation to identify which items most efficiently explained variation in the sample data. Based on the default criterion of inclusion of all factors with an eigenvalue-greater-than-one rule in the SPSS statistical package, the initial factorial examination resulted in a 15-factor solution (see Table 3). However, the 15-factor solution showed a number of problems, potentially overestimating the number of meaningful factors. First, a 15-factor solution was not concordant with the conceptual basis on the subscales of the PISC. Second, as presented in Table 3, eigenvalues for the thirteenth through fifteenth factors were close to 1. This result suggested that those factors explained little additional variance in the dataset.

Table 3. Total Variance Explained by the Initial Factor Extraction with 15-Factor Solution

Factor	Initial Eigenvalues			Rotated Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	13.440	21.678	21.678	5.536	8.929	8.929
2	4.125	6.654	28.331	3.785	6.104	15.033
3	2.754	4.443	32.774	3.243	5.231	20.264
4	2.126	3.430	36.204	3.226	5.202	25.467
5	2.054	3.313	39.517	3.221	5.194	30.661
6	1.876	3.025	42.542	2.863	4.618	35.279
7	1.635	2.637	45.179	2.545	4.105	39.384
8	1.516	2.445	47.624	2.444	3.943	43.327
9	1.423	2.296	49.920	2.004	3.232	46.559
10	1.279	2.063	51.983	1.987	3.205	49.764
11	1.246	2.009	53.993	1.514	2.442	52.206

Table 3. Continued

12	1.203	1.940	55.932	1.449	2.337	54.543
13	1.138	1.836	57.768	1.444	2.328	56.871
14	1.061	1.711	59.480	1.361	2.195	59.066
15	1.026	1.655	61.135	1.283	2.069	61.135

Moreover, the scree plot (see Figure 2) of the eigenvalues revealed that a 15-factor solution did not appear to provide a theoretically clear solution, as the scree plot began to flatten after the sixth factor suggesting that a six-factor solution might be interpretable.

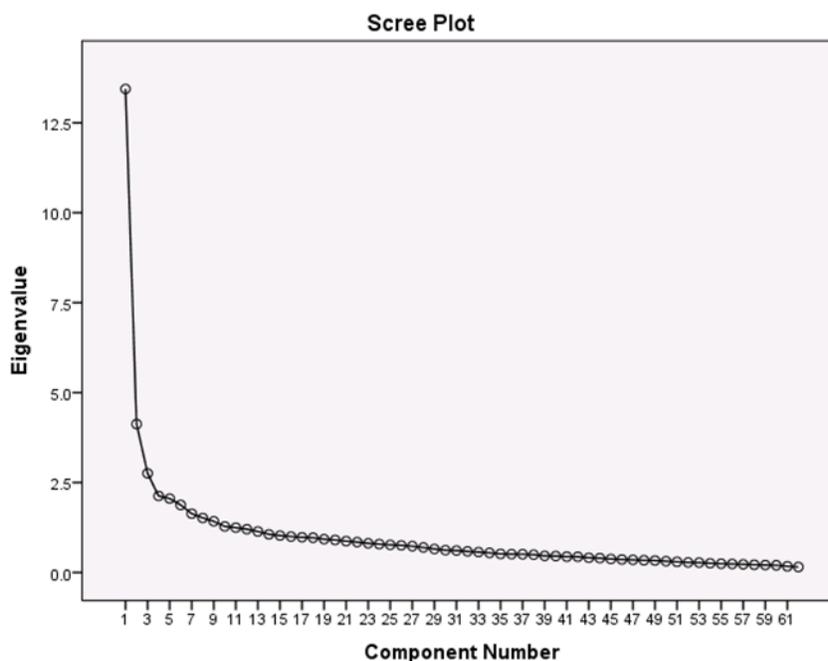


Figure 2. Eigenvalues for a Fifteen-Factor Solution

Because a clear factor model failed to emerge in the scree plot, the parallel analysis (PA) was performed to further explore the factor structure of the PISC. Parallel analysis is deemed to be a more effective method for determining the number of factors to retain (Patil, McPherson, & Friesner, 2010). In parallel analysis, actual eigenvalues

greater than random order eigenvalues or the 95th percentile eigenvalues are considered for factor retention (Hayton, Allen, & Scarpello, 2004). The result of the parallel analysis suggested seven factors to be extracted (see Table 4).

Table 4. Parallel Analysis: Eigenvalues for Actual and Random Ordered Data

Item Number	Actual data eigenvalue	Random order eigenvalue	Percentile
1	13.440	1.919536	2.001622
2	4.125	1.832621	1.890099
3	2.754	1.768039	1.818385
4	2.126	1.718772	1.769313
5	2.054	1.672936	1.717802
6	1.876	1.630659	1.667996
7	1.635	1.590107	1.630775
8	1.516	1.552277	1.584237
9	1.423	1.518735	1.549104
10	1.279	1.483925	1.513246
11	1.246	1.449820	1.478557
12	1.203	1.419519	1.446515
13	1.138	1.389978	1.415015
14	1.061	1.359038	1.383493
15	1.026	1.330119	1.361007
16	.999	1.300920	1.331414
17	.979	1.275474	1.301658
18	.967	1.249900	1.278000
19	.925	1.224705	1.248581
20	.904	1.199633	1.224861
21	.870	1.175314	1.201976
22	.845	1.152078	1.175352
23	.811	1.128930	1.151813
24	.790	1.104930	1.126945
25	.767	1.082100	1.103736
26	.755	1.059761	1.084105
27	.732	1.039089	1.059483
28	.695	1.018970	1.039713
29	.654	0.997364	1.014679
30	.620	0.976688	0.997500

Table 4. Continued

31	.612	0.956019	0.975138
32	.587	0.935577	0.956763
33	.567	0.915490	0.933719
34	.545	0.894853	0.918487
35	.516	0.875503	0.897248
36	.510	0.857374	0.877496
37	.507	0.839166	0.856128
38	.495	0.820192	0.843540
39	.463	0.800592	0.816822
40	.456	0.781792	0.802933
41	.440	0.763955	0.781910
42	.437	0.745529	0.766147
43	.410	0.729457	0.748292
44	.399	0.710804	0.730158
45	.375	0.693258	0.710299
46	.361	0.676540	0.695758
47	.352	0.658627	0.676802
48	.340	0.641801	0.664687
49	.333	0.623021	0.642086
50	.314	0.605972	0.625529
51	.296	0.588948	0.609032
52	.280	0.571426	0.588549
53	.274	0.553102	0.571861
54	.255	0.535516	0.554897
55	.243	0.518096	0.539131
56	.238	0.499856	0.517228
57	.227	0.480790	0.500881
58	.215	0.463034	0.479465
59	.207	0.444371	0.459975
60	.201	0.423140	0.440511
61	.173	0.402066	0.423204
62	.154	0.372195	0.398532

Based on the results from the scree plot and parallel analysis, PCA with varimax rotation was further employed to extract the six and seven factors separately to determine which solution appeared to best fit the dataset conceptually and to produce

interpretability. Varimax rotation method was selected because the results presented in Table 5 and 6 indicated a low degree of correlations among the factors. The low correlations between the majority of the factors were expected because each factor was intended to measure each different construct.

Table 5. Factor Correlation: Seven-Factor Solution

Factor	1	2	3	4	5	6	7
1	1.000						
2	.555	1.000					
3	.416	.396	1.000				
4	.272	.291	.455	1.000			
5	.363	.372	.331	.285	1.000		
6	-.010	-.174	-.005	-.052	.110	1.000	
7	.109	.141	.166	.114	.101	.022	1.000

Table 6. Factor Correlation: Six-Factor Solution

Factor	1	2	3	4	5	6
1	1.000					
2	.532	1.000				
3	.279	.326	1.000			
4	.374	.304	.426	1.000		
5	.317	.248	.246	.320	1.000	
6	.082	-.079	.057	.159	.199	1.000

Although both the six-factor and seven-factor solutions provided similar results (see Table 7), the seven-factor solution presented several items having multiple loadings on the other factors. Researchers note that when it comes to choosing the number of factors, “the goal of the researcher is to determine the number of major factors underlying a battery of measure” (Fabrigar et al., 1999, p. 278). Therefore, the six-factor solution appeared to generate the most conceptually interpretable factor structure.

Table 7. Component Matrix: Seven- and Six-Factor Solutions with PCA Extraction and Varimax Rotation Method

Item	Seven Factors							Six Factors					
	1	2	3	4	5	6	7	1	2	3	4	5	6
K1	.173	.618	.097	.057	.223	-.002	-.079	.177	.600	.067	.080	.234	-.076
K2	.270	.691	.064	.011	.184	.067	-.002	.281	.664	.010	.049	.209	.022
K3	.435	.460	.032	-.063	.212	-.095	.103	.421	.502	-.035	-.014	.170	-.004
K4	.123	.516	.161	.273	.057	-.015	-.162	.127	.482	.280	.148	.079	-.119
k5	.279	.689	-.015	.064	.119	.104	.043	.292	.650	.052	-.028	.156	.090
K6	.253	.696	-.003	.052	.004	.181	.028	.277	.631	.026	-.001	.069	.131
K7	.204	.729	.065	.156	-.005	.080	.116	.214	.700	.145	.039	.026	.156
K8	.274	.713	.137	.099	.046	-.019	.082	.274	.713	.109	.098	.045	.060
K9	.057	.478	.362	.157	.053	-.140	.250	.036	.553	.194	.290	-.007	.137
K10	.297	.605	.168	.149	-.007	-.100	-.002	.289	.615	.171	.126	-.024	-.048
P1	.026	.576	.328	.033	.234	-.036	.168	.020	.620	.059	.281	.206	.108
P2	.106	.169	.099	-.215	.421	.000	.313	.094	.247	-.193	.058	.368	.200
P3	.265	.182	.124	-.009	.476	-.040	.178	.249	.250	.022	.079	.423	.072
P4	.087	.072	.164	.220	.595	-.013	-.145	.080	.089	.246	.151	.577	-.160
P5	-.064	.021	.134	.336	.651	-.035	-.050	-.078	.055	.361	.106	.619	-.086
P6	-.012	.128	.108	.305	.501	.159	.013	-.003	.113	.299	.104	.526	.087
P7	.128	.091	.135	.260	.597	.007	-.023	.120	.119	.283	.109	.574	-.048
P8	.081	.202	.263	.042	.497	.086	.006	.085	.220	.060	.253	.495	.015
P9	.139	.130	.021	.267	.329	.413	-.004	.179	.042	.221	.061	.432	.223
P10	-.031	-.094	-.056	-.077	.013	-.446	-.076	-.079	.000	-.019	-.108	-.105	-.324
P11	.030	.047	.034	-.179	.333	.078	.162	.031	.078	-.176	.026	.321	.133
R1	.113	.083	.059	.600	.048	.224	.138	.129	.040	.570	.051	.100	.281
R2	-.091	.107	.073	.541	-.024	.150	.036	-.077	.059	.515	.071	.025	.166
R3	.023	.154	.236	.562	.066	-.066	-.141	.015	.146	.579	.211	.063	-.111
R4	-.038	-.013	.040	.754	.139	.184	.128	-.028	-.048	.726	.025	.180	.259
R5	.109	.030	.014	.534	.203	.308	.204	.130	-.013	.496	.012	.264	.362
R6	.174	.093	.147	.590	.162	-.162	.050	.147	.140	.621	.085	.108	-.025
R7	.293	.262	.209	.520	.071	-.278	.015	.256	.327	.571	.131	-.008	-.119
R8	.155	.035	.367	.433	.217	-.059	.088	.138	.090	.467	.318	.174	.047
R9	.127	.396	.327	.535	.054	-.139	-.020	.110	.422	.567	.272	.022	-.056
R10	.277	.248	.464	.215	.076	-.143	.020	.258	.311	.265	.413	.022	-.062
R11	.380	.247	.370	.305	.103	.018	.076	.375	.275	.330	.332	.089	.076
A1	.024	.077	.333	.259	.082	.377	.225	.057	.042	.227	.346	.155	.412
A2	.080	-.009	.521	.218	.101	.096	.254	.080	.046	.238	.488	.083	.266

Table 7. Continued

A3	.145	.024	.590	.187	.121	.280	.084	.169	.018	.188	.600	.166	.227
A4	.012	.073	.141	.146	.049	.146	.673	.009	.147	.136	.082	.021	.637
A5	.078	-.024	-.132	.126	.076	.074	.578	.067	.040	.112	-.186	.039	.511
A6	.144	.053	-.146	.149	.209	-.252	.210	.106	.140	.183	-.217	.115	.015
A7	.226	.071	.413	-.010	.208	.168	.108	.238	.091	.002	.410	.219	.157
A8	.118	.262	.512	.137	.135	-.029	.157	.109	.324	.173	.467	.098	.109
A9	.183	.044	.510	.251	.052	.041	-.016	.184	.067	.277	.494	.047	.019
A10	.135	.102	.687	.050	.161	.123	-.087	.148	.116	.079	.692	.176	-.014
A11	.050	.143	.659	-.085	.045	.038	-.120	.058	.163	-.050	.663	.047	-.086
A12	.254	.071	.612	.179	.137	.173	-.082	.270	.067	.198	.619	.167	.025
B1	.534	.099	.202	.185	-.133	-.155	.130	.511	.163	.224	.145	-.195	.022
B2	.712	.117	.071	.092	-.042	-.056	.087	.699	.153	.117	.034	-.076	.021
B3	-.132	-.140	.110	.041	-.093	.478	.161	-.082	-.221	-.021	.169	.023	.418
B4	.508	.155	.133	.003	-.039	-.218	.094	.480	.232	.050	.076	-.116	-.064
B5	.562	.216	.167	.236	.038	-.044	.051	.551	.244	.261	.128	.012	.011
B6	.512	.393	-.031	.041	.185	-.018	-.030	.508	.392	.055	-.053	.177	-.062
B7	.593	.331	-.067	-.062	.252	-.155	-.063	.574	.366	-.026	-.104	.204	-.186
B8	.546	.320	.172	.120	.168	.055	-.102	.551	.306	.136	.163	.180	-.074
B9	.645	.138	.103	.073	.090	.118	.030	.653	.133	.079	.096	.103	.064
B10	.596	.198	.202	.107	.028	.124	.146	.603	.208	.114	.182	.036	.173
B11	.642	.153	.009	-.013	.100	.111	.103	.648	.156	-.010	-.003	.107	.113
T1	.419	.022	.270	.197	.160	.323	-.153	.453	-.046	.181	.311	.242	.045
T2	.202	-.097	.146	-.072	.175	.406	-.042	.244	-.167	-.106	.206	.270	.167
T3	.591	.152	.111	-.076	.121	.071	-.019	.596	.155	-.062	.107	.125	-.013
T4	.669	.131	.239	.054	.006	.219	.013	.689	.107	.053	.249	.048	.113
T5	.621	.187	.232	-.045	.097	.285	.104	.647	.164	-.054	.244	.146	.212
T6	.351	.158	.031	.049	.082	.416	-.092	.398	.053	.004	.088	.199	.148
T7	.123	.054	.086	-.010	-.043	-.025	.603	.104	.156	.001	.015	-.110	.473

The percentage of variance accounted for by the six-factor solution is presented in Table 8. The first factor explained 10.5% of the variance in the dataset, while the second, third, fourth, fifth, and the sixth factors explained 9.54%, 7.09%, 6.57%, 5.1%, 3.75% of variance, respectively. In total, this six-factor solution explained 42.54% of the variance in the dataset.

Table 8. Total Variance Explained: Six-Factor Solution with PCA Extraction and Varimax Rotation Method

Factor	Initial Eigenvalues			Rotated Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	13.440	21.678	21.678	6.510	10.500	10.500
2	4.125	6.654	28.331	5.913	9.537	20.037
3	2.754	4.443	32.774	4.396	7.090	27.127
4	2.126	3.430	36.204	4.075	6.573	33.700
5	2.054	3.313	39.517	3.160	5.097	38.797
6	1.876	3.025	42.542	2.322	3.746	42.542

The next step was to explore the rotated component matrix of the six-factor solution. The process included examining the factor loadings and eliminating items unnecessary to obtain a better factor model. Also, Cronbach's coefficient alpha was examined to further investigate the internal consistency in each factor.

Interpretation of Item Loadings and Model Refining

Analysis of the PISC items indicated support for a six-factor solution that was conceptually hypothesized. As suggested by Pett et al. (2003), to evaluate and refine a set of factors, the rotated factor loadings in the factor matrix were examined. As described in the chapter 3, a factor loading of 0.40 was selected as the minimum for item retention to ensure that each item of the instrument represented the construct of each factor. The coefficients in the component matrix (see Table 7) were first examined for interpretation. Additionally, although it is preferable for each item to highly load on only one factor, cross-loadings are often observed in the test of psychological constructs (Lent, Hill, & Hoffman, 2003). As such, the minimum required difference between an item's loading on each factor was set at 0.10 in this study. After eliminating six items that did not load on a clear factor with a loading of 0.40 or higher (Pett et al., 2003) and two items that did not exceed the cross-loading criterion, 54 items consisting of six factors were retained from

the initial 62 item pool (see Table 9). The following section discusses in detail the systematic rationale for retaining items, naming subscales, and refining the model of PISC.

Identifying, Defining, and Refining the Underlying Factor Structure

Factor Number 1: Engagement Behaviors

Fifteen items that loaded under the factor 1 characterized a set of professional activities that a counseling professional practiced as a member of the profession. All 15 items presented a loading of 0.40 or higher and exceeded the cross-loading criterion. Items included: B11, “I advocate for my profession by participating in activities associated with legislation, law, and policy on counseling on behalf on the profession”, loaded at 0.648; B9, “I engage in or seek opportunities to serve in non-required leadership positions (e.g., counseling association, Chi Sigma Iota, interest network, committee, volunteering work, and community service)”, loaded at 0.653; and item T1, “I seek feedback/consultation from professional peers as a form of professional development”, loaded at 0.453. The factor 1 reported a Cronbach’s alpha at 0.884. Factor 1 accounted for 10.5% of the total variance in the PISC instrument.

Factor Number 2: Knowledge of the Profession

Factor 2 structure matrix displayed 11 items loading greater than 0.50 and exceeding the cross-loading criterion. Items loaded on the factor 2 reflected how counseling professionals perceived their level of knowledge of the counseling profession. These items included item K1, “I know the origins of the counseling profession” and item K9, “I am able to distinguish similarities and differences between my profession and other mental health professions”. These 11 items reported a Cronbach’s alpha of 0.879. Factor 2 accounted for 9.54% of the total variance in the PISC instrument.

Factor Number 3: Professional Roles and Expertise

Factor 3 consisted of 9 items capturing the perceptions of professional roles and expertise among counseling professionals. All 9 items met the two aforementioned factor

loading criteria. These 9 items included item number R3, “Regardless of different roles (e.g., counselor, supervisor, or consultant), a major goal is client welfare” and item R6, “I will/have completed professional training and standard education to perform my duties in my roles”. This factor reported a Cronbach’s alpha at 0.804. Factor 3 accounted for 7.09% of the total variance in the PISC instrument.

Factor Number 4: Attitude

Nine items were loaded on the factor 4 meeting the two aforementioned factor loading criteria. Items on this factor captured various aspects of a counseling professional’s attitude toward the counseling profession. Items included: item A10, “I am satisfied with my work and professional roles”, loaded at 0.692; item A11, “I have a solid work-life balance and feel congruent”, loaded at 0.663; and item A12, “As a counseling professional, I share my positive feelings (e.g., satisfaction) when working with people in other fields”, loaded at 0.619 on this factor. This factor had a Cronbach’s alpha of 0.813. Factor 4 accounted for 6.57% of the total variance in the PISC instrument.

Factor Number 5: Philosophy of the Profession

Similarly, factor 5 illustrated 9 items loading above 0.40 and exceeding the cross-loading criterion. Those 9 items were comprised of the domain of philosophy of the profession reflecting how counseling professionals perceived their understanding of the counseling philosophy. Items loaded on the factor 5 included item P4, “It is important to view clients holistically, focusing on integration of the mind, body and spirit” and item P5, “It is important to empower clients through an emphasis on personal strengths”. The Cronbach’s coefficient alpha of the factor 5 was reported at 0.717. This factor accounted for 5.1% of the total variance in the PISC instrument.

Factor Number 6: Professional Values

Unlike the other five factors, factor 6 consisted of only 4 items, illustrating professional values that a counseling professional held related to the profession. Initially, these 4 items were hypothesized as being on three different subscales (i.e., Attitude,

Engagement Behaviors, and Interaction). Items included: item A4, “I believe counseling is different from other mental health professions (e.g., counseling psychology, social work, and psychiatry)”, loaded at 0.637; item A5, “It bothers me to meet people who do not recognize my profession”, loaded at 0.511; item B3, “I would like to be more involved in professional development activities”, loaded at 0.418; and item T7, “I believe core counselor education courses (e.g., career counseling, multicultural counseling, and group counseling) should be taught by counselor educators instead of other mental health professionals (e.g., psychologists, social workers, and psychiatrists)”, loaded at 0.473. The Cronbach’s coefficient alpha of this factor was reported at 0.440. Factor 6 accounted for 3.75% of the total variance in the PISC instrument. Table 9 displays the final refined model of PISC with the six extracted factors including: (a) number of items, (b) their loadings, (c) percentage of variance, and (d) Cronbach’s alpha.

Table 9. The Final Refined PISC Model

Factor & Item	Factor Loadings						<i>M</i>	<i>SD</i>
	1	2	3	4	5	6		
Factor 1: Engagement behaviors								
B1	0.511						5.58	1.014
B2	0.699						4.68	1.562
B4	0.480						4.33	1.807
B5	0.551						5.20	1.178
B6	0.508						3.87	2.006
B7	0.574						2.52	2.003
B8	0.551						4.68	1.295
B9	0.653						4.44	1.592
B10	0.603						4.47	1.278
B11	0.648						3.44	1.681
T1	0.453						5.32	0.856
T3	0.596						3.68	1.834
T4	0.689						4.98	1.221
T5	0.647						4.60	1.423

Table 9. Continued

Factor 2:			
Knowledge			
of the			
Profession			
K1	0.600	4.98	1.115
K2	0.664	4.31	1.337
K3	0.502	3.38	1.819
K4	0.482	5.61	0.590
K5	0.650	5.01	1.269
K6	0.631	4.80	1.326
K7	0.700	5.35	0.966
K8	0.713	5.04	1.228
K9	0.553	5.47	0.810
K10	0.615	4.80	1.030
P1	0.620	4.92	0.996
Factor 3:			
Professional			
Roles and			
Expertise			
R1	0.570	5.73	0.569
R2	0.515	5.56	0.727
R3	0.579	5.85	0.383
R4	0.726	5.61	0.645
R5	0.496	5.47	0.826
R6	0.621	5.75	0.536
R7	0.571	5.58	0.670
R8	0.467	5.59	0.649
R9	0.567	5.73	0.499
Factor 4:			
Attitude			
R10	0.413	5.38	0.814
A2	0.488	5.64	0.577
A3	0.600	5.71	0.569
A7	0.410	4.82	1.092
A8	0.467	5.26	0.854
A9	0.494	5.58	0.641
A10	0.692	5.35	0.806
A11	0.663	4.97	0.975
A12	0.619	5.43	0.722

Table 9. Continued

Factor 5: Philosophy of the Profession						
P3					0.423	4.69 1.136
P4					0.577	5.45 0.812
P5					0.619	5.65 0.607
P6					0.526	5.53 0.698
P7					0.574	5.58 0.637
P8					0.495	5.47 0.736
P9					0.432	5.36 0.821
Factor 6: Professional Values						
A4					0.637	5.21 0.872
A5					0.511	4.49 1.449
B3					0.418	4.75 1.254
T7					0.473	4.91 1.315
Eigenvalues	6.510	5.913	4.396	4.075	3.160	2.322
% of variance	10.500	9.537	7.090	6.573	5.097	3.746
Cumulative %	10.500	20.037	27.127	33.700	38.797	42.542
Cronbach's alpha	0.884	0.879	0.804	0.818	0.717	0.440

Reliability

Extraction of the six factors and further refinement of the scale resulted in retaining 54 items in the final PISC scale. Eight items were eliminated due to low loadings or multiple loadings on several different factors. In this study, reliability was supported by consistently high internal consistency subscale reliabilities except for the sixth factor as reflected in Cronbach's alphas: Engagement Behaviors ($\alpha = 0.884$), Knowledge of the Profession ($\alpha = 0.879$), Professional Roles and Expertise ($\alpha = 0.804$), Attitude ($\alpha = 0.818$), Philosophy of the Profession ($\alpha = 0.717$), and Professional Values

($\alpha = 0.44$). Overall, the data illustrated strong internal reliability using Cronbach's alpha values ≥ 0.804 on four of the six subscales.

Validity

Pearson's correlations were calculated between the scores of each subscale of the PISC and the scores of two other validity instruments: PIVS and M-C (20). First, convergent validity of the PISC was supported by positive correlations between each subscale of the PISC and the subscale Professional Orientation and Values (POV) of the PIVS. Positive correlations were also found between the PISC – subscales 1 through 5 and PIVS – Professional Development (PD). Overall, positive correlations were found between the PISC total score and PIVS – POV ($r = 0.473, p < 0.01$) and between the PISC total scores and PIVS – PD ($r = 0.636, p < 0.01$). Given that each subscale of the PISC and PIVS was intended to have similar constructs, a moderate or high correlation would be expected and was found (see Table 10).

Table 10. Pearson Correlations among the PISC, PIVS, and M–C (20)

Variables	PIVS-POV	PIVS-PD	M–C (20)
1. PISC-1	.376**	.606**	-.049
2. PISC-2	.305**	.513**	-.072
3. PISC-3	.420**	.353**	.053
4. PISC-4	.410**	.535**	-.033
5. PISC-5	.473**	.312**	-.028
6. PISC-6	.148**	-.038	.061

Note. PISC: Professional Identity Scale in Counseling; PISC-1 = Engagement Behaviors; PISC-2 = Knowledge of the Profession; PISC-3 = Professional Roles and Expertise; PISC-4 = Attitude; PISC-5 = Philosophy of the Profession; PISC-6 = Professional Values; PIVS: Professional Identity and Values Scale; PIVS-POV = Professional Orientation and Values; PIVS-PD = Professional Development; M–C (20) = Marlowe-Crowne Social Desirability Scale (20)

* $p < 0.05$ ** $p < 0.01$

Concerning discriminant validity, the PISC's sensitivity to social desirable responding was investigated. As seen in Table 10, all PISC subscales had low or non-significant correlations with the measure of social desirability, M-C (20). The results provided evidence of discriminant validity indicating that participants were not responding to the items being tested in a socially desirable manner.

Independent Samples T-Tests

In order to examine any significant differences among the four different groups on the PISC total scores, independent sample t-tests were conducted. The rationale using such analysis was to investigate whether the groups could be differentiated on the basis of the PISC total, although the instrument was in the validation process. Six different comparisons were conducted: (a) master's-level counselors-in-training vs. doctoral-level counseling students, (b) master's-level counselors-in-training vs. counseling practitioners, (c) master's-level counselors-in-training vs. counselor educators, (d) doctoral-level counseling students vs. counseling practitioners, (e) doctoral-level counseling students vs. counselor educators, and (f) counseling practitioners vs. counselor educators. The t-tests demonstrated a statistically significant mean difference: between master's-level counselors-in-training and doctoral-level counseling students ($t(180) = -7.13, p = 0.005$); between master's-level counselors-in-training and counselor educators ($t(213) = -9.805, p = 0.004$); between doctoral-level counseling students and counseling practitioners ($t(153) = 5.212, p = 0.000$); and between counseling practitioners and counselor educators ($t(186) = -7.529, p = 0.01$) on the PISC total scores. The results are summarized in Table 11 below.

Table 11. T-Tests for Four Groups and the PISC Total

Group	<i>N</i>	<i>M</i>	<i>SD</i>
Master's-level counselors-in-training	130	4.8095	.47501
Doctoral-level counseling students	52	5.2628	.34631**
Master's-level counselors-in-training	130	4.8095	.47501
Counseling practitioners	104	4.9142	.47242
Master's-level counselors-in-training	130	4.8095	.47501
Counselor educators	85	5.3776	.37113**
Doctoral-level counseling students	52	5.2628	.34631***
Counseling practitioners	104	4.9142	.47242
Doctoral-level counseling students	52	5.2628	.34631
Counselor educators	85	5.3776	.37113
Counseling practitioners	104	4.9142	.47242
Counselor educators	85	5.3776	.37113**

* $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$

Summary

Exploratory Factor Analysis with the Principle Component Analysis extraction and the varimax rotation option produced a meaningful six-factor solution with a total of 54 items, which accounted for 43.54% of the total variance. Overall, the factor structure that emerged was clear and interpretable. Reliability was supported by internal consistency values as reflected in high Cronbach's coefficient alpha for four factors and acceptable Cronbach's alpha for one factor. Regarding validity, support for convergent validity of the PISC was illustrated as all six subscales significantly correlated with one subscale of the PIVS, Professional Orientation and Values, and five subscales significantly correlated with the other subscale of the PIVS, Professional Development.

As predicted, social desirability did not appear to impact participants' responses to the instrument items, providing evidence of discriminant validity of the PISC. Additional analysis was performed to investigate differences among groups on the PISC total scores. The results showed differences on the overall PISC scores between master's-level counseling professionals and doctoral-level counseling professionals.

CHAPTER V

DISCUSSION

The primary purpose of this study was to construct a reliable and valid scale that could measure the professional identity of counseling professionals across counseling sub-specialties and sub-populations. Exploratory factor analysis procedures were conducted to identify a model of the underlying constructs of the Professional Identity Scale in Counseling (PISC). Specifically, this study examined the psychometric properties of the PISC that included: (a) factor structure of the scale, (b) internal consistency, and (c) its convergent and discriminant validity by comparing it to two other instruments previously validated.

Chapter five summarizes the findings on the psychometric properties of the PISC. In addition, implications for counselors and counselor educators are presented in this chapter. Limitations of this study as well as suggestions for future research are also addressed in this chapter. The following section discusses the results responding to the research questions posed in this study.

Discussion of Major Findings

For the research question 1: Can the PISC provide adequate scales resulting from factor analysis testing?, an exploratory factor analysis exploring the underlying constructs of the PISC produced a six-factor solution consisting of 54 items of the initial pool of 62 items developed for the PISC. Findings supported underlying factors that emerged from the six-factor solution. The three extraction methods used (i.e., eigenvalue-greater-than-one, the scree plot, and parallel analysis) indicated that a six-factor solution submitted the best conceptual fit and clarity for the instrument. The factor structure derived from the data was conceptually appropriate and easy to interpret. The final factor model of the PISC in this study provided adequate subscales that encompassed the content areas and appeared to be useful in the counseling field. The subscales specifically were labeled “*Engagement Behaviors*”, “*Knowledge of the Profession*”, “*Professional Roles and*

Expertise”, “*Attitude*”, “*Philosophy of the Profession*”, and “*Professional Values*”. These six factors accounted for approximately 43% of the variance in the sample of 371 respondents in the study.

The most central aspect in the PISC instrument was found to be the professional behaviors. The *Engagement Behaviors* factor consisted of two categories: (a) professional behaviors – a set of professional actions and activities that a counseling professional practices as a member of the profession and (b) interaction – professional interaction that an individual engages in for professional growth and development. Items loaded on this factor included: B2, “I actively engage in professional counseling associations by participating in conferences and workshops every year”; B10, “I educate the community and public about my profession”; and T5, “I keep involved in ongoing discussions with counseling professionals about identity and the vision of my profession.” These items measure the degree of one’s engagement in professional activities and interaction. The two categories were originally hypothesized as two separate factors but emerged as one single factor from the factor analysis. This may be because professional actions in the category of behaviors are closely related to professional interaction activities, and vice versa. For example, an individual who holds a membership of a professional counseling association will be more likely to have opportunities to interact with other professionals in the field through conference participation and/or professional network. The concept of professional behaviors is supported by empirical findings in the counseling literature (Lafleur, 2007; Luke & Goodrich; 2010; Mellin, Hunt, & Nichols, 2011). According to Lafleur (2007), being a member of counseling associations and state organizations was a predictor of strong professional identity among licensed counselors. Moreover, advocacy efforts conducted by counselors for the counseling profession were a crucial component in strengthening their professional identity. Luke and Goodrich (2010) also found that professional relationships and social interactions with colleagues and faculty members helped professional counselors promote their professional identity. Many other scholars

emphasized the socialization process of counseling professionals through interactions with other professionals in the field in terms of professional identity development (Gibson et al., 2010; Gray, 2000; Puglia, 2008). Therefore, it was not surprising to see these items in the first subscale.

Next, the theme, knowledge of the counseling profession, appeared to be the second most significant feature in the PISC instrument. As hypothesized, items concerning this theme were grouped into a sole factor. Items loaded on this subscale measured an individual's basic knowledge and understanding of the counseling profession, including counseling history, standards for professional preparation, credentials and certification, and similarities and differences compared to other mental health disciplines. Items included: K4, "I am knowledgeable about ethical guidelines (e.g., codes of ethics/standards of practice) in counseling"; K5, "I am familiar with accreditation organizations (e.g., CACREP: Council for Accreditation of Counseling & Related Educational Programs) and their standards for professional preparation"; and K9, "I am able to distinguish similarities and differences between my profession and other mental health professions (e.g., counseling psychology, social work, and psychiatry)." The importance of having knowledge of the profession as an indicator of strong professional identity is well evidenced by findings in the literature (Borders & Benshoff, 1992; Choate et al., 2005; Emerson, 2010; Smith, 2004; Vacc & Loesch, 1987). Counseling researchers (e.g., Borders & Benshoff, 1992; Emerson, 2010) pointed out that having a rich understanding of the profession is not only a critical part of professional identity, but also a fundamental element to work competently as counseling professionals. An empirical study conducted by Choate et al. (2005) revealed that one of the performance indicators, knowledge of ethical and legal standards, was an important feature to measure professional development among counseling students. Brown (1989) noted that having an awareness of differences and similarities between the counseling profession and other helping professions is imperative to improve counselor professional identity. In short,

professional identity formation is highly dependent on knowledge and understanding of the profession.

Third, as expected, knowledge of counseling professional's various roles and their expertise to provide appropriate services, emerged as the third distinct subscale of the PISC. As hypothesized, items created for this construct emerged into one simple and clear factor. This subscale assessed the level of one's knowledge of a counseling professional's diverse roles (i.e., items R1 and R2), a major goal of services that a professional attends to (i.e., item R3), one's commitment to professional training to perform his/her duties in their roles (i.e., item R6), knowledge and clinical skills required to successfully perform one's roles (i.e., item R7), the level of confidence about positive outcomes of one's work and services (i.e., item R8), and knowledge of ethical responsibilities and professional standards relevant to one's roles (i.e., item R9). The third subscale is well supported by the existing counseling literature (Choate et al., 2005; Hall, 1987; Feit & Lloyd, 1990; Remley & Herlihy, 2007). Van Zandt (1990) stated that, when serving clients, practical skills and a high standard of expertise and competence are evidence of professionalism. Also, Nelson and Jackson (2003) discovered that, among Hispanic counselors-in-training, having competence and knowledge was an essential element for development of professional identity.

Attitude related to one's perspectives toward the profession emerged as the fourth subscale from the factor analysis. As anticipated, items developed for this area emerged into a single factor. This subscale measured pride for one's profession, beliefs in the future of the profession, and perceptions of the relationship between oneself and the profession. Items grouped under this subscale included: item A2, "My profession provides unique and valuable services to society"; item A3, "I value the advancement and the future of my profession"; and item A9, "My personality and beliefs are well matched with the characteristics and values of my profession". Counseling literature describes attitude toward the profession as well as positive perspectives of the relationship between

oneself and the profession as a significant contributor to the professional identity formation (Brott & Myers, 1999; Gale & Austin, 2003; Mrdjenovich & Moore, 2004; Sweeney, 2001; VanZandt, 1990). Scholars agree that individuals who have pride and are satisfied in their chosen field will have a strong professional identity (Myers et al., 2002; Remley & Herlihy, 2007).

The domain of core values and beliefs of the counseling profession's philosophy was apparent to be the fifth subscale of the PISC in this study. As hypothesized, items initially constructed for this theme were grouped into one separate factor. Items comprising this subscale measured one's agreement with beliefs that underlie the counseling profession and distinguish counseling from other helping disciplines, such as counseling psychology, social work, and psychiatry. Items loaded on this subscale specifically measured the extent of one's agreement with counseling philosophy characterized by five key perspectives (i.e., developmental approach, wellness, prevention, empowerment, and advocacy), such as item P3, "The preventive approach is emphasized in the counseling philosophy"; item P4, "It is important to view clients holistically, focusing on integration of the mind, body, and spirit"; and item P6, "Advocacy for clients is emphasized in the counseling philosophy." Adhering to a proposed set of counseling philosophy's characteristics as a critical component of professional identity is well supported by existing studies (Remley & Herlihy, 2007; Puglia, 2008). Mellin et al. (2011) found that among counseling practitioners, professional identity was grounded in the aforementioned characteristics of the counseling philosophy, namely, a developmental, wellness, and prevention orientation toward counseling services. Pistole and Roberts (2002) also discovered the process of distinguishing counseling from other helping professions as an element that impacts professional identity.

Unexpectedly, the theme of professional values emerged as a final subscale of the PISC. Items consisting of this subscale reflected one's attitude toward people who do not

recognize the counseling profession (i.e., item A5), one's willingness to be more involved in professional development activities (i.e., item B3), and a belief that core counselor education courses should be taught by counselor educators instead of other mental health professionals (i.e., item T7). Although having Professional Values as a subscale was not expected, this finding is not surprising. Counseling literature and professional associations commonly emphasize the importance of professional values reflected on those items in the sixth subscale to the formation of professional identity (CACREP, 2009). The two components found to be important for strong professional identity formation (Gibson, et al., 2010) were a sense of pride for the profession and interaction with and learning from the faculty with a clear and solid professional identity.

Overall, the six-subcales obtained from the factor analyses were consistent with existing counseling literature as well as with the study hypotheses created in this study. Initially, six major content areas of the PISC instrument were proposed: (a) knowledge of the profession, (b) philosophy of the profession, (c) professional roles and expertise, (d) attitude, (e) engagement behaviors, and (f) interaction. The factors from 1 through 5 extracted from the factor analyses were very similar to what was initially conceptualized and hypothesized. One interesting finding is that engagement behavior items and interaction items were expected to be part of the final factor solution as distinct factors; however, they were grouped under the same factor in this study. This may suggest that a counseling professional's willingness to engage in professional activities is closely linked with a willingness to interact with other professionals in the field. Items that loaded on the sixth factor, professional values, were originally hypothesized as being loaded on separate factors instead of being loaded on the same subscale. The focus reflected on this factor was more specific than expected and related to systemic and external issues.

Regarding the research question 2: Do PISC subscales achieve internal consistency indicated by Cronbach's coefficient alpha of 0.70 or greater?, to determine reliability, a Cronbach's coefficient alpha of 0.70 or higher was used (Nunnally, 1978).

Reliability of the PISC instrument was supported by moderate to high internal consistency reported by Cronbach's alpha for the five subscales out of six subscales. Specifically, the first subscale, Engagement Behaviors, reported Cronbach's alpha at 0.884, and the second subscale, Knowledge of the Profession, reported an alpha value of 0.879. Similarly, the third factor, Professional Roles and Expertise, and the fourth factor, Attitude, yielded alpha values at 0.804 and 0.818. Although the fifth factor, Professional Values, did not report a high Cronbach's alpha ($\alpha = 0.717$), it is still acceptable. The sixth factor yielded a low reliability coefficient alpha at 0.44. Cronbach's alpha shows to what level items on a factor measure the same component (Vogt, 2005). Since the sixth factor reported reliability coefficient at the low level, further examination of this subscale may be necessary. For example, it may be required to develop and test additional items that measure counseling professionals' professional values in relation to identity development because it is possible that a small number of items may be a reason for the low reliability.

For the research question 3: When compared with the Professional Identity and Values Scale (PIVS), does the PISC have convergent validity?, findings of validity tests supported convergent validity of the PISC subscales. All subscales of the PISC significantly correlated to the subscale Professional Orientation and Values (POV) of the PIVS at the 0.01 significant levels. As predicted, each PISC subscale reported a strong positive correlation with the POV. Similarly, five subscales (i.e., 1 through 5) of the PISC also positively correlated with the subscale Professional Development (PD) of the PIVS at the 0.01 significant levels. Therefore, PISC subscales demonstrated highly valid measures of overall professional identity, which was one of the goals for this study.

In terms of the research question 4: When compared with Marlowe-Crowne (20), does the PISC have discriminant validity?, the validity test supported the discriminant validity of the PISC subscales, compared to the scores of the M-C (20). If a participant responds to the survey items in a socially desirable manner, the variance of individual items could be influenced, and accordingly, the results of the PISC validity could be

impacted. Each of the six subscales of the PISC had low or non-significant correlations with scores of the M-C (20). That is, participants in this study were not responding to the questionnaire items of the PISC in a socially desirable manner. Therefore, social desirability did not appear to influence participants' responses to the items. It did not appear to impact the reliability and the factor structure of the PISC.

Finally, for the research question 5: Are there any differences among participant groups in their composite scores of the PISC?, as earlier noted, different groups of counseling professionals were included in this study, which may have impacted the variance and reliability of the PISC instrument. In order to examine any potential group differences on the composite scores of the PISC, independent samples t-tests were conducted. Findings of the t-tests revealed statistically significant group differences between: (a) master's-level counselors-in-training and doctoral-level counseling students; (b) master's-level counselors-in-training and counselor educators; (c) doctoral-level counseling students and counseling practitioners, and (d) counseling practitioners and counselor educators. Participants' responses to items of the PISC measure showed that doctoral-level counseling professionals (i.e., doctoral-level counseling students and counselor educators) rated the PISC items significantly higher than master's-level counseling professionals (i.e., counselors-in-training and counseling practitioners, most of which held a master's degree), indicating strong perceived professional identity for doctoral-level counseling professionals.

The results of this analysis may support the importance of: (a) amount of education, (b) environmental components, and (c) higher level of expertise and commitment expected in the field in relation to professional identity development. First, educational experience and post-graduate studies may have an influence on the development of professional identity for doctoral-level professionals. During their training, individuals learn and explore what it means to become a member of their chosen profession (Sweitzer, 2009); the learning process and educational components could then

impact learners' qualities. Gibson et al. (2010), in their qualitative study of a cross-section of counselors-in-training, described the transformational tasks required for development of professional identity. They found that through formal education and supervision, counselors-in-training acquired areas of development comprising professional identity from admission to graduation. Soresi, Nota, and Lent (2004) also discovered that regardless of years in counseling, a greater amount of prior training correlated with a higher level of career counseling self-efficacy. When considering how master's-level students develop their professionalism and where they are at in their training, it makes sense that they just begin to learn about their chosen field and to explore what is expected as counseling professionals. They may not be comfortable advocating for the profession and be unaware of the importance of professional engagement. In this study, the level of doctoral-level counseling professionals' training experience over the master's-level counseling professionals may positively impact professional identity formation and advancement.

Second, the educational and learning environments surrounding doctoral-level counseling professionals may influence a sense of greater professionalism. While counselors may perceive conducting research as a low priority with insignificant influence on their professional identity development (LaFleur, 2007), doctoral-level counseling professionals may emphasize the importance of active professional engagement in conducting research and contributing to the field with publications due to the environment and culture that value those activities. They are more likely to collaboratively work and interact with other peers and colleagues on research. Additionally, doctoral students and counselor educators physically work in the environment in which they have better access to and more opportunities for information and resources including financial support, faculty mentorship, and social network. Those environmental factors may encourage doctoral-level counseling professionals to pay more attention to issues and areas related to professional identity.

Finally, a higher level of expertise and commitment required of doctoral-level counseling professionals in counseling programs as well as in the field may have impact on fostering a stronger and more mature professionalism. Counseling doctoral students and counselor educators are expected to demonstrate a greater level of expertise in teaching and supervision than master's level students. Since they often work with master's-level students, they are expected to be well prepared to help their students with expanding their knowledge base and developing skills. They are also anticipated to make a commitment to the field through publication, self-proclaimed identity, and professional advocacy efforts. Gibson et al. (2010) noted that among new counseling professionals, the path to the integration of professional and personal identities was encouraged by the professionals' commitment to their chosen field. As such, a higher level of knowledge and commitment to the field among doctoral-level counseling professionals may influence their professional growth.

Implications for Counselors and Counselor Educators

Findings of this study provide implications for professional counselors, counselor educators, and the counseling profession. Counseling literature has been emphasizing that establishing a strong unified professional identity is critical to the future of counseling (Gale & Austin, 2003; more citation). Results of this study indicated that although participants in the study had various educational backgrounds and different positions, the underlying factors of the PISC were consistent with and well reflected the constructs conceptually hypothesized. This implies that regardless of counseling subspecialties and different roles, participants seemed to embrace a collective professional identity. Results of this study can contribute to the knowledge base of the profession in relation to the components that contribute to understanding the development of professional identity. In addition, contributions to training standards that provide practical guidelines to counselors and counselor educators about how to measure and strengthen their professional identity may be necessary. Specifically, the PISC provides counselors and

counselor educators with an easy-to-administer and straightforwardly interpreted instrument that helps them collect information about professional identity. Additionally, the PISC can be used practically as a post training or follow-up instrument to measure changes occurring in the development of professionalism in students.

Results revealed significant group differences among the participants. This implies that, across one's career span, one's definition of professional identity changes over. Doctoral-level counseling students and counselor educators in this study appeared to have a stronger professional identity than master's-level counseling students and counselors. Considering the progressive nature of professional identity, counselor educators will need to systematically develop coursework and provide learning environments that would facilitate the development of strong professional identity among counselors-in-training over time from beginning to graduation. Specifically, curricula within counseling programs should "intentionally" emphasize identified features of professional identity through teaching, practica, and supervision. Providing learning environments in which issues and topics of professional identity are frequently addressed, where members have opportunities to reflect on their professional identity is also needed. External resources including financial support for counseling students will be necessary because they may be willing to participate in professional associations and conferences but often found to be financially challenged to join those activities. Moreover, the process of identity development is on-going throughout one's career (Brott & Myers, 1999); thus, counseling practitioners should continually revisit their professional identity while upholding and promoting it. To assist graduates and counselors to advocate for their professional identity and for the image of counseling in the local community, university counseling programs could provide them with seminars, workshops, and/or advocacy opportunities that highlight the importance and role of advocacy.

Results of this study also suggest implications to professional associations in the field of counseling. The NBCC clearly illustrates that "Part of NBCC's mission is to

enhance the professional identity of National Certified Counselors (NCCs)” (<http://www.nbcc.org/NCCReqs>). To accomplish this mission, the NBCC may need to consider incorporating the concept of professional identity into eight content areas. For example, among requirements for the NCC certification, applicants need graduate-level credits in eight content areas, such as Helping Relationships in Counseling and Professional Orientation to Counseling. Items specifically related to professional identity of counseling could be included in the exam. In addition, ideas of how to promote and measure professional identity in specific training should be intentionally covered in certification standards. Also, as previously noted, the delegates sponsored by ACA identified ‘sharing a common professional identity’ as the first principle in moving the counseling profession forward. With this principle in mind, ACA could offer ongoing training and education for professionals in the field of counseling to encourage advocacy for the profession and its identity. Furthermore, given the recent foci on international students and the globalization of counseling, ACA may need to think about how to address professional identity among international scholars and what specific format or education should be initiated for this population.

Limitations

As in all research studies, this study has a number of limitations. First of all, one of the major concerns is associated with the format of the M-C (20) scale. In order to test the discriminant validity of the PISC, the M-C (20) measure was used in this study. The dichotomous response format (i.e., “always” or “never” and “True” or “False”) of the M-C (20) does not, however, assess the degree to which the responses were made; participants simply marked whether or not they behaved in a certain way. Therefore, the format of the M-C (20) instrument may reduce the response pattern among participants, which does not accurately reflect the essentially complex and ambiguous nature of the profession. Therefore, future studies will need to include different scales to test validity of the PISC.

Another limitation of this study relates to sampling issues. First, this study recruited participants through three mailing lists. Because members of one of the listservs were mostly school counselors or professionals affiliated with the school counseling field, the majority of participants in the counseling practitioners group were professionals with a school counseling background. By using different mailing lists, such as the ACA membership list, the sample of counseling practitioners would have been more representative of the profession. Potential participants who did not subscribe to those mailing lists did not have the opportunity to participate in the study. Likewise, the participants who responded to the survey may already have a certain degree of professional identity, because they were members of professional counseling groups. In addition, there is a possibility that potential participants tired of responding to surveys because of numerous e-mail invitations they received for participation in research studies, did not respond to the survey request of this study. Therefore, results of this study may not be generalizable to all counseling professionals in the field of counseling.

The absence of a pilot study may be another limitation of this study. The present study did not perform one prior to the field test. Because a pilot study allows preliminary findings of the research hypotheses, which can lead to more precise hypotheses tests, the chance of obtaining clearer findings would be accordingly increased. In addition, preliminary results could have helped the researcher examine the research hypotheses and possibly modify the test instrument before the actual field test.

Finally, another limitation of this study is related to the nature of the survey instrument as a self-report measure, which is subject to individual biases. A more comprehensive research design could be the use of two or more measures such as self-report, interview, and/or behavioral observation. When using self-report measures, careful consideration of their reliability and validity should be given to ensure validity of findings.

Suggestions for Future Research

There are a number of directions future research can take. Future research needs to take issues of methods variance into consideration. It is possible that variance reported in this study is best explained by five major factors from 1 through 5 because those were the primary factors identified in this study. One could argue that the four items consisting of the Professional Values subscale also define professional identity. However, internal consistency indicated by Cronbach's coefficients among the items in this subscale was clearly lower than other items loaded on other subscales. Therefore, further examination about the Professional Values subscale as one distinct construct is warranted. Also, a confirmatory factor analysis with subscales derived from this study is necessary.

Another area of future research is to use other measures in support for the discriminant validity of the PISC. A single study may not be sufficient for validation of the PISC, and establishing the psychometric soundness of the PISC is an on-going process. Since a limitation was identified in relation to the dichotomous response format (i.e., "always" or "never" and "True" or "False") of the M-C (20), testing discriminant validity of the PISC using other measures will be necessary.

Considering the limitations of using particular participant recruitment methods (e.g., on-line survey in this study), future studies may consider employing diverse recruitment strategies for data collection. Examples would be focus groups or interviews to obtain a more comprehensive understanding of the topic of interest. Qualitative data may also ensure and strengthen the appropriateness of items of the PISC.

Moreover, because significant group differences were found among participants with a different educational and developmental status, to explore any transformational aspects of professional identity as a result, a longitudinal research design may be needed in future research. Although participants from various ethnic groups participated in this study the majority of the respondents were Caucasians. Samples in future studies should expand and include participants from diverse ethnic and cultural groups. Examination of

the factor structure, validity, and reliability of the PISC instrument should be conducted on a more diverse and representative samples.

Finally, this study only examined self-reported professional identity among counseling professionals in the field of counseling. Future studies may focus on the differences in professional identity among different groups of helping professionals, such as counselor educators versus counseling psychologists. Comparisons between groups of individuals with different backgrounds and professional memberships (e.g., graduates from CACREP-accredited programs versus those from non-CACREP-accredited programs and CSI members versus non-CSI members) could also be conducted.

APPENDIX A
PROFESSIONAL IDENTITY SCALE IN COUNSELING (PISC):
INITIAL VERSION

Professional Identity Scale in Counseling (PISC): Initial Items

A. Knowledge of the Profession (Items K1-K10)

Item #	Item
K1	I know the origins of the counseling profession.
K 2	I am knowledgeable of the important events and milestones in counseling history.
K 3	I am familiar with of the “20/20: A Vision for the Future of Counseling,” A representative process in which 30 counseling associations and organizations worked over a span of 3 years to identify where the counseling profession wants to be in the year 2020 and what it will take to get there.
K 4	I am knowledgeable about ethical guidelines (e.g., codes of ethics) in counseling.
K 5	I am familiar with accreditation organizations (e.g., CACREP: Council for Accreditation of Counseling & Related Educational Programs) and their standards for professional preparation.
K 6	I am familiar with certification organizations (e.g., NBCC: National Board for Certified Counselors) and their requirements for credentials.
K 7	I am familiar with professional counseling associations (e.g., ACA: American Counseling Association) and their roles and accomplishments in the profession.
K 8	I am knowledgeable of professional counseling journals (e.g., JCD: The Journal of Counseling & Development) and their contents’ foci and purposes in the profession.
K 9	I am able to distinguish similarities and differences between my profession and other mental health professions (e. g., counseling psychology, social work, and psychiatry).
K 10	I am familiar with laws (e.g., court cases, licensure) and regulations related to my profession.

B. Philosophy of the Profession (Items P1 – P11)

Item #	Item
P1	I am able to distinguish the counseling philosophy from the philosophy of other mental health professions (e. g., counseling psychology, social work, and psychiatry).
P2	I believe most problems and concerns presented by clients are developmental in nature.
P3	I believe the preventive approach is emphasized in counseling philosophy.

P4	I believe it is important to view clients holistically, focusing on integration of the mind, body, and spirit.
P5	I believe it is important to empower clients through an emphasis on personal strengths.
P6	I believe the advocacy for clients is emphasized in counseling philosophy.
P7	I believe clients are able to make constructive and positive changes in their lives.
P8	I believe interactions in counseling are based on the equal relationship between counselor and client.
P 9	I believe research is an important part of the counseling profession.
P 10 <i>Reverse code</i>	I believe assessments and diagnosis are emphasized in counseling philosophy.
P 11 <i>Reverse code</i>	I believe it is important to utilize a medical model when conceptualizing a client's presenting issue.

C. Professional Roles & Expertise (Items R1 – R11)

Item #	Item
R1	I value various professional roles (e.g., counselor, educator, consultant, and advocate) that a counseling professional can hold.
R2	A counseling professional's roles and duties vary depending on settings, diverse populations served, and the person's specialty.
R3	Regardless of different roles (e.g., counselor, supervisor, or consultant), a major goal is always the welfare of the client.
R4	I believe a counseling professional should value the importance of advocacy for the populations that the person serves
R5	I believe a counseling professional should value the importance of advocacy for the profession that the person belongs to.
R6	I have completed professional training and standard education to perform my duties in my roles.
R7	I have professional knowledge and practical skills required to successfully perform my roles.
R8	I am confident that there will be positive outcomes of my work and services.
R9	I am knowledgeable of ethical responsibilities and professional standards relevant to my roles.

R10	I am familiar with which resources to refer to when I need professional help.
R11	I consistently self-evaluate and self-reflect my effectiveness and performances in my chosen field.

D. Attitude (Items A1 – A12)

Item #	Item
A1	My profession has a well-established theoretical body of knowledge.
A2	My profession provides unique and valuable services to society.
A3	I am positive about advancement and the future of my profession.
A4	I believe counseling is different from other mental health professions (e.g., counseling psychology, social work, and psychiatry).
A5 <i>Reverse code</i>	It does not bother me to meet people who do not recognize my profession.
A6 <i>Reverse code</i>	It does not bother me to meet counseling professionals who value psychology/social work over my profession.
A7	I recommend my profession to those who are searching for a new career.
A8	I am comfortable having discussions about the role differences between counseling and other mental health professions (e.g., counseling psychology, social work, and psychiatry).
A9	My personality and beliefs are well matched with the characteristics and values of my profession.
A10	I am satisfied with my work and professional roles.
A11	My life revolves around my profession, and my personal goals are highly related to my profession.
A12	As a counseling professional, I share my positive feelings (e.g., satisfaction) when working with others.

E. Engagement Behaviors (Items B1 – B10)

Item #	Item
B1	I have memberships of professional counseling associations (e.g., national, state-wide, and/or regional).
B2	I actively engage in professional counseling associations by participating in conferences and workshops every year.

B3	I engage in certification/licensure renewal process and/or have consistently maintained counseling certificates and credentials (e.g., LPC: Licensed Professional Counselor, NCC: National Certified Counselor).
B4	I have contributed to expanding my knowledge base of the profession by participating in counseling research (e.g., by being interviewed, taking surveys).
B5	I have conducted counseling research.
B6	I have published research findings in my field.
B7	I follow up with theoretical, practical, and technical advancement in my profession by keeping up with literature (e.g., professional counseling journals, books) in the field.
B8	I engage in or seek opportunities to serve in non-required leadership positions (e.g., counseling association, CSI: Chi Sigma Iota, interest network, committee, volunteering work, community service).
B9	I educate the community and public about my profession.
B10	I advocate for my profession by participating in activities associated with legislation, law, and policy on counseling on behalf of the profession.

F. Interaction (Items T1 – T7)

Item #	Item
T1	I seek feedback/consultation from professional peers as a form of professional development.
T2	I regularly communicate with a mentor who is interested in my professional development.
T3	I regularly communicate with a mentee who is interested in his/her professional development.
T4	I keep in contact with counseling professionals through training and/or professional involvement in counseling associations.
T5	I keep involved in ongoing discussions with counseling professionals about identity and the vision of my profession.
T6	I believe supervision is needed for all counselors in order to ensure quality counseling and to enhance supervisee's professional growth.
T7	I believe core counselor education courses (e.g., career counseling, multicultural counseling, and group counseling) should be taught by counselor educators instead of other mental health professionals (e.g., psychologists, social workers, and psychiatrists).

APPENDIX B
EXPERT REVIEWER FORM

Expert Reviewer Form: Professional Identity Scale in Counseling (PISC)

Reviewer Directions:

1. Please rank each item on a '1' to '7' point scale with '1' indicating *Not at all in agreement* to '7' indicating *Totally in agreement* with the study definition and explanation of study constructs. You may click the correct number in the ranking box below.
2. Please note those items that will be **reverse coded** are indicated as such.
3. Please provide **your comments (e.g., questions, wording, editorial feedback, or any other suggestions)** in the blank under each item, if you choose to provide feedback on items.

Not at all in Agreement

Neutral/Uncertain

Totally in Agreement

[----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 -----]

A. Section I: Knowledge of the Profession (Items K1 - K10)

Item #	Item	Ranking '1' to '7'
K1	I know the origins of the counseling profession.	1 2 3 4 5 6 7
Comments		
K2	I am knowledgeable of the important events and milestones in counseling history.	1 2 3 4 5 6 7
Comments		
K3	I am familiar with of the "20/20: A Vision for the Future of Counseling," A representative process in which 30 counseling associations and organizations worked over a span of 3 years to identify where the counseling profession wants to be in the year 2020 and what it will take to get there.	1 2 3 4 5 6 7
Comments		
K4	I am knowledgeable about ethical guidelines (e.g., codes of ethics) in counseling.	1 2 3 4 5 6 7
Comments		

Adapted from "Sample Expert Review Form", by C. H. Emerson and M. B. Paredes, 2011, the Association for Counselor Education and Supervision conference.

APPENDIX C
PROFESSIONAL IDENTITY SCALE IN COUNSELING (PISC):
TEST VERSION

Professional Identity Scale in Counseling (PISC)

This inventory is developed to assess your thoughts and beliefs about the counseling profession and your professional identity. Please indicate your agreement with each statement by marking the number that best fits with your thoughts.

Not at all in Agreement

Neutral/Uncertain

Totally in Agreement

[----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 -----]

A. Section I: Knowledge of the Profession (Items K1 - K10)

Item #	Item	Marking '1' to '6'
K1	I know the origins of the counseling profession.	1 2 3 4 5 6
K2	I am knowledgeable of the important events and milestones (e.g., establishing ACA, state-level licensure) in counseling history.	1 2 3 4 5 6
K3	I know the existence of the "20/20: A Vision for the Future of Counseling." A representative process to identify where the counseling profession wants to be in the year 2020 and what it will take to get there.	1 2 3 4 5 6
K4	I am knowledgeable about ethical guidelines (e.g., codes of ethics/standards of practice) in counseling.	1 2 3 4 5 6
K5	I am familiar with accreditation organizations (e.g., CACREP: Council for Accreditation of Counseling & Related Educational Programs) and their standards for professional preparation.	1 2 3 4 5 6
K6	I am familiar with certification organizations (e.g., NBCC: National Board for Certified Counselors) and their requirements for credentials.	1 2 3 4 5 6
K7	I am familiar with professional counseling associations (e.g., ACA: American Counseling Association) and their roles and accomplishments in the profession.	1 2 3 4 5 6
K8	I am knowledgeable of professional counseling journals (e.g., JCD: The Journal of Counseling & Development, journal(s) relevant to my specialty area) and their contents' foci and	1 2 3 4 5 6

	purposes in the profession.						
K9	I am able to distinguish similarities and differences between my profession and other mental health professions (e. g., counseling psychology, social work, and psychiatry).	1	2	3	4	5	6
K10	I am familiar with laws (e.g., court cases, licensure) and regulations related to my profession.	1	2	3	4	5	6

B. Section II: Philosophy of the Profession (Items P1 - P11)

Item #	Item	Marking '1' to '6'					
P1	I am able to distinguish the counseling philosophy from the philosophy of other mental health professions (e. g., counseling psychology, social work, and psychiatry).	1	2	3	4	5	6
P2	Most problems and concerns presented by clients are developmental in nature.	1	2	3	4	5	6
P3	The preventive approach is emphasized in the counseling philosophy.	1	2	3	4	5	6
P4	It is important to view clients holistically, focusing on integration of the mind, body, and spirit.	1	2	3	4	5	6
P5	It is important to empower clients through an emphasis on personal strengths.	1	2	3	4	5	6
P6	Advocacy for clients is emphasized in the counseling philosophy.	1	2	3	4	5	6
P7	Clients are able to make constructive and positive changes in their lives.	1	2	3	4	5	6
P8	Interactions in counseling are based on the relationship between counselor and client.	1	2	3	4	5	6
P9	Research is an important part of the counseling profession.	1	2	3	4	5	6
P10 <i>Reverse code</i>	Assessments and diagnosis are emphasized in the counseling philosophy.	1	2	3	4	5	6
P11	If not for insurance issues, it is not important to utilize a medical model when conceptualizing a client's presenting issue.	1	2	3	4	5	6

C. Section III: Professional Roles & Expertise (Items R1 – R11)

Item #	Item	Marking '1' to '6'					
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R1	I value various professional roles (e.g., counselor, educator, consultant, and advocate) that a counseling professional can hold.	1	2	3	4	5	6
R2	A counseling professional's roles and duties vary depending on settings, diverse populations served, and the person's specialty.	1	2	3	4	5	6
R3	Regardless of different roles (e.g., counselor, supervisor, or consultant), a major goal is client welfare.	1	2	3	4	5	6
R4	I believe a counseling professional should value the importance of advocacy for the populations that the person serves	1	2	3	4	5	6
R5	I believe a counseling professional should value the importance of advocacy for the profession that the person belongs to.	1	2	3	4	5	6
R6	I will/have completed professional training and standard education to perform my duties in my roles.	1	2	3	4	5	6
R7	I have professional knowledge and practical skills required to successfully perform my roles.	1	2	3	4	5	6
R8	I am confident that there will be positive outcomes of my work and services.	1	2	3	4	5	6
R9	I am knowledgeable of ethical responsibilities and professional standards relevant to my roles.	1	2	3	4	5	6
R10	I am familiar with which resources to refer to when I need professional help.	1 5	2 6	3	4		
R11	I consistently self-evaluate and self-reflect my effectiveness and performances in my chosen field.	1	2	3	4	5	6

D. Section IV: Attitude (Items A1 – A12)

Item #	Item	Marking '1' to '6'					
A1	My profession has a well-established theoretical body of knowledge.	1	2	3	4	5	6
A2	My profession provides unique and valuable services to society.	1	2	3	4	5	6
A3	I value the advancement and the future of my profession.	1	2	3	4	5	6
A4	I believe counseling is different from other mental health professions (e.g., counseling psychology, social work, and psychiatry).	1	2	3	4	5	6
A5	It bothers me to meet people who do not recognize my profession.	1	2	3	4	5	6

A6 <i>Reverse code</i>	It does not bother me to meet counseling professionals who value psychology/social work over my profession.	1	2	3	4	5	6
A7	I recommend my profession to those who are searching for a new career related to helping professions.	1	2	3	4	5	6
A8	I am comfortable having discussions about the role differences between counseling and other mental health professions (e.g., counseling psychology, social work, and psychiatry).	1	2	3	4	5	6
A9	My personality and beliefs are well matched with the characteristics and values of my profession.	1	2	3	4	5	6
A10	I am satisfied with my work and professional roles.	1	2	3	4	5	6
A11	I have a solid work-life balance and feel congruent.	1	2	3	4	5	6
A12	As a counseling professional, I share my positive feelings (e.g., satisfaction) when working with people in other fields.	1	2	3	4	5	6

E. Section V: Engagement Behaviors (Items B1 – B11)

Item #	Item	Marking '1' to '6'					
B1	I have memberships of professional counseling associations (e.g., national, state-wide, and/or regional).	1	2	3	4	5	6
B2	I actively engage in professional counseling associations by participating in conferences and workshops every year.	1	2	3	4	5	6
B3	I would like to be more involved in professional development activities.	1	2	3	4	5	6
B4	I engage in certification/licensure renewal process (e.g., LPC: Licensed Professional Counselor, NCC: National Certified Counselor).	1	2	3	4	5	6
B5	I have contributed to expanding my knowledge base of the profession by participating in counseling research (e.g., by being interviewed, taking surveys).	1	2	3	4	5	6
B6	I have conducted counseling research.	1	2	3	4	5	6
B7	I have published research findings in my field.	1	2	3	4	5	6
B8	I follow up with theoretical, practical, and technical advancement in my profession by	1	2	3	4	5	6

	keeping up with literature (e.g., professional counseling journals, books) in the field.	
B9	I engage in or seek opportunities to serve in non-required leadership positions (e.g., counseling association, CSI: Chi Sigma Iota, interest network, committee, volunteering work, community service).	1 2 3 4 5 6
B10	I educate the community and public about my profession.	1 2 3 4 5 6
B11	I advocate for my profession by participating in activities associated with legislation, law, and policy on counseling on behalf of the profession.	1 2 3 4 5 6

F. Section VI: Interaction (Items T1 – T7)

Item #	Item	Marking '1' to '6'
T1	I seek feedback/consultation from professional peers as a form of professional development.	1 2 3 4 5 6
T2	I regularly communicate with a mentor who is interested in my professional development.	1 2 3 4 5 6
T3	I regularly communicate with a mentee who is interested in his/her professional development.	1 2 3 4 5 6
T4	I keep in contact with counseling professionals through training and/or professional involvement in counseling associations.	1 2 3 4 5 6
T5	I keep involved in ongoing discussions with counseling professionals about identity and the vision of my profession.	1 2 3 4 5 6
T6	I believe supervision is needed for all counselors in order to ensure quality counseling and to enhance supervisee's professional growth.	1 2 3 4 5 6
T7	I believe core counselor education courses (e.g., career counseling, multicultural counseling, and group counseling) should be taught by counselor educators instead of other mental health professionals (e.g., psychologists, social workers, and psychiatrists).	1 2 3 4 5 6

Open-ended questions:

1. How do you see your professional identity?
2. Please feel free to provide comments and feedback on items.

APPENDIX D
DEMOGRAPHIC QUESTIONNAIRE

Professional Identity Scale in Counseling (PISC)

Demographic Questionnaire

Please respond to the following questions in the space provided.

1. Gender: a) Male b) Female
2. Age: _____ years old
3. With which ethnicity do you most closely identify:
 - a) Asian or Pacific Islander
 - b) Asian American
 - c) Black/African American
 - d) Hispanic
 - e) Native American
 - f) Caucasian
 - g) Other-please specify: _____
4. (If applicable) please, indicate years of your working experience in the counseling profession: _____
5. Are you (select all that apply):
 - a) Master's level counselor-in-training
 - b) Doctoral level counseling student
 - c) Counseling practitioner
 - d) Counselor educator
 - e) Other-please specify: _____
6. Your master's degree program in (select all that apply):
 - a) Career counseling
 - b) College counseling
 - c) Community counseling
 - d) Gerontological counseling
 - e) Marital, couple & family counseling
 - f) Mental health counseling
 - g) School counseling
 - h) Social work
 - i) Student affairs

j) Psychology

k) Other-please specify: _____

7. What type of accreditation did/does your master's program have? (Select all that apply)

a) APA

b) CACREP

c) CORE

d) None

e) Not sure

f) Other-please specify: _____

8. (If applicable) Your doctoral degree program in:

a) Counselor Education & Supervision

b) Counseling Psychology

c) Psychology

d) Other-please specify: _____

9. (If applicable) What type of accreditation did/does your doctoral program have?

(Select all that apply)

a) APA

b) CACREP

c) None

d) Not sure

e) Other-please specify: _____

10. Number of courses taken with a clear emphasis on developing students' professional identity development (e.g., professional identity development listed as one of the course goals, etc.):

a) None

b) One

c) Two

d) Three

e) More than three

11. (If applicable) please, list national-level professional counseling associations that are affiliated with: _____

APPENDIX E
INFORMATION ABOUT EXPERT REVIEWERS

Characteristic	Frequency	Percent of Sample	Total <i>N</i>
Gender			
Male	6	50	12
Female	6	50	12
Current Roles/Positions			
University faculty	11	91.7	12
Counseling practitioner	1	8.3	12
Past/Current Leadership Positions			
National-level counseling associations	9	75	12
Regional-level counseling associations	7	58.3	12
Journal editor	2	16.7	12
Master's Degree			
School Counseling	4	33.3	12
Mental Health Counseling	4	33.3	12
Community counseling	2	16.7	12
Marital, Couple & Family Counseling	1	8.3	12
Counseling Psychology	1	8.3	12
Master's Degree Accreditation Status			
CACREP	6	50	12
None	6	50	12
Doctoral Degree			
Counselor Education & Supervision	11	91.7	12
Counseling (pre-CACREP)	1	8.3	12
Doctoral Degree Accreditation Status			
CACREP	9	75	12
None	3	25	12
Licenses/Certifications			
LPC	8	66.7	12
NCC	5	41.7	12
Other	5	41.7	12

REFERENCES

- Antunes-Alves, S. (2010). *Our place in the mental health world: An exploration of counsellors' professional identity* (Unpublished doctoral dissertation). University of Ottawa, Canada.
- Auxier, C. R., Hughes, F. R., & Kline, W. B. (2003). Identity Development in counselors-in-training. *Counselor Education and Supervision, 43*, 25–38.
- Bartlett, M. S. (1950). Tests of significance in factor analysis. *British Journal of Psychology, 3*, 77–85.
- Blocher, D. H., Tennyson, W. W., & Johnson, R. H. (1963). *The dilemma of counselor identity. Journal of Counseling Psychology, 10*(4), 344–349.
- Borden, V. M. H. (2007). The role of professional associations in the formation of professional identity: The U.S. experience. R. Barnett & R. DiNapoli (Eds.), *Changing identities in higher education*. London: Routledge
- Borders, L. D., & Benschhoff, J. M. (1992). The miniconference: Teaching professionalism through student involvement. *Journal of Counseling and Development, 71*, 39–41.
- Brindle, M. G., & Goodrick, E. (2001). Revising maverick medical sects: The role of identity in comparing homeopaths and chiropractics. *Journal of Social History, 34*, 569–589.
- Brott, P., & Myers, J. M. (1999). Development of professional school counselor identity: A grounded theory. *Professional School Counseling, 2*, 339–349.
- Busacca, L. A., & Wester, K. L. (2006). Career concerns of master's-level community and school counselor trainees. *The Career Development Quarterly, 55*, 179–190.
- CACREP. (2001). The 2001 Standards. Available: <http://www.cacrep.org/template/search.cfm?keyword=2001+standards>
- CACREP. (2009). The 2009 Standards. Available: <http://www.cacrep.org/template/index.cfm>
- Calley, N. G., & Hawley, L. D. (2008) The professional identity of counselor educators. *The Clinical Supervisor, 27*(1), 3–16.
- Campbell, L. F. (2001). *The role of mentoring in supervision*. (ERIC Document Reproduction Service No. ED 460323).
- Carmines, E. G., & Zeller, R. A., (1991). *Reliability and validity assessment*. Newbury Park, CA: Sage.
- Cattell, R. B. (1978). *The scientific use of factor analysis*. New York, NY: Plenum.
- Choate, L. H., Smith, S. L., & Spruill, D. A. (2005). Professional development of counselor education students: An exploratory study of professional performance indicators for assessment. *International Journal for the Advancement of Counseling, 27*, 383–397.

- Clark, L. A., & Watson, D. (1995). Constructing validity: Basic issues in objective scale development. *Psychological Assessment*, 7(3), 309–319.
- Cohen, J., Cohen, P., West, S. G., & Aiken, L. S. (2003). *Applied multiple regression/correlation analysis for the behavioral sciences* (3rd ed.). Mahwah, NJ: Erlbaum.
- Collison, B. B. (2000). The counselor's professional identity. In H. Hackney (Ed.), *Practice issues for the beginning counselor* (pp. 9–22). Needham Heights, MA: Allyn & Bacon.
- Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology*, 24(4), 349–354.
- Dawis, R. V. (1987). Scale construction. *Journal of Counseling Psychology*, 34, 481–489.
- DeVellis, R. F. (2003). *Scale development theory and applications*. Thousand Oaks, CA: Sage.
- Duffey, T., & Somody, C. (2011). The role of relational-cultural theory in mental health counseling. *Journal of Mental Health Counseling*, 33(2), 223–242.
- Egan, G. (1998). *The skilled helper* (6th ed.). Pacific Grove, CA: Brooks/Cole.
- Elliott, P. (1972). *The sociology of the professions*. New York, NY: Macmillan.
- Emener, W.G., & Cottone, R.R. (1989). Professionalization, deprofessionalization, and reprofessionalization of rehabilitation counseling according to criteria of professions. *Journal of Counseling and Development*, 67, 576–581.
- Emerson, C. H. (2010). *Counselor professional identity: Construction and validation of the Counselor Professional Identity Measure* (Doctoral dissertation). Retrieved from ProQuest. (UMI No. 3403686)
- Eriksen, K. (1999). Counselor advocacy: A qualitative analysis of leaders' perceptions, organizational activities, and advocacy documents. *Journal of Mental Health Counseling*, 21(1), 33–50.
- Eriksen, K. (1997). *Making an impact: A handbook on counselor advocacy*. Washington DC: Taylor & Francis/Accelerated Development.
- Erikson, E. H. (1994). *Identity and the life cycle*. New York, NY: Norton.
- Fabrigar, L. R., Wegener, D. T., MacCallum, R. C., & Strahan, E. J. (1999). Evaluating the use of exploratory factor analysis in psychological research. *Psychological Methods*, 4, 272–299.
- Feit, S. S., & Lloyd, A. P. (1990). A profession in search of professionals. *Counselor Education and Supervision*, 29, 216–219.
- Fischer, D. G., & Fick, C. (1993). Measuring social desirability: Short forms of the Marlowe-Crowne Social Desirability Scale. *Educational and Psychological Measurement*, 53, 417–424.

- Gale, A. U., & Austin, D. B. (2003). Professionalism's challenges to professional counselors' collective identity. *Journal of Counseling & Development, 81*, 3–10.
- Gattiker, U. E., & Larwood, L. (1986). Subjective career success: A study of managers and support personnel. *Journal of Business and Psychology, 1*(2), 78–94.
- Gazzola, N., & Smith, D. J. (2007). Who do we think we are? A survey of counselors in Canada. *International Journal for the Advancement of Counselling, 29*(2), 97–110.
- Gibson, D. M., Dollarhide, C. T., & Moss, J. M. (2010). Professional identity development: A grounded theory of transformational tasks of new counselors. *Counselor Education and Supervision, 50*, 2–79.
- Gladding, S. T., & Newsome, D. W. (2004). *Community and agency counseling* (2nd ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.
- Glosoff, H. L., Benschoff, J. M., Hosie, T. W., & Maki, D. (1994). The 1994 ACA model legislation for licensed professional counselors. *Journal of Counseling & Development, 74*, 209–220.
- Goetz, B., & Barstow, S. (1999). *The effectiveness of professional counseling services*. Alexandria, VA: American Counseling Association.
- Goldschmidt, M., Tipton, R. M., & Wiggins, R. C. (1981). Professional identity of counseling psychologists. *Journal of Counseling Psychology, 28*, 158–167.
- Gray, N. D. (2001). *The relationship of supervisor traits to the professional development and satisfaction with the supervisor of post-master's degree counselors seeking state licensure* (Unpublished doctoral dissertation). University of New Orleans, LA.
- Gray, N. D., & Remley, T. P., Jr. (2000). *Counseling Profession Scale*. Unpublished test. University of New Orleans, Louisiana.
- Grimmit, M. A., & Paisley, P. O. (2008). A preliminary investigation of school counselor beliefs regarding important educational issues. *Journal of Humanistic Counseling, Education and Development, 47*, 99–110.
- Guerra, T. (1998, March). *FACT holds sixth meeting*. *Counseling Today*, p.6.
- Hall, D. T. (1987). Careers and socialization. *Journal of Management, 13*, 301–321.
- Hanna, F. J., & Bemak, F. (1997). The Quest for Identity in the Counseling Profession. *Counselor Education and Supervision, 36*, 194–206.
- Hansen, J. T. (2003). Including diagnostic training in counseling curricula: Implications for professional identity development. *Counselor Education and Supervision, 43*, 96–107.
- Hayton, J. C., Allen, D. G. & Scarpello, V. (2004). Factor Retention Decisions in Exploratory Factor Analysis: A Tutorial on Parallel Analysis. *Organizational Research Methods, 7*, 191–205.
- Henson, R. K., & Roberts, J. K. (2006). Use of exploratory factor analysis in published research. *Educational and Psychological Measurement, 66*, 393–416.

- Healey, A. C. (2009) *Female perspectives of professional identity and success in the counseling field* (Doctoral dissertation). Retrieved from ProQuest. (UMU No. 3393006)
- Healey, A. C., & Hays, D. G. (2011). Defining counseling professional identity from a gendered perspective: Role conflict and development. *Professional Issues in Counseling Journal*, Spring.
- Henson, R. K., & Roberts, J. K. (2006). Use of exploratory factor analysis in published research: Common errors and some comment on improved practice. *Education and Psychological Measurement*, 66, 393–416.
- Herlihy, B., & Remley, T. P., Jr. (1995). Unified ethical standards: A challenge for professionalism. *Journal of Counseling & Development*, 74, 130–133.
- Herr, E. L., & Cramer, S. H. (1987). *Controversies in the mental health professions*. Muncie, IN: Accelerated Development.
- Hershenson, D. B., Power, P. W., & Waldo, M. (1996). *Community counseling: Contemporary theory and practice*. Boston: Allyn & Bacon.
- Hiebert, B., Simpson, L., & Uhlemann, M. R. (1992). Professional identity and counsellor education. *Canadian Journal of Counselling*, 26(3), 201–208.
- Hill, C., Bandfield, A., & White, M. L. (2007, Spring). Leadership development 101: From graduate students to professional counselors. *Chi Sigma Iota Exemplar*, 22(1), 10.
- Hosie, T. W. (1989). The making of a profession. *Counselor Education and Supervision*, 29, 2–4.
- Jebril, M. Y. (2008). *The evolution and measurement of professional identity* (Doctoral dissertation). Retrieved from ProQuest. (UMI No. 3311818)
- Kaiser, H. F. (1974). An index of factorial simplicity. *Psychometrika*, 39, 32–36.
- Kline, P. (1979). *Psychometrics and psychology*. London: Academic Press.
- Lafleur, L. B. (2007). *Counselors' perceptions of identity and attitudinal differences between counselors and other mental health professionals* (Doctoral dissertation). Retrieved from ProQuest. (UMI No. 3261601)
- Lamadue, C. A., & Duffey, T. H. (1999). The role of graduate programs as gatekeepers: A model for evaluating student counselor competence. *Counselor Education and Supervision*, 39, 101–109.
- Larson, P. C. (1982). Introduction: Two archetypes in search of an identity. *Professional Psychology*, 13(6), 830–834.
- Leach, M. M., Stoltenberg, C. D., McNeill, B. W., & Eichenfield, G. A. (1997). Self efficacy and counselor development: Testing the integrated developmental model. *Counselor Education and Supervision*, 27, 115–124.

- Lent, R. W., Hill, C. E., & Hoffman, M. A. (2003). Development and validation of the counselor activity self-efficacy scales. *Journal of Counseling Psychology*, *50*, 97–108.
- Luke, M., & Goodrich, K. M. (2010). Chi Sigma Iota chapter leadership and professional identity development in early career counselors. *Counselor Education and Supervision*, *50*, 56–78.
- Malley, J. (2010, July). Article on professional identity draw response. *Counseling Today*, *53*(1), 8.
- Maples, M. F., Altekruze, M. D., & Testa, A. M. (1993). Counselor Education 2000: Extinction or distinction? *Counselor Education and Supervision*, *33*, 47–52.
- MacCallum, R. C. & Widaman, K. F. (1999). Sample size in factor analysis. *Psychological Methods*, *4*, 84–99.
- McCully, C. H., & Miller, L. L. (1969). *Challenge for change in counselor education*. Minneapolis, MN: Burgess Publishing Co.
- Mellin, E. A., Hunt, B., & Nichols, L. M. (2011). Counselor professional identity: Findings and implications for counseling and interprofessional collaboration. *Journal of Counseling and Development*, *89*, 140–147.
- McLaughlin, J. E., & Boettcher, K. (2009). Counselor identity: Conformity or distinction? *Journal of Humanistic Counseling, Education and Development*, *48*, 132–143.
- Moore-Pruitt, S. (1994). *Seeking an identity through graduate training: Construction and validation of a counselor identity scale* (Unpublished doctoral dissertation). St. Mary's University, San Antonio, TX.
- Mrdjenovich, A. J., & Moore, B. A. (2004). The professional identity of counseling psychologists in health care: A review and call for research. *Counselling Psychology Quarterly*, *17*, 69–79.
- Myers, J. E. (1995). Specialties in Counseling: Rich Heritage or Force for Fragmentation? *Journal of Counseling & Development*, *74*, 115–116.
- Myers, J. E. (1992). Wellness, prevention, development: The cornerstone of the profession. *Journal of Counseling and Development*, *71*, 136–139.
- Myers, J. E. (1991). Wellness as the paradigm for counseling and development: The possible future. *Counselor Education and Supervision*, *30*, 183–193.
- Myers, J. E., Sweeney, T. J., & White, V. E. (2002). Advocacy for counseling and counselors: A professional imperative. *Journal of Counseling & Development*, *80*, 394–401.
- Nelson, K. W., & Jackson, S. A. (2003). Professional counselor identity development: A qualitative study of Hispanic student interns. *Counselor Education and Supervision*, *43*, 2–14.
- Netemeyer, R. G., Bearden, W. O., Sharma, S. (2003). *Scaling Procedures: Issues and Applications*. Thousand Oaks, CA: Sage.

- Nunnally, J. C., & Bernstein, I. H. (1994). *Psychometric theory* (3rd ed.). New York, NY: McGraw-Hill.
- O'Bryant, B. J. (1992). *Marketing yourself as a professional counselor*. Ann Arbor, MI: ERIC/CASS Digest. (ERIC Document Reproduction Service No. ED347492).
- Palmo, A. J. (1996). Professional identity of the mental health counselor. In W. J. Weiker & A. J. Palmo (Eds.), *Foundations of mental health counseling* (pp. 51–72). Springfield, IL: Thomas.
- Pate, R. H. (1980). The counselor in a psychological society. *The Personnel and Guidance Journal*, 58, 521–524.
- Patil, V. H., McPherson, M. Q., & Friesner, D. (2010). The use of exploratory factor analysis in public health: A note on parallel analysis as a factor retention criterion. *American Journal of Health Promotion*, 24, 178–181.
- Pedersen, J. V., & Nisenholz, B. (1999). *Orientation to counseling* (4th ed.). Needham Heights, MA: Allyn & Bacon.
- Pett, M. A., Lackey, N. R., & Sullivan, J. J. (2003). *Making sense of factor analysis: The use of factor analysis for instrument development in health care research*. Thousand Oaks, CA: Sage.
- Pietrofesa, J. J., & Vriend, J. (1971). *The school counselor as a professional*. Itasca, IL: Peacock.
- Pistole, M. C., & Roberts, A. (2002). Mental health counseling: Toward resolving identity confusion. *Journal of Mental Health Counseling*, 24, 1–19.
- Ponton, R. F., & Duba, J. D. (2009). The ACA code of ethics: Articulating counseling's professional covenant. *Journal of Counseling and Development*, 83, 117–121.
- Pope, M. (2006). *Professional counseling 101: Building a strong professional identity*. Alexandria, VA: American Counseling Association.
- Pope, M. (2004). Counseling psychology and professional school counseling: Barriers to a true collaboration. *The Counseling Psychologist*, 32, 253–263.
- Puglia, B. (2008). *The professional identity of counseling students in master's level CACREP accredited programs* (Doctoral dissertation). Retrieved from ProQuest. (UMI No. 3324071)
- Remley, T. P. Jr. (1995). A proposed alternative to licensing of specialties in counseling. *Journal of Counseling & Development*, 74, 126–129.
- Remley, T. P. Jr. (1993, October). Toward common standards. *Guidepost*, 36, 4.
- Remley, T. P. Jr., & Herlihy, B. (2007) *Ethical, legal, and professional issues in counseling* (2nd ed. updated). Upper Saddle River, NJ: Prentice Hall.
- 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.
- Ritchie, M. H. (1990). Counseling is not a profession—yet. *Counselor Education and Supervision*, 37, 166–178.
- Rubin, A., & Babbie, E. A. (1997). *Research methods for social work* (4th ed.). Belmont, CA.: Wadsworth.
- Schmidt, J. J. (1999). Two decades of CACREP and what do we know? *Counselor Education and Supervision*, 39, 34–45.
- Schwab, D. P. (1980). Construct validity in organization behavior. In B. M. Staw & L. L. Cummings (Eds.), *Research in Organizational Behavior*, 2, pp. 3-43. Greenwich, CT: JAI Press.
- Sexton, T. L., Whiston, S. C., Bleuer, J. C., & Walz, G. R. (1997). *Integrating outcome research in counseling practice*. Alexandria, VA: American Counseling Association.
- Sheeley, V. L. (2002). American Counseling Association: The 50th year celebration of excellence. *Journal of Counseling and Development*, 80, 387–389.
- Sherrard, P. A., & Fong, M. L. (1991). Mental health counselor training: Which model shall prevail? *Journal of Mental Health Counseling*, 13, 204–210.
- Smith, H. B. (2004). The counseling profession: Reflections and projections. Retrieved March 10, 2013 ACA Vistas Online, from <http://counselingoutfitters.com/vistas/vistas04/2.pdf>.
- Smith, G. T., Fischer, S., & Fister, S. M. (2003). Incremental validity principles in test construction. *Psychological Assessment*, 15, 467–477.
- Smith, G. T., & McCarthy, D. M. (1995). Methodological considerations in the refinement of clinical assessment instrument. *Psychological Assessment*, 7, 300–308.
- Smith, H. B., & Robinson, G. P., (1995). Mental health counseling: Past, present, and future. *Journal of Counseling and Development*, 74(2), 1–10.
- Springer, D. W., Abell, N., & Hudson, W. W. (2002). Creating and validation rapid assessment instruments for practice and research: Part 1. *Research on Social Work Practice*, 12(3), 408–439.
- Spruill, D. A., & Benschhoff, J. M. (1996). The future is now: Promoting professionalism among counselors-in-training. *Journal of Counseling & Development*, 74(5), 468–471.
- Stalikas, A. (2003). A historical approach to the identity development of counseling psychology. *Psychology*, 10, 279–294.
- Stoltenberg, C., McNeill, B. W., & Delworth, U. (1998). *IDM supervision: An integrated developmental model for supervising counselors and therapists*. San Francisco: Jossey-Bass.
- Strahan, R., & Gerbasi, K. (1972). Short, homogenous version of the Marlow-Crowne Social Desirability Scale. *Journal of Clinical Psychology*, 28, 191–193.

- Studer, J. R. (2007). Erik Erikson's psychosocial stages applied to supervision. *Guidance & Counseling, 21*, 168–173.
- Sweeney, T. J. (2001) Counseling: Historical origins and philosophical roots. In D. C., Locke, J. E. Myers, & E. L. Herr (Eds.), *The Handbook of Counseling* (pp. 641–652). Thousand Oaks, CA: Sage.
- Sweitzer, V. (2009). Towards a theory of doctoral student professional identity development: a developmental networks approach. *The Journal of Higher Education, 80*(1), 2–30.
- 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*, 332–340.
- Tentoni, S. C. (1995). The mentoring of counseling students: A concept in search of a paradigm. *Counselor Education and Supervision, 35*, 32–42.
- Thompson, B. (2004). *Exploratory and confirmatory factor analysis: Understanding concepts and applications*. Washington, DC: American Psychological Association.
- Vacc, N. A. & Loesch, L. C. (1987). *Counseling as a profession*. Muncie, IN: Accelerated Development Inc.
- VanZandt, C. E. (1990). Professionalism: A matter of personal initiative. *Journal of Counseling and Development, 68*, 243–245.
- Webber, J. M., & Mascari, J. B. (2006). Counselors or educators: Strengthening the professional identity of school counselors. VISTAS, ACA. Retrieved from <http://counselingoutfitters.com/Webber.htm>
- Weinrach, S. G., Thomas, K. R., & Chan, F. (2001). The professional identity of contributors to the Journal of Counseling & Development: Does it matter? *Journal of Counseling and Development, 79*, 166–170.
- White, M. L. (2009). *The process of becoming an advocate for the counseling profession: A qualitative analysis of counselors' development* (Doctoral dissertation). Retrieved from ProQuest. (UMI No. 3393048)
- Wilcoxon, S. A., Cecil, J. H., & Comas, R. E. (1987). Student Perceptions of accreditation of programs in counseling. *Counselor Education and Supervision, 27*, 184-189.
- Zimpfer, D. G., & Mohdzain, A. Z (1992). Professional identification of counselor preparation programs. *Counselor Education and Supervision, 32*(9), 91.