Being a College Counselor on Today's Campus
Roles, Contributions, and Special Challenges

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Routledge
Taylor & Francis Group
711 Third Avenue
New York, NY 10017

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Routledge is an imprint of Taylor & Francis Group, an Informa business

Printed in the United States of America on acid-free paper
Version Date: 2011909

International Standard Book Number: 978-0-415-88214-9 (Paperback)

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Library of Congress Cataloging-in-Publication Data
Sharkin, Bruce S.
Being a college counselor on today’s campus : roles, contributions, and special challenges / Bruce S Sharkin.
p. cm.
Includes bibliographical references and index.
1. Counseling in higher education. 2. Student counselors. I. Title.
LB2343.S488 2011
378.1'9--dc23 2011022957

Visit the Taylor & Francis Web site at http://www.taylorandfrancis.com
and the Routledge Web site at http://www.routledgementalhealth.com

http://www.routledgementalhealth.com/being-a-college-counselor-on-todays-campus-9780415882149
As a profession, college counseling has been around for many years, yet its emergence as a true specialty seems to have occurred in more recent years. College counseling is now considered a specialty field within the larger professional domain of counseling, similar to long-existing specialties such as addictions counseling and family counseling. This means that it is a field that requires specific qualifications and skills and consists of its own unique experiences and challenges. It also means that being a college counselor encompasses its own sense of professional identity regardless of the particular background or educational credentials of the individual practitioner. Simply stated, there is nothing quite like the experience of being a counselor on a college or university campus. Grayson and Meilman (2006) referred to college counseling as “a world unto itself” (p. 1). The delineation of the unique dimensions of college counseling is the primary mission of this book.

In addition to providing counseling, most college counselors engage in a variety of other tasks. This includes consultation and outreach, supervision and training, research, teaching, and myriad other important contributions to the overall mission of their universities. College counselors may be appreciated and valued in some respects, while at the same time they may be underappreciated and undervalued in other respects. For example, faculty and staff members on a campus are relieved to be able to refer emotionally distressed students to those with more expertise in handling such matters. After all, this is what campus counselors are primarily there for, at least in the eyes of others on campus. But when it comes to the many other roles, responsibilities, and professional activities that college counselors engage in, this is where there may be less acknowledgment of their value.
This chapter will first provide some brief but significant historical perspective on the profession and how it has evolved, particularly over the past 20 to 30 years. This will include some discussion of the tragedy that occurred at Virginia Tech in 2007, for this is an event that significantly changed campus life in general and the role of college counselors in particular. The historical review will be followed by a discussion of the professionals who currently work as college counselors and what skills are needed to be an effective college counselor on today’s campus.

The Evolution of College Counseling

*Historical Roots*

The early beginnings of what is now called college counseling have been written about and summarized by others (Dean & Meadows, 1995; Hodges, 2001; Meadows, 2000; Prescott, 2008). Prescott’s review is perhaps the most thorough and interesting to read, though she is not a college counselor and rather writes from the perspective of a historian. According to Prescott (2008), mental health services first appeared at American colleges and universities during the 1920s in an effort to broaden health services in higher education after the First World War. In those days, such services were generally referred to as mental hygiene programs. Prescott noted that there were only a dozen or so private colleges that instituted these programs during the 1920s and 1930s, with Princeton being the first.

Based on the description of what these services entailed, it seems that they were primarily the domain of psychiatry, and not surprisingly there was a strong sense of social stigma associated with utilizing them back then. The sense of stigma was certainly not helped by the prevailing sentiments of homophobia, anti-Semitism, and oppression of women that influenced these early efforts at treating mental illness on campus (Prescott, 2008). Prescott described how there were also strong feelings of opposition from faculty members who viewed mental hygiene programs as a form of “coddling” academically underperforming students. Indeed, there are still some remnants of this attitude that persist today.
Following the Second World War, there was further expansion of mental health services in higher education, in large part due to the influx of veterans who were given financial assistance to enroll in colleges and universities. In the 1950s, a significant proportion of counseling provided was in the form of career counseling to veterans, and the vocational planning for these veterans opened up avenues of exploration into personal and social concerns (Hodges, 2001). Theories of late-adolescent development that emerged at the time also helped focus attention on the importance of nurturing the emotional maturation process of college students, further expanding the role of counseling into more personal and social dimensions of students’ lives.

The 20-year period from 1960 to 1980 has been characterized as perhaps the most significant period of growth in the development of the profession of college counseling (Meadows, 2000). Many counseling centers assumed increasing responsibility for testing services, including national testing programs such as the Scholastic Aptitude Test and Graduate Record Exam (Weissberg, 1987). Early pioneers such as Thomas Magoon, Charles Warnath, and Allen Ivey made significant contributions through research and publications to a young but blossoming field. Common standards were adopted by the International Association of Counseling Services to govern the accreditation of counseling services at different types of institutions of higher education. Despite the tremendous strides that were being made, Meadows related how this period represented a serious challenge to the development of the profession as well. Particularly during the 1970s, the field was trying to advance while facing the threat of looming cuts during difficult economic times, something that the field is once again experiencing today.

The 1980s Through the 2000s: Growing Concern About College Student Mental Health

Beginning in the 1980s, research began to emerge showing an increase in the severity of problems being treated in college counseling centers. For example, Robbins, May, and Corazzini (1985) reported that a significant percentage of counseling center staff members held the perception that the severity of problems was on the rise. A similar
finding was subsequently reported based on the perceptions of counseling center directors (O’Malley, Wheeler, Murphey, O’Connell, & Waldo, 1990). During the 1980s, the traditional developmental approach of college counseling started to give way to the medical model with an emphasis on assessment and diagnosis of disorders (Hodges, 2001), and counseling centers began to merge more with health services (Cooper, Resnick, Rodolfa, & Douce, 2008). Career counseling, once the predominant domain of college counselors, was increasingly becoming a separate service provided by others on campus (Cooper et al., 2008).

As the decade of the 1990s ushered in, Stone and Archer (1990) argued that the purported trend of increasing numbers of students with serious psychological problems was a key challenge facing counseling centers in the new decade. Their article has been deemed to be crucial for setting the tone for the entire decade of the 1990s (Cooper et al., 2008) and continues to be just as influential in the world of college counseling today. Bishop (1990) wrote a similar article making the same claim, and other articles subsequently appeared addressing concerns such as ethical dilemmas associated with increasing psychopathology among college students (Gilbert, 1992). However, the Stone and Archer article remains one of the most cited in the college counseling literature.

Most college counselors in the field at that time believed that the trend of increasing severity was occurring and did not question what was documented in the Stone and Archer (1990) article. However, a closer review of the studies cited by Stone and Archer revealed a lack of convincing evidence (other than the perceptions of counseling center staff members) to support the purported trend (Sharkin, 1997). An ongoing debate subsequently ensued over whether there was a true trend. If in fact there was an increase in the level of distress of college students over the years, particularly those that came to the attention of college counselors, such a trend was difficult to demonstrate through research (Sharkin & Coulter, 2005).

Several large-scale longitudinal studies were subsequently conducted to test the notion that problems presented in counseling centers were becoming increasingly more severe (Benton, Robertson, Tseng, Newton, & Benton, 2003; Cornish, Kominars, Riva, McIntosh, &
Henderson, 2000; Kettmann, Schoen, Moel, Cochran, Greenberg, & Corkery, 2007; Pledge, Lapan, Heppner, Kivlighan, & Roehlke, 1998; A. J. Schwartz, 2006). These studies varied in the time period assessed (ranging from 6 to 13 years), sample size (ranging from 827 to 13,257), and the measures used (from one to multiple measures, most of which were completed at intake, except in the Benton et al. study). A detailed summary of these studies by Much and Swanson (2010) shows that the purported trend of increasing psychopathology has not yet been demonstrated.

Of all of the studies, it was the Benton et al. (2003) study that garnered the most attention, for it was and continues to be cited as evidence for the trend. Though it was an ambitious and important study, there were frequent misinterpretations of its findings due to its methodological shortcomings (Sharkin, 2004a). Nonetheless, the publication of that one study helped continue to fuel national media coverage of college student mental health concerns that had already begun since the start of the new millennium (Arenson, 2004; Duenwald, 2004; Goode, 2003; K. Kelly, 2001; Kirn, 2003; McGinn & DePasquale, 2004; Shea, 2002; Young, 2003).

The publication of the Benton et al. (2003) study was soon followed by the publication of several books on the subject of college student mental health, including the widely recognized College of the Overwhelmed: The Campus Mental Health Crisis and What to Do About It (Kadison & DiGeronimo, 2004) and College Mental Health Practice (Grayson & Meilman, 2006). Concerns were being raised about the increasing use of psychotropic medication among young people in general (Kluger, 2003) and college students in particular (Carter & Winseman, 2003; Fromm, 2007; Whitaker, 2007; Young, 2003). High-profile cases of student suicide, such as Elizabeth Shin at Massachusetts Institute of Technology in 2000 and several suicides that occurred at New York University in 2003 and 2004, were creating a media frenzy (Kennedy, 2004) and raising anxieties on campuses nationwide (Arenson, 2004). College counseling centers were being characterized as similar to community mental health clinics (Rudd, 2004). A special section in an issue of the Journal of College Counseling (Beamish, 2005) was devoted to the problem of “severe and persistent mental illness on college campuses.” The special issue included
a reiteration of earlier concerns with the lack of research evidence for the trend of increasing problem severity and methodological limitations in the Benton et al. study (Sharkin & Coulter, 2005).

Concern about the mental health care for college students even prompted the federal government to respond with legislative action aimed at strengthening or increasing student access to mental health services on campuses. There was the Campus Care and Counseling Act (HR 3593, 2003; S 2215, 2004), which was eventually incorporated into the Garrett Lee Smith Memorial Act (HR 4799, 2004; S 2634, 2004) and signed into law by then-president George W. Bush in the fall of 2004. A similar type bill, the Mental Health on Campus Improvement Act (HR 1704, 2009; S 682, 2009), was more recently introduced and has been referred to committees in the House of Representatives and Senate, but no further action has been taken by Congress.

**Impact of a Tragedy: The Mass Shootings at Virginia Tech in 2007**

The level of concern regarding college student mental health and the need for proper assessment and intervention intensified following the tragedy at Virginia Tech on April 17, 2007, in which 32 people were killed by a student named Seung-Hui Cho. Even though this was not the first case of mass murder on a college campus (Charles Whitman, the Texas Tower sniper, killed 16 and wounded 31 people at the University of Texas in 1966), it came at a time of increased hypervigilance to emotionally troubled students, which raised anxieties to a new level. Anxieties had already been high in the wake of several high-profile cases of student suicide, many of which prompted lawsuits against the institutions where they occurred (Arenson, 2004; Franke, 2004). With the Virginia Tech shootings, however, concerns shifted more in the direction of fears of emotionally disturbed students being dangerous to others. Much has been written about the specific events leading up to the shootings, what actually happened on the day of the shootings, and the aftermath of the tragedy (Flynn & Heitzmann, 2008; Shuchman, 2007).

In the ensuing weeks and months following the tragedy, there was considerable scrutiny on what appeared to be missed signs of the
potential dangers posed by Cho. For example, it was revealed that a number of people including campus police officers, professors, and fellow students experienced troubling encounters with him. In an article that was published soon after the shootings, Amada (2007) raised questions as to why Cho was not disciplined by the school for the known instances of misconduct, such as stalking female students. It was further revealed that Cho had been briefly committed to a psychiatric hospital in 2005, but his parents had not been informed about this. In the governor-appointed Virginia Tech Review Panel report (2007), it was noted that the campus counseling center failed to communicate with officials in other campus offices or with Cho’s parents because of beliefs about privacy restrictions on such communication. The report also made reference to the fact that Cho received “minimal treatment” at the counseling center, but detailed records of any contacts with the center were missing.

News reports eventually revealed that the missing records had been discovered at the home of the former director of the counseling center, Dr. Richard Miller, who was fired from Virginia Tech in December 2005 (Urbina, 2009). According to the reports, on December 14, 2005 (the day Cho was discharged from the psychiatric hospital), Dr. Miller had received an e-mail message about Cho’s temporary detention at the hospital and examples of his troubling behavior, which he then forwarded to counseling center staff members with an “FYI” in case the student was seen in the center. Dr. Miller was unaware that Cho had already been seen earlier that day (Schulte & Jackman, 2009). For some reason, the Virginia Tech Review Panel chose not to interview Dr. Miller, perhaps because he had not worked in the counseling center for more than a year before the shootings.

Records show that Cho had three contacts with the campus counseling center in November and December 2005, two times by telephone and once in person (Schulte & Jackman, 2009). In essence, records of all three contacts showed that he was believed to be depressed, had episodes of anxiety, and was socially isolated. Although it was documented that he engaged in self-destructive behavior, it is unclear what this was referring to. However, he reportedly denied suicidal and homicidal thoughts. In the one face-to-face contact he had, he was described as nonverbal, avoidant of eye contact, and showing no
emotion. Because this session was at the end of the fall semester, it ended with the counselor encouraging him to return the following month after the semester break, but he never did.

One particular issue of discrepancy revolves around whether Dr. Miller or members of the counseling center staff were informed that he was court ordered by a judge to undergo involuntary treatment at the campus counseling center after his discharge from the psychiatric hospital in December 2005. It has been reported that when he was discharged, the hospital forwarded records to the counseling center, including a court order for treatment (Shuchman, 2007). However, Schulte and Jackman (2009) reported that the campus counselors maintain that they were never informed of such an order to undergo treatment. Clearly, there was a breakdown in communication in this case.

Questions as to whether the counselors involved in evaluating Cho and the former director of counseling will ultimately be held responsible for failing to take steps to prevent what happened will undoubtedly be answered as a result of a pending lawsuit filed by families of two students who were killed that tragic day (Neil, 2010). These were the only two families that would not agree to a settlement from the state that was offered in 2008. While the tragedy itself has had a significant impact on colleges nationwide, the outcome of this lawsuit is likely to have a tremendous impact as well.

The horror of what occurred at Virginia Tech will be felt on campuses for years to come. The sense of safety that was once felt on college campuses has been shattered, and there is now a sense of hypervigilance to the potential risk of another such tragedy (Flynn & Heitzmann, 2008). In many respects, the Virginia Tech tragedy has changed college campuses in the same way the September 11th terrorist attacks changed the entire nation. In particular, colleges have been establishing threat assessment teams on campus in an effort to prevent such tragedies from occurring again. With the emergence of these teams, college counselors have been assuming a growing role in the domain of threat assessment. Hence, this increasing role will be further examined in terms of membership on campus intervention teams (in Chapter 3) and the swirling controversy related to this new role for college counselors (in Chapter 6).
Summary

The evolution of the profession of college counseling has occurred over the span of over 80 years and been influenced by a variety of people and events and the changing culture in which we live. As with most professions, there have been significant changes over the years in terms of the roles and responsibilities of college counselors. Thus, as the field has evolved so have the required skills needed to function as a college counselor on today’s campus. The path to becoming a college counselor and the specific skills needed to be effective as a college counselor will be addressed in the following section.

Becoming a College Counselor

How Does One Become a College Counselor?

The path to becoming a college counselor is not always a direct one. Because there are no college counseling degree programs per se, most of the people who end up working as college counselors come from broad-based training programs in counseling psychology, clinical psychology, counseling and human services, mental health counseling, counselor education, and social work. There are master’s programs that may offer a specialization in college counseling, as part of either a broader counseling program or student affairs in a higher education program aimed more at developing administrative skills. Typically these programs offer a number of specialized courses devoted to understanding the needs and issues of college students on today’s campus. Programs offering a college counseling specialization may require students to participate in a field placement or to complete an internship in a college counseling center, though this may not necessarily involve counseling clients.

Perhaps the field that shares the longest association with college counseling centers is counseling psychology. College counseling centers have a long tradition of serving as training sites for graduate students in counseling psychology programs (Gallessich & Olmstead, 1987; Neimeyer, Bowman, & Stewart, 2001; Richardson & Massey, 1986) and as a rewarding career option for new counseling psychology professionals (Phelps, 1992). In addition, counseling psychology
programs have strong ties with counseling centers based on their shared commitment to clinical, research, and training activities (Guinee & Ness, 2000). Although a large percentage of graduates from academic programs in counseling psychology pursue careers as college counselors, it is by no means the only field that prepares people to work as college counselors.

By the 1990s, the college counseling profession was becoming more diverse in terms of the training backgrounds and professional associations of those in the profession (Dean & Meadows, 1995). In a national survey of college counseling center directors (Gallagher, 2010), the professional identity endorsed was as follows: counseling psychologist (38%), clinical psychologist (24%), professional counselor (19%), social worker (8.5%), and mental health professional (4%). Although psychologists may still represent the majority who serve as college counselors, that has been slowly changing and may continue to expand to other mental health professionals over the coming years.

In addition to the particular program of study one pursues is the issue of the type of degree earned. Most college counselors possess either a doctoral degree (PhD, PsyD, or EdD) or a master’s degree (MA, MS, MSW, or MEd). Although counseling centers have traditionally been predominantly staffed by individuals with doctoral degrees (Stone, Vespia, & Kanz, 2000), it appears that the number of college counselors with a master’s degree may be growing, especially in smaller counseling centers at schools with fewer than 4,000 students (Vespia, 2007). The issue of whether a doctoral degree is required to work in a particular college counseling center will depend on a number of factors. For example, counseling centers that are accredited by the American Psychological Association as predoctoral internship sites are required to hire doctoral-level professionals to fulfill requirements for the provision of clinical supervision that ultimately will fulfill requirements for licensure as well (Rodolfa & Keilin, 2006).

Even counseling centers that are not accredited internship sites may require new hires to have a doctoral degree because this may still be required of supervisors if the center is a training site for doctoral-level graduate students. Counseling centers at schools where there is a doctoral program in counseling may hire doctoral-level practitioners in order to allow for reciprocal benefits of affiliation (e.g., teaching,
research, training, etc.). Some universities may simply have a preference to hire doctoral-level clinicians for their counseling centers, perhaps based on a perception that such clinicians are more qualified. There does appear to be an advantage of having a doctoral degree if one aspires to serve as a director of a counseling center: 80% of directors reported having a doctoral degree in the most recent survey of directors conducted by the Association of University and College Counseling Center Directors (Barr, Rando, Krylowicz, & Winfield, 2010) and the International Association of Counseling Services requires directors to have doctorates as part of their accreditation standards (Boyd et al., 2003).

There have been many spirited debates over whether a doctoral degree is truly necessary for one to practice effectively as a college counselor. One would be hard-pressed to make a strong case that those with doctoral degrees generally make better clinicians than those with master’s degrees. Licensure is often viewed as a better indicator of one’s qualifications and is another important credential that many counseling centers require their counselors to possess, but licensure can be obtained at the master’s level (e.g., licensed professional counselor or licensed mental health counselor). Many believe it is the skill set and preparation that is most important as opposed to the degree per se. In the next section, what many consider important skills to have to be prepared to enter the profession of college counseling will be discussed. Before doing so, it is important to note that whether one chooses to pursue a master’s degree or persevere to earn a doctoral degree, it is essential that the academic program be fully accredited (Dean & Meadows, 1995; Maples, 2000). For example, programs in counseling that are accredited by the Council for Accreditation of Counseling and Related Educational Programs and programs in counseling psychology accredited by the American Psychological Association are thoroughly evaluated to ensure compliance with high standards and to meet licensure requirements.

*What Skills Are Necessary to Be a College Counselor on Today’s Campus?*

As college counseling has become more and more specialized as a profession, the key to being successfully prepared to work as a college
counselor is the acquisition of solid, supervised training experiences in a college counseling center. Though there are certain experiences that can be helpful to acquire at the undergraduate level, such as working in residential life or serving as a peer counselor (Maples, 2000), the opportunity to actually provide counseling to college students requires one to be in a graduate degree program. It is critical for anyone who is considering work in college counseling to acquire at least one yearlong training experience working in a counseling center, though training experiences in other types of settings (e.g., a hospital) can be important to broaden one’s knowledge of other mental health service agencies (Hinkelman, 2005). This could be in the form of a practicum, a field placement, or an internship. Simply put, the more experience gained in a counseling center, the better prepared and more attractive to employers someone will be for a college counselor position.

Most of the training programs identified earlier train their students to be “generalists” with respect to clinical skills. This means that they are equipped to provide counseling for a wide range of problems. Although being a generalist can be a desirable skill for college counseling (Williams & Edwardson, 2000), there is often interest in hiring individuals who also possess some special skills or expertise. This expertise may involve having experience working with specific problems, such as eating disorders, mood disorders, trauma, grief, or substance abuse. The expertise could also comprise more advanced knowledge and skills working with specific subgroups of students, such as students of color, international students, military veterans, student athletes, or gay, lesbian, bisexual, transgender, or questioning students.

In addition to being a generalist with some specialized skills, to be an effective college counselor requires one to have a keen understanding of college student development and how to be responsive to the struggles of students in ways that will resonate with them. College students represent a diverse population with many unique subpopulations (Lippincott & Lippincott, 2007), but the larger population of college students as a whole shares some common developmental stages and tasks (Ghetie, 2007; Von Steen, 2000). For traditionally aged students (ages 18–24), this is a phase of life that comprises developmental tasks such as autonomy, individuation, identity, and intimacy (Chickering & Reisser, 1993; Francis, 2009). It is a time of
transition from adolescence to emerging adulthood (Arnett, 2000), and with that transition come fears and anxieties of assuming adult responsibilities. It can be an especially daunting time, given that college culture encourages participation in various high-risk behaviors, such as alcohol use and sexual activity as a developmentally based form of experimentation (Dworkin, 2005).

The developmental tasks of this stage of life and the myriad potential roadblocks to their successful completion will prompt many students to seek counseling. Clearly then there is a need for college counselors to be well versed in the developmental struggles of traditional college students and how best to help them navigate through these struggles. (An understanding of nontraditional students is important as well and will be addressed in Chapter 5.) Being well informed about changes in the attitudes, culture, trends, and values of students is important, as they may influence the developmental issues of students (Bishop, Lacour, Nutt, Yamada, & Lee, 2004). Today’s students, for example, face unique psychosocial stressors resulting from the protracted recession in the country such as an ever-increasing burden of college debt and poor employment prospects (Berg-Cross & Green, 2010).

Because so many college counselors now believe that the traditional developmental struggles of college students have in many cases been superseded by more complex and serious psychological problems, college counselors need to possess strong skills in assessing and diagnosing more severe forms of psychopathology (Rudd, 2004; Sharkin & Coulter, 2005). It can be important to be well grounded in how to render a diagnosis using the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (*DSM-IV-TR*; American Psychiatric Association, 2000) given that nearly half of counseling centers recently surveyed reported that they generate a *DSM-IV* diagnosis (Barr et al., 2010). With increasing numbers of students requesting accommodations because of emotional and mental disabilities, college counselors may need to be prepared to review, evaluate, verify, and document such requests (Gibson, 2000). Even though many colleges now have offices devoted to disability services, college counselors may need to communicate or collaborate with these other service providers on campus. Other important skills include being able to discern psychopathology from developmentally based...
problems, knowing when to refer for evaluations for psychotropic medication, and knowing how and when to initiate hospitalization (Sharkin & Coulter, 2005). Also, as college counseling may increasingly adopt the model of evidence-based practice in which decisions about the care of clients are based on best available evidence, college counselors will need to keep abreast of research-based clinical evidence for treatment of specific disorders, such as anxiety and eating disorders (Cooper, 2005; Cooper et al., 2008).

In addition to clinical preparation, those who want to be college counselors need to develop skills in consulting and working collaboratively with several different constituencies (colleagues, personnel from other departments, administrators, professors, off-campus mental health professionals, and parents). In a sense, today’s college counselor needs to be flexible, interpersonally skilled, and a team player as much as possible (Williams & Edwardson, 2000). There is a need to be well versed in the multiple missions of college counseling, including crisis intervention, consultation and outreach, and public health issues affecting college students (Bishop, 2006). Consultation and outreach is a particularly attractive skill desired by counseling center directors (Williams & Edwardson, 2000). Many college counselors are also expected to actively engage in scholarly writing and research projects, making research skills important.

For anyone who is considering a career in college counseling, it is reassuring to know that the work can be quite rewarding and satisfying professionally (Phelps, 1992; T. B. Smith et al., 2007), particularly because of the diversity in roles and activities that the work often entails (Hinkelman, 2005). Like most professions, college counseling is certainly not without its challenges and frustrations as well. In the next several chapters of this book, the reader will be provided with a true sense of the profession of college counseling and how vital it has become on today’s campus.

Summary

There is a long, rich history of college counseling over the past several decades, as it has evolved into a unique profession with its own sense of professional identity and required skill set. The profession
continues to expand and diversify, with growing numbers of practitioners coming from a variety of different training backgrounds. History shows that college counseling has been defined by an ability to adapt to the changing needs of the student population that it serves.