

# Celebrating 40 Years of AMHCA By Asking: How Did It Come to Be?

## Why Start an Association for Mental Health Counselors?

The need seemed obvious. The earlier incarnation of the American Counseling Association—the American Personnel and Guidance Association (APGA)—did not include a division for counselors who worked exclusively in the mental health field.

The letter that sparked the creation of AMHCA appeared in the February 1976 *APGA Guidepost Newsletter* suggesting that APGA needed a division dedicated to counselors who worked in mental health centers, marriage and family counseling centers, and other community agencies and mental health settings.

The day Nancy Spisso and I read that letter, we were counselors at the Escambia County Mental Health Center in Pensacola, Fla. We talked about it and agreed on the spot to make this possibility a reality. I had served as chair of the National Negotiation Committee of the American School Counselors Association (ASCA) from 1972–75 and already had a working relationship with Thelma Daley, the president of APGA at the time, and Chuck Lewis, APGA's executive director.

After our impetuous decision to create the division, Nancy and I contacted Daley and Lewis, who gave us a list of the steps to take. Before any dust could settle, Nancy and I formally applied for creation of a new division. The March 1976 *Guidepost* announced APGA's intention to form a new division called the American Mental Health Counselors Association (AMHCA).

## The Impetus for the Association's Name

The initial name of the AMHCA division promoted the idea that all counselors working in mental health settings should be subsumed under the term "mental health." The rationale for the name was based on the name of the American School Counselor Association. It was our belief as founders of AMHCA that the name ought to make it clear that the new organization was to be the birthplace of a new profession in the counseling field—and that the profession was housed in work settings focused on mental health.

Nancy and I coined the term "mental health counselor" at that time, and it still functions as the best nomenclature for counselors whose job descriptions differ from the demands of school, rehabilitation, vocational, college, and personnel counseling, as well as from those in counselor education.

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*Editor's note: As part of AMHCA's celebration of its first 40<sup>th</sup> years, AMHCA co-founder Jim Messina kicks off the first magazine issue of this anniversary year by recounting the founding of AMHCA. He continues to be active in AMHCA today.*

## Overcoming Hurdles

More than 500 respondents to the notice in the *Guidepost* requested formal development of AMHCA. Unfortunately, at its spring 1976 board meeting, APGA put a hold on developing new divisions for at least a full year. This moratorium spurred Nancy and me to file in Florida to establish AMHCA as a nonprofit corporation, and my wife, Connie, became our first administrator.

When the moratorium was lifted in spring 1977, AMHCA's board asked its 1,500 members whether to continue as a freestanding organization or become an APGA division. When voting closed Dec. 30, 1977, by the slimmest of majorities—51 percent—voting members chose to become an APGA division. A formal application was submitted to APGA, and APGA welcomed AMHCA as a division at its spring 1978 board meeting.

## An Unresolved Training & Identity Dilemma

When we co-founded AMHCA, Nancy and I did not realize that we were simultaneously helping to develop a new profession in the field of clinical mental health—one without any educational underpinning for this new professional identity. Using the term "clinical mental health counselors" meant that professional training for this new field would have to emerge from colleges of education. The then-current counselor training programs based in education departments were not in a political position to support the concept that their graduates engage in "clinical mental health work."

This obstacle has, over the last 40 years, hindered the professionalization of the field of mental health counseling. Finally, however, in 2009 CACREP approved accreditation for clinical mental health counselors with a 60-hour graduate program requirement. To date, more than 200 counselor education programs are now accredited under the CMHC standards.

Counselor educators had resisted using the term "mental health counselors," and indeed, during licensure efforts, even presidents of AMHCA who were also leaders in APGA, the American Association for *Counseling* and Development (AACD), and the American Counseling Association (ACA) supported the term "licensed professional counselors." This explains why the field of mental health counseling has a bifurcated naming. For its 50 state licenses, 17 states use "licensed mental health counselor" and the rest use "licensed professional counselor."

For more on the founding of AMHCA visit [www.coping.us/cmhc\\_professionalization.html](http://www.coping.us/cmhc_professionalization.html) and [www.amhca.org/?amhcahistory](http://www.amhca.org/?amhcahistory). 