THE ROLE OF PROFESSIONAL COUNSELING ASSOCIATIONS IN PROFESSIONAL COUNSELING PRACTICE IN KENYA

BY

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A THESIS SUBMITTED TO THE SCHOOL OF HUMANITIES AND SOCIAL SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF DOCTOR OF PHILOSOPHY IN COUNSELLING PSYCHOLOGY OF KENYATTA UNIVERSITY

OCTOBER 2014
DECLARATION

This thesis is my original work and has not been presented for a degree in any other university.

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DEDICATION

I dedicate this work to my loving wife Caroline Njoki, whose love, prayers and support inspired me. I also dedicate it to our lovely sons Caleb, Joshua and Joseph who always enquired if I had homework every evening I arrived at home. It is also dedicated to my father, James Mwangi Kimiru who instilled in me the value of diligence and resilience. Finally, to my pastor and mentor, Rev. Kennedy Muturi Maina, the spiritual and moral values you taught me can never be erased.
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<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ACA</td>
<td>American Counseling Association</td>
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<tr>
<td>ACCTI</td>
<td>Amani Counselling Centre and Training Institute</td>
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<td>ACPA</td>
<td>American College Personnel Association</td>
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<td>AGM</td>
<td>Annual General Meeting</td>
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<td>APA</td>
<td>American Psychological Association</td>
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<td>APGA</td>
<td>American Personnel and Guidance Association</td>
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<td>APSEA</td>
<td>Association of Professional Societies in East Africa</td>
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<td>BACP</td>
<td>British Association for Counseling and Psychotherapy</td>
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<td>BCA</td>
<td>Botswana Counseling Association</td>
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<tr>
<td>CACREP</td>
<td>Council for the Accreditation of Counseling and Related Educational Programs</td>
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<tr>
<td>CALB</td>
<td>Certificate and Licensure Board</td>
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<td>CAPA</td>
<td>Canadian Access and Privacy Association</td>
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<td>CAPA</td>
<td>Confederation of Asian &amp; Pacific Accountants</td>
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<td>CCA</td>
<td>Canadian Counseling Association</td>
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<td>CCC</td>
<td>Canadian Certified Counselor</td>
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<td>CCPA</td>
<td>Canadian Counseling and Psychotherapy Association</td>
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<td>CE</td>
<td>Continuing Education</td>
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<td>CEU</td>
<td>Continuing Education Units</td>
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<td>CoP</td>
<td>Communities of Practice</td>
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<td>GoK</td>
<td>Government of Kenya</td>
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<td>IAC</td>
<td>International Association of Counseling</td>
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<td>IUPsyS</td>
<td>International Union of Psychological Science</td>
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<tr>
<td>KICD</td>
<td>Kenya Institute of Curriculum Development</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<td>KAPC</td>
<td>Kenya Association of Professional Counselors</td>
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<td>KCA</td>
<td>Kenya Counseling Association</td>
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<td>KCPA</td>
<td>Kenya Counseling and Psychological Association (formally KCA)</td>
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<td>KGCPA</td>
<td>Kenya Guidance, Counselling and Psychological Association</td>
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<td>KPsyA</td>
<td>Kenya Psychological Association</td>
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<td>KMA</td>
<td>Kenya Medical Association</td>
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<td>KUPCA</td>
<td>Kenya Universities Professional Counselors Association</td>
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<td>NACADA</td>
<td>National Authority for the Campaign against Alcohol and Drug Abuse</td>
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<td>NAGCT</td>
<td>National Association of Guidance and Counselor Trainers</td>
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<td>NAP</td>
<td>Nigerian Association of Psychologists</td>
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<td>NBCC</td>
<td>National Board for Certified Counselors</td>
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<td>NCATE</td>
<td>National Council for the Accreditation of Teacher Education</td>
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<td>NCE</td>
<td>National Counselor Examination</td>
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<td>NACOSTI</td>
<td>National Commission for Science, Technology and Innovation</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NHS</td>
<td>National Health Services</td>
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<td>NPA</td>
<td>Nigerian Psychological Association</td>
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<td>NVGA</td>
<td>National Vocational Guidance Association</td>
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<td>PACFA</td>
<td>Psychotherapy and Counseling Federation of Australia</td>
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<td>PCA</td>
<td>Professional Counseling Association</td>
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<td>SPATE</td>
<td>Student Personnel Association for Teacher Education</td>
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<td>SPSS</td>
<td>Statistical Package of Social Sciences</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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DEFINITION OF TERMS

In exploring the role of professional counseling associations in professional counseling practice in Kenya, the terms below were operationally defined as follows:

**Active member of an Association**
- Fully paid up member who participates in the scheduled events of the association.

**Counseling Client**
- The party to which professional counseling services are rendered to.

**Counseling Practice**
- This is the act of involvement in activities of offering help to individuals facing psychological difficulties or an act of working with them to cope effectively.

**Professional Counseling Association (PCAs)**
- Non-profit making body that exists to further counseling and psychological profession, to protect both the public interest and the interests of those in this profession, also referred to as “associations”.

**Executive Officials**
- The chairman, secretary and the treasurer of the professional associations.

**Practicing Counselors**
- These are practitioners who are engaged in actual one on one or group counseling as their main or part time duty. In this study, these were the counselors affiliated to professional counseling associations.
Profession
A distinct category of occupational work.

Professionalism
The conduct, demeanour and standards which
guide the work of professionals.

Professional Counselor
A skilled person who having acquired a set
minimum academic qualifications, holds credentials
widely recognized and honored by the members of the
counseling profession, and adheres to standards of
behavior in counseling that are established and
endorsed by members of the counseling profession.

Professional Enforcement
These are measures put in place to ensure that
professional association members adhere to the
established code of ethics.

Standardization
A rule, principle, or condition that govern procedure or
behavior of practice in a profession.
ABSTRACT

There are several roles of Professional Counseling Associations (PCAs). Major among them is for accountability purposes of a professional practitioner. PCAs provide the checks and balances necessary in the maintenance of professionalism. From a global perspective, Western countries seem to have succeeded in coming up with PCAs with globally drawn membership. They regulate and standardize counseling practice. This study surveyed the role of PCAs in the professionalization of counseling practice in Kenya. It adopted the theory of communities of practice in the theoretical framework, and a descriptive survey design in the methodology. The research was primarily done in Nairobi City, but it involved counselors who practiced from different parts of the country. Purposive sampling method was used to identify the PCAs and their executive officers who participated in the study. The population consisted of counselors affiliated to PCAs who were sampled using systematic random sampling. The data collection instruments included a questionnaire and an in-depth interview guide. Use of the two instruments and a sample drawn from both the counselling practitioners and their executive officials enhanced validity and reliability. The quantitative data was processed using the Statistical Package of Social Sciences (SPSS) version 18.0. It was then analyzed and summarized into tables. The qualitative data was analyzed by organizing the data into themes, before it was summarized and interpreted. The findings revealed that there existed different criterion among PCAs in their recruitment of members. The main consideration for membership was academic and professional qualifications. It was rated at 96% by the respondents. Even in the same association, there were hierarchies denoting various levels of membership ranging from individual to corporate. The PCAs offered various professional services. A major service offered was the creation of a platform for counselors to network as was rated by 81.5% of the respondents. PCAs also offered accreditation, continued education and research opportunities. The study identified various ways of enforcing professionalism among the PCAs in Kenya. Although they are not legally binding, the existing codes of ethics provided a professional understanding for members to base their practice on. Respondents had varied opinions about their associations. Most of them were “highly satisfied” that their associations are professional agents who positively influenced the respondents counseling practice. Respondents view was that better commitment of members including the embracing of collaborations would help the associations to be more influential in carrying out their professional roles. A major recommendation of this study was the need to fast-track the suggested Counseling and Psychological Bill in order to professionalize counseling practice in Kenya through a legal framework which was identified as currently lacking. It is expected that when this is accomplished, accreditation, licensing, supervision, counselors training, and enforcement of the codes of ethics would be done in a professionally organized manner. Therefore the need for the formation of an umbrella association for all counseling practitioners in Kenya was identified as imperative. Such an association could ensure that the roles of PCAs are professionally done and assist in filling the gaps identified in the study.
CHAPTER ONE
INTRODUCTION

1.1. Background to the Study

Human beings have an innate tendency to form groups and affinities (Calisto, 2010). The tendency can arise from very trivial reasons to most serious ones including formation of professional associations. In groups, individual member’s knowledge is shared and different strengths are accumulated. This gives rise to great motivation which helps members to forge forward together. In the competitive world we live in, members of a professional association are able to speak in one voice. They hence become relevant within their area of jurisdiction making them hard to be ignored. The rules and regulations of a group enable them to move towards the same direction and hence achieve what an individual may not. Many professions have adopted groups in form of professional associations as a way of enhancing professionalism and regulation of their professions.

According to Canadian Access and Privacy Association (CAPA) 2011 there are several indicators of professionalism in any organization of practitioners. Major among them is certification which serves to regulate the licensing process of a profession. The benefit derived from this is for the public good or in the public interest. Professionalism demands the setting of standards and guidelines for entry to the profession in the form of examinations. This is followed by certification or registering eligible individuals, and obligating their continued competency. Professionalism requires a clear process of dealing with certified members who fail to meet the professional standards, code of ethics, or otherwise engage in what may be termed to as unprofessional conduct. The ultimate goal of any profession is to become a self-governing body, and accrue the many benefits that stem from that.
According to Harvey and Mason (1995) professional associations serve several roles; to start with, they safeguard the public interest and also represent the interest of the professional practitioners. In this case, each professional association has to strive to achieve a balance between the two conflicting mandates; to the public and their members. Both the public and the members of the professional associations desires to have “their way” accepted by professional associations. Professional associations often act to protect the public by maintaining and enforcing standards of training and ethics in their profession. Further, they establish the group norms of conduct and qualification of members of a profession. They also insist that members of the profession achieve conformity to the norm and abide by the established procedures and the agreed code of conduct. Professional associations grant recognition to members in order to maintain suitable standards. This is referred to as accreditation which assures conformity to general expectations of the profession (Rusaw, 1995).

According to Harvey and Mason (1995) another general importance of professional associations include, access to licensing, networking and finding a place in the referral listings including placement for jobs. Members benefit from their own continuous professional development process and get access to information regarding the latest developments of their field. Members are also able to save through discounts for services payments including supervision, research, publishing and training. Members have access to publications such as journals and newsletters, conferences and representation in various professional forums. They are also able to enter into collaboration with other regional and international associations which helps them be well informed on their profession’s development globally among other benefits.
Rusaw (1995) states that professional associations play distinctive roles in formal as well as informal processes of learning. The three central roles include serving as builders of normative frameworks for enacting knowledge in practice, provision of updated and extended professional knowledge and acting as change catalysts. As knowledge providers, professional associations act as socialization agents that create opportunities for members’ development both formally and informally. Examples of formal developments avenues include conferences, workshops, and seminars, while informal learning takes place through such activities as mentorship, networks, and committee participation. Moreover, professional associations build new frameworks from which members develop specialized job related knowledge abilities in solving complex technical or organizational problems and interpersonal relationships with clientele. Through professional associations, members learn to influence the advancement of their particular disciplines through the creation of critical inquiry and to introduce, develop, and carry out changes in bureaucratic settings. Professionals learn skills and tasks of knowledge both formally and informally (Evetts, 2009).

One of the major reasons for the existence of professional associations is to ensure professionalism is enhanced and maintained. Professionalism demands credentials that make a given profession distinct from others. This focuses on the qualifications of a given practitioner after an agreed curriculum during training. In counseling, there are core courses that must be taken including mandatory supervised practicum before one can graduate and begin to practice (Hodges, 2011).

All over the world, there exist many Professional Counseling Associations (PCAs) even in the same country. Corey (2009) notes that, although a counselor is ultimately responsible for
making ethical decisions as a practitioner, it is best done in the way sanctioned by a PCA where the counselor is a member. According to the American Counseling Association (ACA) the United States of America, (USA) has one of the most advanced systems of professional counseling associations. The ACA’s 19 divisions major on credentialing, keeping the register of trained counselors, and counseling programs in educational institutions. ACA ensures professionalism in counseling is maintained through constant evaluation of training, advocacy on counseling issues affecting minority groups and adherence to the code of conduct among other ways (ACA, 2010).

In the United Kingdom, the British Association for Counseling and Psychotherapy (BACP) is the umbrella association for all counselors. Its ethical framework for good practice in counseling and psychotherapy and its professional conduct procedure ensures that members of BACP abide by an accepted and approved code of conduct and accountability. This framework provides a core frame of reference for members to use in their relations with clients, colleagues, fellow members and the wider community. It safeguards practitioners by defending them where need be and ensures members of the public are not exploited. To the public, the professional conduct department deals with any alleged breaches of conduct. This is a sure way in which professionalism is maintained among its members (BACP, 2011).

In Australia, the Psychotherapy and Counselling Federation of Australia, (PACFA) is the federation of professional associations of psychotherapists and counselors. It consists of 37 member associations which have a common set of professional standards and which adhere to the ethical guidelines established by PAFCA. These member associations meet the standards developed by consensus as appropriate for professional practitioners within the disciplines of counseling and psychotherapy in the Australian community. This association enforces
professionalism by regulating therapeutic practice, developing professional accountability and public protection and establishing recognized standards of training (PACFA, 2010).

The Canadian Counseling and Psychotherapy Association (CCPA) is a national bilingual association providing professional counselors and psychotherapists access to exclusive educational programs, certification, professional development and direct contact with professional peers and specialty groups. CCPA promotes professionalism through its core duty of ensuring that its members adhere to the ethics that counseling practice demands (CCPA, 2011).

In Africa, many countries seem to be at relatively the same stage in terms of the growth of the counseling profession (Hohenshil, 2010). Professional counseling services have slowly been developing among the African countries in different ways. In some countries, counseling services began mostly in the schools and branched out to community programs, whereas in other countries, counseling services began in social agencies, private practice and then integrated into the schools (Denga, 1983). Many of the African countries have drawn heavily from ACA and BACP counseling professionals and organizations in the development of their counseling service systems (Koinange, 2004). The Association of Professional Societies in East Africa (APSEA) has attempted to bring all professional associations in East Africa together. Although it was established in 1961 with corporate membership of thirty professional associations from Kenya alone, not a single counseling related body is a member (APSEA, 2008). This could be attributed to the existence of different PCAs targeting the same professionals. All the thirty professionals associations are umbrella bodies representing a particular profession.
The field of counseling in Kenya has six main counseling related professional associations. They include the Kenya Counseling and Psychological Association (KCPA) formerly Kenya Counseling Association (KCA); the Kenya Psychological Association (KPsyA); Kenya Association of Professional Counselors (KAPC); Kenya Universities Professional Counselors Association (KUPCA); the Kenya Guidance, Counselling and Psychological Association, (KGCPA) and the Kenya Association of Clinical Psychologists, (KACP).

KCA is one of the initial professional associations for counselors in Kenya established in 1990. It was registered as a body aiming at regulating the activities of counseling profession in Kenya. At the time, the only counseling center and training Institute was Amani, which was started in 1979. The registration of KCA gave it the mandate to regulate standards in the counseling profession through accreditation of professional counselors and bodies although it has not been legalized (Njoka, 2007; ACCTI, 2011).

KPsyA is another professional body for counselors in Kenya. The association was initiated in 1996, when ten counseling psychologists met to deliberate on setting up an association for psychologists and those interested in the study and application of psychology. It was officially registered by the Registrar of Companies on February 17, 1997. KPsyA has been able to bring together many counselors its activities including the hosting of local and international conferences (KPsyA, 2010).

KAPC on its part was started in 1990; it grew out of a sponsored counselor training program. According to its website, it was formed because a specific need of providing professional support for counselors was realized. It aimed at promoting opportunities for change, empowering and supporting individuals during the process of life changes. It is a corporately
affiliated member with the KCA. It has been able to host various conferences and avenues for counselors to network (KAPC, 2009).

Another Kenyan counseling association is KUPCA. It was started six years ago. It got registered by the registrar of companies in January, 2011. Its formation was motivated by the desire of counselors practicing in both private and public universities to create a forum to address issues unique to their counseling environment (J. Ngatia, personal communication, February 22, 2011).

KGCPA is another professional association formed recently. In what was called the first National Guidance and Counselling Conference held at Egerton University in November 2010, a resolution was passed towards the formation of KGCPA. The association was to target counsellors and psychologists in the country. Its secretariat was to be at Egerton University being hosted by the Department of Psychology, Counselling and Educational Foundations. (A. M. Sindabi, personal communication, October 10, 2010).

KACP is yet another professional association which is at the formative stages. It targets clinical counsellors and psychologist. It is yet to be registered or to have a substantive office (S. Kagwi personal communication, May18, 2011). Limited information exists about this professional association.

The above information on counseling professional practice in Kenya concurs with what was observed by Okech and Kimemia (2012). They emphasized that counseling professional practice in Kenya is in its formative years. There are no national licensure or certification bodies in place. There exists no single entity that establishes and regulates the standards of
counseling practice and counselors training. They also identified counselor education as quite varied in terms of curriculum, the nature of institutions that offer training, and the duration of training programs. The variation in counselor education is exemplified by the range of programs offered by various learning institutions, including certificates, diplomas, degrees and post graduate courses in counseling.

1.2. Statement of the Problem

When a client is choosing a counselor for psychological help, it can be most reassuring to know that practitioners exercise professionalism in their counseling practice. In the Western countries, professionalism is best set and enforced by strong umbrella PCAs. These PCAs offer accreditation, licensing, research, training, personal therapy, networking, supervision and continued education among other services to their members. They also protect the interests of clients by ensuring that they get quality services whenever they seek psychological help.

In Kenya, the existing six PCAs include, KCA, KPsyA, KAPC, KUPCA, KGCPA and KACP. All these associations were formed between the year 1990 and 2011 and were duly registered by the registrar of societies apart from KACP. They have made an attempt to professionalize counseling practice in Kenya by benchmarking the Western PCAs. However, no empirical study has been done to verify the actual roles that PCAs carry out in their efforts to professionalize counseling in Kenya. There is need to scrutinize how PCAs in Kenya accomplish their professional roles and rate their success in comparison to the established best professional counseling practices.
1.3. Purpose of the Study

The purpose of this study was to establish the role of PCAs in professional counseling practice in Kenya. Since these PCAs are six in number and all of them seek to fulfil the same mandate, the study sought to establish how they accomplish their roles.

1.4. Objectives of the Study

The specific objectives of the study were as follows:

1. To identify membership recruitment criteria for professional counseling associations in Kenya.
2. To establish the professional services provided by existing professional counseling associations in Kenya.
3. To document how professional counseling associations enforce counseling professionalism in Kenya.
4. To explore professional counseling associations members views on their associations as agents of professionalism in Kenya.

1.5. Research Questions

The study sought to respond to these research questions:

1. Which criteria do professional counseling associations use in membership recruitment in Kenya?
2. What are the professional services provided by the existing professional counseling associations in Kenya?
3. What mechanisms are used by professional counseling associations to enforce counseling professionalism in Kenya?
4. What are the views of members on their professional counseling associations as agents of professionalism in Kenya?

1.6. Justification and Significance

PCAs have existed in Kenya for over two decades. However, no empirical study has been done in Kenya to establish their role in managing membership recruitment, accreditation, licensing, supervision, code of ethics enforcement and counselors training among other professional requirements in counseling practice. Hence this study makes an attempt to fill the existing gap. The findings of this study could serve as a guideline towards the establishment of a strong umbrella PCAs in Kenya to take charge of the professionalization of counseling practice in Kenya.

It is expected that the findings of this study may make a case for organized enhancement of counseling professionalism in Kenya. This will benefit the government and other policy makers in the area of mental health. This is because the findings can ignite policies to expedite the formation of a strong umbrella PCA in Kenya. The findings of this study could also form a basis for counselors in Kenya to start regulating counseling practice through a single association. Such an association can be the custodian of the register of all the counselors in the country and be entrusted with licensing. All these will benefit the professional counselors who will be easily distinguished from quacks. The clientele could be assured of quality services as a result of a clear system of complaints and compliments.

1.7. Assumptions of the Study

In carrying out this study, the following assumptions were made:

i. Participants were honest in their responses to the research instruments.
ii. The counselors, who participated in this study, had the right information concerning their PCAs.

iii. That the members of PCAs fully understood their associations’ ways of operation.

1.8. Scope and Limitations

The study targeted all PCAs and specifically counselors affiliated to them. The counselors who were not members of existing PCAs were excluded from participation.

Descriptive survey design that was used in this study had the potential of being subjective. The researcher ensured that the instruments used in the data collection were valid and reliable as explained in Chapter Three. Further, the limitation was mitigated by the use of two methods of data collection namely the questionnaires and the in-depth interviews.

In most African countries, a very thin gap exists between what counselors, psychologists and several other mental health practitioners do. Whereas these are different fields, the researcher focused on members of PCAs who practice counseling regardless of their type of training.

In exploring the role of PCAs in professional counseling practice, this study was limited to surveying associations’ membership recruitment, enforcement of professionalism, the professional services they provided and the PCAs members opinions on their associations.
CHAPTER TWO
LITERATURE REVIEW

2.1. Introduction

This chapter includes a description of the theoretical framework for the study. It also reviews the literature based on the objectives. To start with, an overview of what constitutes the concept of professionalism is discussed. Further, the criterion for membership recruitment to PCAs is addressed. Different services provided by PCAs are looked into; after which ways and instruments of enforcing professionalism are discussed. In all this, Western views, followed by the African scenario narrows down to Kenya’s situation. A conceptual framework on which the study was based on is also briefly discussed and presented.

2.2. Theoretical Framework

Kombo and Tromp (2006) describe theoretical framework as a general set of assumptions about the nature of a phenomena. In applying this definition, this study adopted the Theory of Community of Practice (CoP) as developed by Wenger (2006). CoP are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis (Wenger, 1988). Communities of practice are inter or intra-organizational, often geographically dispersed groups of people that have a long-term orientation on knowledge sharing or knowledge creating activities. The groups have their own identity and focus their knowledge processes around a certain practice such as a professional discipline, skill or topic (Wenger & Snyder, 2000).

Communities of practice are formed by people who engage in a process of collective learning in a shared domain of human endeavor (Verburg & Andriessen, 2006). They are hence
groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly. For this to be achieved, three of its characteristics are important; namely domain, community and practice.

In terms of domain, a community of practice is not merely a club of friends or a network of connections between people. It has an identity defined by a shared domain of interest. Membership therefore implies a commitment to the domain, and therefore a shared competence that distinguishes members from other people (Wenger, 2007).

PCAs operate like the communities of practice; the shared domain of interest is counseling. In an ideal situation, members are committed to the domain and share their competence based on the day to day experiences in their practice. They can hence be approached to certify that a given practitioner is their member before an interested party assigns a counselor a task or placement. The role of a CoP in acting as a domain is an important factor in the achievement of professionalization of the counseling practice. This is especially so because there is little to be achieved if there is no commitment on the part of members of a domain.

The second characteristic is the community; in pursuing their interest in their domain, members engage in joint activities and discussions, help each other, and share information. They build relationships that enable them to learn from each other (Wenger, 1988). Having the same job or the same title does not make a community of practice unless members interact and learn together. But members of a community of practice do not necessarily work together on a daily basis. In the case of counseling practice, the counselors may work in different geographical areas, but an opportunity to meet and discuss their challenges makes them a community. As a community then, members can engage in joint activities and
discussions. These can serve as good therapy opportunities for debriefing each other and even supervision. PCAs have set time for meetings with elaborate agenda geared towards improving their practice. This when achieved can then make the PCAs communities and contribute to the professionalization of counseling through deliberations geared towards improvement of their practice.

Lastly there is the practice; a CoP is not merely a community of interest. Members of a CoP are practitioners. They develop a shared repertoire of resources. These include experiences, stories, tools, and ways of addressing recurring problems; in short a shared practice. This may take time but it sustains interaction. The development of a shared practice may be more or less self-conscious (Wenger, 1988). In an ideal situation, counselors affiliated to PCAs are involved in counseling practice as competent practitioners who can be referred to as professionals. As members of the same community, they share assessment tools, referral contacts and other resources geared towards improving or making their work efficient. This is an important mark in the professionalization of counseling.

The CoP theory informed this study in that its three characteristics are important tools in the enhancement of professionalism. The domain of interest was evaluated by exploring how PCAs do their membership recruitment. This is what distinguishes a quack from a professional. The study looked at the criteria that makes one a member of the domain and excludes another.

Secondly, a community according to CoP is exemplified by the joint activities. In the PCAs, the joint activities include conferences, peer supervision in counseling, publishing, training, networking, community outreaches etc. The study explored the participation of the
counselors in these activities to qualify them as members of the community of counseling professionals.

Lastly CoP must have a practice. This was equated to the counseling profession in this study. Hence, counselors themselves are practitioners. As practitioners, the study explored the responsibilities of PCAs in professionalism maintenance. The study also identified what enabled practitioners to take collective responsibility for managing their practice. This is the ultimate goal of any PCA seeking to achieve professionalism. It is in view of this that the Community of Practice Theory was adopted for this study.

2.3. Review of Related Literature

Having discussed the theory on which this study was based on, this section consist the process of analyzing, evaluating, and summarizing scholarly materials. This was based on the role of PCAs in professional counseling practice in Kenya.

2.3.1 The Concept of Professionalism

The study of professions and professionalism has a long standing tradition in sociological research from the beginning of the 20th century (Evetts, 2006). Sociologists have tried to identify the specific values that are connected to professions and at the same time tried to identify criteria to separate professions from other types of occupations. According to Fox (1992) professionalism means different things to different people. This means that to a large extent, professionalism can best be understood in a specific setting of a given profession. According to the Confederation of Asian & Pacific Accountants (CAPA), a profession is an occupation that requires extensive training, study and mastery of specialized knowledge, usually including an element of experience (CAPA, 2011). Based on Evetts (2009) and
Hargreaves (2000) a profession is viewed as a distinct category of occupational work whereas professionalization is seen as a process in which a professional group pursues, develops, acquires and maintains more characteristics of a profession. This then means that professionalization is not static or an event. It is a continuous undertaking which evolves with time. Professionalism then can be said to be the conduct, demeanour and standards which guide the work of professionals.

According to Langhorne (1961) a strong national association seems important to the continuing growth and development of psychology as a profession. Functions relating to publication, ethics of the total profession, education and training, legislation, communication between large and small groups, promotional activities, among others can best be carried forward to the national level through the agency of a central office. National and regional associations can handle most of the problems of professionalization. Informal socializing seems to be an important satisfaction achieved through the regional association.

Prywansky and Wendt (1999) state that there are several regulatory mechanisms that exist in psychology that serve to define it as a profession. The value of the credential is the validation purpose it serves for the public. It is the attempted assurance that in fact the bearer of the credentials has fulfilled requirements and training to participate in the profession as a practitioner. It also provides a feedback mechanism to the training programs in the sense that examinations must also have been passed. There is the practice of issuing accreditation which serves as a quality index for practitioners especially if their ranking is to be done. This comes in handy in the practice of counseling supervision. The credentials, period of experience and accreditation level determines who one can supervise, a critical practice in professionalism of counseling practice. This means that qualifications stand as what can be argued the most
important element of any profession. One should be able to assume that the programs advertising their intent to train professionals will maintain high standards for graduates. This has the most credibility for ensuring the entry-to-the-field competence of a novice professional. By so doing, the graduates can hence be said to be adequately prepared to practice professionally.

Added to qualifications is the issue of licensure. It represents the mechanism by which state governments protect the public health, morals, safety, and general welfare of their citizens. This hence protects the public from harm by incompetent, unethical, or unscrupulous practitioners. This goal is accomplished by establishing entry requirements and mechanisms for regulating professional conduct. Licensing not only grants the use of professional title to individuals meeting established criteria, but also restricts the practice in the profession as defined therein. Any practitioner without a license can hence be said to be a quack and a detriment to professionalism. PCAs help in licensing only those who are qualified to enhance professionalism (Evetts, 2009).

According to Vacc and Loesch (2000) a counselor is a professional who has appropriate academic and experiential preparation. Possession of credentials widely recognized and honored by members of the counseling profession is necessary to a counseling professional. It is expected that a counseling professional will adhere to standards of behavior in counseling that are established and endorsed by members of the counseling profession.

From the discussion above the researcher sought to find how PCAs in Kenya address the above aspects of professionalism. These aspects include extensiveness of training, study and masterly of specialized knowledge, experience and compliance with the code of ethics. This
is bound to give professionals the right qualifications for credentials important in their accreditation. Further, professionals are expected to engage in training and publishing in their areas of expertise. The said professionals can hence be licensed with little fear that they are likely to malpractice.

2.3.2 Membership to PCAs

The strength of PCAs can be traced into the number of their registered members. Various PCAs employ different criteria in the recruitment of members into various membership categories. According to ACA (2011) ACA offers eight different types of membership based on the field of expertise and level of career. Agency counselors must hold a master’s degree in a related area from an accredited university. Student’s membership is for those in related studies, while counselor educators with qualification of master’s level help those facing day to day psychological challenges. Private practitioners target those in private practice. Individuals who have graduated with a masters or doctorate within the past 12 months enroll with ACA as recent graduates. Career changers are for those who may come from a different career or specialization other than counseling. When interested in activities consistent with those of the ACA but with lower than a master’s degree, one can join ACA under regular membership. American Psychological Association (APA) has also observed a growing trend in its membership where female counseling practitioners outnumber their male counterparts (APA, 2010). For a professional practitioner a Master’s degree is mandatory in ACA. This emphasizes the need for curriculum masterly for a practitioner. Master’s degree level exposes a student not only to advanced course work and supervised practicum but also research skills. Further, introduction to personal therapy and supervision prepares the master’s graduate to handle clients professionally. Actually the definition of counselor offered by Gladding (2001) states that a counselor is a helping professional who has obtained a master’s or doctorate in
counseling and who has passed competency tests on a general or specific level in the field of counseling.

BACP, the umbrella body for counselors in the UK ensures that it meets its remit of public protection whilst also developing and informing its members. According to BACP (2010) there are two main levels of membership namely individual or organizational. Under individual membership, there are up to five levels of membership. These include student membership which accommodates those undertaking classroom tuition on a minimum of a one year full time basis. It can also apply to those taking a two years part time counseling course. This must have a supervised placement with a minimum of 100 client contact hours as an integral part of the course. Individual membership is the second level of membership. It applies to those who successfully complete and graduate from a minimum of a one year full time or two year part time counseling qualification that included a supervised placement. A registered member status comes after graduation. Accredited member is recognition of a counselor’s competence. A senior accredited membership ushers one to fellowships for those with distinction in their counseling fields. Organizations that fulfill a set criterion are accepted as local or international voluntary and lastly as commercial organizations (BACP, 2011). The association has a reduced fee for all grades of individual membership and for its accreditation schemes. This enables those with limited income to benefit from the support and recognition which accompanies.

On becoming a member of CCPA, a practitioner becomes part of a professional group of the most qualified peers in Canada. There are up to eight levels of membership in CCPA. Regular membership is for holders of a university degree or diploma in counseling. Student membership is for students in a related course from diploma level onwards. A graduate
certified by CCPA is called a certified member. Certified professional student member is the status given to a CCPA member undertaking a post master’s degree course in related studies. Student representative member must be presently enrolled in a post-master’s program in counseling or a related field. Guest member is the status of the one joining without any counseling qualification but has interest in the well-being, role and function of CCPA. The same describes guest member of the association (CCPA, 2011). This process makes counseling to be highly professional in Canada. The access to exclusive educational programs, certification, professional development and direct contact with professional peers and specialty groups makes professionalization of counseling a reality in Canada.

PACFA is the umbrella professional association of psychotherapists, counselors and trainers or educators of psychotherapy and counseling in Australia. As an umbrella body, it only targets associations to join it as corporate members. Such an association desiring to join PACFA is required to have a minimum number of members as specified in the by-laws of PACFA. The joining association must meet the minimum criteria for training standards and ethical standards as set by PACFA. These include the joining association to be an incorporated non-profit organization or not for-profit company. The same association must also meet the criteria of any other of PACFA’s by-laws. The applying association is required to be a subgroup of allied professionals who meet the training standards set by PACFA. Further, the applying association needs to be a professional body with ethics which meet the PACFA’s requirements. Its objectives must be congruent with the PACFA’s and also be sufficiently autonomous (PACFA, 2010). It is evident that PACFA has set very clearly who can qualify to join it corporately. This clarity on training, qualifications, and general conduct of potential members make PACFA be in a good platform of ensuring that professionalism is achieved within its area of jurisdiction. The whole aspect of corporately joining PACFA
ensures that different areas of specialty are accommodated. This hence means that those in a specific area of specialty are able to deal with professional issues at the smaller unit before being accountable to PACFA. The role of PACFA in professional counseling practice is hence clear to every specific counseling practitioner in the smaller areas of specialization.

The Botswana Counseling Association (BCA) welcomes membership from professionals such as counselors, clinical psychologists, and social workers. It also accommodates interested companies and educational, industrial, and business organizations (Stockton, Amy, Dan-Bush, 2010). This makes BCA to be very broad. However, there are no smaller entities to deal with the specific areas of interest for specific members. This has the potential of making the boundaries of professionalism of the various entities represented blurred. This may not auger well with the general good of professionalism that BCA seeks to fulfill.

In Nigeria, there are no formally recognized or mandatory educational requirements for certification as a professional counselor. Membership to Counseling Association of Nigeria (CASSON), the umbrella body for counselors attracts a variety of mental health practitioners. A graduate with a Bachelor’s degree in this field is eligible to join CASSON. This also qualifies one to seek employment as a guidance counselor. CASSON has attempted to raise the minimum educational requirement for certification to a Master’s or a Bachelor’s degree with five years of work experience (Iwuama, 1991). Just like the case of Botswana, when the spectrum of membership is a combination of different areas of practice, it may not be clear where the boundaries of a specific area of specialization end. This may create a challenging situation in the enforcement of counseling practice. Since the membership of a counseling association is core in establishing the role of PCAs, this study will compare the global situation to that of Kenyan scenario.
As a conclusion, it is evident that PCAs have different criterion for the recruitment of their members. Even in the same association, there are hierarchies denoting various levels of membership. A majority of the associations start with student membership at the lowest level whereas other levels are attained depending with the level of experience, accreditation, recognitions, academic or professional qualifications. In exploring the role of PCAs in counseling professional practice, it is clear that the structure of membership within a PCA enables it to accomplish its mandate efficiently. This is because the higher the membership hierarchy, the more expertise from the member may be required. The situation becomes challenging when an association’s membership is drawn from a variety of specializations without focusing on the professional boundaries demanded by each distinct area of practice.

2.3.3 Services Provided by PCAs

Different PCAs offer various services that are geared towards regulating and standardizing counseling practice. According to Townsley (2011) counseling professional organizations broaden ones knowledge and provide a reliable support network. This is through the professional interactions, mentorships and utilizations of learning avenues offered within the PCAs. He asserts that mental health professionals have stressful and critical jobs; they also have a vast array of mental health counseling organizations for education and support. For professionals in mental health, counseling associations’ education and training benefits practitioners by setting the accreditation criteria for graduate programs. They also provide sources of continuing education and offering information for professionals through seminars and presentations among other activities. Hence guidelines focusing on networking, education, training, accreditation, continuing education and presentations in seminars are vital in enhancing professionalism of counseling practice.
Further, PCAs help in the participation in local seminars and courses just for their members. Peers or nationally recognized speakers give classes on topics of interest to the group. Members are also able to access reputable education opportunities. According to Shetsky (2011) mental health professional associations usually sponsor or approve continuing education standards needed to maintain licensure. This ensures that the members are adequately equipped to handle contemporary issues as they emerge. As a licensed mental health counselor, some states in the USA require many continuing education units (CEU). This is a minimum; in addition, professionals often enroll in these classes just to improve their knowledge in a particular subject area. For instance, American Mental Health Counselors Association and ACA offer online courses for post-graduate licensure or for those wanting to renew their certification (ACA, 2010). Keeping in trend with contemporary issues in counseling profession make the practitioners to be in the forefront in ensuring professionalism. This is because they become better placed to deal with their clients’ needs.

Conover (2011) concurs that joining a mental health counseling organization can be very beneficial to a mental health professional. Mental health professionals who want to join a counseling organization are often asked to submit a niche specialty listing or a specialty statement. This is a written statement by the professional declaring one’s specialty in the mental health field or the special training and experiences. Continuing Education (CE) or Continuing Education Units is required for most mental health professionals to maintain their license or certification in USA. CE or CEUs are courses that mental health professionals take to continue their professional development and learning, and stay current with new techniques and practices. Many mental health associations offer CE credits at a discounted rate to their members. In the USA, national counselor certification assures the public that the counselor has met the national standards set for counselors by other counselors, and not
legislators. Most mental health counseling organizations require their members to be licensed. Having a license is different from having a certification. A license is what a mental health counselor or a social worker must have to legally practice whereas certification is granted by a professional organization, usually after an educational and testing process has been met (NBCC, 2011). The issue of licensing and certification are cardinal in counseling. These are major credentials in sorting who is practicing as a professional and who is not. When the due process is followed, professionalism is enforced.

Networking is also a major sought after service by members of PCAs. This is because experiences with peers in mental health professional organizations can turn into mentoring relationships. Junior members are able to get a channel to interact with those with greater expertise and experience in the field. Professionals gifted or specialized in given areas may interact and share their knowledge thus complimenting one another. These are also fertile grounds for partnerships and job opportunities. Collaborations intended to create a stronger front to combat a given impediment to the profession can be marshaled in such forums and hence work towards enhancement of professionalism (Townsley, 2011).

PCAs link members to professional contacts, meetings, papers, reports, discussions and publications. Psychological knowledge is at the forefront and the exchange of ideas is promoted. As a result of one’s membership, individual professional development is fine-tuned to help tackle the challenges in the profession more adequately (Townsley, 2011). This works towards the improvement of service delivery and is a plus in the pursuit of professionalism.
According to APA (2010) there are several areas of professionalism demanded in psychology. This includes competence, knowing how to handle human relations, confidentiality and privacy, handling advertisements and public statements, proper record keeping, handling assessments and personal therapy. Areas of education, training and publication are also emphasized. This is well stipulated in the APA code of ethics that govern the members practice. It serves as a clear guideline on how to maintain professionalism within the association through the emphasis and provision of services geared towards meeting the requirements.

Shetsky (2011) acknowledges that professionals in mental health counseling organizations receive an array of services from professional associations’ membership. Mental health counseling associations’ bring passionate professionals together. They share their knowledge and experiences in a supportive environment, exchanging ideas and solutions. Associations also serve to promote research in the mental health field and high standards of conduct, ethics, achievement and education among the many areas necessary for professionalism.

Mental health professional groups can be international groups, state wide associations or local gatherings. They have one thing in common though; they bring together people with a common goal of advancing the mental health field. Many local professional counseling bodies do have partnership at national, regional and at the international platform. Such aspirations can forever remain as mirages at an individual counselor level. But when they come together, there is access to publications, business reports, groups’ events and forums. These opportunities help one to grow professionally at the individual level, and become accountable to the group. Other services accessed include access to online newsletter, directory, handbook, member services and events. Professionals in mental health counseling
organizations do participate in online forums as a way to increase networking opportunities (APA, 2011). It is as a result of this that many professional associations form various avenues for collaboration. As seen in the above discussion, the collaborations can be both at local or international levels.

According to ACA (2010) USA has one of the most advanced counseling systems in terms of provision of professional services. It majors on credentialing and keeping the register of trained counselors, and counseling programs in educational institutions. The National Board for Certified Counselors (NBCC) provides national certification for individual counselors. NBCC is an independent, not-for-profit credentialing body for counselors. It was incorporated in 1982 to establish and monitor a national certification system. This certification program recognizes counselors who have met standards in training and experience and passed the National Counselor Examination (NCE). This is the most portable credentialing examination in counseling. It is transferrable in the sense that 47 out of the 50 United States use the NCE for state counselors credentialing (NBCC, 2011). With such a generally accepted credentialing system, there is a common ground in the maintenance of counseling professionalism.

The Council for the Accreditation of Counseling and Related Educational Programs (CACREP) provides accreditation to all counseling programs offered at American universities. Other programs, particularly university training programs for school counselors, are accredited by the National Council for the Accreditation of Teacher Education (NCATE). Other programs that are neither CACREP nor NCATE accredited may have approval from a state agency, such as their particular State Department of Education (ACA, 2010). When programs are accredited, professionals are likely to be the end product on graduation.
BACP on its part aims at raising the standards of counseling and psychotherapy for the benefit of the community and in particular for those who are the recipients of counseling and psychotherapy services. It also aims at advancing the education of the public in the part that counseling and psychotherapy can play generally. In particular, it meets the needs of those members of society where development and participation in society is impaired by mental, physical or social handicap or disability (BACP, 2011). The emphasis on ethics, effective psychological therapy, and regulation of counseling training as done by BACP is a clear way the professional association disseminates professionalism guidelines within its membership. According to BACP, (2010), the association disseminates information to the public about the profession by producing a wide range of books, guidelines, journals and pamphlets. Those include publications for counselors and psychotherapists, those receiving therapy, purchasers of counseling services and those involved in many other different areas of counseling and psychotherapy. BACP also aims to undertake and commission research to encourage informed practice. A very important element of BACP’s research strategy is to identify and review the evidence base for counseling and psychotherapy, and where possible to commission or facilitate primary research. The Research department thereby contributes to BACP’s overall aim to develop the profession and to make it widely recognized and understood by the general public, consumers, service purchasers, and by members of allied professions. All this is underpinned by the publication of a research journal and a variety of research reports.

In Canada, the Canadian Counseling and Psychotherapy Association (CCPA) is a national bilingual association. According to CCPA (2011) the association provides professional counselors and psychotherapists with access to exclusive educational programs, certification, professional development and direct contact with professional peers and specialty groups. In
fulfilling its mandate, CCPA promotes policies and practices for the provision of accessible, competent, and accountable counseling services throughout the human lifespan in a manner sensitive to the pluralistic nature of society.

In Australia, the primary objective of the PACFA is to promote the development of the science relating to the art and practice of psychotherapy and counseling. The association provides a forum for professional psychotherapy and counseling associations to be united. There is also the provision of professional identity for the practice including providing support, public accountability, and representation of the professions to the community. All this is done while respecting the diversity of approaches within this field. It does this by promoting the development of research into the efficacy of counseling and psychotherapy, skills development, theory and knowledge building and promoting these in the community as widely as possible. PACFA is in charge of standards of ethical behavior and training for the public good in the practice of psychotherapy and counseling. PACFA also fosters opportunities for professional development through activities such as conferences, workshops, publications, electronic media etc. Finally, it coordinates the provision of relevant information on qualified practitioners to the community and to government agencies. This is done through a national register of psychotherapists and counselors and liaises with other eighteen relevant national and international organizations under its membership (PACFA, 2010). This clearly demonstrates that PACFA is in full charge and regulates counseling profession in Australia and ensures professionalism in counseling is adhered to.

A member of CCPA has access to the latest research and scholarly practices in the profession, job opportunities, potential clients, and the latest news on regulations and developments in counseling and psychotherapy. A member becomes part of a professional group of the most
qualified peers in Canada. Before accreditation is done, the CCPA confirms that the members whose names are listed in the Canadian certified counselor directory have had their professional credentials evaluated and are deemed eligible to be designated as Canadian certified counselors (CCPA, 2011).

BCA on its part provides a forum for counselors to discuss ideas and develop strategies for meeting the many challenges and diverse needs of the country. According to BCA (2011) BCA is a registered and approved provider of continuing education for counseling professional development. It assists in counselor licensing and certification beyond providing assistant and professional guidance and other quality services to the members. It also serves as the catalyst that brings together counseling professionals throughout the country.

In Nigeria, CASSON is the umbrella professional body for practitioners in the discipline of guidance and counseling, applied and clinical psychology, human development and social work. All these disciplines have practitioners who practice either as educationally certified counselors or para-counselors in various sectors. According to CASSON (2010) CASSON is recognized by different line ministries. The core mandate of CASSON was to get involved in capacity building of members. It was entrusted the task of setting of minimum standards of qualification for counselors. CASSON was also expected to seek avenue for collaborations with the national universities commission in the accreditation of counseling programs in tertiary institutions. Further there was the task of development of curriculum for guidance and counseling for secondary schools.

CASSON has a working relationship with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Children's Fund (UNICEF). The
main activities of CASSON include ensuring there is professional counseling and psychotherapeutic services. It is involved in human development research and projects planning. It publishes research journals in educational, vocational, social and personal areas. It ensures that practitioners maintain professional ethics. It does capacity building and enhancement through organized conferences and seminars. Further, CASSON strives to actualize its mandate through seeking to improve academic performance (CASSON, 2010).

The Certificate and Licensure Board (CALB) of CASSON was constituted to come up with a document that would professionalize the counseling profession. Such a document was to contain guidelines for the registration of CASSON and for making counseling an international profession. It was to come up with expected behaviors of counseling for the issuance of license to practicing counselors and disciplining of erring members. This is yet to be achieved (Angels, 2005).

In Kenya, the existing professional counseling associations are governed by ethical guidelines and by-laws put forth by individual psychological and counseling associations. This is what they use to constrain unethical psychological practice of their own members (Mailu, 2004). These guidelines have been adopted from the West. As a result, many psychologists and professional counselors refer to the ethical guidelines published by the APA and BACP and ACA among others (Koinange, 2004). One of the first associations to be registered was KCA. Njoka (2007) notes that; a good step by KCA was the established form of accreditation of member professional counselors and counseling training institutions. Other associations were formed soon after including KPsyA, KAPC, KUPCA and KGCPA. They all aimed at provision of services focusing at professionalizing counseling practice in Kenya.
Generally, there are various services provided by PCAs. They are aimed at enhancing professionalism. They include accreditation, networking, licensing, research, publishing, training members as specialist in specific areas, continuing education, supervision, mentorship and personal therapy.

2.3.4 Enforcement of Professionalism in Counseling

For professional associations to take charge of professionalism there must be an elaborate way of enforcing the set standards. Different associations have specific ways they use to enforce their guidelines. The discussion below focuses on some of the well-established international professional counseling associations as well as some in Africa.

Professionalism in ACA is enforced by the numerous counseling associations which are affiliated to it. The affiliated associations ensure that members joining them have attained a graduate degree. They are required to have completed their practicum and internship experiences and have applied to their state board for licensure and certification. They are also required to have national certification in order to be referred to as professionals (Hollis & Dodson, 2000). The enforcement of counseling professionalism in ACA is best accomplished through the code of ethics. The code contains eight main sections that address different areas of professionalism. The first section handles the counseling relationship. It is followed by the section on confidentiality, privileged communication, and privacy. There is a section on professional responsibility, followed by one on relationships with other professionals. Evaluation, assessment, and interpretation of counseling issues, supervision, training, and teaching are other areas covered by the code of ethics. It ends with issues of research, publication and resolving of ethical issues.
Added to the code of ethics, ACA has what it refers to ACA standards of practice and ACA by laws. A member may be dropped from membership for any conduct that tends to injure ACA or to affect adversely its reputation. Further, anything contrary to or that is seen as destructive of its mission according to the ACA by laws and the ACA code of ethics and standards of practice is punishable (ACA, 2010).

BACP on its part endeavors to enable access to ethical and effective psychological therapy by setting and monitoring of standards. It regulates the counseling profession through the promotion and provision of education and training for counselors and psychotherapists working either in professional or voluntary settings. These include both full and part time practitioners. It does so with a view of raising the standards of counseling and psychotherapy for the benefit of the community and in particular for those who are the recipients of counseling and psychotherapy services (BACP, 2011).

BACP sets, promotes and maintains standards for the profession. According to BACP (2010) its ethical framework for good practice in counseling and psychotherapy with its professional conduct procedure ensures that members of BACP abide by an accepted and approved code of conduct and accountability. This framework provides a core frame of reference for members to use in their relations with clients, colleagues, fellow members and the wider community. It safeguards both practitioners and members of the public alike. The professional conduct department deals with any alleged breaches of conduct.

BACP sets recognized standards for the delivery of education and training. By awarding accredited status to suitable counseling and psychotherapy courses, BACP enables those
starting and advancing in the field to achieve a level of excellence recognized throughout the profession. Those individuals who have successfully achieved BACP accredited status are nationally recognized as counselors, psychotherapists, supervisors and trainers, practicing to high professional standards. The re-accreditation process based on continuing professional development and reflective practice ensures that the accredited members remain at the forefront of the profession.

BACP’s training directory contains details of course listings for universities, further education colleges and specialist training providers. It also includes an "essential information for students" section, with useful information on funding, bursaries, open learning, accreditation and the principles of counseling. The directory includes lists of awarding bodies, a glossary of terms, a guide to theoretical approaches, and an introductory reading list. All these are geared towards ensuring that the members are well informed of what may be a malpractice. With such arrangements, enforcing of the areas highlighted becomes an easier task for the association (BACP, 2011).

In Canada, the association has the task of enforcing its code of conduct as core. However, it has not been able to enforce all the issues tackled in its constitution. The major issues that are holding back the regulation of counseling in its jurisdiction include the failure to identify the risks associated with counseling. It is also not very clear what exactly constitutes the profession of counseling. The definition of what competences are required for counseling has also been a drawback. Different counseling associations are also yet to come together and identify a single umbrella body to do the same regulations. However, certification of counselors is available through the CCPA. The accreditation of Canadian Certified Counselor (CCC) indicates that the counselor holds valid training in the areas
required to meet the standards of practice designated by the CCPA. This certification requires, in part, a Master’s degree in Counseling and a supervised practicum during training (CCPA, 2010).

In PACFA, the duty of enforcing professionalism among the counseling practitioners is entrusted to the board. A member association may be suspended or expelled if the board has reasonable grounds to believe that a member has persistently and willfully acted in conduct prejudicial to the interests and objects of PACFA. Action is also taken on a member who persistently refuses or neglects to comply with the provisions of the constitution. Refusal to appropriately address a complaint made to the member association in relation to the conduct of an individual practitioner may also lead to disciplinary action against the member. Ethical guidelines of the member association are enforced at the level of the individual association. As a last resolve, the board may make resolution to expel a member from the association (PACFA, 2010). With the clarity of the set ways of enforcing professionalism, PACFA has taken a lead in maintaining professionalism.

In Botswana, The Ministry of Education is responsible for monitoring and supervision of guidance and counseling services in schools; it also provides in-service training for school counselors and guidance teachers depending with the felt need. This is necessitated by the fact that BCA is still in the formative stages of development. When it was formed, the association’s major mandate was to enforce ethical standards of practice. It was also to seek the promotion of the counseling professions image and development across the country. BCA has the duty to assist counselors and the counseling profession to develop to higher levels of visibility and professional stature. These services are provided by means of counseling and social support services, community outreach and training. However all
these are far from being achieved. The association provides career counseling information, consultancy, advocacy, networking, life skills development and training, professional development, multi-faceted approaches in enforcing best counseling practices, client empowerment and adherence to standard of practices in counseling (BCA, 2011). The major drawback for BCA to enforce counseling professionalism is lack of a legal framework recognizing it. For monitoring and supervision of counseling services to be left to the broad ministry of education makes the streamlining of enforcement of professionalism a mirage.

The situation is Botswana is not different to that of Nigeria. CASSON, the umbrella counseling association is yet to receive the approval of Nigeria’s legislative assembly by way of initiating legislation to that effect (Aluede, McEachern, & Kenny, 2000). In Nigeria, there are no formally recognized or mandatory minimum educational requirements for certification as a professional counselor beyond having obtained a university degree in guidance and counseling (Aluede, 2000). CASSON has attempted to raise the minimum educational requirement for certification to a Master’s or a Bachelor’s degree with five years of work experience without success (Iwuama, 1998). The situation in Nigeria is a replicated in many African countries. The need to fast tract professionalism in counseling in Africa can only be said to be urgent.

In Kenya, Okech and Kimemia (2012) note that the development and expansion of counseling services offered in mental health settings and schools created a need for PCAs that could address the professional, training, and practice concerns of counselors. As noted earlier, there currently exists up to six PCAs in Kenya. Although there are benefits that members definitely achieve from their respective PCAs, the existence of several competing PCAs is
bound to create some challenges for the development of common standards of training, supervision, and certification in professional counseling practice in Kenya. It is within this context that this study explored the role of PCAs in professional counselling practice in Kenya.

2.4. Summary of Literature Review

This study integrated the aspects of domain, community and practice from the CoP theory in its theoretical framework. The concept of professionalism is best evident by looking at the roles of PCAs. From the literature reviewed from USA, UK, Canada, Africa and in Kenya, PCAs are generally expected to facilitate professionalization of counseling practice through accreditation, networking, licensing, placing members for jobs, research, publishing, training, continuing education, supervision and provision of personal therapy sessions for members. These roles of PCAs were reviewed by focusing on their membership recruitment criteria, their professional services provided and how they enforce professionalism. The enforcement of counseling professionalism is strongly backed by the elaborate codes of ethics from each of the PCAs.

2.5. Conceptual Framework

Kombo and Tromp (2006) have defined a conceptual framework as a set of broad ideas and principles taken from relevant fields of inquiry and used to structure a subsequent presentation. As illustrated in figure 2.1, counselors could practice under the PCAs for accountability. As members of their PCAs, there are roles that the PCAs will be able to accomplish in their practice. The PCAs will find it difficult accomplishing the same roles for those not committed to their PCAs. This may result to professional malpractice. The PCAs
endeavor to accomplish these roles for the achievement of the necessary professional standards for the practitioner and ultimately benefit the counseling client.

**Figure 2.1:** Conceptual Framework (As developed by the researcher)
CHAPTER THREE  
RESEARCH METHODOLOGY

3.1. Introduction

This chapter describes the methods that were used in carrying out this study. Among the aspects discussed includes, the research design, population, sample size, sampling procedure, methods of data collection, pretesting, data analysis and the ethical considerations that were put in place before embarking on the actual research.

3.2. Research Design

This study adopted an exploratory approach using a descriptive survey design to investigate the role of CPAs in professional counseling practice in Kenya. This is because the study aimed at the describing the state of affairs as existing among the CPAs in Kenya. Further this research was carried out using descriptive design because it was primarily concerned with describing characteristics in CPAs as they endeavor to professionalize counseling in Kenya.

3.3. Site of the Study

The research was primarily done within Nairobi County where the offices of the most CPAs are situated. However it involved counselors who practice in different parts of the country. Their offices in Nairobi served as good venues for meeting both for interviews and filling of questionnaires. This worked for the researcher not to travel to each and every place from where the counselors practiced because they were all widespread in Kenya. The respondents sampled from KGCPA generally responded to the instruments from Egerton University.
3.4. Target Population

According to Mugenda and Mugenda (2003) population stands for the total group of individuals a specific study is intended for. In this study, the population consisted of the six professional counseling associations in Kenya. There are 812 active practicing counselors who were members of the CPAs who were the actual target of the study.

3.5. Sampling Procedure and Sample Size

The researcher purposively sampled the four CPAs in Kenya. The method of sampling was used because the chosen associations had the characteristics which the researcher was interested in. These were the ones already registered by the registrar of societies with existing membership and elected officials. These included KCA now KCPA, KUPCA, KGCPA and KPsyA. KAPC though registered was found to have transited to a training institution. It no longer addresses itself to seeking counselors to join it for membership. KACP was not registered.

Counselors from the associations were sampled using systematic random sampling. This is a technique in which research participants are selected directly from a sampling frame that exists (Mugenda, 2008). The associations participating in the study were homogeneous which justified the use of systematic random sampling method. From the sampling frame, which in this study are the PCAs registers were assessed from their respective offices. The researcher selected from a random point participants within a fixed interval, in this case was every 10th participant. This was used to form the sample. This was in agreeing with Gay (1987) who recommended a sample size that is 10 per cent of the population as a comfortable representation of the population. This could hence generate results that can lead to conclusions that would be generalized fairly to the entire population under study in the case
of descriptive studies. This list of counselor members where the sample was picked from was valid because the members of the associations were not grouped in any order. This yielded 50 participants from KCPA, KPsyA’s 10, KUPCA’s 10 and KGCPA with 11 respondents. This made the total sample to be 81 respondents for the questionnaire. In the case of in-depth interviews, two members of the executive from each of the 4 sampled CPAs were purposively sampled to participate in the study. This made the total number of respondents from in-depth interview eight. The members of the executive were deemed to have the necessary information about their associations.

3.6. Research Instruments

Questionnaires and interviews schedule were the tools used for data collection from the selected sample. This was in agreement with Gay (1987) who recommends descriptive data to be collected through questionnaires and interviews. This was significant in avoiding any bias that might have arose when either of the methods was used exclusively. The researcher in consultations with senior counseling scholars including the supervisors of this study constructed the instruments. The content focused on biographical information and questions related to the study objectives, the problem statement and the literature review. The questionnaire consisted of both close ended and open ended questions. The respondents ticked their choices and wrote any other response on the spaces which were provided. The in-depth interview schedule had 12 items which were used to guide the one to one interviews with the respondents. The interview had the added advantage of affording the respondents an opportunity to express their own opinions in a deeper, less restrictive way than questionnaire (Jason, 2000). The use of the two instruments to collect data was found instrumental in cross-checking and substantiating the data and the findings to increase validity and reliability. The use of more than one instrument is also validated by Saldana (2011). He argues that the use of
more than one instrument guarantees a wider spectrum of diverse perspectives for analysis and representation. Indeed the comparison of data from the two instruments provided insights that may not have been if one instrument was used exclusively.

3.7. Validity and Reliability

In the process of the development of the research instruments, the enhancement of the content validity of the instruments were ascertained by generating sufficient number of items covering the key areas of the objectives of the study. The research sought the indulgence of experts in test construction which was reinforced by the verification by the supervisors of this study. Use of two instruments further allowed for collection of a wider breath of information whereby the two instruments reinforced and complemented each other. The data from the two instruments also assisted in verifying if the findings on similar enquiries yielded similar results. The researcher also ensured the data and the findings are valid and reliable though the use of the two research instruments. The two instruments yielded similar findings to a large extent. Further, validity and reliability of data was ascertained by the use of different PCAs in Kenya and also having responses from both their officials and members.

Test-retest reliability was used to check the reliability of the two instruments that were used. This method of reliability verification is generally recommended for survey studies. In the piloting stage, the instruments were administered on two successive occasions with a period of three weeks in between the first and second administration. The assumption was that the three weeks interval was long enough to ensure the respondents did not recall their responses from the first administration, and short enough to ensure there was no substantial change in the issues under investigation. A reliability coefficient of 0.812 was yielded after the correlation between the two sets of scores from the questionnaires responses. The in-depth
interview schedule yielded a 0.844 correlation. The two instruments hence met the threshold in terms of reliability. The researcher ensured the data collected was reasonably complete and accurate to ascertain its reliability. This involved crosschecking to ascertain that the data met intended purposes and not subject to inappropriate alteration. That the findings of the study answered the research questions was a justification of their reliability.

3.8. Pilot Study

The researcher used 1% of the selected sample for piloting as suggested by Mugenda and Mugenda (2003). This resulted in eight participants for piloting who were purposively selected. Purposive sampling method was best in assisting the researcher in coming up with participants with the right characteristics. The researcher used members of KUPCA to participate in pilot study. Caution was however in place to ensure that those who participated in the pilot study didn’t participate in the final study. The pilot study was able to identify flaws in the procedures designed by the researcher. It also helped the researcher spot some of the ambiguities and confusion of some of the responses given from the instruments. From the piloting it was realized that some respondents thought the study was evaluative. This therefore made them attempt to put their associations in the best light. This was addressed by emphasizing the purpose of the study to the respondents before they participated in the study. Some challenges were also noted regarding the answering of some of the questions. For instance, instead of asking the respondents to indicate the PCAs they were affiliated to, the need to specify the main one was realized. This ensured that the information given focused on one PCA. All such redundant questions and misunderstood items were identified and corrected. Further, this helped in gaining feedback on the validity of the instruments.
3.9. Data Collection Procedure

The questionnaires for counsellors and the interview schedules for executive officials of counselling professional associations were directly administered. Research assistants were trained prior to the actual data collection to help in the distribution of the questionnaires to the counsellors. The training involved going through the proposal. The purpose of the study and the ethical issues to be observed were emphasised to the research assistants. The researcher personally conducted the in-depth interview with the selected executive officials. The in-depth interviews were recorded using a Dictaphone and the data was transcribed to enhance analysis. The executive officials who gave information through in-depth interviews did not participate in filling the questionnaires. The researcher was able to access additional materials including pamphlets, brochures and constitutions of PCAs which were availed by the respondents in response to some of the questions in the interview schedule. The materials greatly enhanced the respondents’ information from the interviews.

3.10. Data Analysis and Presentation

In data processing and analysis, Statistical Package of Social Sciences (SPSS) was used in order to generate the output from the quantitative data. Frequency and percentage distribution tables were used to present the data for easier interpretation. Since qualitative data consisted of words, it was analyzed logically and systematically. The process involved organizing data into themes after which it was summarized and interpreted as recommended by Hawe, Degeling & Hall (1990).

3.11. Data Management and Ethical Considerations

Prior to embarking on data collection in the field, the researcher sought permission from all concerned authorities to carry out the research. The authorities include a permit from the
National Commission for Science, Technology and Innovation (NACOSTI) and the four different PCAs’ administration.

The researcher followed the key components on ethical considerations applicable when conducting any type of research with human subjects in social sciences (Bassey 1999). The research was conducted using willing participants and permission was sought from them. The study volunteers were not be coerced, threatened, or bribed into participation. All study participants were informed about procedures and any potential risks. Consent was documented in written form for those responding to the data collection tools.

Participants were guaranteed that the information provided would not be shared with anyone who was not involved in the study. There was an introductory letter on each questionnaire and a self-explanatory note on the purpose of the research. The questionnaires were coded to protect the identity of the respondents. Further, all respondents participating in the in-depth interviews were also assured of confidentiality and their permission sought before any form of recording was done.

The data collected was handled with ultimate confidentiality. This was in the research process and also after the research. The same data was only used for the purpose of this research. Having ensured that all the above was in place, it was a big boost to the validity and the reliability of the data, the findings and the recommendations made after the study.
CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4.1. Introduction

This chapter contains the findings of the study on the role of PCAs in professional counseling practice in Kenya. The presentation and discussion of findings were guided by the objectives of the study. The objectives of the study were to identify membership recruitment criteria for PCAs in Kenya. The study also sought to establish the professional services provided by existing PCAs in Kenya. Further, the study aimed at documenting how PCAs enforce counseling professionalism in Kenya. Lastly, the study explored PCAs members’ views on their associations as agents of professionalism in Kenya. The overriding purpose of the study was to establish the role of PCAs in professional counseling practice in Kenya. Further, the chapter presents the analysis of the data gathered through the questionnaires and the in depth interviews. After the presentation of the demographic data, the rest of the data is presented according to the four objectives. A discussion on the findings is done after the presentation of every item under the objectives.

4.2. Demographic Characteristic of the Sample

This section presents the characteristics of personal demographics of individual respondents. They include; gender, age in years, the PCAs the respondents were affiliated to, counselling experience in terms of years of continuous practice; terms of service whether full time or part time and the highest academic and professional qualifications. In addition, the researcher also sought the executive position the respondents held in their respective PCAs during the in-depth interview.
4.2.1 Sex of the Respondents

The respondents to the questionnaire were asked to indicate their gender. The sample comprised of both males and females. Their distribution is as shown in Table 4.1.

Table 4.1 Distribution of the Respondents by Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>27</td>
<td>33.3</td>
</tr>
<tr>
<td>Female</td>
<td>52</td>
<td>64.2</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Total</td>
<td>81</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Out of the 81 respondents who filled the questionnaire, the majority were female (64.2%) while 33.3% of them were male. This shows that there are more female counsellors than their male counterparts in the membership of PCAs. The number of the female respondents was almost double the number of male respondents. APA (2010) acknowledges the growing trend where female practitioners outnumber the male. This may be attributed to the fact that counseling profession is generally seen as a compassionate and nurturing profession, attributes generally seen in females.

4.2.2 Age Distribution in the Sample

The respondents were asked to indicate their age in years. The results are as shown in table 4.2.
Table 4.2 Ages of Respondents in Years

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>31-40</td>
<td>26</td>
<td>32.1</td>
</tr>
<tr>
<td>41-50</td>
<td>23</td>
<td>28.4</td>
</tr>
<tr>
<td>51-60</td>
<td>14</td>
<td>17.3</td>
</tr>
<tr>
<td>61-70</td>
<td>5</td>
<td>6.2</td>
</tr>
<tr>
<td>Total</td>
<td>81</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The majority of the respondents (32.1%) were aged between 31-40 years while 28.4% of them were aged 41-50 years, 17.3% of them were aged between 51-50 years with another 16% of them indicating they were aged between 21-30 years. Another 4.3% of them were aged 61-70 years. A majority of the counseling practitioners (61%) were between ages 31 to 50 years. This may be an indication of the period when the majority of the work force is generally optimally productive. In addition, training for counselors was previously done by middle level colleges which capitalized on mature entry. The first one was Amani Counselling Centre and Training Institute (ACCTI) which was established in 1979 (ACCTI, 2011). This also shows that different age groups are represented in the research. It shows that there are counselling psychologists of different ages in Kenya. This can mean that clients of different ages have a wide choice on the age of the counsellors they choose to work with.
4.2.3 Membership Population in PCAs

The researcher asked the respondents to indicate one major PCA in which they were members. The results are as shown in Table 4.3.

Table 4.3 The PCA in which a Respondent is a Member

<table>
<thead>
<tr>
<th>Counseling Professional Association</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>KCA</td>
<td>50</td>
<td>61.7</td>
</tr>
<tr>
<td>KpsyA</td>
<td>10</td>
<td>12.3</td>
</tr>
<tr>
<td>KGCPA</td>
<td>11</td>
<td>13.6</td>
</tr>
<tr>
<td>KUPCA</td>
<td>10</td>
<td>12.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>81</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

The majority of the respondents (61.7%) were from KCA while 12.3% of them were from KUPCA. Another 13.6% of them were from KGCPA while another 12.3% were from KPsyA. This is a true reflection of the membership numbers for each of the sampled associations. KCA is one of the first PCAs to exist in Kenya (registered in 1990) and has the highest number of counselors who form its membership. This fact has been highlighted earlier in the study (Njoka, 2007; ACCTI, 2011). Although KGCPA is the most recent in terms of when it was formed, it has grown steadily. This can be attributed to the embracing of lecturers in counselling, psychology and guidance who were initially not targeted by other associations.
4.2.4 Counseling Experience in Years

The researcher sought from the respondents their counselling experience in years. The results are as shown in Table 4.4.

Table 4.4: The Respondents’ Counseling Experience in Years

<table>
<thead>
<tr>
<th>Years of Practice</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No experience</td>
<td>3</td>
<td>3.7</td>
</tr>
<tr>
<td>0-5</td>
<td>34</td>
<td>42.0</td>
</tr>
<tr>
<td>6-10</td>
<td>28</td>
<td>34.6</td>
</tr>
<tr>
<td>11-15</td>
<td>11</td>
<td>13.6</td>
</tr>
<tr>
<td>16-20</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>21-25</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Above 26</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>81</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Most of the counsellors (42.0%) indicated that they had counselling experience of 5 years and below, while 34.6% had experience of 6-10 years. Another 12.4% had experience in counselling for 11-15 years. Further 2.5% of the respondents had experience of 16-25 years and one counsellor had counselled for over 26 years. The results indicate that most of the counsellors (76.6%) had counselling experience of between 0-10 years. This is the reflection of the fact that counselling as a profession and as a specialist training field was only embraced in the last two decades in Kenya. This fact is elaborated by ACCTI (ACCTI, 2011).
4.2.5 Terms of Counseling Practice

Counselling can be done by a practitioner as a fulltime or part time engagement. PCAs in Kenya embrace both the two kinds of practitioners in their membership. In relation to counsellors’ terms of service, the results are as shown in the table 4.5 below.

Table 4.5: Terms of Counseling Practice

<table>
<thead>
<tr>
<th>Practice Terms</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td>47</td>
<td>58.0</td>
</tr>
<tr>
<td>Part time</td>
<td>34</td>
<td>42.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>81</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Majority of the members (58%) indicated that they were full time counsellors. However with another almost halve, (42%) practicing as part time counsellors brings the question of what other practice the counsellors indulge in. It appears that this latter group has acquired counselling skills to boost their core duties such as teaching, social work, community development and those practicing within religious and human resources settings. The situation is replicated in Botswana (BCA, 2011) and Nigeria (Aluede, McEachern & Kenny, 2000). The African associations need to devise a way of addressing their unique practicing environments represented in their PCAs which may not be the case as at now. This could be a call for the development of areas of specialization within the PCAs. In such a case, school counsellors, pastoral counsellors and industrial psychologists could form individual PCAs which could operate under an umbrella body of different counsellors. Without this, Kenyan PCAs could be too widely spread to accomplish all desired professional roles. The major Western counselling associations have succeeded in this matter (ACA, 2010, BACP 2010).
4.2.6 Highest Counseling Qualifications of the Respondents

Regarding the highest counselling academic/professional qualifications of the respondents, the results are showed on table 4.6.

Table 4.6: Highest Counseling Academic/Professional Qualifications

<table>
<thead>
<tr>
<th>Highest Qualifications</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhD</td>
<td>6</td>
<td>7.4</td>
</tr>
<tr>
<td>Masters</td>
<td>46</td>
<td>56.8</td>
</tr>
<tr>
<td>1st Degree</td>
<td>15</td>
<td>18.5</td>
</tr>
<tr>
<td>Diploma</td>
<td>10</td>
<td>12.3</td>
</tr>
<tr>
<td>Certificate</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Student</td>
<td>3</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>81</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Majority of the respondents (56.8%) had achieved the qualification of a master’s degree. Another 18.5% of them had an undergraduate degree. Another 12.3% of them were diploma holders, 7.4% of them had a doctorate degree, 3.7% of them were students and 1.2% of them had attained a certificate qualification. This brings to 82.7% practitioners as having a degree and above. This presents a well trained workforce. Gladding (2001) states that a counselor as a helping professional needs to have obtained a master’s degree as a minimum. ACA on its part has a master’s degree as a mandatory qualification for a professional counselor. BACP and CCPA also demand graduate level training for professional counselors (ACA, 2010; BACP, 2011, & CCPA, 2010). With the professional demands and responsibility bestowed upon counselling professionals, high qualifications are necessary. It is hence worth noting
that the aspiration to accomplish the different roles of PCAs in Kenya is not in any way inhibited by lack of an educated membership. This agrees with Prywansky and Wendt (1999) who state that there are several regulatory mechanisms that exist in psychology that serves to define it as a profession. The most emphasized is having fulfilled requirements on training to participate in the profession as a practitioner. They state that qualifications stand as what can be argued as the most important element of any profession. Hodges (2011) also highlighted that professionalism demands credentials that make a given profession distinct from others. The emphasis is for the need of PCAs to focus on the qualifications of a given practitioner after an agreed curriculum during training. This then cannot be understated in the counseling profession. There is need for establishment of core courses that must be taken before one can be certified as a professional counseling practitioner. PCAs in Kenya seem to have different requirements for entry to practice which are bound to confuse the consumers of their services.

4.3 Findings from the Study Objectives

Having presented and discussed the results from the demographics data, this section consists of presentations and discussions of the findings based on the four objectives of the study. To start with, the data from PCAs’ membership recruitment criteria is presented followed by the discussion. Then the data from professional services identified is presented and discussed. Lastly, the findings on the enforcement of professionalism and the association’s member’s opinion on the role of PCAs is presented and discussed.
4.3.1 Membership Recruitment Criteria

The researcher in the first objective sought to establish the criteria used by PCAs to recruit their members. In the in-depth interviews, it was noted that there existed two major levels of membership in PCAs’ namely corporate and individual membership as presented below:

4.3.1.1 Corporate Membership

In KCA, membership is open to both local and international organizations and individuals. From the in depth interview, KCA 1 respondent said that:

*An organization that wants to be a member of KCA needs to be registered with the Government of Kenya. Such an organization should consist of at least three members of staff who are professionally trained and practising as counsellors. The organization should have existed for at least three years by the time of application for membership. The organization should have been engaged in the promotion, training or the practice of counselling or related fields. It must also be prepared to embrace the objectives and vision of KCA.*

This means that in coming up with its philosophy, an organization that needs affiliation with KCA will need to be in agreement with what KCA stands for. On applying, the application is reviewed by the executive committee before membership is granted. The same was replicated by KGCPA 1 respondent of the in depth interview:

*KGCPA targets to incorporate organizational and corporate affiliates whose interest is supposed to help the association in realizing its vision and mission.*

KGCPA also seeks to network with other international bodies related to guidance, counseling and psychological professionalism and advancement. The aspect of PCA being a body with several independent units joining it is similar to the structures of ACA, PACFA and BACP (ACA, 2010; PACFA, 2010, and BACP, 2010). This enhances a clear focus and tighter measures on accountability amongst PCAs when smaller units are in place. Further, a platform to share tested best professional practices are shared in their corporate professional
forums further enhancing competence amongst the practitioners. They are hence better equipped to accomplish their professional roles.

4.3.1.2 Individual Membership

The questionnaire respondents were asked to indicate what their PCAs considered before accepting their membership; the results were as indicated in the table 4.7.

Table 4.7: Considerations for Membership

<table>
<thead>
<tr>
<th>Considerations for Membership</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic/professional qualifications</td>
<td>78</td>
<td>96</td>
</tr>
<tr>
<td>When one qualified as a counselor</td>
<td>9</td>
<td>11.1</td>
</tr>
<tr>
<td>Duration as counselor experience</td>
<td>21</td>
<td>25.9</td>
</tr>
<tr>
<td>Client’s contact hours</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Experience as a Trainer</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Supervised client hours</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Level of commitment</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>1.2</td>
</tr>
</tbody>
</table>

N = 81

The majority of the respondents (96%) indicated they joined their PCAs because they had academic/professional qualifications required. Another 26% of the respondents indicated that their counselling experience was necessary for their acceptance for membership. A further 11.1% acknowledged that they were accepted into membership depending on when they
qualified as counsellors. Other considerations mentioned by the questionnaire respondents includes:

.... clientele hours logged, specialised training, supervised clientele hours, and level of commitment.

These agree with Prywansky and Wendt (1999) and Vacc and Loesch (2000) who viewed qualifications as one of the most important element of any profession. Further, according to CAPA (2011) a profession is an occupation that requires extensive training, study and mastery of specialized knowledge, usually including an element of experience. Harvey and Mason (1995) also emphasized the value of qualification before entry to a profession. The responses from in-depth interviews indicated that the requirements for membership in the PCAs were greatly pegged on the hierarchical level of the member as shown in Table 4:8. This was a system illustrating the chronology of the members in the order of academic and professional achievement, experience and accreditation. The researcher was able to access materials including pamphlets, brochures and constitutions which enhanced the respondents’ information on the issue of membership requirements. PCAs accepted students who are studying in counselling related fields to join them as student members. This is in agreement with the other international PCAs which also have student membership (ACA, 2011; BACP, 2010; CCPA, 2010). Student’s memberships introduce young professionals to PCAs. By the time they graduate, they will most likely have an upper hand in their ability to accomplish professional roles. They are likely to be more confident and well-endowed with hands on experience. However, the level of education required for full time membership differed from one PCA to the other. Lack of a streamlined membership requirement for counsellors could limit their ability to accomplish their professional roles. The need to demarcate professional boundaries becomes necessary. Further it was established that there are different levels of membership with different requirements within the same PCA. Table 4.8 shows the
membership levels of KCA. The information was largely got from the documents accessed during the in-depth interview.

### Table 4.8: Summary of Individual Membership Levels of KCA

<table>
<thead>
<tr>
<th>Membership level</th>
<th>Minimum Recognized training in counselling</th>
<th>Other requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student member</td>
<td>Counseling psychology students</td>
<td>Payment of necessary dues</td>
</tr>
<tr>
<td>Trainee member</td>
<td>Below diploma level of training</td>
<td>Payment of necessary dues</td>
</tr>
<tr>
<td></td>
<td>Or have done several courses</td>
<td>demonstrated interest in the area of counseling</td>
</tr>
<tr>
<td></td>
<td>below diploma</td>
<td></td>
</tr>
<tr>
<td>Associate counselor</td>
<td>Diploma or degree</td>
<td>payment of necessary dues</td>
</tr>
<tr>
<td></td>
<td>Or internship candidates on supervised practice</td>
<td></td>
</tr>
<tr>
<td>General accredited</td>
<td>Diploma, first degree or M A in Counseling Psychology</td>
<td>Payment of necessary dues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>At least 300 hours of client contact</td>
</tr>
<tr>
<td>Senior counselor</td>
<td>M A or Doctorate degrees or Higher Diploma in Counseling Psychology and 5 years of continuous counseling</td>
<td>Payment of necessary dues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>At least 500 hours of client contacts</td>
</tr>
<tr>
<td>Accredited supervisor</td>
<td>Extensive experience in the Training and supervision</td>
<td>Payment of necessary dues</td>
</tr>
<tr>
<td></td>
<td>At least a Diploma</td>
<td>Not less than 5 years of continuous practice or supervising</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A recognized institute trainer</td>
</tr>
</tbody>
</table>

*Source: KCA 2 during the in depth interview.*
Under individual membership, one could be accepted as a member when a student. A student member must have been studying in a recognised area in counselling psychology. Trainee membership applies for those who have received counselling training below the diploma level. Compared to BACP, student membership must have a supervised placement with at least 100 hours of client contact hours (BACP, 2010). The accreditation committee in KCPA reserved the right to accept a member or turn down a request. All graduates with diplomas or degrees in a counselling related field from a recognised institution joined KCPA as associate members. Accredited membership was attained after practising for at least five years. General accredited membership applied to trained counsellors who had at least 300 hours of client contact achieved over a period of three years.

Senior counsellor membership was for holders of a masters or doctorate degrees. They were required to have had acquired 500 contact hours with counselling clients. Further, they were required to have had a minimum of three years of continuous counselling experience in a recognised and registered counselling institution. Diploma holders with a minimum of five years of continuous counselling in a recognised and registered institution or centre could be accredited to be senior counsellors. The question was whether a diploma holder could serve as a full member of a PCA. Whereas there were very few universities offering training in psychology and counselling at degree level in the past, currently training is on offer up to doctorate level. There is therefore need for such diploma holders to upgrade to at least under graduate level. The diploma curriculum is covered within two years. This period of study could limit the content covered at the diploma level compared to the magnitude of work and the expertise practitioners would be required to put into their work. Further, professional counselling practice demands assessment and research skills which may not be adequately covered in the diploma curriculum. Each of the PCAs whose members have a diploma or less
qualification may need to take the challenge of upgrading qualifications for credibility and better delivery of services.

Accredited supervisors in KCA applied to those who had adequate training and extensive experience in training and supervision as practising counsellors. Minimum education levels was a diploma and not less than 5 years of continuous practice, supervision and offering counselling training in a recognised institution.

In KPsyA, the membership committee was entrusted with the task of receiving and scrutinizing all applications for membership. From the data gathered from the in depth interview, there are six categories of membership within the association. Table 4.9 shows the membership hierarchy.
Table 4.9: Summary of Individual Membership Levels of KPsyA

<table>
<thead>
<tr>
<th>Membership level</th>
<th>Minimum Recognized training in counselling</th>
<th>Other requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student member</td>
<td>Full time/ part time student at undergraduate or post graduate</td>
<td>- Recommendation by an existing KPsyA member</td>
</tr>
<tr>
<td>Associate level member</td>
<td>Bachelor’s degree in Psychology</td>
<td>- 2 years relevant work experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Demonstrated interest in the area of counseling</td>
</tr>
<tr>
<td>Full members</td>
<td>-Post graduate</td>
<td>- Supervised practical training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- A minimum of 25 hours of personal therapy</td>
</tr>
<tr>
<td>Fellows</td>
<td>Doctoral</td>
<td>- At least 5 years of professional practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Outstanding contribution/</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Performance in psychological field</td>
</tr>
<tr>
<td>Honorary fellow</td>
<td>Not necessarily trained in Psychology</td>
<td>- Has extra ordinary contribution in the advancement of psychology profession</td>
</tr>
<tr>
<td>International membership</td>
<td>As required by own country</td>
<td>Be affiliated in a psychological body recognized by KPsyA</td>
</tr>
</tbody>
</table>

*Source: KPsyA 1, during the in depth interview.*

As evident from the table above, KPsyA attracted not only local members, but also international practitioners. They then could fall into any of its six levels of membership. An
honorary fellow membership was for a member who was not necessarily a psychologist. However, the bearer of this title;

……must have made both an extraordinary contribution to the advancement of the association and an exemplary and distinguished contribution to the advancement of psychological knowledge or practice (KPsyA 1).

It was emphasized that the management board came up with the criteria for the endorsement to be an honorary member. This honor was bestowed at a general meeting of the association after the nomination by the executive committee. The total number of honorary fellows at any one time was not supposed to exceed fifteen.

The second category of membership was that of fellows. These were psychologists and members of the association who had invested in the advancement of psychology as a science and as a profession. Such a member needed to have acquired a doctoral degree in psychology related field. The degree should have been based upon a psychological dissertation or the doctoral degree. Further, the same degree needed to be based on other evidence of proficiency in psychological scholarship from a program primarily psychological in content. The doctoral degree must have been conferred by a graduate or professional school that was accredited by a recognized psychological professional body. Such accreditation should have been achieved within five years after the doctoral degree was granted.

A fellow must have prior status as a member of KPsyA for at least one year. Also, such a member should have been actively engaged at the time of nomination in the advancement of psychology in any of its aspects. Further, a fellow should have had five years of acceptable professional experience subsequent to the granting of the doctoral degree. An outstanding contribution or performance in the field of psychology was also mandatory. Fellows were entitled to the rights and privileges of the association without restriction.
Another category was that of full members. These were psychologists interested in the advancement of psychology as a science and as a profession and who had met several requirements. To start with, full members must have had acquired a doctoral degree or a postgraduate professional qualification in a specialized field in psychology from “an academic institution accredited by the KPsyA”. Compared to ACA, this is the lowest level of academic qualification acceptable for a professional member (ACA, 2011). For counseling and clinical psychologists, they must have supervised practical training and personal therapy of not less than 25 hours.

Further, full members were required to be licensed, chartered or registered psychologist legally entitled to practice as a professional psychologist in one of the countries the association recognized. They were also supposed to have full membership with an overseas national psychological association recognized by the association.

Associate level was yet another category of membership in KPsyA. Its requirements include being interested in the advancement of psychology as a profession. The minimum requirement for acceptance to the level of associate member status was a bachelor’s degree in psychology, from an accredited recognized academic institution, with 2 years of relevant work experience.

The membership level of a student included student affiliates both local and international. The minimum requirement was being in full time or part time study in psychology in a recognized academic institution. They had several privileges as they were granted by the association from time to time, including special rates for subscriptions and publications.
The last category of membership under KPsyA targeted psychologists in diaspora and other nationals. These included psychologists who resided in countries other than Kenya. An individual desiring affiliation with the association needed to have been a member of the psychological association of a country the association recognized by the time they applied for membership. If no such association existed, the applicant was required to present evidence of appropriate qualifications before acceptance as a member. An application for membership at any level required to be supported by two members of at least the same membership category. The executive committee reserved the right for admission into membership “without giving any reasons for rejection”.

In KUPCA, KUPCA 2 respondent revealed that:

...... a practitioner joining KUPCA as a member is expected to have a master’s degree in a mental health related field. Those who are employed as counsellors at a university with lesser qualifications are encouraged to update their qualifications by undertaking a master’s degree in a recognized institution.

In KGCPA, KGCPA 1 respondent in the in depth interview indicated that:

There are two categories of individual membership. The first one is called professional membership. These are required to be holders of at least a masters or doctorate degree in guidance, counseling or psychology from a recognized university. The professional members are required to present academic proof of their academic/professional achievement upon request.

The second category is that of student membership. The KGCPA 2 respondent stated that:

Student membership includes students who are already enrolled for a master’s degree program in a recognized university pursuing guidance, counseling or psychology. Student members are required to present proof of enrolment for a master’s program upon request.

The KUPCA and KGCPA accommodated members after attaining a master’s degree. This has an implication on their professional competence boundaries. It is expected that the more the academic and professional qualifications, the more the ability of the counselor to carry
out the expected professional roles. A master’s degree holder is expected to possess research skills. These skills come in handy in the creation of knowledge and inventions of contemporary ways of addressing the challenges in counseling profession that continue rising.

Further to the general requirements for membership, KGCPA 1 emphasized that:

A general requirement is expectation to show interest in advancing guidance, counseling or psychology not only as a profession but also as a social science.

When a potential member complied with all of the requirements outlined above, KGCPA 2 respondent concluded by stating that:

Members are expected to pay their annual dues to ensure continued membership. Failure to pay the required dues for one year leads to deregistration of a member.

There was a clear disparity when comparing the membership recruitment requirements for various associations. The most outstanding was the various academic qualifications required for different levels of membership. With academic and professional qualifications being rated the highest consideration, Table 4:10 below compare various academic requirements for the main membership levels.
Table 4:10: Summary of Academic Requirements of Main Membership Levels

<table>
<thead>
<tr>
<th>Level of Membership</th>
<th>KCA</th>
<th>KPsyA</th>
<th>KUPCA</th>
<th>KGCPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student member</td>
<td>Any Counseling psychology Students</td>
<td>Undergraduate or post graduate</td>
<td>Not applicable</td>
<td>Enrolled for master’s degree</td>
</tr>
<tr>
<td>(Counselling related studies)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainee member</td>
<td>Below diploma or have done several courses below diploma</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>(Counselling related studies)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>level of training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associate Counsellor</td>
<td>Diploma or degree or Internship candidates on supervised practice</td>
<td>Bachelor’s degree in psychology</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>General accredited</td>
<td>Diploma, first degree or MA in counseling psychology</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>- Senior Counselor/</td>
<td>MA or Doctorate degrees or higher diploma in counseling psychology &amp; 5 years of continuous counseling</td>
<td>Doctoral or post graduate</td>
<td>From master’s degree</td>
<td>At least a master’s degree</td>
</tr>
<tr>
<td>- Full members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Professional Membership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N/B: The above Academic Requirements of Main Membership Levels was summarized by the researcher.

From the table above, KCA accepts membership at student level from as low as those trained at certificate level. Further, its full membership starts from those with diploma qualification. KPsyA enrolls members from at least those enrolled for a bachelor’s degree. Their full time members needed to have at least a bachelor’s degree. KUPCA on its part is the only one without student membership. This is based on its mandate of targeting only members drawn from counseling practitioners in the Universities. Their full members must have at least a master’s degree. KGCPA membership apart from the student level starts at master’s degree. According to Gladding (2001) a counselor as a helping professional must have obtained a master’s or doctorate in counseling. This then contradicts the KCA where the bulk of their
membership required at least diploma level of training. KPsyA follows by admitting members from undergraduate qualifications. This may be because KCA and KPsyA may have recognized that counseling and psychology were relatively new areas of study in Kenya. Restricting membership to master’s degree holders could lock out many practitioners in Kenya. Both ACA and CCPA advocates for full membership from at least master’s level (ACA, 2010 & BACP, 2011). By that time, the counselor is assumed to have the full grip of what the professional counseling entails. It should however be noted that even as KUPCA and KGCPA admits members from master’s level, little emphasis was made of what the first degree of a prospective member was. Most of the practitioners may not have done a counseling related bachelor’s degree. The assumption is that, a scholar would only master on the curriculum areas that were covered during the undergraduate degree. Introduction to basic counselling skills, techniques and theories were therefore generally covered in the undergraduate level of training. This presented an area where streamlining of membership recruitment process by PCAs may be needed. Practitioners with different qualifications may not be expected to do the same tasks efficiently. They may not be able to carry out the expected professional roles. This is bound to adversely affect quality and eventually effective delivery of counselling services.

As a conclusion of the observations from the responses to the first objective, it is clear that different PCAs have different requirements for a counselling practitioner to attain membership. The major focus common in all of them was seen as the academic and professional qualifications. Given the different roles that members of PCAs are required to accomplish, the diversity in the requirements for membership adequately lays a foundation for preparedness to accomplish the required roles. The higher the ratings in terms of
professional and academic qualifications, the higher the expectations in the capability to accomplish outlined PCA’s roles.

4.3.2 Professional Services Provided by PCAs

The second objective sought to establish the professional services provided by the existing PCAs in Kenya. Both the questionnaire and in-depth interview were used to get this information from the respondents. The findings on professional services in the course of practice, publications or periodicals produced by the PCAs are presented and discussed. Further, findings on the responses on the criteria for supervision of members by their associations, existing structures to professionalize counseling and the forms of collaborations PCAs had with other associations are presented and discussed.

4.3.2.1 Professional Services Availed to PCAs Members

The questionnaire respondents were asked to indicate all the professional related services that they got from their PCAs The details are shown in table 4.11.
### Table 4.11: Professional Services Availed to PCAs Members

<table>
<thead>
<tr>
<th>Professional Requirements</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation</td>
<td>58</td>
<td>71.6</td>
</tr>
<tr>
<td>Networking</td>
<td>66</td>
<td>81.5</td>
</tr>
<tr>
<td>Continuous Education</td>
<td>42</td>
<td>51.9</td>
</tr>
<tr>
<td>Supervision</td>
<td>40</td>
<td>49.4</td>
</tr>
<tr>
<td>Personal Therapy</td>
<td>14</td>
<td>1.73</td>
</tr>
<tr>
<td>Research</td>
<td>26</td>
<td>32.1</td>
</tr>
<tr>
<td>Training</td>
<td>39</td>
<td>48.1</td>
</tr>
<tr>
<td>Publishing</td>
<td>20</td>
<td>24.7</td>
</tr>
<tr>
<td>Licensing</td>
<td>20</td>
<td>24.7</td>
</tr>
</tbody>
</table>

N = 81

Of all the questionnaire respondents, a majority (81.5%) indicated that they are able to network in their associations. Townsley (2011) highlighted networking as a major service beneficial to members of PCAs. Harvey and Mason (1995) also emphasized the access to networking platform for counsellors affiliated to a PCA. Counsellors in their initial years of practice get a chance to interact with those with greater expertise and experience in the counseling field. This may serve as an opportunity for job placements and finding a place in the referral listings beyond the professional exchange of ideas. For the older members, their interaction and sharing as practitioners compliments each other. This is because there is no one with monopoly of knowledge. Every participant will most certainly have something unique to offer to others. Further, discussion on challenges from the field can yield high breed solutions that benefit all. Partnerships and collaborations can hence be established.
which could work to improve the professionalism especially in supervision, research and sharing of therapy tools. This would generally improve the accomplishment of professional roles by PCAs.

Another 71.6% of the respondents acknowledged the existence of accreditation in their professional associations. The value of accreditation is highlighted in ACA (2011). After certification and licensing, the need to be recognised in terms of competence and experience is achieved through accreditation in ACA. CACREP and NCATE are entrusted with the accreditation of counselling and related educational programs in ACA. Townsley (2011) also emphasized that counseling associations exist for setting the accreditation criteria for counselors. Accreditation hierarchies existing in Kenyan PCAs are heavily borrowed from the ACA. Rusaw (1995) emphasized the importance of a hierarchy of recognition of members in order to maintain suitable standards. He saw it as a major way of maintaining conformity to general expectations of the counseling profession.

Respondents to the tune of 51.9% acknowledged they were able to access continuing education from their associations. This relates with Shetsky (2011) and Conover (2011) who agrees that mental health professional associations sponsor or approve continuing education standards for their members. Another 49.4% accessed supervision from their associations. Opportunity to do research specialised training, publishing, licensing, and personal therapy were other services accessed by members of professional counselling associations. This is in agreement with Conover (2011), NBCC (2011) and Hollis and Dodson (2000). These sources have listed the above services as essential for professionalism development among the PCAs.
It is in the provision of professional services that PCAs accomplish various specific roles both to their members and the general public. Presented below were the specific roles as given by the respondents. Their implications are discussed after their presentation.

### 4.3.2.2 Publication or Periodical Produced by the PCAs

Professional associations are known for research and publication to expand knowledge. The information derived from this research need to be published for dissemination. Hence the researcher wished to identify the publication or periodical produced by the PCAs. The results are as shown in table 4.12.

<table>
<thead>
<tr>
<th>Publication</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A newsletter</td>
<td>27</td>
<td>33.3</td>
</tr>
<tr>
<td>A brochure</td>
<td>20</td>
<td>24.7</td>
</tr>
<tr>
<td>A journal</td>
<td>16</td>
<td>19.8</td>
</tr>
<tr>
<td>A magazine</td>
<td>15</td>
<td>18.5</td>
</tr>
<tr>
<td>None</td>
<td>27</td>
<td>33.3</td>
</tr>
</tbody>
</table>

N = 81

About 33% of the members indicated that their PCA had a newsletter. Another 33% indicated that there associations had no publication. Further, 24.7% of them said that their association had produced a brochure, 18.5% of them said that their association had produced a magazine and 19.8% of them had their associations produce a journal. This is an area requiring intervention given that one of the roles required to be accomplished by counselling
professionals is to document knowledge. APA (2010) acknowledges this by emphasizing publication as a major area in professionalism. According to BACP (2010) there is a whole department of research under BACP. Harvey and Mason (1995) highlight the importance of research and publications which is done under PCAs. Through it, the association disseminates information to the public about the profession by producing a wide range of books, guidelines, journals and pamphlets. The publications target counselors and psychotherapists, those receiving therapy, purchasers of counseling services and those involved in many other different areas of counseling and psychotherapy. The research department by the publication of a research journal and a variety of research reports contributes to BACP’s mission of developing professionalism in counseling profession. This also makes the profession to be widely recognized and understood by the consumers.

On the question of the uniqueness of the PCAs, it was realised from the KGCPA 1 respondent to the in-depth interview that:

The uniqueness of KGCPA compared to other professional counselling associations is the production of an annual peer review journal. Members of KGCPA are able to access a platform for the publication of the researches done annually.

This finding was an eye opener for the PCAs in Kenya, especially given that KGCPA was the youngest in terms of existence. It is however noted that the association has a master’s degree as the lowest qualification in its membership. It means the bulk of its membership have postgraduate qualifications hence have research skills. Further, the association headquarters are currently housed at a local University. This could be a pointer of inclination towards scholarship. According to Langhorne (1961) publication is one of the aspects that makes professional associations’ important players in the pursuit of continuing growth and development of counseling and psychology as a profession.
The other available publications as noted from the questionnaire respondents include a newsletter which had the highest score at 33.3%. Brochures and magazines are the other publications available. However, these three cannot be said to be academic in nature as compared to a journal. A major role of PCAs is to link members to professional contacts, meetings, papers, reports, discussions and publications. According to the Townsley (2011) this promotes exchange of ideas. It hence becomes an avenue for individual professional development, and equips members to tackle the challenges facing the profession more adequately. This will definitely work towards the betterment of exchange of ideas and is a big boost in the promotion of professionalism in counseling. To emphasize the pivotal role played by professional counseling associations in publishing, APA and ACA have come up with detailed guidelines for research and publishing in their codes of ethics. This is well stipulated in APA (2011) and ACA (2010). Harvey and Mason (1995) emphasize that under the umbrella of PCAs, members have access to publications such as journals, newsletters, conferences and representation in various public professional forums. According to Rusaw (1995) PCA serve as builders of normative frameworks for enacting knowledge in practice, provision of updated and extended professional knowledge. This is what PCA in Kenya are missing when they appear limited in the area of research and publication.

The production of a peer review journal is a major step towards PCAs accomplishing the role of publishing. As knowledge inventors, publishing is one of the best ways PCAs could disseminate knowledge. This knowledge is important to both the practitioners themselves and the general public. The non-scholarly publications like magazines, brochures, newsletters, and pamphlets are mostly used to disseminate general information. Since only one PCA is producing a Journal in Kenya, there is need to invest more resources along this path. That way, PCAs will find an avenue of accomplishing one of its major roles.
4.3.2.3 Supervision of Members by their PCAs

In the in-depth interview, the executive officials were asked how they ensure that their members were supervised. Counseling supervision is a major professional requirement in the practice of counseling and psychology. The KPsyA 1, respondent revealed that:

\[ ...... \text{the available means of supervision is through technological contacts like emails and through phone calls. This is mainly based on trust since there is little physical identification on what is happening at the ground. The association requires members to make periodical reports on their personal therapy schedules.} \]

Whereas genuineness and congruence are key areas in training of counselors, it may not be expected that all of them will practice the virtues automatically. The risks the counseling clients may be exposed to could have far reaching implications especially in the attainment of professionalism. Supervision provides a platform for accountability. Any challenge encountered in the professional counseling work is therefore addressed almost immediately. The client and the counselor are therefore the automatic beneficiaries.

To counter the challenge raised by respondent KPsyA 1, KPsyA 2 respondent established that:

\[ ...... \text{the association looks forward to establishing and strengthening different centers in the various counties in Kenya to enhance supervision.} \]

KUPCA 1 respondent to the interview questions acknowledged that it had not been possible for the association to supervise their members:

\[ ....it has been a challenge to do supervision. This is because member counselors are answerable to the administration of the university they work for. Further, with the universities scattered all over the country, the logistics of supervision are insurmountable. \]

To mitigate the above stated situation, KUPCA 2 respondent acknowledged that:

\[ ...... \text{the association interacts with its members through its website, emails and phone contacts to enhance networking to keep peers accountable.} \]
This however appears to be more of administrative supervision as opposed to counseling supervision. On the same subject of supervision, KCA 1, respondent to the in depth question on supervision revealed that:

*Regional county supervisors who are fully qualified oversee this process of supervision....... the association has trained up to 147 supervisors. The process of training and accrediting a supervisor is rigorous. A counseling supervisor needs to have been an ordinary member, associate counselor, and an accredited counselor before eventually qualifying to be an associate counselor. It is after this that one is accredited as a supervisor.*

This ensures that the supervisors are of very high reputation and qualification. KCA 2 agreed with the thoroughness of the criteria of choosing a supervisor and added that:

*The supervisors are answerable to the management board. The supervisors reports on are sent to the executive board for verifications and adoptions. ....the executive board sometimes pays random visits to various regions to be in touch with grassroots operations of KCA.*

The KGCPA 1 respondent to the in depth interview revealed that:

*There is no supervision done by the association. However, there is a suggestion to have regional centers in each of the 47 counties in the country which will enhance the process of supervision. This when finally achieved is geared towards streamlining the supervision requirement.*

KGCPA 2 respondent emphasized the need for urgency in putting the supervision process in place:

*For now, the association is working on the structures and financial boost to carry out the task of supervision. ....when this is in place overseeing the supervision of the members will be a priority.*

As indicated above, the in-depth interview respondents from all the PCAs revealed that supervision is highly regarded in all professions. However there are no proper structures to enforce the same among the PCAs. An example is the response that supervision “is simply based on trust”. Periodical reports by members without identified criteria for scrutiny were identified as the main basis of supervision. With membership of associations scattered throughout the country, peer supervision exist as the major form of supervision among the
members of the associations. The associations have identified this challenge and have come up with proposed ways of mitigating the situation. Whereas KGCPA has come up with the suggestion of regional centers spread in all the 47 counties in Kenya, KCPA is fast accomplishing this. The latter has trained supervisors who oversee counselor supervision in their respective counties. This has expedited the process of supervision from grassroots to the national office. Both ACA (2010) and APA (2011) have published widely on the importance of supervision in counseling practice. Harvey and Mason (1995) indicate that supervision as a professional service can be accessed from the respective member’s association at a discounted cost. But as noted by Aketch and Kimemia (2012) the existence of several competing PCAs in Kenya is bound to create some challenges for the development of common standards of training, supervision, and certification in professional counseling practice. Yet, supervision has such a great impact in reducing burnout on the part of the counselor. It is also a source of rejuvenation in the counselor’s practice. It arms the recipient of the service with resilience to face greater challenges in the profession. All these are geared towards attaining professionalism. But even in the current situation, the need to streamline supervision of PCA members can only be said to critical. It is a major role PCAs need to put in place in order for members to reap the benefits highlighted above. Since professional supervision is yet to be achieved by PCAs in Kenya, the aspect of professional accountability could be in disarray. This could highly expose the counseling clients to malpractice which may deteriorate their psychological wellbeing.

4.3.2.4 Forms of Collaborations PCAs have with other Bodies

The respondents were asked to indicate any form of collaborations their associations had with any of the other counselling body. The results are as shown in Table 4.13.
Table 4.13: Forms of Collaborations PCAs have with other Bodies

<table>
<thead>
<tr>
<th>Areas of collaborations</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drafting the Psychological Bill</td>
<td>14</td>
<td>17.3</td>
</tr>
<tr>
<td>Joint training</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>Not aware</td>
<td>5</td>
<td>6.1</td>
</tr>
<tr>
<td>Networking</td>
<td>3</td>
<td>3.7</td>
</tr>
<tr>
<td>Developing of curriculum for counselling programs</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>Collaborations in hosting conferences</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>Joint debriefings in times of disasters</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>Collaboration with KICD in the development of counselling programs in schools</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>No Response</td>
<td>34</td>
<td>42</td>
</tr>
</tbody>
</table>

N = 81

About 21% of the members indicated that their association collaborated with other associations in the holding joint training, while 17.3% agreed that they collaborated in drafting of the Counselling and Psychological Bill. Further, 6.1% were not aware of any form of collaboration. Other forms of collaboration were in the networking, development of curriculum in counselling and joint conferences. There are joint debriefings in times of disasters and collaboration where members volunteer to serve.

From the in depth interviews, KCA 1 respondent indicated that:

*KICD has collaboration with KCA in the development of a counselling diploma programs in its accredited colleges. Further, KCA through the working relationship with the former Ministry of Public Service had all the counsellors employed by the government required to be members of KCA. Through this partnership, professionalism is enhanced in the public service.*

75
On the same subject of collaborations, KCA 2 respondent added that:

*Red Cross and Kenya Medical Association (KMA) are in partnership with KCA on various areas of interest. For the Red Cross, every time they respond to a disaster, KCA works hand in hand with them to offer psychological debriefing to the victims and their next of kin.*

KPsyA 1 respondent further outlined another area of collaborations with other counselling associations:

*The Counselling and Psychological Bill which is in its formative stages was an opener for collaborations and partnerships with other associations both locally and internationally. KPsyA is also targeting the South African Psychological Association for future collaborations.*

It was evident that all the PCAs in Kenya share the interest of working together towards a common Counselling and Psychological Bill. When it eventually becomes an Act of Parliament, it could be the bases for the practice of counselling to have a legal framework. Such a breakthrough would make the provisions of professional roles such as, accreditation, licensing, supervision, curriculum development and enforcement of the code of ethics by PCAs efficient.

Further, KPsyA 2 in depth interview respondent on the subject of collaborations with other related bodies identified that:

*KPsyA had a meeting with representatives of BACP and ACA at different times earlier in the year. In their deliberations, the plans to work together were formulated. Given that these are global associations in counselling, KPsyA looks forward to benchmark them.*

KGCPA in depth interview respondents did not indicate any form of collaborations. KUPCA 1 respondent indicated that:

*Individual members are left to collaborate with independent bodies in liaison with their specific universities. For example, NACADA has featured prominently as a body that most universities collaborate with in the campaigns against drugs and substances abuse. Others include I choose Life movement, clubs, and societies in universities.*
Harvey and Mason (1995) are in agreement that PCAs have the mandate of entering into collaborations with other regional and international associations. This helps them to be well acquainted with the global counselling profession’s development. This then qualifies each of the collaborating associations to participate for the benefit of all.

The questionnaire respondents were asked whether they were aware of other PCAs in Kenya which they could collaborate or partner with. The results are as shown in Table 4.14.

**Table 4.14: Awareness of Existence of Other PCAs in Kenya**

<table>
<thead>
<tr>
<th>Awareness of other associations existence</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>75</td>
<td>92.6</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>7.4</td>
</tr>
<tr>
<td>Total</td>
<td>81</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Majority of the respondents (92.6%) indicated that they were aware of other existing PCAs in Kenya which their associations could collaborate with. Another 7.4% of them indicated that they were not aware of other PCA in Kenya they could collaborate with. Those who responded positively were asked to indicate the other PCAs in Kenya apart from theirs. The associations outlined included “KCA, KAPC, KPsyA and KGPCA”. KACP was conspicuously missing, an indication that it is not yet well known even in the circles of counselling practitioners.

Kenya Red Cross (2010) a humanitarian organization states it needs collaborations in its day to day work. It seeks to work with relevant PCAs to help in alleviating human suffering in the
pursuit of its vision and mission. Other bodies collaborating with PCAs in Kenya include, KICD, the former Ministry of Public Service, and Kenya Medical Association (KMA). In depth interview indicated the various areas of collaborations including curriculum development. A major area which the PCAs have identified need for collaboration is in the development of the Counseling and Psychological Bill. No formal collaborations exist with other internationally recognized counseling associations. Mailu (2004) indicated that most of the PCAs in Kenya are benchmarking the international PCAs. The response to the effect that BACP and ACA collaborate with KPsyA and KCA could therefore be expected. This is because the two PCAs are global with very well developed structures. Further, APA (2011) suggests collaborations at both the local and international level. The umbrella PCA in Nigeria was already achieving this by collaborating with UNICEF and UNESCO (CASSON, 2010). KPsyA and KCA have attempted to accomplish this.

As indicated above, collaborations can exist with similar other associations even in the same country. Other bodies sharing the vision, mission, and core values could also work together to accomplish their goals expeditiously. Therefore, to accomplish their roles effectively, PCAs need to have the deliberate intention of cultivating a conducive environment for thriving of collaborations. No PCAs both among the local ones or the international ones can claim monopoly of knowledge or expertise. According to the theory adopted for this study, a Community of Practice must embrace “a practice” (Wenger, 2207). Here, PCAs can jointly develop a shared repertoire of resources. The same principles that bring different counsellors to one PCA could be accommodated to bring two or more PCAs, organizations, and institutions into partnerships. The shared resources could work to the advantage of both the practitioners and general public. The sharing of counselling tools, new research findings and emerging issues in counselling could greatly enhance the counselling practice in Kenya. In
essence, the attainment of “community of practitioners” as envisioned by Wenger (1988) in the theory of CoP becomes a reality. However, the need to customize such shared professional ideas becomes necessary. All this will make the accomplishment of the professional roles of PCAs efficient and therefore lead to adoption of best practices.

4.3.3 Enforcing of Professionalism by PCAs

The third objective sought to find out the mechanisms used by PCAs to enforce counseling professionalism in Kenya. Analysis of data on how PCAs enforce counseling professionalism was analyzed and discussed under five subtopics. The researcher sought to find the awareness of members on the existence of a code of ethics of the association. Then there was the awareness of the penalties against counseling malpractice. Further, there was focus on the participation of the PCAs in curriculum development of academic programs. The enforcement on members’ participation in PCA’s activities and how the PCAs participate in the licensing of counseling practitioners were lastly sought.

4.3.3.1 Awareness of a Code of Ethics

The researcher sought from the members the awareness of the code of ethics stipulated by their PCAs. The results are as shown in Table 4.15.
Table 4.15: Awareness of PCA’s Code of Ethics

<table>
<thead>
<tr>
<th>Awareness of PCA’s Code of Ethics</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>64</td>
<td>79.0</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>18.5</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Total</td>
<td>81</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Majority of the respondents (79%) indicated that they were aware of code of ethics stipulated by their PCA while 18.5% of the members indicated that they were not aware of the code of ethics stipulated in their PCAs. The code of ethics is the custodian of the professional boundaries. This then shows that there were counselling practitioners practising with very little understanding of their associations. This presents a very a delicate situation that associations may need to take up and address urgently. The situation has the potential of becoming an avenue for malpractice.

The members who said they were aware of a code of ethics were asked to name any three professional requirements covered in the code of ethics as an open ended question. The responses included:

......academic qualifications to practice, confidentiality, competence, maintaining integrity, regular supervision, personal therapy, concern for others, professionalism, unconditional positive regard, continuous learning and training.

These results agree with Shetsky (2011) who acknowledges that professionals in mental health counselling organizations are required to adhere to ethics governed by professional associations. That CPAs were able to come up with the code of ethics is a definite way of fulfilling their major mandate of safeguarding the consumers of counselling services. Further,
in agreeing with the above responses Harvey and Mason (1995) indicate that professional associations serve the purpose of safeguarding the public interest and also represent the interest of the professional practitioners. This is what all the PCAs in Kenya have attempted to achieve through their code of ethics.

ACA (2010) is in agreement with the place of code of ethics to practitioners. It emphasizes that a sure way of maintaining professionalism in counseling is through constant evaluation of training, advocacy on counseling issues affecting minority groups and adherence to the code of conduct among other ways. BACP (2011) the umbrella body for all counselors in UK has an ethical framework for good practice in counseling and psychotherapy. Its professional conduct procedure ensures that members of BACP abide by an accepted and approved code of conduct and accountability. This framework provides a core frame of reference for members to use in their relations with clients, colleagues, fellow members and the wider community. It safeguards practitioners by defending them where need be and ensures members of the public are not exploited. To the public, the professional conduct department deals with any alleged breaches of conduct. This is a sure way in which professionalism is maintained among its members. Harvey and Mason (1995) emphasize that a member of a profession need to conform to the norm and abide by the established procedures and the agreed code of conduct. The code of ethics hence becomes the map in which the boundaries of the counseling profession are clearly demarcated. The common code of ethics and value system thus defines “the practice” of counseling. This notion was emphasized in the CoP theory Wenger (2007). The PCAs hence exist to censor members who defy the agreed code of conduct. Such members are actually aware of their offence because the code of conduct is available to all members with its clear stipulations.
4.3.3.2 Awareness of Penalties against Professional Malpractices

Professional malpractices attract penalties in all the professional associations. The researcher sought from the members whether they were aware of the penalties against counsellors’ implicated in professional malpractice. The results are as shown in Table 4.16.

Table 4.16: Awareness of Penalties against Counselors Professional Malpractice

<table>
<thead>
<tr>
<th>Awareness of penalties</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>53</td>
<td>65.4</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>32.1</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Total</td>
<td>81</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Majority of the members (65.4%) indicated that they were aware of the penalties against them if they were involved in counselling malpractices. Another 32.1% of them were not aware of the penalties against them if they were involved in counselling malpractices. This paints a gloomy picture in the pursuit of professionalism. Penalties in whichever field are known to make people resist the temptations to act contrary to general expectations. Coupled with the earlier finding that the associations are not well equipped to supervise their members, this issue then qualifies as a major concern in regards to the pursuit of professionalism. The questionnaire respondents were asked to name at least three penalties against the counsellors’ malpractices in an open ended question. The affirmative respondents identified some of the penalties against malpractices:

.....suspensions from the association, legal action against the offender, deregistration and cancellations of practicing certificate.
Further, the researcher sought to find out whether the questionnaire respondents were completely aware what is covered under professional malpractice. The results indicated that 75.2% of the respondents “were completely aware” of what consisted of professional malpractice (Table 4:16). Since professional associations deal with issues of malpractice among members as a core duty, the researcher sought from the in depth interview respondents how they accomplished this task. All the PCAs which participated in the research had an internal mechanism of addressing issues of malpractice. From the in depth interviews responses, KCA 2 respondent stated that:

\[\text{…….. any complaint is dealt with by the regulatory and disciplinary committee. The disciplinary committee is entrusted with dealing with all the rising disciplinary issues.}\]

Further, on the number of the members who have been implicated in malpractice in the past two years, KCA 1 respondent indicated that

\[\text{…….. twenty members of the association have been found with issues of malpractice. Several measures have been taken against those implicated including withdrawal of accreditation, fines and sanction not to practice until cleared.}\]

All the other respondents acknowledged the challenge of lack of a legal frame work that can be backed by the Kenyan Law. It is therefore understandable that not any member has ever been completely deregistered for contravening the rules and regulations of the PCAs. This portrays a grim picture of the endeavour of PCAs to censor those who refuse to comply with various professional expectations including malpractices.

The KUPCA 1 in depth interview respondent on the measures against malpractice indicated that:

\[\text{There were no ground rules to deal with malpractice. This is blamed on the lack of legal framework as the basis to discipline errant members. However any complaint on a member is addressed by the executive and the affected member is asked to respond to the accusation.}\]
On the same question, KUPCA 2 respondent indicated that:

.... a member can be expelled from membership of KUPCA on grounds of misconduct if the committee so recommends. A general meeting of the association is required to resolve by a two-thirds majority of the members present that such a member should be expelled. Expulsion could also be on grounds of a member having adversely affected the reputation and dignity of the association. The executive committee has powers to suspend a member from membership until the general meeting of the association that follows. This is when their decision is ratified.

This is definitely an expectation that the disciplinary procedures by KUPCA are not binding. It is no wonder that KUPCA has not disciplined any of its members. This means a counsellor could continue with a malpractice undeterred over time. This could spell doom to the usually vulnerable counselling clients who seek professional counselling services. The role of PCAs in keeping their members on check should not to be assumed if professionalism is to be attained in counselling practice in Kenya.

KGCPA 2 respondent indicated that, the fact that the association is only two years old had made it difficult to address the issue of malpractice. The interviewee was of the view that:

*The association is still laying strategies for its growth. However, the ground work for developing the disciplinary committee is on course. Further, lack of legal backing is to be blamed for making it impossible to deal with malpractice among the members.*

The in-depth interview respondents were in agreement that the remedy was in the fast-tracking of the proposed Counselling and Psychological Bill. However, ethics in counselling should have been the bedrock for the formation of a PCA in the first place. That a PCA could exist without a clear disciplinary procedure for its membership could be an indication of misplaced priorities. The attainment of professional counselling may then remain a mirage, even with more than two decades of existence of PCAs in Kenya.

KPysA 2 respondent generalised the answer:

*The practice of psychology is still young. Without a clear regulation mechanism of the profession, such a task like disciplining members involved in malpractice remains a mirage. The hope is that the Counselling and Psychological Bill will go through the legal stages in parliament expeditious to be fully in place soon.*
However, KPsyA 1 interview respondent acknowledged internal by laws to deal with the issue of malpractice in the meantime:

...... there are in house by laws that mitigate the situation as the Counselling and Psychological Bill is awaited. As par now, none of the members has been censored in the last one year for failing to abide with the associations regulations and standards of professionalism.

With a clear majority of the questionnaire respondents acknowledging that they knew what consisted of professional malpractice was seen as a big step towards enforcing professionalism. However, lack of clear modalities of dealing with the same malpractices paints a major challenge in the efforts of PCAs to enforce professionalism. Further, even the masterly of what consist a professional malpractice may not be fully attributed to the work of the PCAs. It has to be understood that professional ethics is a core aspect in the training counsellors long before they start practising. There is a probability that members of an association can respond from the awareness that was created during their academic and professional training.

Although a significant majority of the respondents from all PCAs highlighted aspects of code of ethics and penalties, only one association has ever disciplined members in the past one year. The other associations blamed lack of a legal framework as the major drawback hindering associations from carrying out this mandate of enforcing professionalism. A verdict against a member may not be legally valid. A censored member may gain audience in a court of law and the verdict of the PCAs could be easily overturned. This works as a drawback to advancement of counselling professionalism. CAPA (2011) indicated that professionalism requires a clear process of dealing with members who fail to meet the professional standards. This is not well accommodated in PCAs in Kenya as discussed above. It is a major role that PCAs are supposed to be fulfilling. The failure to accomplish this can only mean professional
conduct is not well maintained which is bound to affect the professional practice adversely. It leaves the counselling client too exposed and unprotected from professional malpractices. This simply proves that PCAs in Kenya have a long way to go before the attainment of “professional counselling practice”.

### 4.3.3.3 Participation in Curriculum Development of Counselling Academic Programs

The researcher sought to know from the respondents whether their PCAs participated in development of curriculum for different counselling academic programs. The results are as presented in Table 4.17.

<table>
<thead>
<tr>
<th>PCAs’ participation in curriculum</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>52</td>
<td>64.2</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>32.1</td>
</tr>
<tr>
<td>No response</td>
<td>3</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>81</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Majority of the members (64.2%) indicated that their PCAs participated in the curriculum development for different counselling academic programs of the middle level colleges. About 32.1% of them noted that their PCA did not participate in the development of the curriculum for any counselling academic program. Further, the researcher enquired from questionnaire respondents in an open ended question some of the reasons why their associations participated in the development of curriculum. Some of the reasons for participation included:
Another respondent said:

"... our association is registered as a corporate member with KCA which is championing the course of streamlining counseling curriculum in the country."

Another respondent said:

"... my association is committed to the standardization of counseling training across board and is working with the KICD which is a government agent."

Another questionnaire respondent acknowledged that:

"... my association is a major stakeholder in many counseling colleges, safeguarding counseling profession in the teaching and growth of psychology."

A further response on why PCA participated in curriculum development was:

"... the belief of my association in improving members’ competency due to emerging issues was the major reason why it participates in curriculum development."

For those questionnaire respondents who indicated their PCAs did not participate in the curriculum development, an open ended question required them to give possible reasons. The reasons for failing to participate included:

"... lack of legal mandate, that the association is not recognized by the government, and that some of the PCAs are still young having being registered only recently."

The results indicating why one PCA participate in curriculum development agree with Shetsky (2011) who states that in most cases, mental health professional associations sponsor or approve curriculums for courses to be taken by its members. The transcripts of such a counseling graduate are closely examined to ascertain that a counselor applying for license did the courses approved by the respective PCA. This corresponds with the requirement for members of BACP and ACA (ACA, 2010 and BACP 2010). CAPA (2011) indicate that professionalism demands the setting of standards and guidelines for entry to the profession in the form of examinations. But in Kenya’s case, many counselors have undertaken courses without the approval of any PCA. This fact is emphasized by Oketch and Kimemia (2012). This situation is blamed on the fact that there is no umbrella body to oversee the training and practice of counseling and psychology. Whereas the professional associations for lawyers,
doctors, engineers, architects etc. actively participate and influence what courses students are taking in Kenya, the same cannot be said of counseling profession. This is a major drawback in the existing PCAs’ efforts to professionalize counseling in Kenya. This poses a danger of producing graduates with little relevance to the field they will be expected to join. Members of PCA are best placed to advice on emerging issues that need to be accommodated in the training curriculum of counselors. By so doing, PCAs will be carrying their mandate of standardizing counseling practice in Kenya.

4.3.3.4 Regularity of Functions Hosted by the PCAs

There were different functions held by the PCAs where key deliberations were made. Adherence to a function is an indication of commitment and a key way of enabling the PCAs deliver in their roles and mandate. The researcher sought to know from questionnaire respondents how often they participated in their PCAs’ functions as shown in Table 4.18:

<table>
<thead>
<tr>
<th>Participation in PCAs function’s</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>17</td>
<td>21.0</td>
</tr>
<tr>
<td>Once in an year</td>
<td>29</td>
<td>35.8</td>
</tr>
<tr>
<td>When meetings are called</td>
<td>4</td>
<td>4.9</td>
</tr>
<tr>
<td>No response</td>
<td>31</td>
<td>38.3</td>
</tr>
<tr>
<td>Total</td>
<td>81</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Most of the members (38.3%) did not indicate how often they participated in functions hosted by their PCA while 35.8% of them indicated that they participated in functions hosted by
their PCA once in a year. Of those who participated, 21% said they did so monthly whereas 4.9% of them participated when the meetings were called. This shows that some members were not aware of the number of times the organizations held functions related to the organization.

The respondents of in depth interview were also asked how regularly the members of their associations met for official functions. The KPsyA 1 respondent acknowledged that:

*There were three general meetings including the Annual General Meeting (AGM). There was also an annual retreat for all members including committee meetings. The meetings are for giving information, discussing emerging issues and an avenue to air complaints and discuss discipline cases.*

The KPsyA 2 respondent to the in depth interview question on regularity of meeting emphasized that:

*..... in KPsyA, the main meeting is the AGM which has to be held not later by 31st December, every year. The executive committee can also call a special general meeting when there is need. There are also various committees meetings that are held at various times as need arise. In total, there are other four general meetings in a year. In these meetings, peer supervision is done amongst the members. These are also good avenues for networking for practitioners drawn from all over the country.*

KCA 1 respondent to the in depth interview indicated that:

*There are four meetings including the AGM where internal matters are discussed, other meetings discuss counselling related matters. There are council meetings, executive board meetings, and quarterly general education meetings. In these meetings professionals are invited such as psychiatrists and NACADA to make presentations.*

KUPCA 2 response to the same interview question was that:

*KUPCA meets three times annually. Peer counselling reports are given in such forums. Further networking and discussion on contemporary and emerging issues affecting counselling practice in universities are discussed in these general meetings.*

The researcher observed that the in depth interview respondents contradicted the questionnaires’ respondents. Most questionnaire respondents did not respond to the number of times they were invited for meeting related to their PCA. Only a few members (21%)
indicated that they held meetings monthly, this does not also reflect the in depth interview response. In the in depth interviews, KCA 1 response on how regularly PCA met for official functions was that:

... there were other general meetings where general information was shared. Presentations on emerging issues were done in such general meetings. There was an end of the year retreat which was more of a social gathering which was less formal. Executive committee and all other committees met at least twice annually but as many times as there were issues that needed to be addressed.

KGCPA 1 respondent on the regularity of meetings indicated that:

The main annual meeting is the AGM. There is also an annual general meeting for the national governing council. The executive board meets quarterly and when there is need. There is an annual conference where research papers are presented to the members. Other committee meetings met as regularly as need arose.

KGCPA 2 respondent on the same question emphasized that:

..... only paid up members were eligible to participate in all the stipulated meetings. Fifty percent of the registered members made up the quorum of the general meetings.

KUPCA 2 respondent elaborated that:

When counselors meet, the various counseling programs running in the universities get discussed, especially peer counseling. Presentations of research papers on emerging issues are made in the two days meetings.

Analysis of data on the regularity of different functions held by various PCAs revealed that each of the associations had its own schedule of functions. Major decisions of PCAs were deliberated on and agreed during the PCAs’ functions. The PCAs may need to adopt contemporary methods of disseminating information. This could deal with the issue of contradictory information given by respondents on the schedule of the meetings. A casual opening of the websites of the major international associations will reveal all schedules of events in a given period as seen in ACA (2010) and APA (2011). The discrepancy between the responses from the questionnaire compared with those of the in-depth interview may also
be an indicator of a lack of commitment on the part of members towards the PCAs’ functions of relevant meetings. This is even more critical given that the sampled respondents consisted of the “committed members”. Some PCAs have in their records “members” who rarely participated in their associations functions. Given that these functions are some of the major decision making avenues of PCAs, this then is a major drawback in the efforts of PCAs to accomplish the role of enforcing professionalism.

4.3.3.5 Licensing of Counseling Practitioners

PCAs are known to licence members before they embark on delivering their services. The in depth interview surveyed how this is done in the sampled PCAs.

Respondent KCA 1 indicated that:

*KCA has a standard, ethics and accreditation board that give certificates to practitioners. However these certificates are only a requirement of our association. Members do not necessarily acquire them in order to start practising.*

All the other in depth interview respondents affirmed the failure of their PCAs to carry out this important role. This again was blamed on the lack of legal backing. With up to six PCAs in Kenya, it is even a challenge how many versions of licences could be given to different counselling practitioners. According to Shetsky (2011) and ACA (2010) periodical licensing ensures that the members are adequately equipped to handle contemporary issues as they emerge. Failure to license then indicates the possibility of a counselor continuing with malpractice undeterred. This is a major drawback in the efforts of PCAs to regulate counseling practice in Kenya. CAPA (2011) further indicated that the licensing process is one way that the PCAs carry out the important role of safeguarding public interest in counseling profession. Harvey and Mason (1995) also emphasize the role of PCAs in licensing its members to permit them to practice. Licensing is also important for accountability on the part of the practitioner. Withdrawal of a license would mean that
counselors cannot practice legitimately until their PCAs clearance. In Kenya, this could only be closely tied to the legal framework establishing the associations. All in-depth interview respondents agreed that lack of a legal framework had hindered the associations from licensing the members. Without a legal framework, the PCAs cannot enforce licensing beyond their associations. It then means PCAs in Kenya do not have the capacity to license counseling practitioners. The role of CPAs in safeguarding the public from unqualified counseling practitioners is then seriously jeopardized.

4.3.4 Members’ Views on their PCAs

The fourth objective sought the respondents’ views on their PCAs as agents of professionalism in Kenya. Several questions were asked both in the questionnaire and in the in-depth interview. They ranged from the satisfaction derived from the performance of PCAs as professionalism agents, to their view on individuals’ contribution towards their PCAs. Further, the respondents gave their views on the impact their PCAs had in the enhancement of professional counseling practice and how the PCAs had influenced counseling professionalism. Lastly, members’ views of how their PCAs were unique from others and their suggestions on areas requiring improvement were sought.

4.3.4.1 Satisfaction Derived from the Performance of PCAs

The researcher asked the respondents to generally rate their satisfaction from the performance of their association as agents of professionalism in counselling. The results are as shown in Table 4.19.
Table 4.19: Satisfaction Derived from PCAs Performance

<table>
<thead>
<tr>
<th>Satisfaction from PCA’s Performance</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>20</td>
<td>24.7</td>
</tr>
<tr>
<td>Good</td>
<td>48</td>
<td>59.3</td>
</tr>
<tr>
<td>Fair</td>
<td>11</td>
<td>13.6</td>
</tr>
<tr>
<td>Poor</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Total</td>
<td>81</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Majority of the members (59.3%) indicated that the rate of satisfaction derived from the performance of their PCA as a professionalism agent “as good” while 24.7% of them rated the satisfaction as “very good”. Those who rated their PCAs as fair agents of professional transformation were 13.6%. Those who rated their PCAs as poor were 2.5% of the respondents. This portrays the respondents’ level of satisfaction with their PCAs as high.

Compared to the earlier findings on the many loopholes existing within the PCAs procedures, several possibilities as to the reason for affirmation were elicited. For example, given that there was a wide choice of PCAs; counsellors had the liberty to settle for the PCA that they felt fully satisfied their professional needs. It could therefore be expected that the reasons they were members of their respective PCAs in the first place was because they were already satisfied. The results would be expected to be different if there is one or an umbrella body where all counselling practitioners were expected to join. Given also that members were aware that the data was being collected from all the PCAs, there could have been the temptations of putting their association in the best light. However the researcher had clarified to the respondents before they responded to the instruments that this was not an evaluative study. But the very fact that respondents believed in their PCA had the potential of creating
allegiance which can make PCAs accomplish their roles with little resistance from members. However, this can also foreclose them from seeing the loopholes in their PCA a factor that could be catastrophic to the very professionalism they seek to defend. PCAs may need to take advantage of their members’ goodwill to involve their membership to various tasks geared towards attainment of professionalism in counselling.

Mailu (2004) noted that, there is no national, regional or local entity that regulates psychology or counseling profession through a legal statute in Kenya. This therefore meant it was not compulsory for counselling practitioners in Kenya to join a professional association. Given such a situation, it was then expected that those who voluntarily decided to join a PCA would have a positive attitude towards it. Further, any member dissatisfied with the performance of a given association was free to leave it, choose the favourable one or stay without any. The implication of this to counselling practice in Kenya is that attainment of professionalism may remain a mirage unless practical steps are put in place.

4.3.4.2 Views on Contribution of Members to their PCAs

Respondents were asked to outline the contributions they had made towards the growth of their PCAs. The results are as shown in Table 4.20.
From the table above, 59.3% of the respondents indicated that their greatest contribution to their association was the timely payments of their periodical dues to their association. Another 54.3% had volunteered their services to their PCA while 29.6% had free presentations on their area of expertise during the general meetings of their PCAs. Further, 7.4% of them had given special financial donations.

Individual participation of members of a PCA was highly connected to the members rating of the same association. From the findings on the greatest contribution towards the associations, most of the members felt that they paid the periodical dues timely. This then could help the PCAs to meet their financial obligations on time. Others felt that their significant contribution was the provision of different services to the association. Some of the services mentioned by the respondents included presentations on members’ area of interest. Others talked of being available to debrief clients as a result of calamities and catastrophes arising from time to time on behalf of the association. This implies that PCA existence for the general public can be felt especially because such services were provided on pro bono basis. It was a surprise that
almost 10% of the respondents did not identify any individual contribution to their association. This presents the laxity of some of the PCA members which only pulls the associations from adequately accomplishing what they are expected to do. According to Verburg & Andriessen (2006) PCAs provide a clearer process of collective learning in a shared domain of human endeavor. When members fail to make individual sacrifices for the growth of their PCA, the future of the same association can only be said to uncertain.

4.3.4.3 PCAs Impact in the Enhancement of Professional Counseling Practice

One of the major reasons for the existence of PCAs is to ensure professionalism is enhanced and maintained. Hence, the researcher wished to know the opinion of members on the impact the PCAs had on the enhancement of professional counseling practice. The results are as shown in Table 4.21.

Table 4.21: PCAs Impact on Respondent’s Professional Practice

<table>
<thead>
<tr>
<th>Impact on Respondent’s Practice</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very high</td>
<td>14</td>
<td>17.3</td>
</tr>
<tr>
<td>High</td>
<td>41</td>
<td>50.6</td>
</tr>
<tr>
<td>Average</td>
<td>22</td>
<td>27.2</td>
</tr>
<tr>
<td>Low</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Very low</td>
<td>3</td>
<td>3.7</td>
</tr>
<tr>
<td>Total</td>
<td>81</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Majority of the respondents (67.9%) rated the impact the PCA had in enhancement of their professional counselling practice as high while 27.2% of them felt it was average. Another
4.9% of them felt it was low. This was unexpected finding. With poor attendance of associations’ functions and poor masterly of what constitutes professional malpractice, the researcher would have expected a record of low impact.

General views of the respondents on their PCAs were sought using a 5-item Likert scale. The respondents were expected to respond from strongly agree to strongly disagree. Their different responses were as the Table 4.22 indicates:

**Table 4.22: Analysis of Respondents’ Varied Views on their PCAs**

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th></th>
<th>Agree</th>
<th></th>
<th>Undecided</th>
<th></th>
<th>Disagree</th>
<th></th>
<th>Strongly Disagree</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>My PCA is a major contributor towards exercising professionalism in my practice</td>
<td>30</td>
<td>37.0</td>
<td>39</td>
<td>48.1</td>
<td>5</td>
<td>6.2</td>
<td>5</td>
<td>6.2</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>I would take professionalism in my practice more seriously if I am likely to be censored by PCA</td>
<td>28</td>
<td>34.6</td>
<td>35</td>
<td>43.2</td>
<td>10</td>
<td>12.3</td>
<td>6</td>
<td>7.4</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>I am completely aware of what consists of professional malpractice</td>
<td>33</td>
<td>40.7</td>
<td>28</td>
<td>34.5</td>
<td>5</td>
<td>6.2</td>
<td>8</td>
<td>9.8</td>
<td>7</td>
<td>8.6</td>
</tr>
<tr>
<td>My PCA has greatly influenced counselling practice professionalism in Kenya</td>
<td>22</td>
<td>27.2</td>
<td>36</td>
<td>44.4</td>
<td>15</td>
<td>18.5</td>
<td>6</td>
<td>7.4</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>My PCA has adequate structure to professionalize counselling in Kenya</td>
<td>26</td>
<td>32.1</td>
<td>33</td>
<td>40.7</td>
<td>16</td>
<td>19.8</td>
<td>6</td>
<td>7.4</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

N = 81

From table above, the highest rated factor was that, professional association was a major contributor towards “exercising professionalism” in respondents’ practice. This could be attributed to the various services and avenues created by PCAs for their members. It had
48.1% agreeing and 37.1% strongly agreeing. This may indicate that the respondents felt more competent and made a deliberate effort to adhere to the code of ethics under their PCAs. PCAs are essential in helping their members achieve this. This boosts in the advancement of professionalism. The second rated factor was that the PCA contributed to the respondents being serious in their practice. This could mean that the respondents are careful to comply with the regulations stipulated by their PCAs for accountability reasons. The third rated factor was that respondents were made completely aware of what consisted of professional malpractice by their PCAs. The fourth rated factor was that PCAs had greatly influenced counselling practice professionalism in Kenya. While PCA was adequately structured to professionalize counselling in Kenya was the fifth.

Respondents’ responses on their opinion in their PCAs influence on the professionalism had varied views. The results indicate that 71.6% of the respondents agreed that their PCAs influenced professionalism of counselling practice in Kenya. This agrees with the earlier view about the impact of PCAs on individual practice that posted 67.9% of the respondents rating the associations’ impact “as high” (Table 4:21). With PCAs in Kenya lacking regulation as indicated by Mailu (2004) and a legal framework as elaborated by Koinange (2004) the expectation would be that the impact of such PCAs to practicing members would be low. The earlier findings have shown that there was lack of supervision and legally binding ways of enforcing professionalism. With such a situation, it would have been expected that the PCAs had little impact. It can however be noted that there seems to be rivalry and competition among PCAs in Kenya. This could for example be seen by the response of the one of the in depth interview respondents indicating that:

*KCA is the only association recognized by the government. Hence all the counselors serving in the public service are required to be members of KCA.*
All the associations that were sampled namely KCA, KPsyA, KGCPA and KUPCA are duly registered by the registrar of societies which is a section of the national government. The registrar of societies’ office is housed under the Attorney General’s office. It then means all of them are recognized by the government and therefore the need for partnerships in focusing to accomplish their mandate and roles to their members. Such a comment could only serve to aggravate the earlier cited competition between various PCAs in Kenya. Such a situations points at misplaced energies used in outdoing one another instead of focusing on influencing professional counseling practice in Kenya positively.

As to whether there are enough structures within the associations to enhance counseling professionalism in Kenya, the respondents (72.8%) agreed that their PCAs had adequate structures. Another 19.8% indicated that they were not sure whether indeed such structures existed. This could be seen as an affirmation that the PCAs had adequate potential to enhance professionalism in Kenya. The structures include the existence of stipulated offices within each of the PCAs. All participating PCAs had constitutions and also the currently required compliance in Kenya by registering with the registrar of societies. The scheduled meetings and are also clearly stipulated by the PCAs. The major inadequacy was seen as lack of mechanism to ensure compliance.

Further, the findings show that the PCAs were rated by their members as major contributors towards the exercising professionalism in members’ practice. The respondents didn’t have the option of indicating why they felt so. However it could be expected that the well appraised services that members received from their PCAs (Table 4:11) improved their professionalism. It had 85.1% respondents agreeing that PCAs are major contributors towards members exercising of professionalism in their practice. Shetsky (2011) acknowledged that
professionals in mental health counseling organizations receive an array of services that help members enhance their professionalism in practice. Harvey and Mason (1995) also in agreement note that members of the counseling profession achieve conformity to the norm and abide by the established procedures and the agreed code of conduct. This is the main reason why PCAs are formed. This is what enables the associations to protect the public by maintaining and enforcing standards of training and ethics in their counseling profession. This positive impact on members practice was further strengthened by the response of members to the tune of 77.8% agreeing with the fact that existence of censorship within the PCAs enabled them to take their professional practice more seriously. It is therefore reinforcing the role PCAs in safeguarding public interest as elaborated by Harvey and Mason (1995).

4.3.4.4 The Greatest Role Accomplished by the PCAs

On the questions of the greatest success in achieving the goals set by the PCAs, KCA 1 respondent in the in-depth interview said that:

_The association had made the place of the counsellors as professional practitioners be felt in Kenya. It is now easy for their members to be mobilised on short notice and are able to participate in counselling debriefing in the cases of disasters, anywhere in Kenya._

KCA 2 respondent to the in-depth interview asserted that:

_KCA has held several trainings with identified institutions for capacity building within its corporate membership. Further, the pushing of the Counselling and Psychological Bill with an aim of bringing it to a logical conclusion in the near future has been a milestone._

KCA 1 respondent emphasized that:

_KCA was the only PCA in Kenya that has already published its code of ethics in order to regulate counselling practice among its membership._
That KCA has made significant steps towards streamlining counselling practice in Kenya is not in question. But the fact that many of the roles they were accomplishing mostly focus on their members leaves major gaps in the counselling practice in Kenya. There is need to forge forward with others through collaborations and partnerships. A good example is the “publication of the code of ethics”. Such a publication is still not binding to all the counselling practitioners in counselling in Kenya. The other practitioners from other associations or those not affiliated to any may disregard it and that jeopardizes its enforcement, hence affecting counselling professionalism adversely.

KPsyA 1 respondent to the KPsyA uniqueness highlighted that:

\[ \ldots \ldots \text{ our association is cooperating with KCA in the pursuit of the Counselling and Psychological Bill. } \]

The KPsyA 2 respondent was of the view that:

\[ \text{KPsyA had been able to hold several international conferences bringing together many counsellors and psychologist from Kenya and beyond. Professionalism in the counselling and psychology practice is always emphasized in all their presentations during the conferences.} \]

KPsyA’s reaching out to other PCAs is commendable. The hosting of the international conferences is a big boost to dissemination of new ideas and best practices in dealing with the myriad of contemporary counselling challenges. This makes counselling practitioners to remain up to date in their endeavours to practice professionally.

Respondent KGCPA 1 counted on the ability of KGCPA to produce an annual peer review journal.

\[ \text{KGCPA was the first PCA in Kenya that was able to publish an annual peer review journal from its first year of existence. In this journal, members are able to publish the studies they carried out annually.} \]

KGCPA 2 respondent also agreed with the above response. On the same issue of PCA uniqueness, KUPCA 1 respondent to the in depth interview acknowledged that;
KUPCA has been able to bring all counselling practitioners in both private and public universities under one umbrella body. These are practitioners who generally deal with similar issues in counselling including common challenges.

KUPCA 2 respondent beyond agreeing with KUPCA 1 emphasized that:

*KUPCA has created a networking platform for all counsellors in the universities in Kenya that was originally non-existent.*

The analysis of data on the greatest achievement from the in-depth interviews revealed that each PCA had a specific area it boasts of having a remarkable impact. The area of greatest achievement was closely related to the responses on the uniqueness of the association discussed above. KCA 1 respondent was of the view that:

…… *KCA has given Kenyan counsellors a voice that was initially absent.*

This agrees with Calisto (2010) who saw PCAs as groups which can easily achieve what one member may not have been able to alone. That both KCA and KPsyA are in the frontline of pursuing the Counsellors and Psychologists Bill was a big step forward.

KPsyA 1 respondent on the pursuit of the Counseling and Psychological Bill felt that:

…… *when the bill eventually becomes law, professional counseling practice in Kenya could operate under a generally accepted and recognized legal framework.*

This could bring to rest the issues raised by Mailu (2004) and Koinange (2004) regarding the legality of the existing PCAs. KGCPA 1 respondent stated that:

…… *that KGCPA has been able to publish an annual peer review journal from the year it was formed is another milestone.*

This corresponds with Harvey and Mason (1995) who elaborated the role of professional associations as avenues for members to create and disseminate knowledge in their fields of practice.

KUPCA 2 respondent said that:
KUPCA has brought together counselors in all public and private universities. Now, all counselors from Kenyan universities can speak in one voice in addressing the common problems among their clientele.

The in depth interview respondents were also asked to discuss the uniqueness of their PCAs from others in Kenya. This had the intent of finding out why a counselling practitioner would join a given PCAs and not another. The results indicated that the uniqueness was closely based on their feeling about the greatest role they have accomplished.

KUPCA 1 respondent said that:

"KUPCA is exclusive for counsellors working in both private and public universities in Kenya. Its membership is drawn from boundaries of public and private universities. An aspiring member must hold a master’s degree in a mental health related field."

The need to have specialized counselling groups joining the bigger PCA has been highlighted earlier. The move by counsellors practising within universities to form their association is commendable. This can come in handy when engaging on professional matters affecting their unique counselling environment. Single entities can have tighter procedures in enforcing standards and regulations in their areas of jurisdiction.

KCA 1 respondent stated that:

"KCA was the only counselling association recognized by the government of Kenya. Every counsellor employed by the government is required to be a member of KCA."

Respondent KCA 2 said that:

"KCA was the umbrella body for counsellors in Kenya. Counsellors working with the government must be vetted by KCA as stipulated by the Public Service Counselling Procedure Manual (Republic of Kenya, 2009)."

KCA 1 respondent also acknowledged that:

"KCA was also involved in drafting of the yet to be Counselling and Psychologists Bill and pushing it in parliament. In KCA, professionalism is emphasized. The association has representation from all service providers in counselling in all sectors. Members with different qualifications are accommodated in KCA."
The response that KCA is “the only PCA recognised” by government and that it is the “umbrella” body for counsellors could make the other practitioners feel segregated. Since there is no legal framework backing the claims, such pronouncement could only fuel the competition among the PCAs. The journey to professionalization of counselling needs to be more accommodative with necessary compromises to embrace all towards the common course of streamlining counselling practice.

The respondent KPsyA 1 said that:

....... *KPsyA is exclusive for professionally trained psychologists. .... this association went beyond the counselling aspect by venturing into other psychological matters. .... this is why we hold regular international conferences especially on emerging issues in psychology ....we emphasize on psychological assessment in our therapeutic work with clients.*

KPsyA 2 also covered the above issues in explaining the uniqueness of KPsyA. KGCPA 1 respondent stated that:

....... *KGCPA has a wider spectrum from where our members are drawn from. The majority of the members are drawn from University lecturers in the area of guidance, counselling and psychology. ..... this association also target counselling practitioners in the three domains.*

KGCPA 2 respondent added that:

....... *the major focus of KGCPA was research .....KGCPA publishes an annual journal where members publish their research findings. ..... this association is the most representative in that it embraces all service providers in counselling, psychology and guidance.*

It was indeed valid that each of the existing PCAs had a specific area of strength. KCA had laid clear structures to enforce its code of ethics. KPsyA had been able to hold international conferences. KGCPA was the first to publish a peer review journal while KUPCA had brought all the counselling practitioners from all universities in Kenya into one body. However these strengths should never be used for unfair competitions among the PCAs. If all these PCAs are brought into one umbrella body, a formidable force would be created which
could expedite the accomplishment of various roles of each of the PCAs for the benefit of the practitioners themselves and general public.

4.3.4.5 Suggested Improvements for PCAs

Suggestions for areas to be considered for improvement are always welcome in any association. The counsellors who were the respondents to the questionnaire were asked to recommend areas their PCAs could improve on. The results of all the areas suggested for improvement are as shown in Table 4.23.

Table 4.23: Areas Suggested for Improvements

<table>
<thead>
<tr>
<th>Suggested areas for Improvement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment of members</td>
<td>48</td>
<td>59.3</td>
</tr>
<tr>
<td>Improvement of financial position</td>
<td>25</td>
<td>30.9</td>
</tr>
<tr>
<td>Leadership</td>
<td>16</td>
<td>19.8</td>
</tr>
<tr>
<td>Adherence to the constitution</td>
<td>15</td>
<td>18.5</td>
</tr>
<tr>
<td>No Response</td>
<td>8</td>
<td>11.4</td>
</tr>
</tbody>
</table>

N = 81

Majority of the members (59.3%) suggested that members should be committed to their PCAs, while 30.9% of them said there was need to improve financial position of the association. Another 19.6% of them felt that leadership was supposed to be improved and 18.5% of them said there was need to adhere to the constitution of the PCAs.
Analysis of data on suggested improvement on the performance of PCAs indicated that majority focussed on members’ commitment. A major characteristic of a community of practice theory as explained by Wenger (2007) is ‘the community’. It is in a community that members engage in joint activities and discussions, support each other, and share information. They also build relationships that enable them to learn from one another (Wenger, 1988). Being a group of practicing counselors does not make a community of practice unless members interact and learn together. PCAs do set time for meetings with elaborate agenda geared towards improving their practice. When this is lacking, then the existence of the very PCAs is jeopardized. This may be the reason why the respondents rated commitment of members highly.
CHAPTER FIVE
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction
In this chapter, a summary of the findings, conclusions and recommendations as drawn from the study are presented. The chapter begins with the presentations of the summary of the findings that were presented and discussed in the last chapter. It ends with the presentation of the recommendations arising from the study wherein there are suggestions for further research.

5.2 Summary of the Findings
The researcher was able to note the summary of the results from the data analysis as below:
Under demographics, there were more female counsellors who were members of counselling associations than their male counterparts. In terms of age, the majority of the practitioners (32.1 %) were aged between 31-40 years. In total, 93.8% of the practitioners were within any workforce expectation. The official retirement age in the public service and even a large extent of the private sector is 60 years of age. An interesting finding however was that there was an almost equal number of practitioners (93.9%) who had counselling experience of between 0 – 20 years. This is an indication that most of the association members may have taken up counselling as a practice after being in another career. Further, 42% of the counselling professional association members practiced as part-time practitioners. This again confirms that there could be a parallel career that these practitioners are involved in beyond counselling. In terms of qualifications, 82.7% had a first degree and above. This shows highly qualified practitioners. The implications of this could be that the counselling practitioners affiliated to PCAs are well equipped to accomplish the roles expected by their PCAs.
KCA had the highest representation at 56.8%. This reflects its place as a major PCA in Kenya based on years of existence and membership. It was one of the oldest, having been established in the year 1990. This makes KCA to have had a wide range of experience in managing professionalism among its membership. It also had wide membership recruitment criteria for full membership with the lowest being a diploma from a counseling training college it recognizes.

On the criteria used by PCAs to recruit their members, academic/professional qualifications were rated at 96%. Counseling experience, the kind of training, and supervision were other outlined features. All the PCAs sampled accepted student members into their fold apart from KUPCA. Whereas KCA accepted members from diploma level and KPsyA from undergraduate level, KUPCA and KGCPA’s lowest academic requirement was a masters’ degree. Only KUPCA’s membership is not stratified. In all other associations, there were various levels which the members could identify themselves with. In KCA and KPsyA, their levels of membership presented a hierarchy which members were expected to professionally scale with time. All the association except KUPCA could accept organizations to join them as corporate members.

There were several professional services provided by PCAs. Networking was revealed by 81.5% of the members as the service that most accessed from their associations. Other professional services included accreditation, continuous education, personal therapy, research, publishing, training, licensing and supervision. Further, 64.2% of the respondents acknowledged that their associations participated in the development of academic curriculums. Another 66.7% of the respondents said that their associations had a publication. Supervision is yet to be streamlined in all the associations. This is largely blamed on
inadequate structures that could cater for the whole of the country and the lacking legal framework.

In order to enforce professionalism, PCAs had a code of ethics that govern the professional conduct of members. Unexpected finding was that there were members of the associations who were not aware of the stipulated code of ethics by their associations (21%). This means that there are clients who are really exposed to malpractice. This is a major drawback in the effort of PCAs to achieve professionalism in counseling practice in Kenya. When the code of ethics is not well embraced by the counseling practitioners affiliated to PCAs, then the role of enforcing professionalism becomes a challenge. The major items mentioned in the code of ethics included, academic qualifications to practice, confidentiality, competence, maintaining integrity, regular supervision, personal therapy and continued training.

Respondents to the tune of 34.6% were not aware of the penalties against them if they were involved in professional malpractice. The penalties stipulated in a PCA are supposed to be a deterrent to malpractice. When they are not known, there is the likelihood of resistance when enforced. Only KCA had a record of twenty members who had been censored by their association for malpractice in the last one year. The other respondents of the in-depth interview blamed lack of a legal framework for their failure to fully enforce their code of ethics. In the training of counsellors, the matters of ethics and professionalism in the practice of counselling are core areas. Practitioners should therefore be expected to adhere to professionalism whether a legal frame work for enforcement exists or not. The same case applied to participation of the PCAs in curriculum development. Only 64.2% of the respondents acknowledged that their PCA participated in curriculum development of counselling courses. KCA was the highest related. However, it had participated in curriculum
development in partnership with KICD and only up to diploma level curriculum. The respondents of the questionnaire to the tune of 92.6% acknowledged existence of other counselling associations in Kenya which they could collaborate with. As many as 42% were not aware of any collaborations their associations had with other counselling bodies. Another 38.3% of the respondents were not aware of how regularly they were required to attend the meetings of their PCAs. This is as opposed to the clarity of the various functions held by the different PCAs as outlined by the in-depth interview respondents. Another way of enforcing professionalism was by licensing those suitable to practice. Due to lack of a legal framework, the PCAs in Kenya were found not able license their members to practice.

The forth objective sought the respondents’ views on their PCAs as agents of professionalism in Kenya. It was noted that 84% of the members rated their PCAs’ performance as ‘good’ and ‘very good’. The majority of the respondents felt that commitment of members was the greatest hindrance towards optimum performance by the associations. This results largely friction with the other findings in terms of the ability of the PCAs to accomplish professional roles in Kenya. Individual’s timely payment of their dues was seen as greatest contribution to the members. Another 68% of the members felt that their associations impacted on their enhancement of professional practice highly. Further, 25% of the respondents disagreed that they completely aware of what consists of professional malpractice. Still, 84% rated the satisfaction they got from their associations as good and above. Each of the association had at least one area they thought they were unique from other counselling associations. If the areas of strength were merged, a formidable umbrella PCA in Kenya could be formed.
5.3 Conclusion

The following conclusions were drawn from the study.

PCAs in Kenya have succeeded in bringing many counseling practitioners together. This has greatly boosted their capability to network, collaborate, publish, supervise their members and in the development of in house rules to enforce counseling professionalism within their PCAs. The associations have also been able to hold both local and international conferences, workshops and seminars which have been fertile grounds to disseminate new knowledge and discussion of emerging issues in counseling practice. It is in such forums that counselors have been able to freely discuss and endorse best practices in their endeavor to professionalize counseling in Kenya.

Lack of a legal framework to enforce the PCAs professional propositions seems to have adversely affected the move towards professionalization of counseling in Kenya. Among the PCAs in Kenya, there were those whose respondents felt theirs “were superior PCAs” in comparison to others. Full membership in some PCAs ranged from diploma level of qualification to PhD. Many counseling practitioners seemed to be members of a thinly spread PCAs without discrete smaller areas of specializations. Unhealthy competition was noted among the respondents’ comments regarding their PCAs mandate. There seemed to be no precise way of enforcing the codes of ethics. Further, some practitioners seemed not to know the professional boundaries of their profession. Areas constituting malpractices and penalties for the same seemed not to be clear to some respondents. There was also no generally agreed curriculum to train counselors in Kenya. Accreditation process was only acknowledged within a particular PCA. Professional counseling supervision appeared irregular with many practitioners totally disregarding it. There appeared to be no formal way to license counseling practitioners in Kenya. Collaborations were not fully embraced especially with the suspicion
identified among PCAs in Kenya. Commitment to PCAs by their members seemed to be far from being achieved. All these created a situation where regulation and standardization of counseling practice in Kenya may remain a mirage. The suggested Psychological and Counseling Bill seemed to be the key to unlock different gaps preventing the PCAs from achieving the desired professionalization of counseling practice in Kenya.

5.4 Recommendations

From the findings of this study, there are several recommendations for various stakeholders. This includes the policy makers, PCAs and counseling practitioners. These were widely seen as the main movers and custodians of professionalism of counseling practice in Kenya. Further, the findings necessitated the researcher to make suggestions for further studies.

5.4.1 Recommendations for Policymakers

i. There is need to fast track the formation of an umbrella association to regulate counseling using the same standard. Whereas the attempt made by individual PCAs could not be ignored, the need to bring all counseling professionals under one association was felt. Such a body could be entrusted with the task of licensing all counseling practitioners. The study identified some of the international PCAs such as BACP and ACA as the ones being benchmarked by most PCAs in Kenya. These international associations success could greatly be attributed to the fact that they are umbrella associations.

ii. There is need to document all the trained counselors and an updated register of practitioners in Kenya be developed and be made accessible. It will then be possible to know how many are in practice and those not already affiliated to any of the exiting PCAs. The researcher’s effort to get the number of trained counselors in Kenya was
not possible. When eventually an umbrella body is formed, mobilizing the counselors would be easy.

iii. There is need for harmonization of the counseling training curriculum for all the different levels. One of the major roles of PCAs is to participate in developing and approving of counseling curriculum courses. When this is not being done in Kenya, there is no assurance that proper and adequate training of counseling practitioners is being achieved.

iv. The development of the Psychological and Counseling Bill is long overdue. There is need for collaboration among all the PCAs to bring this matter to its logical conclusion. This will ensure that respective members of the PCAs will embrace the document once it is finalized. This will form the basis for counselors to practice under a legal framework. It will then be possible to regulate and standardize counseling practice in Kenya.

5.4.2 Recommendations for PCAs

i. There is need for a clearer set criterion for recruitment of members in counseling profession. The disparities existing currently among the PCAs claiming the same mandate is confusing. Streamlining the recruitment criteria will be of paramount significance.

ii. PCAs could also be involved fully in the curriculum development of counseling academic programs. This is especially urgent in managing the many mushrooming middle level colleges training counselors. This can make the curriculum for
counseling practitioners to be more effective hence maintain high standards at all levels of practice. The role of maintaining and regulating the standard of services offered by practitioners will be made easy when PCAs are participating in the curriculum development.

iii. There is need for the code of ethics to be well stipulated, disseminated and fully enforced by the PCAs to encourage members to maintain it throughout their practice. The study identified some respondents who seemed not to be aware of what constitutes malpractice and penalties when involved in the same. In addition, some respondents were not aware of areas covered by their PCAs’ code of ethics.

iv. Unity is strength. There is need for PCAs to marshal their energies towards noble courses instead of unhealthy competition. The study identified areas where responses from some respondents were aimed as proving a given PCA as the best compared to others. A good example is the statement by a respondent that “it is the only PCA recognized by the government”.

v. A memorandum of understanding is a necessity in all collaborations. The study revealed areas where PCAs were in working relationships with relevant bodies. The PCAs need to formalize all their relationships with other local and even international bodies which were seen to be lacking.

vi. Professional associations exist for advocacy. Little was reported on how this important service that is supposed to be actively handled by PCAs was carried out. There is need for counseling association’s voice to be heard in the many areas of
interest which are highlighted in the media more so often. This will make the public and other intended consumers of counseling services to be fully informed.

vii. All the PCAs in Kenya seem to be generally targeting the same practitioners to join them. There is need for formation of smaller units of specialty which can be affiliated to the larger associations. This again can be borrowed from BACP and ACA. Such a move will ensure all areas of specialty are well catered for in their respective PCAs.

viii. In all the PCAs surveyed, the bulk of their time for associations’ functions is invested in general meetings. There is need for diversify such that other activities like seminars, conferences and symposiums are accommodated into their programs.

5.4.3 Recommendations for Individual Counseling Practitioners

i. The study identified PCAs which enrol counselling practitioners as full members with certificate or diploma qualifications. Members with diploma and fewer qualifications may need to take the challenge of upgrading qualifications for credibility and better delivery of services.

ii. There is need for individual members to contribute to the welfare of their PCAs. The study identified a general laxity among the members. This will help the PCAs to grow faster and be of greater benefit to the professionals.

iii. There is need for individual counselors to realize the necessity of joining PCAs. Presently in Kenya, most of the trained counselors are not affiliated to any of the
existing PCAs. Joining of PCAs has been identified as a major way practitioners in a career enhance faster growth in their professions.

iv. Ignorance is not a defense. It is incumbent upon members of PCAs to familiarize with the statutes of their professional association. This includes a clear understanding of the code of ethics and penalties for malpractice. It was realized that some members were not well acquainted with these cardinal areas of professionalism.

5.4.4 Recommendations for Further Research

Since this study was an opener in focusing on PCAs in Kenya, several recommendations for further studies were in order as proposed below:

i. There is need for replication of this study to establish whether similar findings would be obtained. This will be key in documenting the changes in the roles of the PCAs; a different research design could also be used.

ii. There is need for further studies incorporating counseling practitioners who are not members of PCAs. Reasons why they have not realized the need to join any of the existing PCAs could be highlighted.

iii. There is need for further comparative studies on the general role of PCAs with those of the other professions in Kenya. Professions like Law, Medicine, Engineering and Architecture seems to be in full control of their members practice.
iv. There is need for further studies assessing the opinions of consumers of counseling services on compliance of code of ethics of the part of PCAs’ members. Such a study could seek the responses of counseling clients, administrators and supervisors.
REFERENCES


APPENDIX A: Counselors’ Questionnaire

Dear counselor,

My name is Peterson Mwangi, a PhD student in Counselling Psychology at Kenyatta University. I am doing a study on the role of counseling professional associations in professional counseling practice in Kenya. I kindly request you to honestly fill the questionnaire below. Be assured that your responses will be kept confidential and will be used for the purposes of this research only.

Answer ALL questions by ticking (✓) in the provided spaces. Put other necessary information sought in the spaces provided where applicable. Thank you in advance.

Biographical Data

1. Gender: Male [ ] Female [ ]
2. Indicate your age in years by ticking appropriately:
   a. 20 and below [ ]
   b. 21 – 30 [ ]
   c. 31 – 40 [ ]
   d. 41 – 50 [ ]
   e. 51 – 60 [ ]
   f. 61 – 70 [ ]
   g. Above 70 [ ]
3. Name one major counseling professional association in which you are a member:

   __________________________

4. What was your major consideration before you chose the association above?

   ________________________________________________________________
   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________
5. Indicate your counseling experience in years of continuous practice by ticking appropriately:

   a. No experience [ ]
   b. 5 and below [ ]
   c. 6 – 10 [ ]
   d. 11 – 15 [ ]
   e. 16 – 20 [ ]
   f. 21 – 25 [ ]
   g. Above 26 [ ]

6. Tick your counseling practice terms. Full time [ ] Part time [ ]

7. What is your highest counseling academic / professional qualification?

   a. PhD [ ]
   b. Masters [ ]
   c. 1st Degree [ ]
   d. Diploma [ ]
   e. Certificate [ ]
   f. Student [ ]
   g. Others (Specify)

   __________________________________________________________

Counseling Association (S) membership Information

7. What did your counseling professional association consider before accepting you as their member?

   a. Academic/professional qualifications [ ]
   b. The year I graduated/qualified as a counselor [ ]
   c. Duration of counseling experience [ ]
d. The organization I work for [  ]
e. Counseling area of specialty [  ]
f. Others (specify) ____________________________________________

8. Tick all the professional related services that you get as a member of your counseling professional association.
   a. Accreditation [  ]
   b. Networking [  ]
   c. Licensing [  ]
   d. Research [  ]
   e. Publishing [  ]
   f. Training [  ]
   g. Continuing education [  ]
   h. Personal therapy [  ]
   i. Counseling supervision [  ]

Others (specify)

____________________________________________________________________
____________________________________________________________________

9. Are you aware of a code of ethics stipulated by your counseling association?
   a. Yes [  ]
   b. No [  ]

If yes, state three professional requirements covered in the code of ethics:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
10. Are you aware of the penalties against you if you are involved in a counseling professional malpractice?
   a. Yes [ ]  b. No [ ]
   If yes name three?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

11. a) Does your counseling professional association participate in the development of the curriculums for different counseling academic programs?
   a. Yes [ ]  b. No [ ]
   b) State with reasons why your association participates or fails to participate.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

12. Are you aware of the existence of other counseling professional associations in Kenya?
   a. Yes [ ]  b. No [ ]
   If yes which ones?
   ________________________________________________________________

13. Name any form of collaborations your association has with any of the other associations outlined above?
   ________________________________________________________________
   ________________________________________________________________
   ______________________________________________________________________

14. How often do you participate in functions hosted by your association?
   a. Monthly [ ]
b. Once in an year  [ ]

Others (specify)  ____________________________________________________________

15. How would you rate the satisfaction you derive from the performance of your association as a professionalism agent?

a. Very good  [ ]
b. Good  [ ]
c. Fair  [ ]
d. Poor  [ ]
e. Very Poor  [ ]

16. In which areas can you suggest improvements?

a. Leadership  [ ]
b. Commitment of members  [ ]
c. Improvement of financial position  [ ]
d. Adherence to the constitution  [ ]
e. Others (specify)  (specify)

17. What is your greatest individual contribution towards your association(s)?

a. None  [ ]
b. Volunteer services to the association  [ ]
c. Timely payment of my periodical dues  [ ]
d. Special financial donations  [ ]
e. Free presentation on my area of expertise  [ ]

Others (specify)  ____________________________________________________________

18. Tick appropriately a publication or periodical produced by your association.

a. A Newsletter  [ ]
b. A Journal  [ ]
c. A Brochure  [ ]
d. A Magazine  [ ]
e. None  [ ]

Others (Specify) _____________________________________________________

19. How would you rate the impact of your association in the enhancement of your professional counseling practice?
   a. Very high  [ ]
   b. High  [ ]
   c. Average  [ ]
   d. Low  [ ]
   e. Very low  [ ]
20. Please indicate in each section of this question by use of a tick (√) whether you:

Strongly Agree (SA), Agree (A), Undecided (UD), Disagree (D), or Strongly Disagree (SD).

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<tr>
<th></th>
<th>SA</th>
<th>A</th>
<th>UD</th>
<th>D</th>
<th>SD</th>
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<tr>
<td>a) My professional association is a major contributor towards exercising professionalism in my practice.</td>
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<td>b) I would take professionalism in my practice more seriously if I am likely to be censored by my professional association.</td>
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<td>c) I am completely aware of what consists of professional malpractice</td>
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<td>d) My counseling professional association has greatly influenced counseling practice professionalism in Kenya</td>
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<td>e) My counseling professional association has adequate structures to professionalize counseling in Kenya</td>
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APPENDIX B: In-Depth Interview Schedule for Executive Officials

Dear fellow counsellors,

My name is Peterson Mwangi, a PhD student in Counselling Psychology at Kenyatta University. I am doing a study on the role of counseling professional associations in professional counseling practice in Kenya. I kindly request you to participate in the following interview. With your permission I can record the interview. You are free to turn down any of these requests without feeling that you will be victimized. Your sincere responses to the following questions will go a long way in helping me achieve the purpose of this study. Your responses will only be used for the purpose of this research. Thank you in advance.

1. Which executive position do you hold in your association?
2. How many counsellors are members of your association?
3. What makes your association unique from others in Kenya?
4. What are the requirements for membership in your counselling association?
5. How regularly do members of your association meet for official functions?
6. How does your association deal with counselling malpractice among its members?
7. Do you license your members before they practice as counsellors?
8. On average, how many members have ever been censored for not abiding by the association’s regulations and standards of professionalism in the past one year?
9. Does your association have any collaboration with other related bodies?
10. How has your association enhanced professionalism among its members?
11. What do you consider to be the major successes of your association in enhancement of professionalism?
12. How are the members supervised in their counseling practice?
APPENDIX C: Authorization from the Graduate School
APPENDIX D: Authorization Certificate from the NACOSTI