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PROFESSIONALISM: TRICK OR TREAT?

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Abstract. The debate concerning the respective effectiveness of professional and nonprofessional counsellors is particularly relevant for the demands facing South African mental health care. It is argued that despite existing contention the performance of nonprofessionals is impressive. On this basis, and on the basis of demands facing South African mental health care, the accelerated integration of nonprofessionals into mental health structures is advocated. Finally, the conceptual aspects of the research and debate concerning outcome effectiveness of professionals and nonprofessionals are examined, and radical reformulation of such is advocated. While this argument may appear to undermine the credibility of recommendations based on existent research, the urgency facing South African mental health care structures precludes the suspension of action until such reformulation is forthcoming.

INTRODUCTION.

Counsellors, as with other professionals, are sensitive to matters which challenge the status of their profession. A long running debate initiated by Durlak (1979) has severely interrogated the credentials of professional counselling. The debate concerns the comparative effectiveness of professionals and nonprofessionals (1) and, while inconclusive in many respects, the findings are unsettling for the professional camp. It is important that the debate be taken seriously for it threatens the credibility of professional counseling. It is equally important that appropriate policy making bodies take steps to accommodate those findings of the debate that are sufficiently conclusive to warrant accommodation.

It is the contention of this paper that, while the debate is marked by equivocality, there is sufficient basis in the available research to justify policy adjustments in mental health care. It is unacceptable to appeal to the evident equivocality in the debate as justification for maintaining existent policy (in particular in South Africa). It is also the contention of this paper that no theoretical account of the respective performances of professionals and nonprofessionals has been forthcoming. This is a consequential

omission as it prevents the formulation of appropriate directives through which intervention effectiveness can be improved. This absence of theoretical explanation is largely due to the manner in which the debate has been conceptualised.

In the light of these stated contentions the paper is presented in the following way.

The first section presents a review of the debate initiated by Durlak (1979). This review is conducted with a view to surmounting the equivocality in what is regularly regarded as an inconclusive debate. The section argues that despite the absence of a clear "winner" there is sufficient evidence on which to base policy making decisions.

The second section examines mental health care in South Africa and the implications of the reviewed findings for such care. It is argued that increasing demands for mental health care in a future South Africa, and the constraints placed upon this by economic conditions, are reasonable grounds for the large scale introduction of nonprofessionals into existing mental health care structures. These grounds are even more reasonable if considered in terms of the favourable showing for nonprofessionals in the reviewed debate.

The third section constitutes an attempt to break new ground in the debate, and attempts to grapple with theoretical and conceptual issues. This is a crucial matter as the declaration of a "winner" in the professional/nonprofessional debate, even if based on sound empirical research, is not constitutive of explanation. In the absence of adequate theoretical explanation the therapeutic community will have no directives with which to proceed sensibly in view of established findings. The major argument presented in this section is that the professional versus nonprofessional debate is secondary to another debate within the area of therapy. This debate is that concerning the relative effectiveness of different therapeutic approaches. It is argued that the categories professional and nonprofessional only have institutional and political reality. They are short on theoretical reality, are not internally coherent, and consequently are of little use in establishing directives through which therapeutic outcome can be improved. The debate concerning therapeutic approaches traverses the categories professional and nonprofessional, is more informative theoretically, and is more productive for the formulation of directives to enhance therapeutic effectiveness.

A REVIEW OF THE DEBATE.

Comparitive research concerning the relative effectiveness of professional and nonprofessional mental health workers dates back to as early as the 1960s (cf. Jensen, 1961; Appleby, 1963; Ellsworth, 1968; amongst others). More recently, however, the debate came to a head with a paper published by Durlak (1979) in which forty two studies were reviewed. The ensuing controversy is in essence a debate involving reviews (of what is essentially the same body of literature) which contest the manner in which this literature should be interpreted, and the conclusions which can legitimately be drawn from it. The studies in these reviews reflect the majority of work conducted in the area over a period of twenty years prior to the publication of Durlak (1979).

According to Durlak's (1979:80) initial review there is convergent evidence indicating that "paraprofessionals achieve clinical outcomes equal to or significantly better than those obtained by professionals". Studies included in the Durlak review were not

treated homogeneously but were qualitatively rated according to thirteen methodological criteria taken predominantly from Luborsky, Singer, and Luborsky (1975). Using this approach Durlak reaches his conclusions on the basis of three considerations which include the following. Firstly, the experimental quality of studies reviewed are generally reliable and "approach or exceed the quality of outcome research in other clinical areas" (Durlak, 1979:85). Secondly, the results obtained by the reviewed research are consistent across varying levels of research sophistication. They are obtained despite different design strategies and consequently convergent evidence exists for the effectiveness of nonprofessional counsellors. Thirdly, favourable outcomes for nonprofessionals are obtained despite observed bias in favour of professionals.

Quite clearly the Durlak review throws down the gauntlet to the professional community. Not surprisingly the reaction was prompt and a response from Nietzel and Fisher (1981) followed. Nietzel and Fisher criticise the paper on the basis that the interpretability of research contained in the review is constrained for three reasons. These include inadequate internal validity, definitions of professional and paraprofessional status that are inconsistent and inappropriate, and uncertainty concerning the meaning of unrejected null hypotheses in studies with low power and insensitive designs. Concerning the issue of internal validity, Nietzel and Fisher argue that this is the most important requirement for a study that is to provide an unconfounded comparison of two groups (in this case professional and nonprofessional groups). Nietzel and Fisher select four criteria from the original thirteen (taken from Luborsky *et al*., 1975) considered critical to the dimension of internal validity. Using these criteria, twenty four of the original forty two studies are judged to be flawed. Neitzel and Fisher then proceed to eliminate half of the studies reviewed by Durlak on the basis of the second issue, that of inadequate and inconsistent definition of what should be taken as professional and paraprofessional.

Concerning the third issue, Nietzel and Fisher claim that Durlak is guilty of misunderstanding statistical analysis. Durlak's inference "that failure to reject the null hypothesis is tantamount to its affirmation" is argued to be unacceptable in those studies reviewed which have low power. On the basis of this threefold exclusionary procedure, five studies in total are retrieved as methodologically sound. Neitzel and Fisher complete their rebuttal of Durlak's review by considering more recent research not available to Durlak (1979) at time of publication. This research is argued to present a case more favourable to the professional camp.

On the basis of the above criticisms of Durlak's review, and on the basis of those studies retrieved as appropriate and credible for the debate in question, Nietzel and Fisher draw the following conclusions. Firstly, there is some evidence that supervised paraprofessinals achieve outcomes equal to or better than therapists with master's degrees. Studies cited as providing support in this regard include Truax (1967), Truax and Lister (1970), and Weinman, Kleiner, Yu, and Tillson (1974). In addition to this, the data of one study (Russel and Wise, 1976) is indicated as providing support for the superiority of paraprofessionals over doctoral-level therapists in the treatment of mild behaviour problems of college students. Secondly, more recent literature not available to Durlak's review would indicate an increase in the frequency of studies favouring the effectiveness of professional therapists. Thirdly, Durlak's "box-score" approach is argued to be flawed. According to Nietzel and Fisher it is unacceptable to use studies

that differ in important respects to achieve a cumulative summation of certain loosely defined influences.

While the response from Nietzel and Fisher is clearly not barren it lacks the impact that one would expect from a challenge that seriously confronts the institution of professional counselling. In a brief rejoinder Durlak (1981) engages in a piece of damage control that is effective in rescuing the impact of his previous review. The basis of the response is that the substance of Nietzel and Fisher's critique relates to methodological issues and not to the conclusions reached in the Durlak (1979) paper. Durlak cites it as significant that two authors, who take different positions in the debate and disagree on methodology, arrive at similar conclusions. Durlak does succeed in mounting a credible response to objections concerning his method or approach. For example, he questions the absolute approach adopted by Nietzel and Fisher whereby partial failure to meet certain sets of criteria warrants the wholesale rejection of a piece of research. Durlak also successfully demonstrates bias in the way Nietzel and Fisher treat more recent comparative research, and suggests moreover that such research does not hold out any greater promise for the professional camp. The important point, however, is that there are remarkable similarities in the respective conclusions drawn by Durlak (1979) and Nietzel and Fisher (1981). At no point does the response presented by Nietzel and Fisher constitute a direct refutation of Durlak's principal thesis, and at no point does it rescue the professional from the threatening scrutiny contained therein.

Hattie, Sharpley and Rogers (1984), in an effort to resolve what they take as an inconclusive debate conducted between Durlak (1979, 1981) and Nietzel and Fisher (1981), employ the procedures of meta- analysis. On the basis of 154 comparisons from 39 studies Hattie *et al* (1984:534) conclude that "clients who seek help from paraprofessionals are more likely to achieve resolution of their problem than those who consult professionals". Factors considered to moderate this conclusion included "experience, duration of treatment, and the manner in which effectiveness was measured" (p534). Concerning the first issue Hattie *et al* identify a positive relationship between experience and the comparative effectiveness of paraprofessionals as against professionals. Effectiveness for professionals was found to be less contingent upon experience than for paraprofessionals. Similarly a positive relationship was established between outcome and the duration of therapy. The most significant moderating factor in drawing conclusions on effectiveness, however, concerned the party making the judgement. When the helper evaluated client change, results were more favourable for the paraprofessional, but when the client evaluated self, results favoured neither the professional nor the paraprofessional.

The Hattie *et al* paper departs from the earlier debate in offering explanation for how the discrepancy between professional and paraprofessional may be accounted for. They suggest that professionals probably receive referrals of a more serious nature that require "deeper psychological insight" (p540). For this reason professionals can be considered as operating in an environment less conducive to success. While this offering is valuable in its recognition of the need for explanation, it falters for want of supportive data and presently constitutes little more than speculation. Furthermore, there are a number of assumptive issues which inform this explanation. For example, it is not a foregone conclusion that more serious cases require deeper psychological insight. Indeed, the simple provision of emotional support may be primary in handling

such cases more successfully. In any event the favourable evaluation of paraprofessionals in the Hattie *et al* paper is disputed by Berman and Norton (1985) in a paper that recalls the Nietzel and Fisher (1981) rebuttal of Durlak (1979). Berman and Norton argue that Hattie *et al* have used inappropriate studies and statistical tests, and eliminate from their review certain studies which they consider to be problematic. Their findings suggest that "Current research evidence does not indicate that paraprofessionals are more effective, but neither does it reveal any substantial superiority for the professionally trained therapist." (Berman and Norton, 1985:401).

The significance of this statement is that while it is in contention with the findings of Hattie *et al* it still does not bode well for the professional camp. In a similar fashion to the Nietzel and Fisher (1981) rebuttal of Durlak (1979) the paper lacks the impact one would expect in the face of such a serious threat to the credibility of professional therapy.

At this point it is opportune to conduct a general summation of the presented literature review. The results contained in the review presented by Durlak are sobering for the professional community. Very few studies favoured professionals', with Levitz and Stunkard (1974), and Sheldon (1964), the only exceptions to a rather one sided scenario. It is significant that further debate, while often in contention with Durlak's initial findings, has structured itself around whether nonprofessionals, are better or equal to, rather than equal to or worse than professionals. It appears that there is insufficient evidence to even initiate a case for the general superiority of professional over nonprofessional therapy. The debate would suggest that at best, the professional camp is only in a position to mount a rear guard action that rescues professional counselling as equal to nonprofessional counselling in terms of effectiveness. Given the enormous resources mobilised in the training of a single professional counsellor this situation presents a serious crisis of credibility for the profession. There is clearly a sense in which the debate is *a fait accompli*, given that according to the current research agenda the professional camp is presented with the dubious task of showing that years of training do not make them less effective therapists.

In conclusion of this section the following three issues are of critical importance. Firstly, defendants of the professional camp need to be mindful that appeals to equivocality in the debate are not constitutive of a resistance to the presenting evidence. Secondly, given the nature of findings in the debate what are the policy implications for mental health care policy (particularly in South Africa). Thirdly, there appear to be certain issues which predispose the debate to contention. These include issues such as consensus on what constitutes a professional or nonprofessional, and what methodology is appropriate to evaluating the professional versus nonprofessional debate. This is clearly indicated when contention seems to revolve more around methodolgy than conclusions reached (cf. Durlak's comment above on the Niezel and Fisher rebuttal of his paper). The policy implications for South African mental health care are examined in the following section (second section). Conceptual and theoretical issues that predispose the debate to contention are then examined in the third section.

POLICY IMPLICATIONS FOR MENTAL HEALTH CARE POLICY.

The stated contention of this paper is that while the debate around the effectiveness of professional and nonprofessional health care workers is not conspicuous for its

consonance, it is unacceptable to appeal to such in justifying inaction at the level of policy making. There are indeed serious problems with the manner in which the debate has been conceptualised, and conducted, and from some perspectives there is room for radical critique of the debate (cf. section below on conceptual and theoretical issues). However, in the final analysis one is left with the pragmatic task of exploiting available knowledge, and existing conceptualisations, to construct efficient and effective mental health care policy for all. This is more particularly the case in South Africa where psychology faces a crisis of cultural legitimacy (Louw, 1992). If the discipline is to secure its relevance for the majority of the population then it must become visible to that population. A pragmatic response to this demand (which is not to discount the need for a theoretical response) would be to increase the circulation of nonprofessional counsellors.

It would be accurate to state that existent mental health care policy in South Africa is not synchronous with the findings of the debate reviewed above. This expresses itself most strongly in the marginal role and status conferred upon nonprofessionals within mental health care structures. Mental health care policy in South Africa remains within the grip of first world imperatives where training requirements for qualification are stringent and often mitigate against the adequate provision of such care for all. The appropriate integration of nonprofessionals into the mental health apparatus could ensure the extension of such care to those who presently live without it. Given the favourable account of nonprofessional counselling effectiveness in the debate thus far there are clearly no sound reasons why such an integration should not be implemented.

It should be noted that appropriate response to the particular conditions encountered by a country such as South Africa, where the majority of the population have little, or no, access to mental health care, does not necessarily entail descent from first world standards. On the contrary the relinquishing of first world approaches may lead to better health care for all, and an improvement in standards, particularly if viewed from a utilitarian perspective.

In considering effective mental health care policy the most appropriate point of departure would be an accurate summation of existent mental health care needs, and the constraints (principally economic) acting on the provision for these needs. The task is then one of meeting the demands under the existing constraints.

The mental health care needs of South Africa are enormous. Clearly, the impact of violence on the lives of so many South Africans creates a particularly glaring example of the need for extended mental health care. Furthermore, the pervasiveness of violence would suggest that the need for such care is beyond the resources of a mental health care system that, according to Dawes (1985), Hayes (1987), Vogelman (1987b), and Hickson and Kriegler (1991) has located itself predominantly within elite sectors of the country. In terms of these observations, a visible and relevant psychology for a future South Africa will have to accommodate the demands of an expanding target population with definite mental health care needs. It is reasonable to expect that the accommodation of these demands will require a significant increase in mental health care workers.

In a depressed economic climate, where even the primary health care needs of many South Africans are inadequately met, it would be optimistic to assume that budgetary

allocation for mental health care will be sufficient to take up the slack. Furthermore, the likelihood of adequate budgetary allocation is even more unlikely if psychology in South Africa remains a domain of the elite. Vogelman (1988:88) states: "Assuming the psychological status quo does not change [ie. the inaccessibility of psychology to the majority of South Africans], there is little reason why a post- Apartheid government, pressed financially and presumably committed to the African working class would want to allocate funds to psychological work and training."

What this suggests is that mental health care policy is in a double-bind situation. It needs to increase its visibility in order to command an adequate allocation of the budget, and it needs an adequate allocation of the budget to increase its visibility. While this presents something of a problem for mental health care policy, it is not an insurmountable problem. There are certain routes around this problem which include initiatives such as the establishment of a national health service to eliminate unnecessary duplication of services and bureaucracies. The particular option that concerns this paper, however, is the integration of nonprofessionals into mental health care services. This is clearly a relatively inexpensive approach to meeting expanding mental health care demands in South Africa. As such it presents one possible route out of the double-bind situation in which mental health care currently finds itself.

The issue of integrating nonprofessionals into mental health care services has been refered to by Vogelman (1988) in the proceedings of the **OASSSA Third National Conference**. Problems in connection with this policy were identified, the most important of which concerned the economic, and social, threat posed to clinical psychologists for whom clinical intervention would no longer be a privileged domain. The impressive performance of nonprofessionals in the reviewed literature informs importantly on this issue. Clearly, in view of this performance, the threat to the professional domain is not an undue threat. It is up to the professional community to prove their credentials and, in the absence of such, they should not be afforded any latitude on the basis of perceived, but empirically unsupported, superiority.

In conclusion of this section, it is clear that future mental health care needs in South Africa will require an innovative solution. It is in this context that the professional-nonprofessional debate assumes particular relevance. The impressive performance of the nonprofessional camp in the available literature would suggest that the integration of nonprofessionals into mental health care structures could constitute one form of innovative solution.

THEORETICAL ISSUES IN THE DEBATE.

The review presented above would suggest that despite existing contention there is sufficient evidence to reach some level of conclusion in the debate. Furthermore, the paper has argued that the reviewed findings would support the accelerated integration of nonprofessionals into mental health structures.

It was noteable, however, that the debate seemed to come up against issues of method which undermined any finality to the debate. The review, and the recommendations made on the basis of the review (concerning South African health care policy), were pursued despite this imperfection. The justification for this resides in the need for a pragmatic response to the challenges presented in existent research. While pragmatism

is a virtuous directive, we need also be aware of those conceptual factors which have mitigated against a more conclusive and productive debate. This section is an attempt to grapple with the conceptual issues that inform this debate.

One of the most salient features of the existing debate is the appetite for global judgement on an exceedingly complex issue. The existent representation of the debate as a competition of sorts between two camps is testimony to this appetite. While these are real and legitimate dimensions for the debate their uncritical reception can obscure adequate conceptualisation of the issues at hand. The categories professional and nonprofessional, while susceptible of adequate definition and specification, are not undifferentiated categories. The professional category subsumes a range of therapeutic approaches and failure to give this fact due consideration is not inconsequential. One way in which this expresses itself concerns the selection of evaluation criteria for measuring outcome.

It is clear that evaluation of therapeutic outcome requires criteria as would any other issue under evaluation. These criteria should be appropriate to therapeutic objectives (2), and since such objectives are contingent upon approaches in question, it is clear that there is no clearly circumscribed, universal set of criteria for the evaluation of therapy in general. The neglect of this issue can lead to considerable confusion as different research programmes proceed in terms of different sets of criteria, and the research agenda loses the coherence expected of acceptable scientific procedure.

In an effort to concretise the issue referred to above, a specific example is useful. One of the criteria often used in therapist evaluation, is client assessment of whether they would return to the therapist under evaluation. While it is obvious that an unequivocal no to this question is reasonable grounds to assume that the therapist would be ineffective, given that the therapist would not be extended the opportunity for any follow up sessions, it is also reasonable to question its utility for the evaluation of all types of therapy. For example, an approach such as psychoanalysis would expect some level of ambivalence from the client, concerning the continuation of therapy, as various resistances are encountered within the therapeutic process. At certain points within the psychoanalytic relationship, therefore, one would expect that client judgement of the therapist may be temporarily compromised (particularly in the light of certain transference relationships). The sole use of such a criterion for the evaluation of therapist effectiveness (eg. Lamb and Clack, 1974) may be inappropriate to both the procedures and objectives of certain therapeutic approaches.

It is, however, insufficient to merely point out the above mentioned problems. If the debate is to continue to proceed in terms of professional and nonprofessional dimensions then some resolution of the problem must be offered. Clearly the consensual establishment of appropriate evaluation criteria is a precondition for resolution in the debate. If no adequate criteria can be advanced to facilitate the evaluation of the professional camp (as a coherent entity), and indeed the nonprofessional camp (as a coherent entity), then a higher order critique of the debate is required.

The present paper would suggest that there are two routes available in attempting to establish these criteria, neither of which are entirely successful. The first would involve the identification of some sort of metacriteria that subsume all the objectives of the

different approaches existent within professional therapy. Brief reflection prompts the conclusion that this approach is not viable given the qualitative distinction evident between the objectives of existing approaches (eg. between existential therapy and behaviour modification). The second route would be something of a democratic one. The idea here would be to arrive at a stipulative set of criteria that reflect equally all types of change pursued by the respective approaches. While this seems reasonable there remains an unnerving sense in which this "be fair to all" approach ducks a higher order issue. This higher order issue, concerns the conceptual error in treating a highly fragmented category, such as the professional approach, as if it were coherent and susceptible of unitary treatment.

Part of the problem would appear to be that there is a political and institutional imperative to represent the professional approach in a homogeneous manner. In order to market the professional approach some sort of coherence needs to be presented, if only at a perceived level. There is, however, very little expression of this homogeneity at a theoretical level. The professional approach, as already stated, comprise a range of approaches whose objectives are qualitatively different and, possibly, even irreconcilable. On this basis it could be argued that the categories "professional" and "nonprofessional" have only political and institutional reality and are lacking, if not devoid, of theoretical reality. The difficulties emerge for the debate because of this disjunction. The principal variables in question (professional and nonprofessional) are institutionally and politically real but theoretically empty.

The consequence of this state of affairs is that empirical work is conducted in a theoretical vacuum that militates against resolution of the debate. Empirical research projects are pursued in terms of constructs, such as professional and nonprofessional, that have perceived coherence but no substantive coherence. Empirical research requires more than the perceived coherence pedalled by professional psychology, and other allied applied social sciences. The problem would not arise if the professional approach was more than its masquerade, and was genuinely possessed of the coherency with which it presents itself institutionally.

The important question is what does this disjunction mean for the debate. Clearly the debate has to be reconceptualised if we are to proceed on a sound theoretical, rather than institutional, footing. In trying to evaluate therapeutic effectiveness we may be looking in the wrong place when we evaluate effectiveness across dimensions of professional and nonprofessional status (ie. we may be looking through the wrong conceptual framework). If we want to broach the issue of outcome effectiveness in a manner that is substantive, and that proceeds beyond the presence or absence of a stipulated training period at a stipulated institution, then we have to look to what the professional does that the nonprofessional does not do. If we do this we may find that certain professionals operate in terms of approaches that have more in common with other nonprofessionals (3). For example, a professional using the client centred approach may be employing an approach closer to that used by nonprofessionals generally (4) than, for example, other professionals within the psychoanalytic mould. If this is the case then there is obviously no currency in conceptualising effectiveness through the categories professional and nonprofessional. What we are really talking about, substantively, is a debate around the relative efficiency of different approaches which distribute themselves (to a lessor or greater degree) within, and across, professional and nonprofessional boundaries.

The reconceptualisation of the professional versus nonprofessional debate into a concern about approach effectiveness (be the approach employed by a professional or nonprofessional), is tantamount to rendering the debate redundant. While some might feel that this is a radical approach it is a route that would assure a more productive debate with regard to therapeutic effectiveness (5). It has been mentioned in this paper that a theoretical account of the discrepancies in the debate between nonprofessionals and professionals has not been forthcoming. This is partly because, as referred to above, the categories professional and nonprofessional have no theoretical substance. The consequence of this quandary is that very few directives are available, and can be constructed, with which the field of counselling can proceed sensibly. In terms of the present conceptualisation one runs the risk of establishing a winner and then finding oneself in a "so what" position (6). If the debate is reconceptualised, and proceeds in terms of substantive issues, this scenario might change. For example, if research findings consistently find that nonprofessionals perform better than professionals this may be more productively understood as an indicator that the approach generally used by nonprofessionals is better. The important question concerns the approach which works, and whether this approach is employed by the professional or nonprofessional is of secondary importance (7). After substantive directives on which approaches work are established, the secondary issue of subordinating both professional and nonprofessional therapy to these directives can be broached.

The subordination of professional and nonprofessional therapy to substantive theoretical directives will also involve certain other relevant factors. These would include practical matters such as the fiscal, educational, and training constraints operative in these categories. Whatever the case, however, the important point is that the professional and nonprofessional categories will be the institutional expression of a range of directives, both theoretical and practical. This should remedy the present situation where we operate with categories that have political and institutional reality, but no theoretical reality. For the sake of credibility we have to work from theory to institution, not institution to theory. In other words, rather than attempting to provide a theoretical account of effectiveness in terms of categories that have no theoretical basis, we must develop a theoretical account of which approaches work, and for which ends, and then subordinate professional and nonprofessional practice to these directives.

In conclusion of this section the main ideas presented require succinct statement. It is the contention of this section that a debate constructed, and conducted, in terms of the professional and nonprofessional categories will be unproductive in terms of enhancing intervention effectiveness. This is because these categories have political and institutional reality, but no internal coherence or theoretical reality. Consequently the debate is conducted in a theoretical vacuum that militates against resolution. The route out of this is to proceed in terms of substantive issues, such as the evaluation of which approaches work (be they administered by professionals or nonprofessionals), and then to work positively in the subordination of professional and nonprofessional practices to directives based on such evaluation.

CONCLUSION.

In conclusion this paper has reviewed the debate concerning the respective effectiveness of professional and nonprofessional counsellors. It has been argued that

despite existing contention the performance of the nonprofessional camp is impressive. It has also been argued that the existing contention should not be employed in excuse for maintaining a status quo where the utility and value of the nonprofessional is understated. On these terms the accelerated integration of nonprofessionals into mental health care structures (particularly in South Africa) is advocated. The paper has also examined conceptual aspects of the debate and argued that the debate requires radical reformulation if it is to become theoretically productive. While this may be considered to undermine the earlier review of the existing debate (which is inadequately conceptualised), and the recommendations for mental health care based on that review, it should be recognised that there is a demand for a pragmatic response on the basis of existing conceptualisations. The mental health community cannot afford to suspend action, and remain in a state of limbo, because there are conceptual limitations to the existing research.

Notes.

1. For the purposes of rigour professional and nonprofessional are defined in the following ways in this paper. A professional is a person with "postbaccalaureate, formal clinical training in professional programs of psychology, psychiatry, social work, and psychiatric nursing" (Durlak, 1979:80). A nonprofessional is any mental health worker who has no "formal" training. This does not mean that a nonprofessional has no training. The terms nonprofessional and paraprofessional are used interchangeably in the present paper.
2. These might include behaviour modification, the promotion of personal growth, and the investigation of intrapsychic conflicts and dynamics, amongst others.
3. Note that we should not be under any misconception that nonprofessionals operate atheoretically or without an approach. Nonprofessional is not synonymous with "no training".
4. Nonprofessional counsellors (such as counsellors at Life Line) often use the client centered approach which is more usable for people with limited technical knowledge.
5. It should be noted that this approach does not constitute a relinquishing of the professional and nonprofessional issue. The question, however, would become the substantive one of what approaches are adopted in these categories.
6. The second section of this paper was in part a response to this "so what" situation. The integration of nonprofessionals into mental health care structures is a pragmatic response on the basis of available research. However, this response is still theoretically blind. It is not based on a sound understanding of what it is about nonprofessional counseling that permits effectiveness despite only limited training.
7. It should be noted that secondary importance does not mean unimportant. It simply means that there is a priority existent here.

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