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Gatekeeping Practices of Counselor Educators in Master's Level Counseling Programs

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Gatekeeping Practices of Counselor Educators in Master's Level Counseling Programs

Abstract

Counseling students often present with problems of professional competence (PPC) in counselor education programs. The purpose of this study is to determine differences in the gatekeeping practices of counselor educators with students identified with PPC in CACREP-accredited and non-CACREP accredited counselor education programs in the United States. A survey instrument with scenarios related to students presenting with PPC was given to counselor educators. Results found no significant differences in gatekeeping practices between CACREP-accredited and non-CACREP accredited programs.

Keywords

gatekeeping, remediation, problems of professional competence, impairment, gatekeeper, counselor educator, counseling

Unethical behaviors, grievances, and lawsuits surrounding mental health counselors and counselor education programs in the United States have gained national media attention in the past decade. As early as 1991, the American Counseling Association (ACA) created a taskforce on Impaired Counselors to gain better understanding of and find a solution to this national issue (ACA, 1991). Surveys given to counselors by the taskforce indicated that at least 10% of counselors have a problem of professional competence (PPC) at any given time, which amounts to approximately 6,000 counseling professionals behaving unethically or potentially causing harm to clients in the community. In 2004, the ACA taskforce surveyed 770 licensed counselors and found that 63.5% of those counselors knew of a counselor who they believed had PPC. Of those surveyed, 75.7% indicated that counselors who present with PPC pose a risk to the counseling profession (American Counseling Association, 2015).

Before counselors are able to practice in the community, they must first graduate from a counseling related program. Empirical research on students presenting with PPC in counseling related programs gained momentum in the mid 1970s (Bernard, 1975). Decades of research on this topic suggests that students presenting with these problems can potentially endanger and harm counselor educators, other students, counseling programs, as well as clients in the community (Bemak, Epp, & Keys, 1999; Bodner, 2012; Brear, Dorrian, & Luscri, 2008; Dugger & Francis, 2014; Frame & Stevens-Smith, 1995; McAdams, Foster, & Ward, 2007; Rosenberg, Getzleman, Arcinue, & Oren, 2005). Lamb et al. (1987) provided a comprehensive definition of PPC, defining the term as difficulty in professional functioning in one or more of the following ways:

(a) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; (b) an inability to acquire professional skills to reach an acceptable level of competency; (c) or an inability to control personal stress, psychological dysfunction and/or excessive emotional reactions that interfere with professional functioning (p. 598).

These professional functioning problems vary widely and can include a range of concerns and identified problems during counselor-training including poor/insufficient interpersonal and clinical skills, unethical or questionable behaviors, mental health concerns, and poor academic performance (Bogo et al., 2006; Brown-Rice & Furr, 2013; Busseri, Tyler, & King, 2005; Henderson & Dufrene, 2012; Lamb, Cochran, & Jackson, 1991; Lamb et al., 1987; Li, Lampe, Tursty, & Lin, 2009; Rosenberg et al., 2005; Russell & Peterson, 2003; Shen-Miller et al., 2011).

Although students must do their part to uphold ethical standards, counselor educators are ultimately responsible for students and their professional ethics. Counseling ethical and accreditation standards mandate counselor educators to act as gatekeepers for the counseling profession and to remediate students who may present with PPC during their training (ACA, 2014; CACREP, 2009). The American Counseling Association (ACA) *Code of Ethics* (2014) defines gatekeeping as “the initial and ongoing academic, skill, and dispositional assessment of students’ competency for professional practice, including remediation and termination as appropriate” (p. 20). The process of gatekeeping is multifaceted and contains numerous phases and assessments that must be done by counselor educators in order to safeguard the counseling profession.

Research suggests that students presenting with PPC have a wide-ranging impact on counselor education programs, with 95% of student peers being personally effected by a trainee

identified with problems of professional competence (TIPPC) in their counseling program (Rosenberg et al., 2005). With more research emerging on this topic, counselor educators are becoming more aware of the serious harm caused by TIPPC in counselor training programs (McCaughan & Hill, 2015). Counselor educators and counseling students involved in TIPPC lawsuits in the past decade reported experiencing immense emotional and financial tolls during and after the lawsuit, which may have been prevented by a better understanding of gatekeeping roles and more comprehensive gatekeeping policies (Dugger & Francis, 2014; McAdams et al., 2007). The function of gatekeeping is important for the wellbeing of not only students and counselor educators, but for other counseling professionals, clients, and the community at large (Bodner, 2012; Brear et al., 2008). Bemak et al. (1999) suggested that TIPPC have a high potential to inflict emotional harm on clients and may incorporate personal agendas during counseling sessions by engaging in religious teachings, harmful therapy techniques, or opposition to multiculturalism and diverse clients who present with different gender, ethnicity, and sexual orientation than the counselor-in-training. Due to the high potential for client harm, counselor educators should be greatly concerned about TIPPC and upholding their gatekeeping responsibilities.

The importance of gatekeeping and remediation is highlighted in several areas of the Council for Accreditation of Counseling & Related Educational Programs (CACREP) standards (2009). Since its commencement in 1981, CACREP has been the principal accrediting body for the counseling profession (Even & Robinson, 2013). Research on the value and benefits of CACREP accreditation and the CACREP standards to students, counselor educators, and counseling programs as a whole has been conducted since the 1980s. Some benefits include students scoring better on the National Counseling Examination and committing less ethical

misconduct than students in non-CACREP accredited programs (Adams, 2006; Milsom & Akos, 2007). Other benefits include contributing to stronger professional identity for students and graduates as well as faculty pride in and satisfaction within the program (Cato, 2009; Cecil et al., 1987). Although research suggests some concrete and essential benefits of CACREP accreditation, numerous studies have also identified limitations and liabilities that may be presented with accreditation, including an immense commitment of time and resources that some programs are unable to sustain (Bahen & Miller, 1998; Bobby & Kandor, 1992; Cato, 2009; Kandor & Bobby, 1991; Lanning, 1988; Lloyd, 1992; Thomas, 1991; Weinrach, 1991).

While counselor educators are mandated by the ACA *Code of Ethics* (2014) and the CACREP Standards (2009) to uphold their gatekeeping duties, no standard manual or guideline exists of specific gatekeeping practices counselor educators should use when dealing with a TIPPC. Research over the past few decades suggests a variety of remediation interventions that counselor educators can use at their discretion. Common remediation interventions found in current and past literature includes referral for personal counseling, increase or change in supervision, discuss concern with student and/or faculty, repeating specific coursework, tutoring, increase informal communication, assign a peer mentor/co-therapist, increase observation during clinical sessions, reduce student's case load, assign extra readings/assignments, recommend workshops, write a letter of concern, written remediation plan, recommend a leave of absence, counsel student out of the program, probation, and dismissal (Homrich, 2009; Kaczmarek & Connor, 1998; Kress & Protivnak, 2009; Lamb et al., 1991; Lamb et al., 1987; Olkin & Gaughen, 1991; Procidano, Busch-Rossnagel, Reznikoff, & Geisinger, 1995; Russell et al., 2007; Russell & Peterson, 2003; Vacha-Haase et al., 2004; Vacha-Haase, 1995; Ziomek-Daigle & Christensen, 2010). Russell, DuPree, Beggs, Peterson, and Anderson (2007) proposed 17 specific

remediation activities to be used with TIPPC in marriage and family therapy programs, ranging from least punitive to most punitive. The authors mentioned above created one of the first instruments that measures counselor educator's gatekeeping practices with TIPPC.

Since there is currently limited research in the area of successful remediation interventions, more empirical research on identifying and evaluating remedial interventions among counselor education programs is needed (Dufrene & Henderson, 2009; Forrest, Elman, Gizara, & Vacha-Haase, 1999; Henderson, 2010). Specifically, guidance in how to define, assess, and manage PPC among counselors-in-training is lacking (Kaslow et al., 2007). These studies suggest a need for further research in gatekeeping and remediation to move toward finding and implementing successful remediation interventions for TIPPC. The purpose of this study was to determine if there is a difference in the gatekeeping practices of counselor educators with TIPPC in CACREP-accredited and non-CACREP accredited counselor education programs in the United States. Two research questions were proposed for this study: 1) What are the differences in gatekeeping practices of counselor educators in master's level counseling programs? 2) What have counselor educators identified as successful remediation interventions utilized with TIPPC in master's level counseling programs?

Method

Participants and Procedure

The targeted population for this study consisted of counselor educators at CACREP-accredited and non-CACREP accredited counseling programs throughout the United States. Ninety-nine counselor educators who were employed part time or full time in counseling education programs across the United States participated in this research study. A total of 60

participants identified teaching in counseling programs that were CACREP-accredited, while 39 participants identified teaching in programs that were not accredited by CACREP.

A majority of the research participants were female (68.7%; n = 68) Caucasian (76.8%; n = 77), ACA members (74.7%; n = 74), with counselor education and supervision doctoral degrees (62.6%; n = 63) from CACREP-accredited programs (52.5%; n = 52). Participants were also experienced in remediating, with approximately 88% (n = 88) of counselor educators being involved in a student remediation at least twice in their career. The majority of participants (66.7%; n = 66) who had been involved in a student remediation reported having two or more roles in the remediation process, such as being the faculty advisor, instructor, and/or supervisor of the student. Almost all respondents 98% (n = 97) denied ever being remediated themselves. Counselor educators from different regions in the United States were represented in this survey. Approximately 30% (n = 30) of programs were located in the Southern United States, 27.3% (n = 27) were located in the Northeast, 23.2% (n = 23) were located in the Midwest, and 17.2% (n = 17) of programs were located in the Western United States.

Most of the research participants in this study were experienced or seasoned counselor educators. Thirty-five percent (n = 35) of participants identified their type of faculty position as tenured faculty member, 27.3% (n = 27) identified their rank as non-tenured faculty members, 19.2% (n = 19) identified themselves as department chairs, and 15.2% (n = 15) of participants identified their position as non-tenure track faculty members. Approximately 44% (n = 44) of participants reported teaching between 2 and 10 years. Seventeen percent (n = 17) of participants reported teaching for 20 or more years, 14.1% (n = 14) taught between 11 and 15 years, 13.1% (n = 13) taught one year or less, and 11.1% (n = 11) reported teaching between 16 and 20 years. Twenty-nine percent (n = 29) of the participants identified being between 46 to 55 years of age,

28.3% (n = 28) were between 36 to 45 years of age, 25.3% (n = 25) were between 56 to 65 years of age, 9.1% (n = 9) were between 66 years or older, and 8.1% (n = 8) of participants were under 35 years of age.

The research design for this study was a quasi-experimental design comparing two different groups on multiple variables. The independent variables included CACREP accredited master's level counselor educators and non-CACREP accredited master's level counselor educators. The dependent variables in this study included gatekeeping practices of counselor educators. Specifically, gatekeeping practices included 17 specific remediation interventions implemented by counselor educators, such as writing a letter of concern or referring the student for personal counseling. These 17 remediation interventions were aggregated into 6 gatekeeping variables; talk, referral, start due process, increase interaction, mutual gatekeeping, and unilateral gatekeeping (see Table 1).

Table 1
Remediation Interventions into Aggregated Variables

Variable	<i>N</i>
Talk	Have a conversation with student
	Discuss with faculty
Referral	Referral for assessment
	Referral for counseling
Start Due Process	Letter of concern
	Professional development plan
	Increase supervision
	Repeat coursework
Increase Interaction	Increase informal communication
	Assign peer mentor
	Assign co-counselor
	Observe student more during sessions
Mutual Gatekeeping	Leave of absence
	Counsel out of program
Unilateral Gatekeeping	Probation
	Dismissal
	File ethics complaint

With approval from the institutional review board (IRB), data collection began and the instrument was distributed to research participants between the months of January 2015 and March 2015. Participants were recruited from both CACREP-accredited and non-CACREP accredited master's level counseling programs across the United States. Participants recruited received an introductory email with important information about the study. Data for this study was collected via two methods. For the first data collection method, a list of the e-mail addresses of department chairs from each of the 621 CACREP-accredited master's level counseling related programs was gathered from an on-line directory listed on the official CACREP website. A list of names and contact information of department chairs from non-CACREP accredited master's level counseling programs identified by Schweiger, Henderson, McCaskill, and Clawson (2012) was also gathered. A personalized email was sent to counselor education department program chairs from both identified CACREP-accredited and non-CACREP accredited programs.

For the second data collection method, two email listservs were utilized; the Counselor Education and Supervision Network Listserv (CESNET-L) and the New Faculty Interest Network Listserv (NFIN). In order to increase participation, a modified Dillman approach (Dillman, 2001) was used by utilizing follow up emails. Three weeks after the initial introductory email was sent to both department chairs and the listserv, a second reminder email was sent. Two weeks after the second reminder email, a final email requesting participation was sent to department chairs as well as the listserv.

Instrument

The survey instrument utilized in this research study contained three sections. The first section was the demographics section, containing questions about the participant and the

institution they currently teach in. The second section was a modified version of the instrument created by Russell et al. (2007) that consisted of seven vignettes presented in short paragraph forms that highlight scenarios associated with TIPPC (see Table 2). The seven vignettes were created based on topics related to PPC in master's level counselor training programs, including boundary violations, dual relationships, breach in confidentiality, lack of maintenance of progress notes, dishonesty, mental health issues, and lack of clinical skills competency. After reading each vignette, participants rated how likely they were to choose each of the 17 remediation interventions for each vignette on a 5-point Likert scale. On the Likert scale, the number 1 described the least likely remediation intervention appropriate for the vignette, while the number 5 described the most likely intervention. All seven vignettes sought to provide participants with realistic scenarios that include TIPPC in counselor education programs. The third and final section of the survey instrument contained one question about successful remediation interventions used with TIPPC and one question asking if the participant's institution would agree with their remediation intervention choices.

Table 2

Vignette #2: Mental Health Issues

A student in your internship class who has demonstrated excellent clinical skills in the past has recently changed in appearance and behavior, become withdrawn, irritable, and less careful about personal hygiene. Though the student continues to meet with his clients regularly, he has been canceling supervision sessions and missing classes. You contact the student and express concern about his absences and behavior change. He discloses to you that he had been treated for bipolar disorder but is not currently on medication.

Results

In order to test the two hypotheses presented in this study and answer the proposed research questions, one-way between-groups multivariate analyses of variances (MANOVAS)

were performed. The following six dependent variables were used in this analysis: talk, referral, start due process, increase interaction, mutual gatekeeping, and unilateral gatekeeping. The independent variables included counselor educators from CACREP and non-CACREP accredited master's level counseling programs. The Statistical Package for the Social Sciences (SPSS) Data Analysis System was used to analyze the data.

Table 3

Breakdown of Analysis for All Dependent Variables

Variable	<i>N</i>
Talk	F (7, 91) = 1.45, p = .194; Wilks' Lambda =.90; partial eta squared = .10
Referral	F (7, 91) = 1.29, p = .262; Wilks' Lambda =.91; partial eta squared = .09
Start Due Process	F (7, 91) = .851, p = .548; Wilks' Lambda =.94; partial eta squared = .06
Increase Interaction	F (7, 91) = .743, p = .636; Wilks' Lambda =.95; partial eta squared = .05
Mutual Gatekeeping	F (7, 91) = 1.12, p = .355; Wilks' Lambda =.92; partial eta squared = .08
Unilateral Gatekeeping	F (7, 91) = .692, p = .678; Wilks' Lambda =.95; partial eta squared = .05

When comparing mean differences between the two groups, results revealed no significant differences among the two groups across the dependent variables. When considering all seven vignettes related to TIPPC, there were also no statistically significant differences found between the accreditation of counselor education programs on the combined dependent variables (see Figures 1-6). This data analysis represented section II of the survey instrument. When looking at section III of the instrument, successful remediation interventions identified by counselor educators, similar results were found. No statistically significant difference was found between the accreditation of counselor education programs on the combined dependent variables.

Figure 1. Between-Group and Within-Subjects Differences for Talk Variable

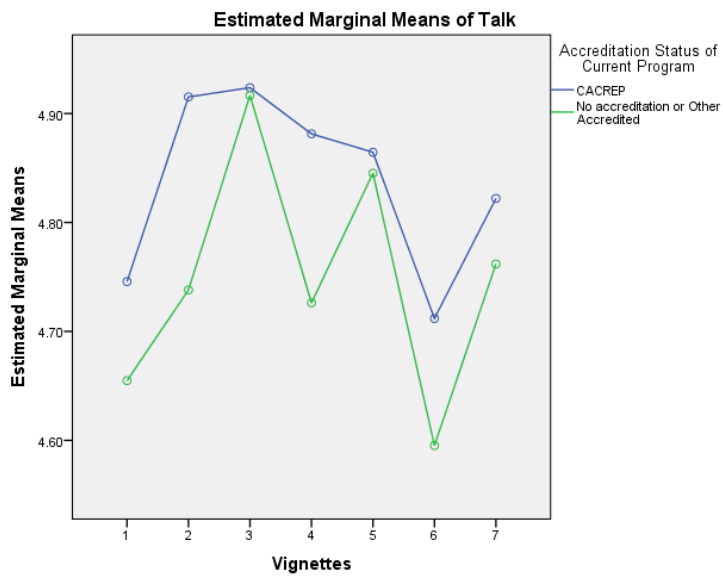


Figure 2. Between-Group and Within-Subjects Differences for Referral Variable

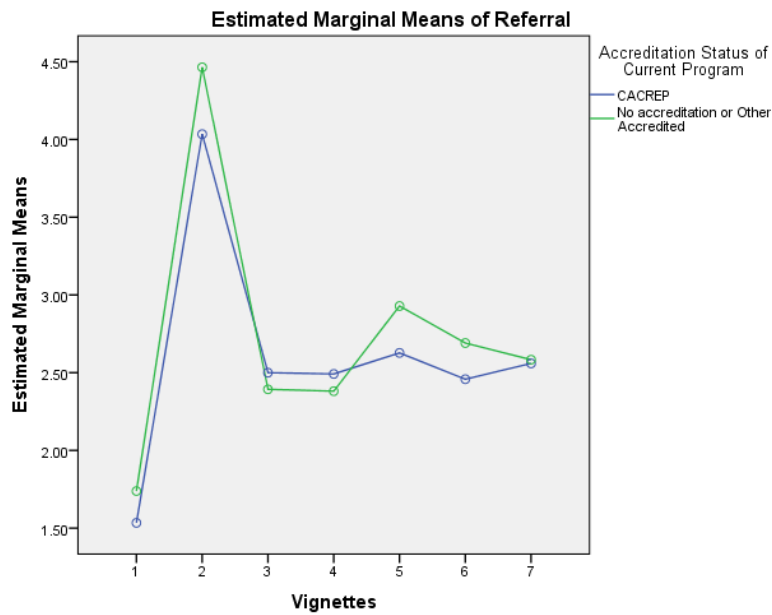


Figure 3. Between-Group and Within-Subjects Differences for Start Due Process Variable

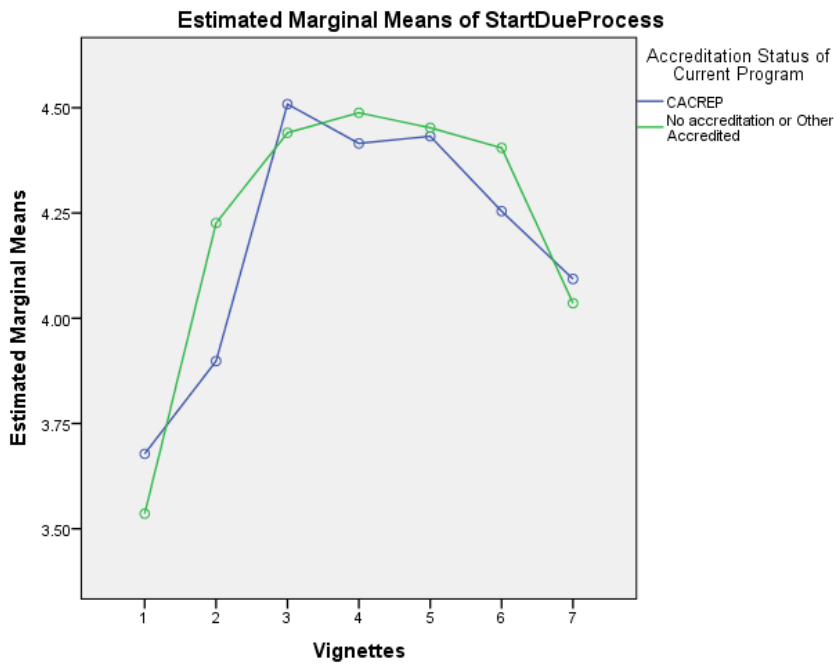


Figure 4. Between-Group and Within-Subjects Differences for Increase Interaction Variable

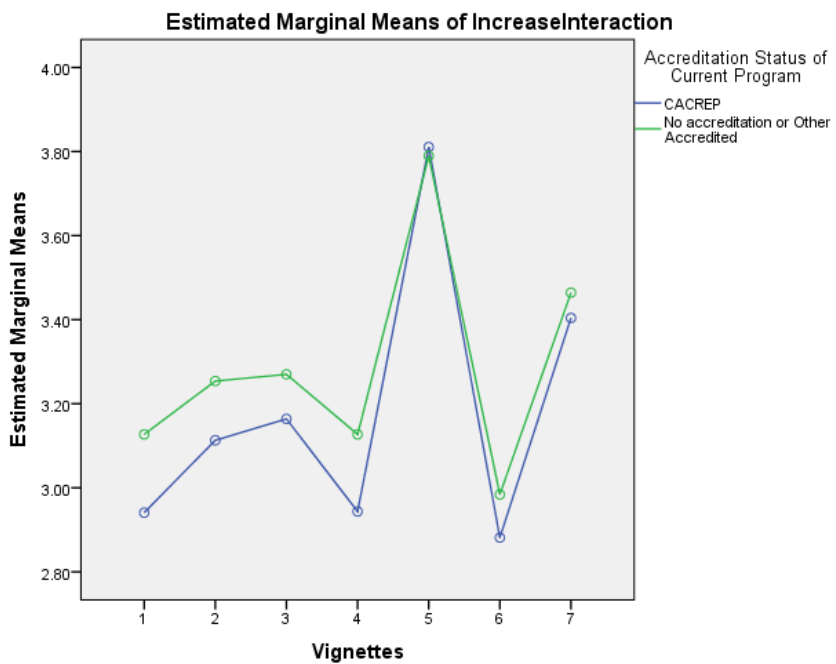


Figure 5. Between-Group and Within-Subjects Differences for Mutual Variable

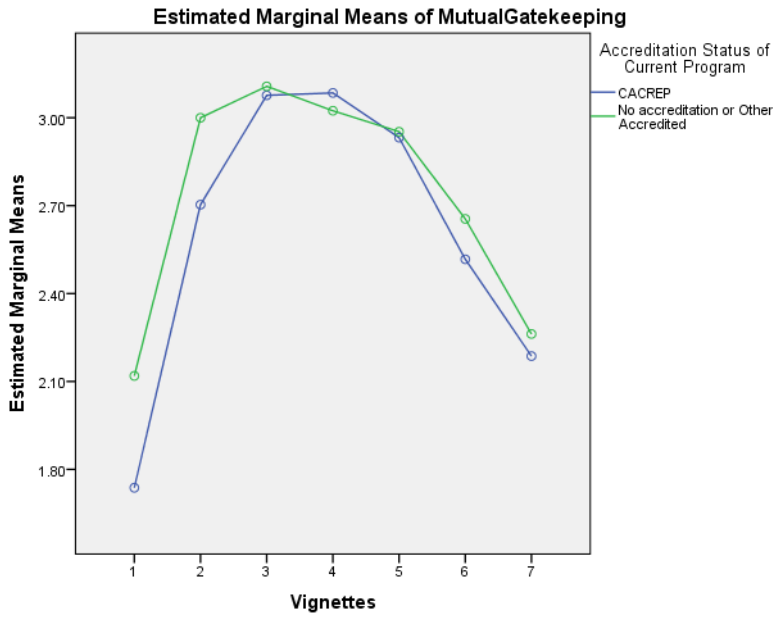
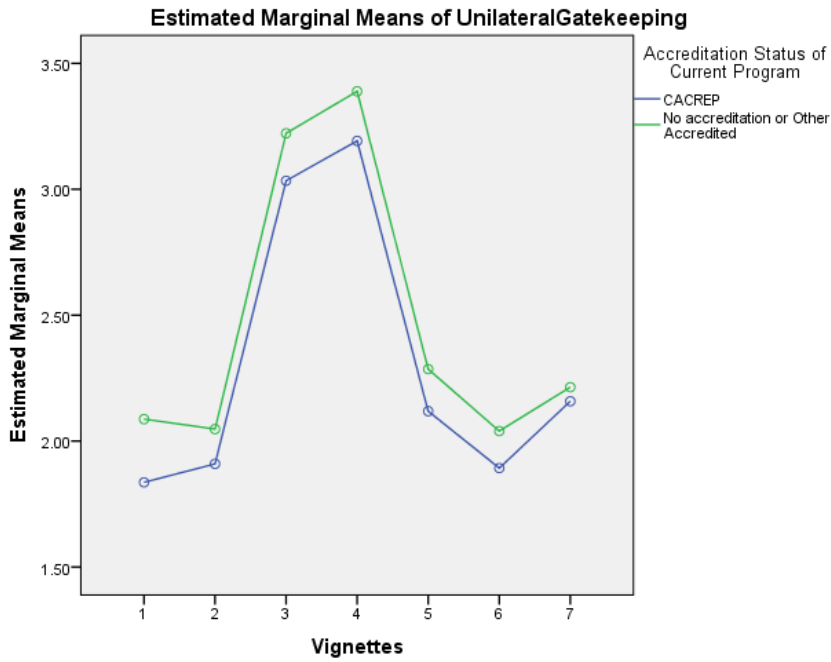


Figure 6. Between-Group and Within-Subjects Differences for Unilateral Variable



Counselor educators from both CACREP-accredited and non-CACREP accredited programs chose very similar gatekeeping practices when faced with different types of PPC. A within subjects analysis of variance (ANOVA) was conducted to compare participant scores for all seven vignettes combined (i.e. confidentiality, mental health, dishonesty, dual relationships, clinical skills, progress notes, boundaries). When presented with all seven scenarios, counselor educators chose talking ($\bar{x} = 4.80$, $SD = .273$) and starting due process ($\bar{x} = 4.21$, $SD = .587$) as essential gatekeeping practices. Talking included speaking with the student or other faculty members about the presenting issues, while starting due process included writing a letter of concern and/or a written professional development plan. Counselor educators from both groups were hesitant to choose gatekeeping practices that may have appeared more severe or punitive such as referral to a counselor or psychiatrist ($\bar{x} = 2.65$, $SD = .690$), as well as mutual gatekeeping ($\bar{x} = 2.65$, $SD = .637$) and unilateral gatekeeping practices ($\bar{x} = 2.38$, $SD = .610$), which included remediation interventions such as counseling the student out of the program, recommending a leave of absence, probation, and/or dismissal from the program.

Discussion

The purpose of this research study was to determine any potential differences in counselor educator's gatekeeping practices with TIPPC in CACREP-accredited and non-CACREP accredited counselor education programs in the United States. The following two research questions were answered: 1) What are the differences in gatekeeping practices of counselor educators in master's level counseling programs? 2) What have counselor educators identified as successful remediation interventions utilized with TIPPC in master's level counseling programs? A survey instrument was used to measure gatekeeping practices across different scenarios counselor educators may encounter with TIPPC. Results from the survey

revealed no significant differences among the two groups, suggesting that counselor educators from CACREP-accredited and non-CACREP accredited programs remediate TIPPC similarly.

Implications for Counselor Education and Supervision

Findings from this study can be of significant value to counselor educators, counseling students, and counseling education programs across the United States. No significant differences were found in the gatekeeping practices of counselor educators in CACREP-accredited and non-CACREP accredited counseling programs. An explanation for this lack of differences among the two groups could be due to the similarities among participants, including level of experience in the field of counselor education and adherence to the ACA Code of Ethics.

Level of Experience

Demographical information collected from the survey revealed that a large percentage of participants in this study were experienced or seasoned department chairs or tenured faculty members, between the ages of 36 and 65, with more than six years of experience as counselor educators. Participants also had a great deal of experience being involved in student remediations, taking on several roles in the remediation process. This higher level of experience in the field and with remediation was a commonality among both groups, which could be an explanation for the lack of differences found related to gatekeeping practices.

Adherence to the ACA Code of Ethics

Demographical data also revealed that nearly three quarters of participants were members of ACA. This commonality among research participants is critical due to counselors being ethically bound by the ACA Code of Ethics. This shared ethical allegiance may be a key reason for the lack of differences found among groups in the area of remediation interventions. If all participants adhered to the ACA Code of Ethics when presented with ethical dilemmas among

TIPPC, it is reasonable to determine that their surveys answers would be similar across groups. If this is the case, it could be presumed that counselor educators in CACREP-accredited and non-CACREP accredited counseling programs remediate students similarly due to their strong counselor identity and devotion to their ethical code.

Limitations

This study contained four main limitations. In quasi-experimental research, internal validity is often compromised due to the lack of random sampling (Clark-Carter, 2004). This study utilized purposive and homogenous sampling in order to generalize the results to the specific population of counselor educators. Therefore, this study may lack internal validity. The next limitation pertains to volunteer-bias (Belson, 1986), as all respondents for this study volunteered their time. Volunteers may have answered the survey questions differently than those members of the population who did not agree to participate, posing a potential limitation to the generalizability of results to all counselor educators. The third limitation relates to the small number of counselor educators in the comparison group. There may not have been enough participants in the comparison group to pick up on potential differences in the study. The final limitation is in regards to the survey instrument used. The survey utilized in this study has only been used in one other research study and has not been extensively examined for validity and reliability. The lack of psychometric properties pertaining to this survey could affect the reliability and validity of the results. Social desirability bias did not appear to be a limitation in this study, as participant's score appeared to coincide with the type of remediation intervention and scenario presented.

Recommendations for Future Research

This research study has offered contributions and implications for professionals in the counseling education and supervision field. As a result of these findings, some important considerations for future research have emerged. This study found that there were no significant differences among gatekeeping practices of counselor educators in CACREP-accredited and non-CACREP accredited counseling education programs across the United States. Results also suggested relationships among identification of effective gatekeeping strategies and level of experience in the field of counselor education. Additionally, results suggested that counselor educators are more likely to recommend remediation interventions pertaining to talk and start due process, over interventions pertaining to referring students, increasing interaction, and mutual and unilateral gatekeeping. Although these findings are important and significant, future research is needed to build on the conclusions of this study.

A majority of the participants in this study were experienced counselor educators who were also members of ACA, suggesting that participants had strong counselor identities and were ethically bound by the ACA Code of Ethics. Thus, the first recommendation for future research is to conduct research with novice counselor educators, with little experience remediating students, and identify any differences there may be in their gatekeeping practices compared to more experienced counselor educators. Future research could also focus on differences between novice counselors in CACREP-accredited and non-CACREP accredited groups, to determine if the results would parallel results found in this current study.

The next research consideration is related to the survey instrument utilized in this study. There are currently no known standardized survey instruments that measure counselor educator's gatekeeping practices with TIPPC. The survey instrument utilized in this study was a revised

version of the instrument used in the Russell et al. (2007) study with marriage and family therapy programs. This instrument has only been used in a total of two research studies, and has no psychometric properties. Consideration should be given in revising the instrument to improve its validity as well as test-retest reliability. Future researchers can also conduct pre-test and post-test studies to further validate the instrument.

Future researchers who would like to utilize the instrument used in this study would benefit from revising the instrument based on participant feedback. Some participants noted that they would answer the survey questions differently based on the student's past behaviors as well as how the student responded to initial interventions. Providing participants with more detailed information about the student in the vignettes would be beneficial. This survey had a 5-point Likert scale, with one being strongly disagree and five being strongly agree. Future researchers can modify the survey and allow participants to choose which remediation intervention they would choose first, second, third, etc. This would allow for a more clear and valid interpretation of the results.

Importance of the Results

Counselor educators and supervisors from different types of counseling programs may find value in the knowledge of experienced counselor educator's choice in effective and successful remediation interventions when working with TIPPC. These results can also help counselor educators and supervisors identify more objective remediation interventions, such as the ones outlined in the survey instrument, to help them feel less ambivalent and uncertain about their gatekeeping responsibilities. Increased certainty and confidence about the gatekeeping role could lead to more successful student remediations. Students may also benefit from results found in this study. Since counseling students can be sensitive to critical feedback from a supervisor or

professor, early and frequent discussions of remediation interventions provided by program leaders may allow students to become less defensive and more open to self-analysis and reflection throughout their program of study. Also, students can gain more knowledge of counselor educators' gatekeeping responsibilities. The knowledge of the different types of remediation interventions could lead to more successful student remediations in the future.

Lastly, counseling education programs across the United States could also benefit from the findings in this study. Literature suggests that counselor educators receive minimal training on how to appropriately deal with TIPPC. Research also suggests that many counselor educators feel ambivalent and reluctant about participating in their gatekeeping responsibilities (Barlow & Coleman, 2003; Bradey & Post, 1991; Gaubatz & Vera, 2002; Gizara & Forrest, 2004; Grady, 2009; Kerl & Eichler, 2005; Koerin & Miller, 1995; Samec, 1995; Sowbel, 2012; Tam & Kwok, 2007). Since counselor educators are ethically bound to act as gatekeepers for the profession, more training is needed in the area of gatekeeping and remediation with TIPPC. Results from this study can contribute to the understanding and creation or revisions of policies and procedures regarding student remediations, which could reduce the possibility of litigation, which can be a difficult and taxing process. Additionally, better understanding and confidence in how counselor educators carry out their gatekeeping responsibilities with TIPPC could assist in more successful remediations, reducing potential harm to counselor educators, counseling students, counseling programs, and the community at large.

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