

**Problematic Behavior: What do CACREP Accredited Program Policies and Procedures Reflect**

by

Maranda Brown

A dissertation submitted to the Graduate Faculty of  
Auburn University  
in partial fulfillment of the  
requirements for the Degree of  
Doctor of Philosophy

Auburn, Alabama  
August 6, 2011

Keywords: problematic behaviors, gatekeeping, remediation

Copyright 2011 by Maranda Brown

Approved by

Jamie Carney, Chair, Professor of Special Education, Rehabilitation, and Counseling  
Chippewa Thomas, Associate Professor of Special Education, Rehabilitation, and Counseling  
John Dagley, Associate Professor of Special Education, Rehabilitation, and Counseling

## Abstract

Counselor Education programs are ethically obligated by accreditation standards and professional codes of ethics to identify counselors-in-training whose academic, clinical, and personal performance indicate problematic behavior that would potentially prevent them from entering the profession (McAdams, Foster, & Ward, 2007). Despite these obligations, criteria by which to address problematic behavior are not readily available, and programs are resigned to independently interpret and develop policies and procedures to address these issues. This present study identifies and analyzes the policies that address how Council for Accreditation of Counseling and Related Educational Programs (CACREP) doctoral Counselor Education programs define, assess, and remediate problematic behavior. To fulfill this purpose, a review of the literature and policy analysis was undertaken. Once the data was gathered, qualitative analysis was utilized to answer the questions about the components of the policies. Coding procedures identified emergent themes. The study intends to provide implications for counselor education programs, counselor educators, and prospective CACREP programs.

## Acknowledgments

I would like to express my most sincere gratitude to my advisor, Dr. Jamie Carney, for her guidance and support in the accomplishment of this research and my success in this program. In addition, I appreciate the willingness of Drs. Chippewa Thomas and John Dagley to be part of my committee. Without your feedback during this process, I could not have been a success. Furthermore, support given by Drs. Daniel Henry and Paris Strom is acknowledged with sincere appreciation.

I am blessed to have been raised by wonderful parents who instilled in me a strong work ethic, resiliency, and to value education. Thanks to my parents for your prayers, love, and support. This endeavor would not have been possible without a strong support system of friends who encouraged, supported, and listened to me throughout the journey. Most importantly, I am grateful to friends who provided childcare, nurture, and love to my son Kenneth who, when I began the program, was a toddler. My pressing toward the mark in this program was mainly to create a better life and opportunities for my son Kenneth. I thank him for being motivation to me and allowing his mom to pursue this goal.

Nelson Mandela in a 1994 Presidential Inauguration said, “Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness that frightens us... We are born to manifest the glory of God that is within us.” This work is dedicated to every individual who’s ever been told that they can’t, that they wouldn’t,

and began to believe it. I charge you to defy the odds because you are so much more than you can see and you are so much more than what you've heard!

## Table of Contents

Abstract .....	ii
Acknowledgments .....	iii
List of Tables .....	viii
Chapter I. Introduction .....	1
Statement of the Problem .....	6
Purpose and Significance .....	7
Research Questions .....	9
Definition of Terms .....	9
Summary .....	10
Chapter II. Literature Review .....	12
Introduction .....	12
Problematic Behavior .....	13
Types of Problematic Behavior .....	16
Professional Standards and Calls .....	20
APA .....	20
ACA .....	22
Professional Calls .....	25
Counselor Education Programs' Response to Problematic Behavior .....	28
Pre-Admission .....	34

Post-Admission .....	36
Remediation, Intervention and Dismissal.....	39
Summary.....	42
Chapter III. Methodology.....	43
Sample .....	43
Measures .....	44
Procedures.....	45
Data Analysis .....	49
Summary.....	49
Chapter IV. Results.....	51
Demographics .....	52
Results .....	52
Themes Across Definitions of Problematic Behavior .....	53
Common Themes in How Problematic Behavior is Assessed .....	58
How Problematic Behavior is Assessed .....	58
When Problematic Behavior is Assessed .....	64
Who Assesses Problematic Behavior .....	66
Common Themes in the Process and Procedures Identified for Remediation of Problematic Behavior.....	67
Summary.....	71
Chapter V. Discussion.....	72
Introduction.....	72
Discussion of the Findings.....	73
Research Question 1 .....	73

Research Question 2 .....	75
Research Question3 .....	77
Limitations .....	79
Recommendations for Future Research.....	80
Implications .....	81
Summary.....	82
References .....	84
Appendix A: List of Policies Reviewed.....	94
Appendix B: Tools Used To Assess Problematic Behavior .....	96

## List of Tables

Table 1	Common Factors Associated with Student Unsuitability in Social Science Programs..	16
Table 2	Words Used to Define Problematic Behavior.....	52
Table 3	Tools used to Assess Problematic Behavior .....	59
Table 4	Common Assessment Areas Used in Tools to Assess Problematic Behavior.....	61
Table 5	Frequency Problematic Behavior is Assessed .....	64



## CHAPTER I. INTRODUCTION

Counselor educators are skilled teachers and practitioners who are professionally trained to prepare counselors through academic instruction, supervision, and clinical practice. Individuals within the field may work in a variety of settings including, primary schools, universities, mental health centers, governmental agencies, and private practice. Within these settings, unique opportunities and challenges exist, requiring varying levels of responsibility. In the role of a counselor, the American Counseling Association (ACA) has denoted the primary responsibility of promoting the welfare of the client (ACA, 2005). As a counseling supervisor, one is further required to provide performance appraisal and evaluative feedback (ACA, 2005). From the instructor role, one is expected to be a professional role model who adheres to ethical, legal, and regulatory aspects of the profession (ACA, 2005). Ultimately, the counselor educator is required to monitor counselors-in-training in regard to professional fitness to serve as a counselor. This role, the evaluation of counselors-in-training, is often deemed as one of the most critical responsibilities of counselor educators (Brear, Dorrian, & Luscri, 2008; Carney & Cobia, 1996; Frame & Stevens-Smith, 1995; Kerl, Garcia, McCullough, & Maxwell, 2002; Li, Trusty, Lampe, & Lin, 2008; Lumadue & Duffey, 1999; McAdams, Foster, & Ward, 2007; Olkin & Gaughen, 1991).

The task of evaluating counselors-in-training requires the identification of ideal and problematic behaviors. Problematic behavior has been referred to by many terms; professional performance deficiencies (McAdams & Foster 2007), incompetence (Forrest, Elman, Gizara, &

Vacha-Haase, 1999), problematic students/ trainees (Cobb, 1994 as cited in Wilkerson, 2006; Rosenberg, Arcinue, Getzelman, & Oren, 2005), professionally deficient trainees (Gaubatz & Vera, 2006), and most notably, impairment (Forrest et al., 1999; Lamb, Presser, Pfost, Baum, Jackson, & Jarvis, 1987). Impairment exists within many disciplines and was formerly recognized first within the medical field when the American Medical Association (AMA) made an effort to assist impaired physicians (Sheffield, 1998). An impaired physician as defined by the AMA is one that is unable to practice medicine with reasonable skill and safety due to physical or mental disabilities to include deterioration due to aging or loss of motor skill, or abuse of alcohol and drugs (Robertson, 1980, as cited in Stadler, Willing, Eberhage & Ward, 1988). In his work with substance abusing physicians, Bissell (1983), made a distinction between incompetent physicians, unethical physicians, and impaired physicians with the latter being those who were poorly trained or failed to stay current in the field. After the medical field defined impaired and the behaviors that characterize impairment, the concept was broadened within other disciplines.

By 1981 the American Psychological Association began exploration of problematic behavior by including an open forum on its conference agenda, which identified some of the most frequent problems (physical and emotional handicaps, alcohol and drug dependence, sexual relationships with students and/or clients, mental illness and suicide) contributing to impairment (Stadler et al., 1988). Rosenberg et al. (2005) defined impairment for psychology trainees as having a serious deficit in the areas of personal functioning, knowledge and application of professional standards, and competency in areas such as conceptualization, diagnosis, assessment, and appropriate clinical interventions.

It was not until the publication of an article on counselor impairment in the February 1988 issue of the *Journal of Counseling & Development* that problematic behavior gained significant attention within the counseling profession (ACA, 2009). Forrest et al. (1999) defined impairment as diminished professional functioning attributable to personal distress, burnout, and/or substance abuse and unethical and incompetent professional behavior. Causes for such distress can be due to chemical dependency, mental illness, and personal conflict and often interfere in professional functioning (Lalotis & Grayson, 1985). Emerson and Markos (1996) saw additional distress factors, depression and sexual exploitation, as a hallmark of their impairment definition. Lawson and Venart (2005) note that therapeutic impairment, as defined by an ACA Taskforce on Impaired Counselors, “occurs when there is a significant negative impact on a counselor’s professional functioning which compromises client care or poses the potential for harm to the client.” In providing the ethical framework that addresses impairment ACA (2005) refers to physical, mental, or emotional problems that could result in harming the client or others. A variety of terms and definitions, across multiple disciplines, exist that embody similar characteristics and behaviors.

It has been asserted that a distinction should be made between impairment and problematic behavior because of the relationship between some forms of problematic behavior (e.g., psychological disorders) and the recognition in the ADA (Americans with Disability Act) about the protection of rights of persons with these types of disabilities (Frame & Stevens-Smith, 1995; Vacha-Haase, Davenport & Kerewsky, 2004). Additionally, Rosenberg et al. (2005) note that impairment “suggests diminished functioning from an adequate level of competence.” Moreover, the term *incompetent* has negative connotations that suggest an individual hasn’t achieved a desired level of competence and place universities at risk for litigation (Rosenberg

et al., 2005). The choice of terminology is marred, containing risks and implications associated with each. Therefore, for the purposes of this research the term *problematic behavior* has been adopted to guide the remedial practices within CACREP Counselor Education programs. A shift to a similar descriptor has been advocated for by Rosenberg et al. (2005). The term *impairment* is utilized to maintain the fidelity of previous literature citations.

Problematic behavior can occur at any point within graduate training and may even be evident at the time of program application. To address this issue many programs have developed admission criteria or methods to assess for indicators of problematic behavior. However, it is very challenging to develop such assessment with demonstrated success. For example, Eriksen and McAuliffe (2006) postulate that a review of undergraduate grades and standardized test scores are ineffective in predicting effective acquisition of counseling skills. For this reason, many colleges and universities utilize an interview process that involves screening, aimed at identifying individuals that may not be best suited for pursuit of a degree in counselor education. Such interviews allow faculty to assess personal characteristics, which have been cited as a contributing factor to successful counseling outcomes (Wampold, 2001). Students recommend enhanced admissions procedures and screening to address this issue (Rosenberg et al., 2005).

Gatekeeping is a means to address these concerns. Gatekeeping aims to ensure the health of the profession by controlling access to it through evaluation of student suitability for the profession (Brear et al., 2008). Colleges and universities implement identified evaluative criteria and processes that help guide evaluative decisions necessary for admissions and matriculation. Despite the most effective gatekeeping strategies a college and university might employ, there is always an occasion for gateslipping to occur. Gateslipping occurs when deficient trainees continue to advance through training programs without remediation, dismissal, or follow-up

(Gaubatz & Vera, 2006). This is just another area of support for assessing and addressing the issue of problematic behavior in programs, and thus the reason why we see and must address problematic behavior within counselor education programs.

Gaubatz and Vera (2006) reported that impaired counselors in training constituted between 4% and 5% of students requiring remediation with as many as 10% of students in programs needing but not receiving remediation. Research has indicated that problematic behavior often encompasses inadequate social skills, deficient interpersonal skills, supervision difficulties, unprofessional demeanor, and academic dishonesty (Vacha-Haase, 1996). Supporting this are the findings that as much as 89% of student impairment was the result of insufficient clinical skills and/or personality or emotional problems (Procidano, Busch-Rossnagel, Reznikoff & Geisinger, 1995).

Since problematic behavior often corresponds to social, psychological and emotional problems it is not surprising that peers in programs are often the first to identify this type of behavior. An investigation by Mearns and Allen (1991) indicated that 95% of students were aware of impairment among their peers which suggests the vital role that students can possess in gatekeeping. The disparity previously noted by Gaubatz and Vera (2006) between the percentage of students that are impaired and remediated (4–5%) and those that are impaired and unremediated (10%) suggests that a greater level of identification exists among peers that go unreported to faculty. Gaubatz and Vera's (2006) findings underscore this notion, in that students are more keenly aware of deficiencies among their peers than faculty are. A 2004 random survey of ACA members revealed that 63.5% of counselors have known someone that they would identify as impaired and 75.7% agreed that impairment presents a significant risk to the profession (ACA, 2009).

One of the reasons peers may be identifying this behavior is that individuals experiencing these concerns are often hesitant to seek help or unaware of the impact of their behavior. This raises additional concerns, for masking problematic behavior in and of itself can contribute to increasing the severity or impact of the impairment. Hard (2007) noted that monitoring one's own impairment is a difficult task when one is experiencing the effects of impairment. In addition there are varying levels of self-awareness, insight, and willingness to acknowledge personal limitations (Schwartz-Mette, 2009). For this reason Schwartz-Mette (2009) suspects that self-acknowledgment and/or self-monitoring are not sufficient to remediate the problem of identifying impairment. Olsheski and Leech (1996) speculate reluctance to self-report and peer-reporting may be due in part to undefined and uncertain procedures and consequences. Compounding this reluctance is the fact that few published, formal assessment tools exist for conducting evaluation of students' personal and professional development (Hensley, Smith & Thompson, 2003). With a scarcity of assessment tools peers are relied upon as a means to evaluate impairment.

### **Statement of the Problem**

Counseling literature is replete with writings that underscore the importance of assessing and evaluating problematic behavior of counselors-in-training. Olkin and Gaughen (1991) note that faculty are charged in their responsibilities to evaluate students for academic and clinical proficiency. Carney and Cobia (1996) assert that evaluation of problematic behavior should be integrated into overall assessment in counseling programs. Brear et al. (2008) regard screening and assessment as an important and essential component of counselor educators' responsibilities. This is reinforced in the ACA Code of Ethics (1995) which clarifies that these are required and necessary responsibilities for counselor educators (see Standard F.9. Evaluation and

Remediation of Students). Similarly, CACREP standards (2009, Section I.L, & I.P) emphasize the role of assessing and remediating problematic behavior as an integral part of counselor training. Moreover, these professional standards specify that this process should be integrated into admissions decisions and all aspects of students' progression through their programs. In addition, Standard F.9.a of the ACA Code of Ethics (2005) clarifies that students need to be informed, prior to admission and while in the program, about the specific processes and practices that a program uses to meet this professional standard. This meets a standard of informed consent, allowing students to make an informed decision about a program, and their enrollment prior to their accepting admission.

While these standards have been established there are still concerns and questions about the methods and means that counselor education programs use to implement such standards. In addition, there are concerns about what constitutes problematic behavior (Ericksen & McAuliffe, 2006; Rosenberg et al., 2005). These issues all combine to create a central issue; programs are mandated to assess problematic behavior as part of admissions and program matriculation. However, there is a paucity of research that addresses how programs meet this requirement; of special interest is how programs meet the requirement to provide informed consent. This includes consideration of how problematic behavior is defined, what are the characteristics and content of policies and procedures and how they are distributed to students (Elman & Forrest, 2007; Henderson, 2010; Ziomek-Daigle & Christensen, 2010)

### **Purpose and Significance**

Accreditation standards and ethical standards require colleges and universities to identify and address factors that could impede counselors-in-training ability to become effective counselors. Several articles have been published exploring problematic behavior. The majority

of these articles focused on the profession of counseling and rarely examined the concept of the remedial practices employed by universities to address the problematic behavior.

These articles provide a framework that clearly benefits the field and underscores the impact of problematic behavior on the profession. However, to date, information on the specific remedial practices aimed at addressing problematic behavior is limited. Hensley et al. (2003) indicated that counselor educators need guidance to develop comprehensive written policies to address problematic behavior that are made available to those students. Moreover, Frame and Stevens-Smith (1995) underscore the necessity of having clearly defined policies and procedures that are implemented. Additionally, Baldo and Softas-Nall (1997) offer considerations for inclusion in these prospective policies. The purpose of this study was to examine how accredited counseling programs define, assess, and remediate problematic behavior of counselors-in-training.

The outcome data obtained in this study identifies the common themes in how problematic behavior is defined, the methods used to assess problematic behavior, and the processes used to remediate problematic behavior. Moreover, providing definitive criteria on assessment, evaluation, and remediation can guide fair and legally defensible decision making about problematic behavior. Ultimately the outcome data from this study could improve the screening of problematic behaviors and provide useful information to inform formalized policies that address problematic behavior. This study attends to gaps in literature on the remediation processes and the policies and procedures that address problematic behavior in counselor education programs. This study has the potential to contribute to prior research that has emphasized the importance of having well-developed policies and procedures in counselor education. Information gained from this study provides additional information that could



potentially contribute to the enhancement of existing policies and procedures and the establishment of new policies and procedures for colleges and universities who desire to be CACREP recognized. Finally, it is believed this study highlights the need for ensuring these policies and procedures are accessible and routinely communicated to counselors-in-training.

### **Research Questions**

Research questions for this study were as follows:

1. What are the common themes across definitions of problematic behavior in CACREP accredited doctoral Counselor Education programs?
2. What are the common themes in how problematic behavior is assessed in CACREP accredited doctoral Counselor Education programs?
3. What are the common themes in the processes and procedures identified for remediation of problematic behavior in CACREP accredited doctoral Counselor Education programs?

### **Definition of Terms**

*CACREP*: Council for Accreditation of Counseling and Related Educational Programs. As an accrediting body, CACREP provides leadership to promote excellence in the professional preparation of counseling and related educational programs (CACREP, 2010).

*Counselor Education*: An academic discipline that focuses on promoting the training of competent professional counselors (Hill, 2004).

*Gatekeeping*: Gatekeeping is the evaluation of student suitability for professional practice. It is a mechanism that aims to ensure the health of the profession by controlling access to it. It involves the identification of evaluative criteria and process, and the accountability of the

gatekeeper to apply the criteria and take responsibility for the evaluative decisions (Brear et al., 2008).

*Gateslipping:* The rate at which potentially deficient trainees in a given program may advance through their training without remediation, dismissal, or follow-up (Gaubautz & Vera, 2006).

*Impairment:* Trainee impairment is an interference in professional functioning that is reflected 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) an inability to control personal stress, psychological dysfunction and/or excessive emotional reactions that interfere with professional functioning (Lamb et al., 1987).

*Problematic Behavior:* Those behaviors, attitudes, or characteristics that need to be the focus of attention and change but are not considered excessive or inappropriate; they may in fact be important components of one's learning experience (Wilkerson, 2006).

*Remediation:* Instruction during the progress of a course (or study of a body of material) in acquisition of basic prerequisite skills that are essential for eventual success in the course. In the current educational literature, the term *remedial instruction* is almost always paired with *developmental instruction* (i.e., "remedial/developmental"), suggesting an inseparable relationship between the alleviation of deficiencies and the development of new competencies (McAdams & Foster, 2007).

### **Summary**

In closing, this chapter provided an overview of the ethical responsibility that counselor educators have to define, assess, and remediate problematic behavior. Of particular concern to

this current study is the absence of research on how CACREP accredited doctoral counselor education programs address these responsibilities. Counselor educator roles, ethical requirements, and defining the issue of problematic behavior were reviewed. Additionally, the chapter addressed the focus of this study. The literature review for this study is discussed in the following chapter.

## CHAPTER II. REVIEW OF THE LITERATURE

### **Introduction**

Counselor education programs are responsible for producing graduates that are ready to assume all the responsibilities of professional practice. Thus, programs must make decisions regarding their knowledge, skill, and personal disposition for the profession (Brear et al., 2008; Wilkerson, 2006). More often than not this process is not met with difficulty; however, there are occasions where faculty must question a student's suitability for the profession. Completion of a training program is typically the measure by which professional associations accredit readiness to practice (Brear et al., 2008). Moreover, ethical and accreditation standards provide a framework for the continual evaluation, appraisal and the need for policies to remediate students when appropriate. The ACA denotes this responsibility in F.5.a. of the Code, "provide supervisees with ongoing performance appraisal and evaluation feedback," and F.5.b. further indicates that "supervisors assist supervisees in securing remedial assistance when needed" (ACA, 2005). Consistent with the ACA Code of Ethics, the CACREP standards state that "program faculty conducts a systematic developmental assessment of each student's progress throughout the program (Standard P). There is, however, a paucity of research on the actual practices counselor education programs employ to assess, address, and remediate problematic behavior.

## **Problematic Behavior**

An array of terminology has been used to describe problematic behavior. Descriptive words such as deficient (Gaubatz & Vera, 2002; Procidano et al., 1995), problem (Gaubatz & Vera, 2006; Olkin & Gaughen, 1991), professional performance deficiencies (McAdams & Foster, 2007), incompetent (Brear et al., 2008; Forrest et al., 1999), bad (Wheeler, 2000), problematic students/trainees (Rosenberg et al., 2005; Cobb, 1994, as cited in Wilkerson, 2006), professionally deficient trainees (Gaubatz & Vera, 2006), troublesome (Russell & Peterson, 2003), unsuitable (Brear et al., 2008) and impairment (Boxley, Drew & Rangel, 1986; Forrest et al., 1999; Huprich & Rudd, 2004; Lamb et al., 1987). When such an array of terminology exists, confusion is evident. Terminology has been interchanged and definitions overlapped (Vacha-Haase et al., 2004). Definitions have been appended (Lamb, Cochran, & Jackson, 1991) and variations in application of terminologies have been drawn (Orr, 1997).

The term *impaired* was used in other professions, social work and medicine, when describing problematic professionals (Forrest et al., 1999). Similarly, early in the 1980s, the term was adopted by mental health professionals early on to describe a range of situations involving professional performance deficiencies with students (Forrest, et al., 1999; Frame & Stevens-Smith, 1995; Huprich & Rudd, 2004; Lamb et al, 198, 1991; Wilkerson, 2006). Lamb et al. (1987) defined impairment within a training context as:

an interference in professional functioning that is reflected 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) an inability to

control personal stress, psychological dysfunction and/or excessive emotional reactions that interfere with professional functioning. (p. 598)

This definition has been cited and referenced in several articles (Forrest et al., 1999; Henderson, 2010; Oliver et al., 2004) and used as the basis to expand definitions. However, the terms impaired and impairment are marred with criticism (Bhat, 2005; Bemak et al., 1999).

It has been asserted that a noted distinction should be made between impairment and problematic behavior because of the relationship between some forms of problematic behavior (e.g., psychological disorders) and the recognition in the ADA (Americans with Disability Act) about the protection of rights of persons with these types of disabilities (Frame & Stevens-Smith, 1995; Vacha-Haase, Davenport & Kerewsky, 2004). Disability as defined by the ADA is: “(A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment” (ADA, 1990, sec. 3[2]). Use of the term *impairment* therefore has implications that counselor educators must be aware of and care taken when evaluating students for retention in counselor education programs (Frame & Stevens-Smith, 1995). Additionally, Rosenberg et al. (2005) note that impairment “suggests diminished functioning from an adequate level of competence.” Moreover, the term *incompetent* has negative connotations that suggest an individual hasn’t achieved a desired level of competence and place universities at risk for litigation (Rosenberg et al., 2005). Elman and Forrest (2007) called for discontinuation of use of the term *impaired*.

Alternatives to the use of the terms *impaired* or *impairment* have been suggested. Most recently, a plethora of terminology has been offered, terms that deal with character and fitness. Johnson and Campbell (2002, 2004, as cited in Elman & Forrest, 2007) define character as

integrity, prudence, caring, and sensitivity to the welfare of others and fitness to practice as emotional stability, which includes personal adjustment, psychological health, and absence of substance. Elman and Forrest (2007) have offered problems with professional competence as an alternative to describe problematic behavior. Forrest, Miller, and Elman (2008) later expanded this alternative descriptor to trainees identified with problems of professional competence. Terminology has continued to evolve, shifting from emphasis that would suggest program dismissal toward potential for remediation. Noted inconsistencies in terminology and definitions make it difficult to assess, address, and remediate problematic behavior (Bhat, 2005).

For the purposes of this research the term *problematic behavior* has been adopted to explore the remedial practices within the Council for Accreditation of Counseling and Related Educational Programs (CACREP) counselor education programs. The term *impairment* will be utilized to maintain the fidelity of previous literature citations. The new descriptor, *problematic*, has been recommended and is beginning to be adopted, though the term has not been fully operationalized (Brear et al., 2008; Oliver, et al., 2004; Rosenberg et al., 2005; Vacha-Haase et al., 2004). Problematic behavior, as defined by Wilkerson (2006) are those behaviors, attitudes, or characteristics that need to be the focus of attention and change but are not considered excessive or inappropriate; they may, in fact, be important components of one's learning experience. Kress and Protivnak (2009) note these behaviors are exhibited in academic or dispositional deficiencies. Problematic behavior may result in an interference in professional functioning that is manifested in many ways. Interference in professional functioning may be the result of personal distress, burnout, and/or substance abuse that could result in unethical and incompetent professional behavior (Forrest et al., 1999). Left unaddressed, these physical, mental, or emotional problems could have significant negative impact on client care (Lawson &

Venart, 2005) and place counselor education programs at risk for legal litigation (Schoener, 1999). Therefore it is necessary for faculty to be able to “recognize when students’ personal issues or behaviors prohibit them from following professionally accepted standards of practice” (Kerl et al., 2002).

### **Types of Problematic Behavior**

Many factors can contribute to impairment and at any given time all counselors operate on a pendulum from ‘well’ to ‘impaired,’ as noted by the ACA (2009). Forrest et al. (1999) found clinical deficiencies, interpersonal problems, problems in supervision, and personality disorders as the most common factors found in impairment. Brear et al. (2008) expanded these factors as illustrated in Table 1, which synthesizes 14 empirically based studies citing the most frequently cited factors involving student impairment.

Table 1

#### *Common Factors Associated with Student Unsuitability in Social Science Programs*

Date	Authors	Five Most Frequently Cited Factors (first listed being the highest ranked)
1983	Biaggio, Gasparikova-Krasnec, and Bauer	Most frequently ranked conditions considered sufficient to warrant dismissing a doctoral clinical student presuming warning has been given: Violation of professional ethics Psychopathology Substandard academic performance Therapy skills not mastered Judgment poor

(table continues)



Table 1 (continued)

Date	Authors	Five Most Frequently Cited Factors (first listed being the highest ranked)
1986	Boxley et al.	Most frequently cited factors associate with intern's impairment: Personality disorder Depression Emotional problems Marital problems Physical illness
1991	Olkin and Gaughen	Most frequently cited problems for which students are identified: Academic deficits Problems in clinical skills Pervasive interpersonal problems Problems in supervision Intrapersonal problems
1995	Koerin and Miller	Most frequently listed types of non-academic situations or behaviors that warrant terminating a student from a masters social work program: Ethics issues Mental health issues Substance abuse Field performance problems Classroom behavior problems
1995	Procidano et al.	Most frequently cited problems of a non-academic nature which show evidence of being unsuitable for clinical work: Limited clinical skills Personality/emotional problem Unethical behavior
1997	Ryan, Habibis, and Craft	Most likely non-academic reasons our program actively pursues counseling out a student: Obvious emotional/mental problems Inability to respect human diversity Non-conformity to social work values Personal values inconsistent with social work
2003	Russell and Peterson	Most frequently ranked concerns from list of indicators of student impairment: Ethical violations Unprofessional conduct Suicide attempts Substance use/abuse Possible signs of a personality disorder

Table 1 (continued)

Date	Authors	Five Most Frequently Cited Factors (first listed being the highest ranked)
2004	Huprich and Rudd	Most commonly reported impairments based on knowledge of program over past 10 years: Personality disorder Depressive symptoms Adjustment disorder Anxiety symptoms Alcohol
2004	Lafrance, Gray and Herbert	Most frequently cited potential indicators that suggest a person may not be suitable for the practice of social work: Personal qualities: maturity, integrity Capacity to develop professional social work relationships with clients, colleagues, staff, and community members Congruence between what individuals bring to the profession and the values, principles, and beliefs of the social work profession
2004	Oliver et al.	Most frequently cited types of problems/impairments observed in student colleagues: Depression and other mood disorders Personality disorders or traits Anxiety disorders Eating disorders Substance abuse
2004	Vacha-Haase et al.	Most frequently cited types of student difficulties actually encountered during the past year that did not lead to termination: Inadequate clinical skills Defensiveness in supervision Deficient interpersonal skills Emotional problems Physical illness
2005	Busseri, Tyler, and King	Most commonly cited reasons, apart from academic performance, for making judgments about the need for dismissal of a particular trainee: Ethical infractions or reasoning Problematic clinical skills development or performance Failure to respond sufficiently to remediation plans Unprofessional demeanor Concerns raised by supervisor

(table continues)

Table 1 (continued)

Date	Authors	Five Most Frequently Cited Factors (first listed being the highest ranked)
2005	Rosenberg et al.	Most common types of problems students observed in their peers lack of awareness of impact on others: Emotional problems Clinical deficiency Poor interpersonal skills Academic deficiency
2006	Bogo, Regehr, Woodford, Hughes, Power, and Regehr	Most common themes to emerge regarding the performance of problematic practicum students: Personal qualities: irritable, defensive, judgmental, lacking in empathy Personal qualities and their impact on behavior in the field setting: needy, opinionated Personal qualities and their impact on ability to conceptualize practice Personal qualities and their impact on practice abilities: relational and procedural components

The academic and non-academic factors cited vary in the terminology used.

Intrapersonal and interpersonal skills are the most common factors associated with student unsuitability as shown in the referenced studies in Table 1. A number of risk factors can contribute to the vulnerability of counselor impairment. Olkin and Gaughen (1991) devised 16 indicators to address when looking at student impairment: ethical violation, unprofessional conduct, suicide attempts, substance use/abuse, possible signs of a personality disorder, decreased academic performance, social inappropriateness, poor clinical skills, references of suicide, emotional difficulties, defensiveness in supervision, evidence of mood disorder, physical illness, hyperactivity/hypomanic behavior, poor hygiene, and poor writing skills (Olkin & Gaughen, 1991). According to the ACA (2009), these risk factors often manifest themselves in burnout, compassion fatigue, vicarious traumatization, mental health conditions, substance

abuse, over-involvement and overwork, contagion, and relationship problems. Moreover, these risk factors reveal that impairment can exist prior to entry into the profession and thus could be identified earlier on with effective gatekeeping practices. Counselor educators must know how to address these factors and adhere to the ethical standards and accreditation requirements.

### **Professional Standards and Calls**

Professional codes and accreditation standards articulate the professional responsibility and obligation Counselor Education programs have to assess, address, and remediate problematic behavior. These codes and standards are typically the first line of defense professionals use to support research on evaluation and retention. To frame these codes and standards, this researcher began with the American Psychological Association (APA) which for over 30 years has provided guidance respective to the evaluation of students.

#### **APA**

The *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (2007) provided prescriptive recommendations for student evaluation. Within the accreditation domain and standards it notes that programs must have policies and procedures that govern student and intern performance evaluation, feedback, advisement, retention, and termination decisions (Domain A: Eligibility). Doctoral graduate programs must also make available policies and procedures not only to the student and interns, but to all interested parties (Domain A: Eligibility). Domain E: Student-Faculty Relations, further specifies that:

4. At the time of admission, the program provides the students with written policies and procedures regarding program and institution requirements and expectations regarding students' performance and continuance in the program and procedures for the termination of students. Students receive, at least annually, written feedback on the extent to which

they are meeting the program's requirements and performance expectations. Such feedback should include:

- (a) Timely, written notification of all problems that have been noted and the opportunity to discuss them;
- (b) Guidance regarding steps to remediate all problems (if remediable); and
- (c) Substantive, written feedback on the extent to which corrective actions are or are not successful in addressing the issues of concern. (p. 11)

More specifically, Section B. Internships, explicitly specifies a greater frequency of feedback, as well as prescriptive guidance on what that feedback should encompass (Domain E: Intern-Staff Relations).

It appears that the guidelines evolve based on the classification of the student.

Postdoctoral residences feedback must include:

- (a) An initial written evaluation provided early enough in the program to serve as the basis for self-correction (if needed);
- (b) A second written evaluation that occurs early enough to provide time for continued correction (if needed) or development;
- (c) Discussions and signing of each evaluation by the resident and the supervisor;
- (d) Timely written notification of all problems that have been noted, the opportunity to discuss them, and guidance regarding steps to remedy them (if remediable);  
and
- (e) Substantive written feedback on the extent to which corrective actions are or are not successful in addressing those problems. (p. 27)

Residency students, upon entry into the program are immediately provided program requirements, performance expectations, written grievance, conflict resolution procedures, and policies regarded continuation and program termination (Domain E: Resident-Supervisor Relations). These guidelines place emphasis on professional behavior and performance; and clearly articulate programs' responsibilities to assess, evaluate, remediate and terminate students.

The APA *Ethical Principles of Psychologists and Code of Conduct* (APA, 2002) is yet another resource that provides guidance on standards that are specific to evaluation of problematic behavior. The APA code notes that its professionals strive to do no harm and “safeguard the welfare and rights of those with whom they interact professionally and other affected persons” (p. 3). This principle speaks to the intention of gatekeeping. Further, the APA programs must maintain program descriptions that communicate the requirements necessary to satisfactorily complete the program (Standard 7.02). Student evaluation is based upon the student's performance. When addressing student assessment and performance, a specific process for providing that feedback should be noted. This process for feedback is communicated at the onset of the supervisory relationship. The APA principles are specific to psychologist and are provided as a means to see what exists within similar professions.

**ACA** Many of the principles and standards within the ACA code parallel those of the APA. The *ACA Code of Ethics* (2005) outline ethical responsibilities and principles aimed to ensure professional development so that counselors and counselors-in-training do no harm to clients. Entries in the *Code* outline specific behaviors that govern program responsibilities, to include counselor evaluation and dismissal. As role models for professional behavior, counselor educators are “knowledgeable about ethical, legal, and regulatory aspects of the profession” (Section F.6.a.). This modeling and awareness are critical, as a primary obligation is to monitor

services provided by counselors-in-training, ensuring client welfare (Section F.1.a.). This responsibility further prescribes how to monitor and assess the students. Specifically, supervisors must “meet regularly with supervisees to review case notes, samples of clinical work, or live observations” (Section F.1.a.). Thus the supervisor is evaluating the ability and appropriateness of the services being provided by the counselor-in-training to ensure client welfare.

The ethical mandate to evaluate, remediate, and endorse are outlined in Section F.5. of the *Code*. This section specifies that ongoing performance appraisal and evaluative feedback should be provided to counselors-in-training and documented (Section F.5.a.). The *Code* goes on to specify how counselor educators should address remediation (Section F.5.b.). This evaluative process is critical because supervisors also “endorse supervisees for certification, licensure, employment and completion of academic and/or training programs” (Section F.5.d.). This endorsement cannot be provided when supervisors believe impairment exists. Certain mandates outlined in the *Code* should be made aware to prospective students at the time program application is made.

Prospective students should be made aware, in advance of admission, about program expectations to include: “the type and level of skill and knowledge acquisition required for successful completion of the training; bases for evaluation; and student and supervisee evaluation and dismissal policies and procedures” (Section F.7.a.). Further, counselor education programs have a responsibility prior to admission and throughout the program to ensure students are abreast of expectations and evaluative methods. This is articulated in Section F.9. *Evaluation and Remediation of Students*, which is one of the most critical sections relevant to gatekeeping efforts of counselor education programs. Standards require appraisal and evaluative feedback to

be ongoing, thus providing an opportunity for counselor educators to be aware of address student limitations (Sections F.9.a.; F.9.b.). When limitations are identified, Section F.9.b. further requires counselor educators to utilize consultation, be assistive, ensure due process, and sufficiently document their decisions. The last standard contained within this section addresses personal counseling as an intervention to address remediation. Ethical concerns have been raised about this requirement (Kaslow et al., 2007). Specifically, concerns around balancing accountability with confidentiality and lack of research to support effectiveness of personal counseling for remediation have been identified (Kaslow et al., 2007; Olkin & Gaughen, 1991; Vasquez, 1999).

Counselors-in-training are to “refrain from offering services when their physical, mental, or emotional problems are likely to harm a client (Section F.8.b.). Although counselors-in-training are to be aware of this mandate, counselor educators are to ensure this through gatekeeping and remediation assistance; similarly, the CACREP standards address evaluation and dismissal of problematic behavior in students. CACREP (2009) requires that counselor education programs describe the academic unit, each program offered, including admissions criteria as well as the “minimum program requirements and matriculation requirements” (p. 3). Doctoral admission criteria must include “academic aptitude for doctoral-level study,” and “fitness for the profession, including self-awareness and emotional stability” (Sections I.D.1. & 2.). The standards further stipulate the time parameters for communication of expectations and policies. Prior to admission or at the beginning of the first term of enrollment, students should participate in a new student orientation (Section I.L.1.) and a student handbook provided inclusive of a student retention policy that explains student remediation and dismissal procedures of the program (Section I.K.2.d.). Student retention policy as defined by the standards is a



“policy by which program faculty members evaluate each student for academic, professional, and personal fitness to continue in a counseling program.” The academic performance, professional development and personal development of counselors-in-training must be assessed and this assessment must be done throughout the program (Section I.P.). Programs must have a protocol for evaluating and addressing problematic behavior to ensure accreditation by the CACREP.

Additionally, faculty are required to assist with transitioning students out of the program when evaluation has deemed it necessary (Section I.P.). Olkin and Gaughen (1991) found that a lot of programs relied on students to self select transitioning out as opposed to the program recommending students to leave. The transition of students is a critical element when considering institutional and individual liability as evidenced in a landmark case against Louisiana Tech University where it was argued that the university had an obligation not only to the student but also to the public to ensure program graduates were competent (Kerl, et al., 2002). Clearly there is a professional and ethical obligation for programs to protect clients. Professional codes, accreditation standards, and the profession echo this need.

### **Professional Calls**

In addition to professional codes and accreditation standards, the profession mirrors the sentiment that it is incumbent upon programs to assess, evaluate, and remediate problematic behavior. Problematic behavior that is demonstrated through skill deficiencies should be anticipated during the preparation of counselors (McAdams & Foster, 2007) thus programs should be proactive in its approach to dealing with this issue (Olkin & Gaughen, 1991). Brear et al. (2008) see the challenges of gatekeeping as twofold in that faculty must develop relevant and explicit criteria to measure students and have a framework in which gatekeeping can work

within. Dufrene and Henderson (2009) echo these sentiments in that the challenge comes in “identifying and implementing useful supervision strategies.” Faculty are responsible for replenishing the profession with knowledgeable and skilled professionals. A failure to equip students with the necessary skills can result in unwelcomed ramifications (Custer, 1994). Corey, Corey, and Callanan (1998) note better identification is necessary as well as effective remediation. This is underscored by McAdams and Foster (2007) who see effective remediation practices as an ongoing need that should reflect fair and just opportunities. In their own experiences, the College of William and Mary highlight the need for faculty to create and maintain a framework for evaluation (McAdams & Foster, 2007). These gatekeeping methods begin with operational definitions, expected behaviors, accessible policies and procedures, continual evaluation, and remedial and dismissal protocols (Olkin & Gaughen, 1991). In addition to the needs as illustrated by the profession, students are concerned about gatekeeping.

A Mearns and Allen (1991) study found that 95% of graduate students experienced peers with problematic behaviors. Oliver et al., (2005) report the problematic behavior encountered by peers caused (a) disruption of class time, (b) difficulties applying the cohort model during supervision, and (c) challenges related to individual learning. These disturbances can further impact the students experience and regard for the profession and faculty (Oliver et al., 2004; Mearns & Allen, 1991). Left unaddressed these experiences can contribute to negative emotionality and adversely affect the educational climate. Despite these ramifications and student desires to uphold ethical standards, students felt they lacked the knowledge on how to address problematic behavior (Mearns & Allen, 1991). Similarly, students as well as professionals struggle with voicing concerns about problematic peers because of the potential for negative repercussions (Thomas, 2010). Notedly, this leaves the magnitude of responsibility on

faculty. Students have concerns about problematic behavior being inadequately addressed by their colleges and universities.

According to Oliver et al. (2004) a study found that students did not believe problematic behavior was adequately addressed at their colleges and universities nor was the topic discussed during course enrollment. In Rosenberg et al.'s (2005) exploratory study, students further indicated that their programs had no established procedures for dealing with problematic behavior. Similarly, Oliver et al. (2004) found that 53% of participants in their study were not aware of the policies and procedures to address problematic behavior. Further, students felt that there was not an adequate outlet to address concerns about problematic behavior with faculty (Rosenberg et al., 2004). This exposure to problematic behavior and uncertainty as to how to address it can contribute to a precarious environment.

To ensure adherence to professional codes, accreditation standards, field and student expectations, gatekeeping should be on the forefront of the profession. We are obligated to the profession and to those it serves to ensure fitness and this begins prior to program admission. Professional codes and accreditation standards clearly communicate the responsibility and obligation counselor education programs have to access, address, and remediate problematic behavior. The literature further supports the need to address problematic behavior. As noted by Wilkerson (2006) and Dufrene and Henderson (2009), these standards and guidelines are void of the specifics on how to carry them out, thus, each program is responsible for developing its own policy and action.

### **Counselor Education Programs' Response to Problematic Behavior**

In his monumental article in 1975, J. L. Bernard discusses the dismissal of clinical students in psychology, which provided foundational guidelines for programs to build upon. The

guidelines require that within program descriptions students be made aware that they can be dismissed for the program for ethical violations and/or unsuitability for the profession; routine written evaluations that objectively evaluate personal, clinical, professional, and interpersonal functioning; when problematic behavior exists, a written remediation plan is accomplished; and if improvement is not sufficiently made within the allotted time, the student is advised of dismissal hearing and time is allowed to prepare for the meeting and discuss the consequences (O'Halloran, 1997). As noted by Bernard (1975), counselor education programs must have sound policies and procedures in place to address problematic behaviors that impede students. McAdams and Foster (2007) note that standards fall short in specifying the type and extent of remediation necessary. Multiple models exist as a framework for programs to use for remediation. These models are presented to address how programs have approached retention and dismissal.

Knoff and Prout (1985) offer procedural guidance for psychology programs that may help shape remedial processes across disciplines. The first step in this process is to develop a policy statement or formal policy that addresses the student's development. Moreover, the policy should detail the expected behaviors, parameters for not meeting the expected behaviors, and place emphasis placed on adherence to ethical standards. Subsequently, the policy should be provided to students upon entry into the program. Integral to the policy is the evaluation and review of students, inclusive of academic, skill acquisition, personal and professional progress, which should occur on an annual basis (Knoff & Prout, 1985). Further this model suggests that all relevant program faculty or a designated committee conduct the evaluation. Emphasis should be placed on practicum, internships, and field experiences. An interview format and/or written feedback can be provided to communicate the evaluation findings. If an area of concern has

been identified, students must be formally notified and a plan to remediate those concerns is developed with the students input. This in turn places the student on probation. Four options are available to faculty when reevaluating the student: (1) continuation in the program, (2) continued probation and remediation, (3) counsel the student out of the program, and (4) dismissal from the program. If the latter option is determined, written notification of the reason for impending dismissal is required and due process provided for the student to request a formal review of the matter.

Frame and Steven's-Smith (1995) established a monitoring and dismissal process that has been widely used to shape remediation practices. The Frame and Stevens-Smith model is a three step model involving evaluation, review, and outcome that addresses: being open, flexible, positive, cooperative, willingness to use and accept feedback, aware of impact on others, able to deal with conflict, able to accept personal responsibility, and able to express feelings effectively and appropriately (Frame & Stevens-Smith, 1995). Frame and Stevens-Smith, professors at the University of Colorado at Denver, utilize the Personal Characteristics Evaluation Form to evaluate the students against the nine aforementioned characteristics. Students are assessed based on the characteristics in each course they are enrolled in at midterm and at the semester's end (Frame & Stevens-Smith, 1995).

An alternative to Frame and Stevens-Smith has been developed by Baldo and Softas-Nall (1997). Baldo and Softas-Nall believed that the Frame and Stevens-Smith model placed the faculty member(s) in a difficult position to potentially become the target of the student's frustration over an undesirable evaluation. Their model provides for a faculty review committee and utilizes the entire counseling faculty for evaluating student progress. The University of Northern Colorado (UNC) utilizes this model for its student review and retention. On a yearly

frequency, program faculty meet to assess student progress. The reevaluation options available to faculty are along the same premise as those purported by Knoff and Prout (1985). When progress is unsatisfactory, students are notified and a meeting is established with their advisor to discuss the review and the procedures necessary for remediation. If probation is required, a written remediation plan is collaboratively developed by the student and the advisor and requires approval from the retention committee. A copy of the plan, along with the student and advisor signature is provided to the student and placed within the student's file.

Southwest Texas State University counseling faculty developed the Professional Counseling Performance Evaluation (PCPE) to evaluate, communicate, and remediate problematic behavior (Kerl et al., 2002). The PCPE is a part of all experiential courses and optional for use within didactic courses. To this end, it is important to note that just because a counselor-in-training does exceptionally well on written and oral course work, they could fail a course based on the PCPE evaluation for that course. Such an evaluation could result in the initiation of a remediation plan or referral to a faculty review committee. Kerl et al. (2002) further indicate that utilizing the PCPE from entry into the program and consistently throughout matriculation reduces gateslipping potential. Furthermore, the PCPE has withstood legal dismissal challenges.

McAdams et al. (2007) outline what is done at The College of William and Mary concerning retention and dismissal. Specifically they utilize the Professional Performance Review Policy (PPRP), which is a protocol to evaluate and address problematic behavior (McAdams et al., 2007). The PPRP measures students against the following criteria: openness to new ideas, flexibility, cooperativeness with others, willingness to accept and use feedback, awareness of own impact on others, ability to deal with conflict, ability to accept personal

responsibility, ability to express feelings effectively and appropriately, attention to ethical and legal considerations, and initiative and motivation. The methods by which to assess each criteria are provided in descriptive terms and applied to a one-to-five Likert scale (McAdams et al., 2007). The PPRP is introduced to students early on, at new-student orientation and it's also included in the student handbook. Introducing these policies early on is beneficial and essential to the policies addressing problematic behavior. The PPRP in a 2006 CACREP reaccreditation visit was noted as an exemplary policy and provided to be beneficial when the university was challenged in federal court for dismissal of a student (McAdams et al, 2007). Moreover, having a uniformed, predetermined, and published policy aided the litigation for the university. Critical to William and Mary's dismissal decisions is a vote from the full counselor education faculty (McAdams et al., 2007). Once this vote is accomplished, the recommendation is reviewed by the associate dean and subsequently by the dean who makes the final decision. Specific to this university's policy, a student has the opportunity to address the dean regarding the decision. Building upon the models of Frame and Stevens-Smith and Baldo and Softas-Nall is a model offered by Lumadue and Duffey.

The model offered by Lumadue and Duffey (1999), utilized at Southwest Texas State University differs from previous models in that it begins with the admissions process. A copy of the Professional Performance Fitness Evaluation (PPFE) is included within prospective student's admission package, thus placing an emphasis on evaluation at the onset of the student's academic career (Lumadue & Duffey, 1999). The evaluation criteria contained within the PPFE goes beyond the abstract characteristics of Frame and Stevens-Smith model and include specific behaviors (Lumadue & Duffey, 1999). Wilkerson (2006) synthesized the common components of Baldo and Softas-Nall, Frame and Stevens-Smith and Lumadue and Duffey as:

- a. policies and procedure manuals specifying program expectations
- b. systematic process for regular student evaluation and critique
- c. outline of procedures used to identify and notify students when problematic behaviors exist
- d. step-by-step procedures to document student concerns
- e. sequences for the development of time-based and outcome-focused plans to address problematic behavior
- f. follow-up review protocol to determine student's future status in the program
- g. formal sequences to follow if dismissal is indicated
- h. elaboration of student's rights and responsibilities for confidentiality and appeals process.

A more recent model has been presented by Dufrene and Henderson. Dufrene and Henderson (2009) purport that previous models focus heavily on dismissal rather than remediation and therefore they provide a model that looks specifically at how remediation should occur. Based upon their model, the process of remediation begins with a discussion between student's supervisors and/or clinical faculty coordinator. Once a collaborative decision is reached among faculty and supervisor, an individual remediation plan (IRP) is developed by the university supervisor based upon the student's problematic areas (Dufrene & Henderson, 2009). The faculty clinical coordinator, supervisors, and the student meet to discuss the purpose of remediation, due process, informed consent, and the IRP are reviewed. During this meeting, an opportunity for collaborative input is provided to the student and if necessary the IRP is revised. Consultation is integral to this process, because other counselor educators are consulted throughout the process (Dufrene & Henderson, 2009). These authors indicate that confidentiality



is not implied due to the potential legal ramifications that could ensue (Dufrene & Henderson, 2009; McAdams et al., 2007). The elements contained within the IRP are professionalism of the trainee, counseling skills of the trainee, and documentation of clinical work by the trainee (Dufrene & Henderson, 2009) which are consistent with problematic behaviors experienced by counselors-in-training (Li et al., 2008). Specific directives are contained within each element. The elements of the IRP are based upon the individual needs of the counselor-in-training. Similar to the PPRP, a Likert scale is utilized to assess each item with the IRP. IRP's are time specific and are updated weekly to reflect the supervision session, and movement toward the indicators contained within. Additionally, notes are maintained of the supervision session and faculty and student signatures are required. Utilization of an IRP is just one aspect of gatekeeping.

Although a survey by Olkin and Gaughen (1991) revealed that a large number of programs were void of written gatekeeping policies and of those that had policies few utilized formal evaluations. Multiple gatekeeping models exist for counselor education programs to utilize to develop sound policies and procedures to address problematic behavior. The aforementioned models provide a framework that some programs have implemented; however, additional recommendations are provided.

If remedial practices have been found to be ineffective and dismissal has to be pursued students must be informed about their right to appeal. Knoff and Prout (1985) provide a process for dismissing students within psychology programs that might inform the counselor education dismissal process. Formal policy should address the role of personal and professional development, as well indicate adherence to ethical standards; evaluation and review should be ongoing with feedback given on at least an annual basis; remediation plans should behaviorally

define problems, identify the goals and expected behavior, indicated methods to reach the goals, identify date to attain goals and/or date for reevaluation and be provided to the student (Knoff & Prout, 1985). As consideration is given to reevaluation Knoff and Prout (1985) suggest options such as continuation in program, continued probation, counsel student out of the program and/or dismissal. To understand the effectiveness of these recommendations, further, evaluation is necessary to having sound remedial practices (Frame & Stevens-Smith, 1995). Thus programs should consider evaluation as a means to enhancing and refining practices and allow the data to inform changes.

Specific guidance from the APA, ACA, and the CACREP has been provided. This review of the literature has highlighted various models programs have utilized to address remediation and dismissal. Additionally, policy and procedure recommendations have been provided. Next, we will look at what programs are doing at various intervals to address problematic behavior.

### **Pre-Admission**

Gatekeeping as a process involves student selection. At time of program application, problematic behavior may be evident. Thus, counselor educators begin assessing suitability through a systematic process prior to admissions. Many programs have developed admission criteria or methods to assess for indicators of problematic behavior, which typically begin with a review of undergraduate grades and standardized test scores.

Based on a qualitative study of CACREP master's level programs, Ziomek-Daigle and Christensen (2010) provide a four-phase gatekeeping process. The pre-admission phase of gatekeeping involved reviews of applicants' academic aptitude and interpersonal interaction. The academic aptitude criterion includes a review of standardized test scores, grade point

average (GPA), recommendation letters, education, work experience, and a goal/personal statement. It is noteworthy that GPA requirements vary from university to university as well as standardized test scores. Many programs have developed admission criteria or methods to assess for indicators of problematic behavior, which typically begin with a review of similar academic aptitude criteria. However, Eriksen and McAuliffe (2006) note that this review alone is ineffective in predicting counseling skills. To accommodate this concern, some colleges and universities utilize processes that involve interpersonal interaction.

The interpersonal interaction criterion includes individual/group interviews with faculty, role play vignettes, writing samples, and an informal session. Baldo et al. (1997) encourages utilization of a faculty review committee to facilitate gatekeeping practices. This committee can be reflected in the initial interview process. Interviews allow exploration of interpersonal styles and interaction styles. Interviews involving multiple faculty members allow some evaluation of personal characteristics. Role-plays have been used to assess multiculturalism and as a means to gauge cultural sensitivity (Ziomek-Daigle & Christensen, 2010). Informal meet and greet sessions often involve current students within the program and allow for multiple interactions (Ziomek-Daigle & Christensen, 2010). Eriksen and McAuliffe (2006) note that personal characteristics of counselors have been connected to client outcomes thus the need to gauge empathy, cultural sensitivity, communication skills, and ability to build rapport. Further, Olkin and Gaughen (1991) suggest that interpersonal and interpersonal fitness be considered.

Further the pre-admission procedures also allow faculty to communicate the program expectations, means of evaluation, and provided written program materials and manuals. This ensures programs satisfy requirements of accrediting bodies and professional bodies. Southwest Texas State provides prospective students a copy of the PPFE, which is an evaluative tool

utilized throughout their program. Gatekeeping strategies begin prior to admission, though these strategies may not reveal problematic behavior. Reliance on preadmissions screening and admissions criteria is not enough. Therefore it is necessary for gatekeeping to be ongoing and continuous throughout the program.

### **Post-Admission**

Gatekeeping is an ongoing and continuous process that begins at pre-admission and continues through program exit (Brear et al., 2008). Monitoring and evaluating student's fitness for the profession is the retention aspect of gatekeeping. Ziomek-Daigle and Christensen (2010) note that because of the continual process of evaluation, some student's admittance is only provisional until certain criterion are met. In the post-admission phase of gatekeeping as outlined by Ziomek-Daigle and Christensen (2010) the academic aptitude criterion includes a review of counseling skills, academic performance, and standardized tests. Continued evaluation is occurring during clinical course work, practicum, and internship experiences. Course work and grades is one means to evaluating students during the program. Specific emphasis is often placed on skills courses, multicultural courses, and application of ethical principles throughout course work. Integrating discussions on ethics, standards, and university policies and procedures into coursework is integral to ensuring students are abreast and informed (McAdams et al., 2007).

Skill acquisition for counselors-in-training extends beyond the classroom and into practicum experiences that involve supervision, direct service delivery, and teaching. Olkin and Gaughen (1991) looked at evaluation of graduate students in clinical programs and found that the majority of programs identify problematic behavior through academic course work (65%). The other means of identification occurred through practicum or other clinical course work followed

(54%), faculty referral (36%), student evaluation (28%), off-campus supervisors (23%), and GPA (Olkin & Gaughen, 1991).

The ongoing assessment and evaluation that occurs during clinical experiences often reveals problematic behavior (Dufrene & Henderson, 2009). The interpersonal interaction criterion described by Ziomek-Daigle and Christensen (2010) includes supervision, practicum/internships, formal discussions, letters of recommendation/endorsement, and supervisor's feedback. Supervision as defined by Goodyear (as cited in Dufrene & Henderson, 2009) is "an experienced professional mentoring and providing direction, training, feedback, and evaluation to novice supervisee's." By nature of design, supervision is a means to assess and evaluate student proficiency and fitness for the profession. Supervision allows for faculty to measure student growth, personally and professionally as well as to observe if constructive feedback is received and implemented (Ziomek-Daigle & Christensen, 2010). Additionally, annual evaluation reports, portfolios, and written exams have been used to assess counselors-in-training.

Annual evaluation reports take into account multiple competencies and provide a summative review of the student. These evaluations can come from multiple departmental faculty and allow for the student to do a self-assessment. Program faculty from the University of North Carolina meet yearly for student review and discuss the progress of students (Baldo & Softas-Nall, 1997).

Student evaluation has often taken the form of written exams and comprehensive tests. The more traditional approach of utilizing written exams is an objective measure that doesn't provide the same type of formative evaluation as a direct observation of a clinical experience. Gaubatz and Vera (2002) advocate that faculty assess content knowledge as well as interpersonal

and intrapersonal fitness. A multifaceted approach is being used as an additional means to evaluate student progress and development. Portfolio assessment as defined by Arter and Spandel (as cited in Carney & Cobia, 1996) is a “purposeful collection of student work that tells the story of the student’s efforts, progress and achievement in a given area.” This qualitative approach to evaluation provides documentation of a student’s knowledge, skills, abilities, and personal development in various competencies across multiple contexts and situations (Carney & Cobia, 1996). The use of portfolios allows faculty to evaluate students in areas not assessed through standardized testing and may benefit students who are poor test takers. Further, it allows for comprehensive summative feedback for the student and may reflect on the totality of one’s learning (Carney & Cobia, 1996). Programs are beginning to forego traditional means of assessment for this more holistic approach.

Evaluation should be ongoing (ACA, 2009; CACREP, 2009; Knoff & Prout, 1985; Wilkerson, 2006) and the results of these evaluations should be made known to all program faculty and the students that are being evaluated (Wilkerson, 2006). Specific examples might include end of semester evaluative reviews, advisement records, and letters of action. Based on Frames and Stevens-Smith’s model, it is suggested that faculty rate students at midterm and at the end of semester every semester (O’Halloran, 1997). The described elements of the post-admission phase of gatekeeping aim to satisfy the Section F.5. of the *Code* which requires ongoing performance appraisal and evaluative feedback. These elements often reveal the need for remediation.

### **Remediation, Intervention, and Dismissal**

In an attempt to provide guidance and structure, accrediting bodies define the operational standards of the graduate programs, and require remediation once problematic behavior is

determined. McAdams and Foster (2007) contend that remediation is instruction during the progress of a course (or study of a body of material) in acquisition of basic prerequisite skills that are essential for eventual success in the course. Remediation is used to address problematic behavior in counselor education. Remedial instruction as conceptualized by Ross (as cited in McAdams & Foster, 2007) is “instruction during the progress of a course in acquisition of basic prerequisite skills that are essential for eventual success in the course.” Remediation is contingent upon thorough assessment and evaluation. The ongoing evaluation that is required provides opportunity for problematic behavior to be addressed. When remediation is deemed necessary, counselor educators must assist supervisees in securing remedial assistance.

Once the need for remediation has been identified, common elements of that process as outlined by Wilkerson (2006) include: repeating specific course, denial of admission to course, therapy, increased supervision, specific goals in supervision relative to the problematic behavior(s), reduction of amount of clinical services being delivered if in a practicum or internship experience, additional course work or courses, written warnings, formal probation, leave of absence, disciplinary action, and/or dismissal. Russell and Peterson (2003, as cited in Li et al., 2008) note the following as ways to remediate: “tutoring, specific seminars, extra coursework, peer support groups, special assignments, referral to an ombudsperson.”

The remediation phase of gatekeeping as outlined by Ziomek-Daigle and Christensen (2010) includes intensified supervision and personal development. Intensified supervision could involve increased supervision requirement, reassignment, and a contract. The increased supervision requirement consists of additional clinical tapes for supervision and review, extra supervision sessions, and repeating a course. Students may also be reassigned to another supervision supervisor and/or faculty member when there is concern about personality conflicts

and ability to effectively reach a student (Ziomek-Daigle & Christensen, 2010). The methods of remediation are documented in a remediation plan and/or contract. Defining who has access to remediation plans is another element that's been suggested by Wilkerson (2006). Further, students must be informed about the potential consequences of not accomplishing goals and objectives within the remedial plans. Plans provide documentation to support the issues to be addressed and the interventions utilized to address the issues. Faculty and student signatures should be gained on communication that addresses a student's problematic behavior and the remediation process that will ensue (McAdams et al., 2007; Wilkerson, 2006).

Personal development involves leave of absence, personal counseling, and counseling to withdraw (Ziomek-Daigle & Christensen, 2010). A leave of absence for a semester may be merited for students to take time to access themselves and to resolve issues that contributed to problematic behavior being identified. Oftentimes, personal issues that contribute to remediation are resolved through personal counseling and therefore, programs recommend counseling as a requirement of remediation (Ziomek-Daigle & Christensen, 2010; Frame & Stevens-Smith, 1995; Knoff & Prout, 1985). Since the need for therapy is identified as a consideration to address problematic behaviors, programs must have referral options available for the student for such services. Referral options should include not-for profit agencies, for-profit agencies, and independent practitioners. Additionally, consideration should be given regarding the need for the student to consent to release specific information to the program that might be of benefit to accomplishing goals and objectives of the remedial plan. Despite means to address problematic behavior, students may reject the notion and opt to withdraw from the program. Conversely, faculty may communicate with the students their concerns and determine the student should be counseled to withdraw from the program (Ziomek-Daigle & Christensen, 2010).



The last phase of Ziomek-Daigle and Christensen's (2010) model addresses remediation outcome. Successful remediation occurs when students implemented the remediation plan and changes were made that result in a continuation in the program. Unsuccessful remediation occurs when marked differences are not noted despite having a remediation plan or when students fail to complete the plan, resulting in dismissal, self-selection/leave program, and career advisement. Indifferent/neutral remediation outcomes would consider the institutional and individual liability of students whose efforts resulted in marginal improvements and putting forth the bare minimum to accomplish remediation plan. If remediation is not successful, counselor educators are ethically bound to recommend dismissal from the program and provide guidance in choosing another program. Further explicit examples and explanations should be provided about instances for which students would be dismissed from the program (Wilkerson, 2006).

The code is explicit in its mandates for counselor educators when preparing counselors-in-training for the profession. It encompasses within the mandates the rights that students should be afforded throughout Section F. Further, F.5.b. requires supervisors to seek consultation and document decisions to dismiss or refer supervisees for assistance. To that end they ensure that supervisees are aware of options available to them to address such decisions. Ethical mandates and requirements from accrediting bodies have clearly articulated what the expectation is.

### **Summary**

Despite having multiple methods to utilize for assessment and evaluation, research findings indicate there is a reluctance to assume the role of gatekeeper (Brear et al., 2008). This reluctance is attributed to the proactive stance that is necessary to adequately address students as well as the lack of definitive criteria to address this responsibility (Brear et al.). Moreover, gatekeeping practices vary across programs and not all gatekeeping is seen as equal (Bradley &

Post, 1991). To that end, this study proposes to relieve this reluctance by identifying the common themes in how accredited counseling programs define problematic behavior, the methods employed to assess problematic behavior, and the processes used to remediate problematic behavior of counselors-in-training. Providing this framework may help guide and enhance gatekeeping policies. In this next chapter, the methodology for this study is discussed.

## CHAPTER III. METHODOLOGY

The intent of this study was to examine how CACREP accredited counseling programs define, assess, and remediate problematic behavior of counselors-in-training. The foundation of this study is rooted in factors identified in ethical guidelines (ACA, 2005) and professional standards (CACREP, 2009) as stated requirements of counselor education programs. These guidelines and standards inform the proposed research questions of this study. This chapter describes the research process including the participants, measures, procedures, and data analysis.

### **Sample**

The present study focused on an analysis of the content of published and accessible program policies and procedures. The sample for this study was identified through the CACREP, 2009, Directory of Accredited Programs. The sample was restricted to doctoral counselor education programs (N = 58). It was anticipated that doctoral policies would encompass information necessary to address the research questions. Millennial generation learners typically go to the internet to access information and therefore only electronically accessible policies and procedures were included in this study. The programs included a regional representation of programs throughout the United States. The programs were randomly selected. However, one program was omitted because of the researcher's affiliation with the program. When access to each program was attempted utilizing the links available through the CACREP Directory, ten programs did not appear to have electronically accessible doctoral

counselor education program handbooks. For these reasons, twelve programs were omitted from the sample.

Forty seven programs remained for inclusion in the sample. In qualitative research, “there is no universally accepted set of criteria for selecting the size of a sample” (Krippendorff, 1980, p. 67). To ensure the sample size is fully representative of the sample, the projected sample size was 30 programs, which is consistent with Creswell’s (1998) suggested range of 20 to 30.

### **Measures**

The use of qualitative methods has been demonstrated within the field of counseling and counselor education as a “goodness of fit” (Ziomek-Daigle & Christensen, 2010). Subsequently, content analysis, a research methodology used within qualitative analysis was used in the present study. Content analysis as defined by Krippendorff (1980 p.21) is a research technique that allows the researcher to make replicable and valid inferences from data to their context. As a tool, content analysis, can provide knowledge, insight, and represent the facts (Krippendorff, 1980). Weber (1990) concludes that content analysis allows for inferences to be made about the message, the message sender, or the audience of the message. Content analysis provides a systematic and unobtrusive method for gathering data and isolating themes. Word-frequency analysis and interpretive coding of narrative responses are two procedures synonymous with content analysis (Vacc & Loesch, 1993). Interpretive coding takes words and phrases and classifies them into content categories representing major ideas or themes (Vacc & Loesch, 1993). Computer software can assist content analysis making it a reliable and simple process in comparison to human interpretive coding (Webber, 1985). This content analysis utilized

interpretive coding of narrative responses. The questions used to analyze the policy data of the CACREP-accredited programs are as follows:

1. What are the common themes across definitions of problematic behavior in CACREP-accredited doctoral counselor education programs?
2. What are the common themes in how problematic behavior is assessed in CACREP-accredited doctoral counselor education programs?
3. What are the common themes in the processes and procedures identified for remediation of problematic behavior in CACREP-accredited doctoral counselor education programs?

### **Procedures**

Qualitative researchers note the importance of epistemology when clarifying researcher bias from the onset of a study (Creswell, 1998). Qualitative researchers are not disconnected from their research; rather the qualitative researcher addresses their interaction between the data (Maione, 1997). Therefore, it is necessary for this researcher to comment on my “past experiences, biases, prejudices, and orientations” that will likely shape my interpretation of the data (Creswell, 1998, p. 202). My relationship to this topic is as follows.

I am a doctoral student in Counselor Education in a CACREP-accredited program. I have a master’s degree in counseling and psychology from a university that was not CACREP-accredited at the time of my enrollment. At the beginning of my masters program, I utilized services in the university writing center, which at that time could have been deemed an informal means of remediation. Moreover, I know individuals who have been affected by the remediation process. I first became familiar with the concept of problematic behavior when I began exploration of this topic area for research potential.

Clearly stating my epistemological stance is a means to establish credibility, in addition to providing some level of visibility with the data used to develop this study. Additionally, a thorough description of the research is provided to add to the transferability of this study. Transferability implies the results of this research can be generalized or transferred to other cases studied and is a means to establish trustworthiness.

Prior to data collection, this author consulted with the Institutional Review Board (IRB) to determine if IRB approval was necessary for this study. It was found that IRB approval was not required for this study because this study involved use of information that was accessible in the public domain. The programs for which data would be obtained were identified in the following manner.

Prospective college students utilize the internet as a tool for virtual tours, to seek information about prospective programming and to complete the admissions processes (Venegas, 2007). Thus, it is commonplace for students to access program policies and procedures electronically. With internet usage becoming a necessary tool for students, it is important that these resources are accessible electronically. A list of doctoral counselor education programs (N = 58) accredited by CACREP was obtained from the CACREP 2009, Directory of Accredited Programs, published on the CACREP website. The directory provided a means to readily access information by external reviewers (e.g., potential applicants). The list was captured, copied, and saved to an external location as a Microsoft Word file.

The projected sample was 30 programs; therefore, each program was keyed into an electronic randomizing program at [www.random.org](http://www.random.org) to electronically randomize the sample, providing for an equal chance for selection (Neuendorf, 2002). Each program was numerically coded to protect the identity of the programs in the sample. This coding was employed so

individual programs were not identifiable, providing a means to increase understanding about the policies doctoral counselor education programs employ. One program was struck from this list because of the researcher's affiliation with the institution. The remaining 57 program websites were accessed in a cursory search on December 9, 2010 to determine if policies and procedures were readily accessible electronically. This search was utilized as a means to narrow the number of programs to be included in the sample. This search initially revealed that 14 programs did not have readily accessible information. In cases where information was not readily accessible, these programs were noted on a list of non-availability. Forty-three program policies and procedures were found, primarily in programmatic handbooks. These program handbooks were electronically captured and stored on the personal computer of the principal researcher. The principal researcher was the only person who maintained access to the data. The data was also stored electronically on one auxiliary storage flash drive belonging to the principal researcher, which was stored in a locked desk drawer belonging to the principal researcher. The data will be retained for one year after the date of the study. All data sheets will be shredded and content on the computer and the flash drive erased at that time.

On December 17, 2010 a verification search was done on the 14 websites of the programs that did not initially yield policies and procedures. The verification search involved a terminology search of the program websites, utilizing terms such as evaluation, remediation, retention, counselor education handbook, and counselor handbook to assist in finding the policies. This verification search ensured that all programs having accessible materials were included for consideration in this study. The verification search yielded 4 additional policies and procedures, providing for a total of 47 programs for potential analysis. Initially, this researcher

proposed to review 30 policies; however, after additional consideration it was determined that all 47 electronically accessible policies would be included in this study.

Prior to beginning the content analysis, the principal researcher reviewed policies for program #57 to identify categories. Holsti's method as cited in Neuendorf (2002) recommended two coders code the same unit to show agreement which contributes to reliability. Therefore, all identifying information was removed from the policy and a copy of the policy for program #57 was provided to a second reviewer. Assisting with the determination of the categories for the content analysis was a second reviewer with a counselor educator background. The second reviewer reviewed the policy for program #57 to identify categories. The results of the primary researchers' analysis was compared to that of the second reviewer until there was mutual consent, yielding the categories that would be used for the content analysis. Two additional counselor educators reviewed the mutually agreed upon categories prior to the content analysis of policies. Utilizing additional researchers in the testing of codes can be considered researcher triangulation. Triangulation is designed to "support a finding by showing that independent measures of it agree with it or, at least, do not contradict it" (Miles & Huberman, 1994, p.266). Triangulation was used to enhance the credibility and trustworthiness of these findings.

Data was collected from forty-seven programs (53%) until there was a replication of themes across the data and within the research questions. The data collected for this research included the site address and the accessible program handbook. Each policy was transferred to ATLAS.ti, a qualitative data analysis software program, which scanned the document for the semantic units based on the defined categories. It should be noted that a semantic unit might be represented in more than one coding category. Based on the content retrieved from the analysis, the content was assigned to a primary category based on the predetermined codes. The following



category codes were utilized: defining terminology, how problematic behavior is assessed (i.e. frequency), who assesses, and if a formal tool is used or if it is based on categorical information, and the process of remediation once problematic behavior is identified.

### **Data Analysis**

This study employed content analysis to analyze policies and procedures addressing problematic behavior in doctoral CACREP accredited counselor education programs. Content analysis as defined by Weber (1990) is a research methodology that utilizes a set of procedures to make valid inferences from text. Content analysis helps compress large volumes of words into fewer content categories based on the coding rules developed by the researcher (Stemler, 2001). Weber (1990) further indicates that of the many uses for content analysis, it can be used to “describe trends in communication content” (p. 9). Because of the proliferation of computers to aid research, software is available to analyze large amounts of textual data. Weber (1990) notes that computer-aided content analysis is beneficial in that text is easy to manipulate, it can count the occurrences of words and phrases, and the researcher can easily search through text to retrieve portions of text meeting a specific criteria. Words and themes comprise the coding units for analysis. Statements within the policies and procedures were coded for emergent themes. Many codes were subsumed under a more general category to reduce the exorbitant amount of categories. After all the policies were listed and categories assigned, a final review of the categories was checked.

### **Summary**

In this chapter, an overview of the present study was provided, focusing on the sample, measures, procedures, and data analysis procedures. In summary, this study was accomplished by obtaining and reviewing publically accessible information from doctoral CACREP accredited

counselor education programs. This study employs qualitative methods to examine how programs define, assess, and remediate problematic behavior. Study results are described in Chapter Four, followed by a discussion of the findings in Chapter Five.

## CHAPTER IV. RESULTS

The purpose of this study was to examine how CACREP-accredited counseling programs define, assess, and remediate problematic behavior of counselors-in-training. Doctoral counselor education programs were identified using the 2009, CACREP Directory of Accredited Programs (CACREP, 2009). Data collection procedures focused on identified CACREP accredited Doctoral Counselor Education programs that had program policies and procedures on evaluation of students and remediation posted electronically and accessible to potential students. The CACREP standards require that programs make this information accessible to potential applicants as part of the process of informed consent in the admission and application process (CACREP, 2001, 2009).

The researcher evaluated the policies and procedures, specifically looking at the terms used to describe problematic behavior, how problematic behavior is assessed, and how it is remediated. As described in the procedures section, this process was reviewed by an external reviewer. This required agreement about the reviewed terms and identification of themes. The specific process questions that were used to assess the information provided by programs included:

1. What are the common themes across definitions of problematic behavior in CACREP-accredited doctoral counselor education programs?
2. What are the common themes in how problematic behavior is assessed in CACREP-accredited doctoral counselor education programs?

3. What are the common themes in the processes and procedures identified for remediation of problematic behavior in CACREP-accredited doctoral counselor education programs?

This chapter includes a discussion of the sample and the qualitative results across these process questions.

### **Demographics**

The total number of potential doctoral CACREP accredited programs, who met the qualifications of this study and had web addresses, was 58. Forty-seven (N = 47) programs were analyzed in this study representing twenty-five (25) states. A list of the analyzed programs are available in Appendix A. Eleven (11) doctoral CACREP-accredited programs were not analyzed in this study. One (1) program was excluded because of the researcher's relationship to the university. Ten (10) other programs were excluded because policies were not readily accessible on the internet. CACREP accreditation for the Counselor Education programs in this sample ranged from less than one (1) year to thirty-one (31) years of accreditation, with the average number of years of accreditation being fifteen (15) years.

### **Results**

Themes for each question are presented in order of prominence, those obtaining the most responses are reflected first with those with less prominence, following. Supportive textual data is displayed for each research question. Questions are marked with a Q followed by a P for policy, along with a number that corresponds with the policy (ex.Q1P1 was policy one's textual data that supports question one).

## Themes Across Definitions of Problematic Behavior

Research Question 1 explored themes corresponding to definitions of problematic behavior. Table 2 provides a framework for looking at the most frequently reported terms used to label or define problematic behavior. The analysis indicated that no policies in Counselor Education programs use the term *problematic behavior* even though this is a recommended term in professional literature. Only two programs used the term *problematic*. Since no single term was dominant, similar terms could be collapsed. The most frequently used term within these parameters was *competence*, followed by *deficits*, *fitness*, and *impairment*. An analysis of the responses indicated that fitness may parallel the use of the term suitability.

Table 2

### *Words Used to Define Problematic Behavior*

Category	Terminology Code	% Used (N = 47)	Policy
Competence	Competence	3 (6%)	26, 34, 55
	Competency	3 (6%)	1, 27, 31
	Competent	2 (4%)	17, 41
	Competently	1 (2%)	45
Deficits	Deficiencies	3 (6%)	33, 29, 48
	Deficiency	2 (4%)	42, 48
	Deficient	1 (2%)	48
Impairment	Impairment	4 (9%)	4, 15, 32, 51
	Impediments	1 (2%)	50

(table continues)

Table 2 (continued)

Category	Terminology Code	% Used (N = 47)	Policy
Suitability	Suitability	2 (4%)	16, 43
	Unsuitability	1 (2%)	21
Other	Effectively functioning professional	1 (2%)	9
	Fitness	7 (15%)	11, 15, 23, 24, 28, 32, 37
	Inadequate	1 (2%)	14
	Inappropriate	1 (2%)	12
	Negative behaviors	1 (2%)	49
	Performance concerns	1 (2%)	6
	Personal limitations	3 (7%)	18, 22, 46
	Problematic	2 (4%)	30, 35
	Psychologically well adjusted	1 (2%)	38

The most frequently cited term across policies referred to competence (19%). Across these policies, competence is often related to behaviors or performance of counseling skills or perceived professional demeanor. An example of this is found in Q1P45:

If such efforts at problem resolution are unsuccessful, or if the complaint is judged to be sufficiently serious (e.g., involving threats to client welfare or questions about the student's ability to function competently within the training context), the program director will inform student and his or her advisor (in writing) that a formal meeting of the program faculty will be convened to review the circumstances and to arrive at a decision regarding the student's continuation in, or termination from, the program.

Policies also used this term in discussions about the identification of concerns, relating to competency as found in Q1P1:

It is the objective of the Counseling faculty to identify concerns about student competency as early as possible and to initiate the necessary procedures for addressing the concerns.

Across these terms, the focus is often on the presence of professional competence, sometimes clarified in the context of *problems* as cited in Q1P26:

... Because of this commitment, the CHDS Program strives not to advance, recommend, or graduate students or trainees with demonstrable problems (e.g., cognitive, emotional, interpersonal, technical, and ethical) that may interfere with professional competence to other programs, the profession, employers, or the public at large.

The term *deficits*, and parallel terms (e.g., deficiency) was also frequently used in labeling problematic behavior (12%). This term was often used to discuss or identify a lack of skill or ability, or the need to improve upon a lack of ability in developing their skills (i.e., performance): “Students who are identified as having deficiencies are provided assistance in order to improve their performance” (Q1P29). However, frequently the term is used without clarification of what the problematic behavior is but more focused on a global concern as referenced in Q1P42:

In cases where student performance is deficient, the student should be informed (by the persons stipulated above) about the nature of the deficiency, should be encouraged to state his or her views of the situation, and, except in extreme or dangerous circumstances, given an opportunity to improve.

and in Q1P48:

In addition, any faculty member may request such a meeting at any time to express concern about a student's strengths and/or deficiencies.

The term *fitness* was also used to define problematic behavior. This term was often used to clarify appropriateness or disposition for the profession. An example of this use was Q1P11, which stated:

... suitability for being a professional counselor. Fitness implies psychological health, including the following variables: self-awareness, self-acceptance, self-knowledge, self-confidence, courage, resilience, purpose in life, balance, moderation, and emotional stability.

This appropriateness for the profession is further demonstrated in Q1P15, which states:

The determination of fitness to qualify for the degree rests solely upon the estimate that the faculty makes of the student's right to the degree.

Determinations of fitness were expounded upon as referenced in Q1P23 which states:

Indicators of emotional health and fitness would include the following: Capacity for sound clinical and interpersonal judgment and the ability to deal with critique and conflict in a healthy and productive manner...

The terms *fitness* and *suitability* were often interchangeable as typified in Q1P19,

... evaluate students' suitability and appropriateness for the counseling profession.

and in Q1P21,

... students may be terminated students for academic failure, ethical violations and/or personal unsuitability for the counseling profession.



The other term that was reported was *impairment* (11%) within the textual data of the policies. This is illustrated in the example from one policy (Q1P26) which combined the definitions of problem with impairment:

For purposes of this document, a problem refers to a trainee's behavior, which, while of concern and requiring redemption, is perceived not to be unexpected nor excessive for professionals in training.

This policy further clarified that the concern was not with problem behavior but when this behavior becomes *impairment*, specifically when certain characteristics are exhibited.

(Q1P26) defined impairment as,

... an interference in professional functioning which is reflected in one or more of the following ways: An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior, to acquire professional skills in order to reach an acceptance level of competency, and/or to control personal stress, and/or cognitive, behavioral, and/or emotional reactions which interfere with professional functioning.

For example, policies went on to further clarify how impairment is evidenced as typified in policies Q1P4, Q1P14, and Q1P32:

Examples of behaviors that may be evidence of professional impairment include the following: violation of professional standards of ethical codes; inability or unwillingness to acquire or manifest professional skills at an acceptable level of competency; behaviors that can reasonably be predictive of poor future professional functioning, such as extensive lateness in client record-keeping or poor compliance with supervisory requirements; interpersonal behaviors and interpersonal functioning that impair one's

professional functioning; inability to exercise sound clinical judgment, poor interpersonal skills, and pervasive interpersonal problems.

Other examples of the use of this term include a list of possible actions to take when impairment manifest.

### **Common Themes in How Problematic Behavior is Assessed**

Research Question 2 focused on how problematic behavior was assessed in each program. This includes consideration of the methods used to assess problematic behaviors, the process of evaluating students, who is involved in evaluation and what areas may be assessed. When considering the specific methods used to evaluate and assess problematic behavior or as described by other programs competency, fitness, or deficits, several programs use specific tools.

**How problematic behavior is assessed.** Seventeen (36%) of the policies in this sample reference a specific tool or assessment instrument to assess problematic behavior. These tools are listed in Table 3 and contained within Appendix B. Three programs (Q2P4, Q2P52, Q2P55) were utilizing the same tool, the Professional Characteristics Review Form (PCRF). It should be noted that one program (Q2P55) was using the PCRF but under a different title, the Professional Development Review Form. The PCRF assesses problematic behavior based on the following domains: professional responsibility, competence, comportment/maturity, and integrity. One of the evaluation criteria for measuring professional responsibility states: “the student relates to peers, professors, and others in an appropriate professional manner” (Q2P4). One of the evaluation criteria for measuring competence states: “the student provides only those services and applies only those techniques for which she/he is qualified by education, training, and experience” (Q2P4). The evaluative criteria for comportment evaluates the student’s “ability to receive, integrate, and utilize feedback from peers, teachers, and supervisors” (Q2P4). In

addition to the integrity domain addressing adherence to “accepted code(s) of ethics/standards of practice,” it also evaluates if “the student respects cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, physical ability/disability, language, and socioeconomic status” (Q2P4).

The domains within the PCRFB also comprise the basis of tools used by other programs (Q2P11, Q2P24). For example, the tool used by Q2P11 contained the same domains of the PCRFB, but had an additional domain: academic performance. One example of how academic performance is evaluated in Q2P11: “the student is making timely progress towards completion of degree program.” The tool used by Q2P24 includes an interpersonal fitness domain that requires students to “exhibit interpersonal fitness necessary to provide effective counseling interventions with clients or work with other students.”

A number of other domains were represented in the tools used by other programs (Q2P9, Q2P31, Q2P39, Q2P54). The tool used by Q2P9 contained three domains: professionalism; planning, preparation, and productivity; and commitment to developing professional competencies. Each of these domains contained subdomains. For example, the subdomains of professionalism are: professional demeanor, relationships with others, general work attitude and enthusiasm, commitment to professional development, integrity, and professional judgment (Q2P9). One evaluative criteria of the subdomain of professional demeanor is: “maintains personal hygiene” (Q2P9). The tool used by Q2P31 referenced four domains: academic skills, clinical skills, ethical and professional behavior, and personal characteristics. Within each of these domains are one to five word descriptors such as those noted for clinical skills: “basic attending skills, intentionality, case conceptualization” (Q2P31). The tool used by Q2P39 contains ten evaluative domains: openness to new ideas, flexibility, cooperativeness with others,

willingness to accept and use feedback, awareness of own impact on others, ability to deal with conflict, ability to accept personal responsibility, ability to express feelings effectively and appropriately, ability to express feelings effectively and appropriately, attention to ethical and legal considerations, and initiative and motivation. The tool used by Q2P54 evaluates problematic behavior based on professionalism, general competency, social and emotional maturity, integrity and ethical conduct, and clinical competency. Clinical competency must be evidenced by “the student demonstrates the core conditions of counseling: unconditional positive regard, genuineness, and empathy” (Q2P54).

Table 3

*Tools Used to Assess Problematic Behavior*

Tool	Policy
Candidate Evaluation of Dispositions	P9
Counseling Student Competency Evaluation	P54
Doctoral Screening Form	P41
Doctoral Student Disposition Form	P15
Faculty Review of Student Performance Form	P31
Form for Screening Students	P21
Personal Characteristics Checklist	P1
Personal Characteristics Review Form	P32
Professional Characteristics Review Form	P52
Professional Characteristics Review Form	P4

(table continues)

Table 3 (continued)

Tool	Policy
Professional Conduct Concerns Form	P10
Professional Development Form	P6
Professional Development Review Form	P55
Professional Fitness Evaluation Form	P11
Professional Performance Fitness Evaluation Form	P24
Professional Performance Standards Evaluation	P39
Student Progress Evaluation Form	P30
Student's Professional Competency Progress Report	P30

In addition to the academic requirements of doctoral candidates are the non-academic requirements that comprise each of the referenced tools in Table 3. The tools used by several programs (Q2P1, Q2P6, Q2P10, Q2P15, Q2P32, Q2P41) do not contain domains but evaluate problematic behavior based on uncategorized descriptors. For example, one of the descriptors states: “the student appears to be a candidate who is able to project a future-mindedness” (Q2P1). Yet another descriptor found in Q2P41 is: “reliability.” A descriptor found in Q2P10 looks at: “exercising good judgment in sharing personal feelings, thoughts and experiences.” Within this same tool (Q2P10) faculty must “describe problematic behavior including context” once a concern has been noted. One tool (Q2P15) evaluates students based on their “ability to carry out safety measures and to handle emergency situations.” This crisis intervention descriptor was unique in that no other tools assessed problematic behavior in this way.

Conversely, the tool used by Q2P21 is devoid of domains and descriptors and utilizes an open-ended approach to assess problematic behavior. Faculty are prompted to describe concerns using an open-ended approach in Q2P21 as noted: “behavioral description of faculty concerns.” This particular tool is two-fold in that faculty are also to indicate “expected changes in behavior” (Q2P21).

Across tools, common themes emerged: professional responsibility, professional competence, professional maturity, and professional integrity. These themes are illustrated in Table 4 along with codes describing the competencies.

Table 4

*Common Assessment Areas Used in Tools to Assess Problematic Behavior*

Category	Code
Professional responsibility	Relates to others in an appropriate professional manner
	Does not exploit or mislead other people
	Applies legal and ethical standards
	Takes responsibility for compensating for deficiencies
	Engages in professional growth and committed to professional development
	Exercises sound judgment
	Sensitivity to real and ascribed differences in power
	Punctuality, professional appearance, attendance and dependability
Professional competence	Recognizes boundaries of competence and limitations of expertise
	Basic cognitive skills and appropriate affect in response to clients

(table continues)

Table 4 (continued)

Category	Code
Professional maturity	Self-control (anger & impulse control) in interpersonal relationships
	Ability to carry out safe measures and handle crisis
	Honesty and fairness
	Aware of own belief system, values, and limitations
	Receive, integrate, and utilize feedback from others
Professional integrity	Does not make false, misleading or deceptive statements
	Willingness to use self-reflection to promote professional growth
	Respects the rights, dignity and worth of all people
	Respects individual differences and culture
	Adherence to ethical codes and standards of practice

Subsequently, a small number (6%) of policies (P23, P49, P51) contained non-academic or skill performance expectations within the policy on problematic behavior. This includes emotional behaviors or health, interpersonal dynamics or other non-cognitive focused areas. One policy (Q2P23) that demonstrates the usage of these characteristics follows:

Students must consistently and reliably display a level of emotional strength and balance that allows them to effectively carry out the duties of a competent counselor or counselor educator. Indicators of emotional health and fitness would include the following:

Capacity for sound clinical and interpersonal judgment and the ability to deal with critique and conflict in a healthy and productive manner; reliable completion, even under conditions of stress and emotional challenge, of expected clinical and academic responsibilities; and a respect for diversity of beliefs, practices, appearances, and

orientations, and a commitment to, and capacity for self-reflection regarding issues related to diversity....

One policy (Q2P49) charges faculty to look at “academic and non-academic behaviors that have raised concern” and provides a list of characteristics expected of a successful student which include: “integrity and self-awareness.” Policy Q2P51 “requires faculty to consider both cognitive and noncognitive performance” every semester based on a scale from 1 to 5, ranging from no concerns (1) to program suspension or termination (5). Although a scale is used to assess the student, there is no formal tool provided.

**When problematic behavior is assessed.** The frequency of assessments as indicated in the policies ranged from no mention of frequency (28%), ongoing/every semester (47%), quarterly (2%), biannually (4%), and annually (19%). These frequencies are illustrated in Table 5. Distinctions were made between informal and formal assessments as demonstrated in Q3P23, “continuously monitor students’ dispositions, behaviors and general progress through the program—informally throughout the year and formally once a year for all students.”



Table 5

*Frequency Problematic Behavior is Assessed*

No Mention	Ongoing/Every Semester	Quarterly	Biannually	Annually
P2	P1	P7	P21	P6
P12	P4		P35	P10
P13	P9			P11
P19	P14			P23
P22	P15			P24
P36	P16			P28
P40	P17			P30
P43	P26			P41
P44	P27			P49
P45	P29			
P46	P31			
P47	P32			
P54	P33			
	P34			
	P37			
	P39			
	P42			
	P48			
	P50			

(table continues)

Table 5 (continued)

No Mention	Ongoing/Every Semester	Quarterly	Biannually	Annually
	P51			
	P52			
	P55			

**Who assesses problematic behavior.** In consideration of who was assessing problematic behavior within each program the themes reflected program faculty and/or a faculty member (66%), entire program faculty (11%), a committee of faculty members (4%), supervisors (undefined) (2%), and a number of programs (17%) did not specify who assessed problematic behavior. An example of the use of the entire program faculty is represented in Q3P31, “student reviews are conducted with the participation of all program faculty.” The committee of faculty members is demonstrated in Q3P49 as “at the beginning of each fall semester, Program Coordinators for each Master’s/Ed.S./Doctoral program will name a Review Committee of two faculty members who will have the responsibility of reviewing the non-academic reports for Master’s/Ed.S./Doctoral students in their respective program.” Lastly, the use of supervisors for assessing problematic behavior is typified in Q3P14, “supervisors, through ongoing supervisee assessment and evaluation, should be aware of any personal or professional limitations of supervisees which are likely to impede future professional performance.” Once the problematic behavior has been identified policies denote a progressive tiered system of involvement to include the faculty advisor, program chair, committee, department head and a university conduct board.

The majority of the policies (62%) did not reference a tool to assess problematic behavior, focused more on assessment as being part of continual and/or annual evaluation of students. This is demonstrated in the following policy:

At any point in the program, if a faculty member has serious concerns about any of the following: a student's behavior, a student's competency as a counselor in training, or the personal or professional characteristics of a student that are not appropriate for a counselor in training, the faculty member shall, after confidential consultation with one or more full-time faculty members in the program, initiate the process outlined below.

(Q2P27)

Additional examples of these common themes of annual or continual evaluation include:

“faculty members meet regularly in order to evaluate each student's progress in academic work, teaching, supervision, counseling skills, and intrapersonal/interpersonal effectiveness” (Q2P29) and policy Q2P33 communicates “the progress of all students will be reviewed each semester by faculty members when there is concern about a particular student.”

### **Common Themes in the Process and Procedures Identified for Remediation of Problematic Behavior**

Research Question 3 examined the process of remediation once problematic behavior has been identified within the program. The majority (72%) of remediation processes followed a steps or stages process although they were presented in varying formats (bulleted, narrative, and numbered). Common across programs that used steps or stages the initial part of the process involved notification (74%) and the student's rights related to responding to the notification. Policies that clarified the stage of student notification are illustrated by Q3P15, “The doctoral program coordinator and the student's advisor send the student a certified letter with a return

receipt that contains written notification that a problem exists.” Notification was either communicated first in writing or through a face-to-face meeting as seen in Q3P1 which indicates that faculty “...will confer with the student, and will provide the student and the program coordinator with a copy of the form (Personal Characteristics Checklist).” A similar approach is taken by Q3P5: “The faculty member and student will discuss the problems, review appropriate measures of correction, and establish a timeline for change,” and by Q3P3 as illustrated in this statement, “At the first level of action, an individual faculty member will meet with the student in question, express the specific concern(s), and seek to establish a plan to resolve the situation before further action would be necessary.” Policy Q3P6 indicates “Each student will receive a letter from the program chair that summarizes the results of the review process.”

After notification, many policies included options focused on asserting the student’s rights to disagree or directly respond to the assertion that a problematic behavior was present or demonstrated. Policies that address student’s rights to disagree with the assessment of problematic behavior(s) are illustrated with this policy (Q3P6): “The student may appeal this decision first to the faculty Advisor, then through the Program Director, and if necessary to the Dean. If a satisfactory solution is not reached, the student can then follow established university due process guidelines.” This appeal often can only come after the student has met with faculty as indicated in the previous response and in Q3P11: “The student must appeal, in writing, to the Department of Counseling Chairperson for resolution of the issue. Only after conferring with the Department of Counseling Chairperson may the student appeal to the College of Education Dean.” Policy Q3P4 indicates that: “The student will be given an opportunity to meet with the committee to present his/her own version of the facts. The meeting shall be open only to members of the Faculty Retention Committee, the student, and those individuals considered to

have relevant information and are approved by the committee chair to speak to the committee.” Yet another example regarding appeal is seen in Q3P10, “Following discussion of a student’s conduct during either the annual evaluation period, or as a result of continuous monitoring, the student will be provided an opportunity to present their perspective regarding the matter.”

In programs using a stage or step process the most common (79%) next step after notification involved the development of a remediation plan. Some policies (21%) indicated that the plan was developed and sent to the student without collaboration, “If any remediation is indicated, the letter will explain what is expected of the student based on a remediation plan” (Q3P6). A similar approach was also found in Q3P15, “This letter will include a request for a response that contains a remediation plan and an implementation timeline to address the identified problem area or areas.” These processes may parallel those focused on assessing the student’s right to respond. A larger percentage (51%) of programs reporting the development of remediation plans discussed a more collaborative approach. A more collaborative approach to the development of the remediation plan was found in one policy (Q3P1), after conferring with the student, if the student is in agreement with the instructors finding then two options are noted: “... (a) specified remedial procedures or (b) exit from the program...” With the development of a remediation plan are time parameters as indicated in one policy (Q3P32), “The faculty member and student will discuss the problems, review appropriate measures of correction, and establish a timeline for change.” These policies reinforce collaboration and communicating to the student all aspects of remediation process including consequences of being unsuccessful in achievement of plan goals as found in one policy (Q3P52): “... faculty member will discuss with the student ... and consequences if remediation is unsuccessful.” Provisions were also noted when initial remediation attempts were unsuccessful as indicated in one policy (Q3P23),

If the student's pattern of misconduct or inappropriate disposition persists in spite of remediation efforts, the following will take place:

- a. The student will receive a letter from the department chair informing them that their continuation in the program is in jeopardy.
- b. Full-time program faculty and other faculty relevant to the case will meet to decide whether:
  - i) further remediation should be considered, in which case the student will receive a written detailing of the remediation steps,
  - ii) the student will be told to take a mandatory leave of absence, or
  - iii) the student will be dismissed from the program.

In programs using stages and steps the majority (70%) of programs had policies that addressed what would happen if remediation was unwarranted and/or was unsuccessful. Step three addressed this process. One example of a response that supported this stage was one that stated that when the remediation process was unsuccessful and dismissal is likely, "counseling faculty have the responsibility to dismiss students..." however; within this policy (Q3P4) those processes for completing this step was not provided. Other programs illustrated the dismissal outcomes but clarified (Q3P21): "If the decision is to terminate, the student's affiliation with the program, the student will be notified in writing. The nature of the problem and the basis for the final decision will be clearly stated." Upon notification of a dismissal decision time parameters were provided, "The student will be given 14 days to prepare a response to the notification of dismissal and have the opportunity to request a formal review of the recommendation for dismissal from the School Director in which the program is housed" (Q3P26). When counseling out of the program and/or dismissal was necessary, one policy (Q3P16) communicated faculty

responsibility, “In these cases, students shall be assisted in identifying an area of study or specialization that is more suited or appropriate to their talents and skills.”

Remediation procedures were not always found within the policies, in the current review a number of programs (19%) did not report or outline any specific procedures for remediation. Although the remediation procedures were not within Q3P9, the policy did indicate they were in another document, “Students not displaying an appropriate level of professional behavior at any of these evaluation points will be provided with opportunities for remediation as outlined in the CSP Graduate Student Manual.” The referenced manual was not electronically accessible; therefore, the remediation procedures could not be reviewed. Two programs (Q3P16, Q3P36) only referenced remediation for failure of comprehensive examinations, “Students who do not pass all six questions after the second attempt must meet with their program committee and develop a remediation plan” (Q3P16); likewise Q3P36 indicates “The faculty will render a final decision regarding the completion of the comprehensive exam. The faculty will also be available to meet with the candidate to discuss findings and provide suggestions for remediation.”

### **Summary**

This section analyzed the results of the content analysis on forty-seven (N = 47) CACREP-accredited doctoral counselor education program policies addressing problematic behavior in counselors-in-training. Demographic information about each program that is represented in the sample was noted. The results of the content analysis provided information specifically looking at the terms used to describe problematic behavior, how problematic behavior is assessed, and how it is remediated. The implications of the survey are discussed in the next chapter.

## CHAPTER V. DISCUSSION

### **Introduction**

The criticality of the evaluation of counselors-in-training is evident throughout accreditation standards and ethical codes. As outlined in the ACA Code of Ethics (2005), counselor educators and supervisors are imparted with the responsibility of “providing supervisees with ongoing performance appraisal and evaluation feedback” (F.5.a.). Further, CACREP standards indicate that programs and faculty engage in the use policies and procedures that outline how students will be evaluated for personal fitness to continue in a counseling program (CACREP, 2009). However, there exists a paucity of professional literature to address this process and its implementation in counselor education programs. This includes limited research that provides information or resources to counselor educators on how this is done while integrating CACREP standards. In response to the absence of research in this area, this study explored how CACREP doctoral programs address this task. This included how programs defined problematic behavior, including the specific terms used by the programs to label this behavior. Further, this study examined how problematic behavior was assessed within programs and the specific methods or processes involved in remediation. This was done by examining qualitative data from electronically assessable program handbooks. This chapter provides a discussion of these findings, limitations of the study, potential implications, and future recommendations for future research.



## **Discussion of the Findings**

The findings of this study provide an exploratory and descriptive outline of the retention and remediation policies in CACREP accredited counselor education doctoral programs. The present content analysis includes programs with accreditation timelines ranging from one (1) to thirty-one (31) years. CACREP Standard I.L.2.d. requires that programs provide readily accessible retention and remediation policies for students and potential candidates for admission (CACREP, 2009). These policies should include information about the areas evaluated in a program, how those are defined and assessed, and the specific policies and procedures that are used in remediation. The results in the current study are promising. The majority of programs have readily accessible policies in the public domain; specifically, 44 programs out of 58 had accessible policies. This accessibility is a critical aspect of informed consent, allowing potential candidates for a program to consider these aspects before making a decision about entering a program. Prior to entering a program, potential candidates can review how the program defines problematic behavior.

### **Research Question 1**

A preliminary area of exploration in the current study was identifying the way that problematic behavior is in essence labeled in programs. Despite a body of research (Brear et al., 2008; Oliver, et al., 2004; Rosenberg et al., 2005; Vacha-Haase et al., 2004, Wilkerson, 2006) that purports the need to use a common language, a plethora of terminology is used in counselor education doctoral programs to describe problematic behavior. Terms such as deficient, problem, professional performance deficiencies, incompetent, bad, problematic students/trainees, professionally deficient trainees, troublesome, unsuitable, and impairment have been cited in the literature (Boxley, Drew & Rangel, 1986; Brear et al., 2008; Cobb 1994 as cited in Wilkerson,

2006; Forrest et al., 1999; Gaubatz & Vera, 2002, 2006; Huprich & Rudd, 2004; Lamb et al., 1987; McAdams & Foster, 2007; Olkin & Gaughen, 1991; Procidano et al., 1995; Rosenberg et al., 2005; Russell & Peterson, 2003; Wheeler, 2000). Many of these terms are marred with criticism and alternative terms dealing with character, fitness, and problematic behavior have been suggested to replace these terms. Recent studies (Brear et al., 2008; Oliver, et al., 2004; Rosenberg et al., 2005; Vacha-Haase et al., 2004) suggest adoption of the term problematic, which Wilkerson (2006) and Kress and Protivnak (2009) define and describe.

Across programs, multiple terms: *competence*, *deficits*, *impairment*, *suitability*, *fitness*, and *negative behaviors* were used to label this type of behavior. These terms were often not only consistent across programs but it was challenging to determine the definition or parameters of the terms. Program handbooks in most instances did not define the term or terms used in their retention or remediation policies, which may make it difficult for a student to understand the exact meaning or nature of the behavior being labeled. Some of the terms used carry a negative connotation; terms such as *competence*, *deficit*, or *impairment*. When commonalities were considered the data suggested that the focus across the majority of policies was often on the presence of professional competence. This competence was related to behaviors, demonstration of counseling skills, and/or professional demeanor. The term *deficit* was also cited in a number of policies, typically labeling problematic behavior. Despite a body of research (Frame & Stevens-Smith, 1995; Vacha-Haase, Davenport & Kerewsky, 2004) that has indicated the term *impairment* should be distinguished from *problematic behavior* because of implications associated with the ADA, the term continues to be used.

The variance in terminology used suggests that a consensus has yet to be reached and therefore terminology varies from university to university. Policies do not reflect adoption of the

term *problematic behavior* despite recommendations that have been made to shift from terms with negative connotations to a term that is more reflective of what is being assessed. The transition to a single term may only be possible when accrediting bodies and professional standards adopt and explicitly define the term. Furthermore, use of the term alone may not be sufficient to encapsulate how problematic behavior is assessed. Programs might find it beneficial to define not only this term but other terminology used to describe problematic behavior. This process of defining provides an important foundation to the process of assessing problematic behavior.

### **Research Question 2**

Few programs used formal tools to assess problematic behavior. Among programs that reported not using an assessment tool, problematic behavior was addressed at varying points within a program through identification by a faculty member(s). This means of assessing student behavior contributes to what has already been identified as challenging and principally subjective (Brear et al, 2008). Such an approach may lend itself to legal challenges. Not all programs, however, take this approach and reference specific tools to assess problematic behavior.

These tools provide evaluative criteria to measure problematic behavior on constructs such as professional responsibility, professional competence, professional maturity, and professional integrity. It was evident that ethical codes influenced the evaluative criteria for professional competence in the PFEF, “The student provides only those services and applies only those techniques for which she/he is qualified by education, training, and experience” (Q2P11). This evaluative criteria is reflective of language from the ACA Code of Ethics (2005), “Counselors practice only within the boundaries of their competence, based on their education, training, supervised experienced, state and national professional credentials, and appropriate

professional experience” (Section C.2.a.). Despite the influences of ethical codes and standards, minimal consensus is found across programs in the evaluative criteria referenced in the tools. Identification of problematic behavior through use of formal tools allow for transference of content to the remediation plan. The results of this study confirm that most programs do not reference nor make publically accessible a formal tool for assessing problematic behavior. Thus, it does not appear that systematic and comprehensive evaluation criteria has been adopted among the programs. In addition to the tools and evaluative criteria contained within the policies, the processes employed to assess problematic behavior were analyzed.

It was interesting to note that while the assessment of problematic behavior is predominantly ongoing, some programs make no reference to the frequency of assessing problematic behavior. This general approach to discussing evaluation mirrors ethical standards that indicate appraisal is ongoing and periodic (Section F.5.a.). Yet another reason why no reference to frequency is made may be linked to the assumption that problematic behavior is being informally assessed throughout a program. However, does this lack of clearly identified periods of evaluation meet muster of ethical codes which indicate that counselors clearly state the timing of evaluations (Section F.9.a.)? Forrest et al. (1999) highlight that programs not completing annual evaluation are vulnerable in many ways for incompliance with ethical codes, accreditation standards, and potential legal challenges. When a frequency of assessment was identified, programs either assessed problematic behavior annually or every semester. These noted frequencies are aligned with periods where problematic behavior is formally assessed. Yet another process that was analyzed was who was assessing problematic behavior.

This qualitative review also found that problematic behavior is overwhelmingly assessed by program faculty and/or a faculty member. In some instances, it was noted that the entire

program faculty is used to assess problematic behavior. Programs may choose this approach to preclude students from feeling singled out by a particular faculty member. This approach may provide a more comprehensive assessment and reduce legal liabilities. It is also noted that a small number of programs do not publically identify who is responsible for assessing problematic behavior. And an even smaller number utilize a named committee of faculty members to assess problematic behavior. Once faculty members have evaluated students and problematic behavior is evident and remediation is necessary, it was important to note the processes and procedures employed by the programs.

### **Research Question 3**

Information available within the policies to address the process and procedures for remediation of problematic behavior ran the gamut, from very detailed and lengthy processes to processes that were limited in detail. The processes seemed to take a natural ordering, beginning with notification of concerns. The notification however, varied between a number of programs notifying the counselor-in-training through certified letter and other programs notifying through a formal face-to-face meeting with faculty. While there certainly are pro's and con's around why a program notifies in the manner in which they do, it would seem that because of the nature of the information a counselor-in-training would at a minimum have a face-to-face meeting to discuss these concerns. Little has changed since Olkin and Gaughen (1991) found that student evaluations were routinely (57%) communicated in writing and only 43% were presented orally. However, Dufrene and Henderson (2009) provide a framework for remediation and note "A meeting is arranged with the faculty clinical coordinator, supervisors, and the trainee," to discuss remediation and a remediation plan. Kerl et al. (2002) notes a similar approach with a legally

supported evaluative process, “A student who does not meet minimum criteria on the PCPE is informed during an individual meeting....”

Of greater concern, is the fact that a number of the programs have developed the remediation plan prior to any response and/or input from the counselor-in-training concerning the problematic behavior and the methods selected to remediate the concern(s). This approach may be taken due to the lack of guidance available in the literature and within standards around procedures for implementing remediation (Dufrene & Henderson, 2009). This type of process may also bear concerns around a framework that would support due process. It was noted that remediation of problematic behavior is time limited; however, the actual time limits were not provided by many programs. This may be due to the variance from student to student on achieving the goals of the remediation plan. The options available to remediate problematic behavior were consistent with those previously reported in the literature and noted in chapter two. Only five policies included these options used for remediation of problematic behavior. In all of these policies, recommending and/or requiring personal counseling was a common strategy used among programs. Other common possible options were increased supervision, leave of absence, reduced practicum or internship, formal reprimand, formal probation, counseling out of the program, and dismissal from the program. These options are commonly cited in the literature (Forest et al, 1999; Olkin & Gaughen, 1991; Vacha-Haase, Davenport, & Kerewsky, 2004; Ziomek-Daigle & Christensen, 2010).

Of the policies that provided information on remediation, typically the rights of the students were noted following these processes. A separate source was cited to access most appeal procedures. The policies clearly articulate that students’ right to appeal are critical when a student is in disagreement about the problematic behavior. It is essential that policies continue

to provide this information and it may be of benefit for those procedures to be listed along with the information on problematic behavior.

The results of this study identified that multiple terminology is being used to describe problematic behavior and programs have yet to shift to single term. This study revealed that few programs used a formal tool to assess problematic behavior and systematic and comprehensive evaluation criteria are yet to be adopted among programs. Additionally, this study found the processes and procedures for remediation of problematic behavior began with notification and culminated in student rights. In sum, the results of this study identified some limitations in how programs define, assess and remediate of problematic behavior.

### **Limitations**

The findings of this study need to be considered in light of specific limitations. Information collected for this study was limited to data that could be obtained via electronically accessible content. The nature of this data collection has limitations that impact the generalizability of the findings. For example, 11 websites did not provide policies and procedures for analysis. An email request to these program requesting policies and procedures may have increased the number of policies reviewed. Additionally, the policies and procedures that were accessible may not be reflective of the most current policies and procedures. It is also possible that additional policies and procedures exist that are not reflected in the electronically accessible documents. An email request to each program requesting the current policies may have ensured the most current and complete policies were reviewed.

The content categories were developed by a single researcher with mutual agreement from an external researcher to ensure validity. It is possible that other reviewers may have constructed content categories in a different manner. Content analysis always has the limitation

that there may be subjective differences in the analysis and coding of data. While an external reviewer was used to minimize this effect, it is critical to acknowledge this limitation in analysis (Creswell & Miller, 2000). Individual variance may lead to differences in coding or the conclusions that are drawn.

In addition, the content captured for this study represented doctoral programs only. There are far more CACREP-accredited masters level programs; it may have been advantageous to analyze content from these programs as well. Therefore the results of this study may not be generalizable to master's only and non-accredited counselor education programs. This study was exploratory in nature; however, despite the noted limitations, the data might benefit counselor educators and researchers refining retention policies addressing problematic behavior.

### **Recommendations for Future Research**

This study was exploratory in nature, providing a preliminary look at the policies and procedures addressing problematic behavior in doctoral CACREP-accredited programs. It is clear that there is a need for additional research into this topic. This study looked only at doctoral policies that were accessible in the public domain. Delving deeper and requesting hard copies of policies from each program might be of benefit to determine if what is provided by the university is also what is publicly accessible. Qualitative studies could expand on findings from this study and review master's level programs, comparing differences that may exist between master's and doctoral programs. Yet another area for research consideration is replication of this study comparing CACREP- and non-CACREP-accredited programs. Such a study might reveal if difference exist in how problematic behavior is define, assessed, and remediated.



## Implications

This study identified some limitations in how problematic behavior is defined and described, and in the process of assessment and remediation of problematic behavior. Counseling literature is replete with discussions on the plethora of terminology that has been used to describe problematic behavior. Although the profession has been called upon to adopt a single term that appropriately describes problematic behavior, this needs more attention. Given the variation among terminology used among programs, it is recommended that accreditation standards and ethical codes define problematic behavior and utilize a specific term. An implication resulting from this study is the need to shift from terminology that has negative connotations and legal implications to describe problematic behavior. Therefore it is recommended that programs define problematic behavior and adopt the term *problematic behavior* for consistent use throughout retention policies and procedures. Having a generally agreed upon term will benefit counselors-in-training as they make decisions about entering a program, self-monitoring, and peer identification. Adopting a single term, clearly defining that term, and using that term consistently within policies and procedures will aid the assessment of problematic behavior.

Given the variation across programs on the means to assess problematic behavior, it is recommended that current assessment processes be analyzed and reviewed. There is a lack of congruence across programs on how problematic behavior is assessed. Programs need to outline specific criteria to assess problematic behavior because of the elusiveness and vagueness represented in a number of the reviewed policies. It is recommended that programs move away from strictly subjective means to assess problematic behavior and consideration be given to the

use of a formal tool to assess problematic behavior. It is further recommended that the frequency of assessment be clearly identified in policies.

Despite the number of students who access information electronically and CACREP (2009) requires that student handbooks be disseminated to students (Section L.2.), a number of handbooks were not readily accessible. Another concern raised in this study is the processes and procedures for remediating problematic behavior once identified. Remediation processes and procedures were often unclear, although CACREP (2009) standards indicate that handbooks are to include retention policies that explain the procedures for remediation (Section L.2.d.). It is the recommendation of this researcher, that policies accurately describe the remediation processes and procedures and be electronically accessible. This study underscores the recommendation of Forrest et al. (1999) that a model program policy about evaluation and remediation be developed that is inclusive of expanded options for remediation.

Retention policies are a necessary aspect of the profession and as such this study strongly encourages a review of existing retention policies using the information and conclusions provided in this study.

### **Summary**

This study found that doctoral Counselor Education programs have failed to shift to a single term to define and describe problematic behavior, programs continue to rely on principally subjective means to assess problematic behavior, and processes and procedures to remediate problematic behavior are varied across programs. Problematic behavior will ultimately be encountered within counselor education programs; however, well-designed policies are said to improve the ability to prevent, identify, and effectively remediate them (Gaubatz & Vera, 2006).

These policies and procedures will aid Counselor Educators, who have a professional responsibility to be effective gatekeepers.

## REFERENCES

- American Counseling Association. (2005). *ACA code of ethics*. Alexandria, VA: Author.
- American Counseling Association. (2009). ACA's Taskforce on Counselor Wellness and Impairment. Retrieved from [http://www.counseling.org/wellness\\_taskforce/index.htm](http://www.counseling.org/wellness_taskforce/index.htm)
- American Psychological Association. (2002). *Ethical principles of psychologists and code of conduct*. Retrieved from <http://www.apa.org/ethics/code/index.aspx>
- American Psychological Association. (2007). *Guidelines and principles for accreditation of programs in professional psychology*. Washington, DC: Author.
- Arter, J., & Spandel, V. (1992). Using portfolios of student work in instruction and assessment. *Educational Measurement: Issues and Practice, 11*, 36–44.
- Association for Counselor Education and Supervision (ACES). (2010). ACES mission statement. Retrieved from <http://www.acesonline.net/mission.asp>
- Baldo, T. D., & Softas-Nall, B. C. (1997). Student review and retention in counselor education: An alternative to Frame and Stevens-Smith. *Counselor Education & Supervision, 36*(3), 245–254.
- Bernard, J. L. (1975). Due process in dropping the unsuitable clinical student. *Professional Psychology, 6*(3), 275–278.
- Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of clinical supervision* (3rd ed.). Boston: Pearson.

- Bhat, C. S. (2005). Enhancing counseling gatekeeping with performance appraisal protocols. *International Journal for the Advancement of Counselling, 27*, 399–411.
- Biaggio, M. K., Gasparikova-Krasnec, M., & Bauer, L. (1983). Evaluation of clinical psychology graduate students: The problem of the unsuitable student. *Professional Practice of Psychology, 4*, 9–20.
- Bissell, L. (1983). Alcoholism in physicians. *Postgraduate Medicine, 74*(1), 177–187.
- Bogo, M., Regehr, C., Woodford, M., Hughes, J., Power, R., & Regehr, G. (2006). Beyond competencies: Field instructors' descriptions of student performance. *Journal of Social Work Education, 42*(3), 579–593.
- Boxley, R., Drew, C., & Rangel, D. (1986). Clinical trainee impairment in AP approved internship programs. *The Clinical Supervisor, 39*, 42–52.
- Bradley, J., & Post, P. (1991). Impaired students: Do we eliminate them from counselor education programs? *Counselor Education and Supervision, 31*, 100–108.
- Brear, P., Dorrian, J., & Luscri, G. (2008). Preparing our future counselling professionals: Gatekeeping and the implications for research. *Counselling & Psychotherapy Research, 8*(2), 93–101.
- Busseri, M. A., Tyler, J. D., & King, A. R. (2005). An exploratory examination of student dismissals and prompted resignations from clinical psychology PhD training programs: Does clinical competency matter? *Professional Psychology: Research & Practice, 36*(4), 441–445.
- Carney, J. S., & Cobia, D. C. (1996). The use of portfolios in the clinical and comprehensive evaluation of counselors-in-training. *Counselor Education & Supervision, 36*(2), 122–133.

- Corey, G., Corey, M. S., & Callanan, P. (1998). *Issues and ethics in the helping professions*. Pacific Grove, CA: Brooks/Cole.
- Council for Accreditation of Counseling and Related Educational Programs (CACREP). (2001). *CACREP accreditation standards and procedures manual*. Alexandria, VA: Author.
- Council for Accreditation of Counseling and Related Educational Programs (CACREP). (2009). *CACREP accreditation standards and procedures manual*. Alexandria, VA: Author.
- Council for Accreditation of Counseling and Related Educational Programs (CACREP). (2010). Why should I choose an accredited program? Retrieved from <http://www.cacrep.org/template/page.cfm?id=12>
- Creswell, J. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice, 39*(3), 124–130.
- Custer, G. (1994). Can universities be liable for incompetent grads? *APA Monitor, 25*(11), 7.
- Dufrene, R. L., & Henderson, K. L. (2009). A framework for remediation plans for counseling trainees. In G. R. Walz, J. C. Bleuer, & R. K. Yep (Eds.), *Compelling counseling interventions: VISTAS 2009* (pp. 149–159). Alexandria, VA: American Counseling Association.
- Elman, N. S., & Forrest, L. (2007). From trainee impairment to professional competence problems: Seeking new terminology that facilitates effective action. *Professional Psychology: Research and Practice, 38*(5), 501–509.
- Emerson, S., & Markos, P. (1996). Signs and symptoms of the impaired counselor. *Journal of Humanistic Education & Development, 34*(3), 108–118.

- Eriksen, K. P., & McAuliffe, G. J. (2006). Constructive development and counselor competence. *Counselor Education & Supervision, 45*, 180–192.
- Forrest, L., Elrnan, N., Gizara, S., & Vacha-Haase, T. (1999). Trainee impairment: A review of identification, remediation, dismissal, and legal issues. *The Counseling Psychologist, 27*(5), 627–687.
- Frame, M. W., & Stevens-Smith, P. (1995). Out of harm's way: Enhancing monitoring and dismissal processes in counselor education programs. *Counselor Education and Supervision, 35*, 118–129.
- Gaubatz, M., & Vera, E. (2006). Trainee competence in master's-level counseling programs: A comparison of counselor educators' and students' views. *Counselor Education & Supervision, 46*(1), 32–43.
- Hard, P. F. (2007). *An examination of counselor perceptions of impairment*. (Unpublished doctoral dissertation). Auburn University, Auburn, AL. Retrieved from <http://proquest.umi.com.spot.lib.auburn.edu>
- Henderson, K. L. (2010). *The remediation of students in counseling graduate programs: Behavioral indicators, terminology, and interventions*. (Unpublished doctoral dissertation). University of New Orleans, New Orleans, LA. Retrieved from author.
- Hensley, L., Smith, S., & Thompson, R. (2003). Assessing competencies of counselors-in-training: Complexities in evaluating personal and professional development. *Counselor Education & Supervision, 42*(3), 219–230.
- Hill, N. R. (2004). The challenges experienced by pretenured faculty members in counselor education: A wellness perspective. *Counselor Education & Supervision, 44*, 135–146.

- Holsti, O. (1969). *Content analysis for the social sciences and humanities*. Reading, MA: Addison-Wesley.
- Huprich, S., & Rudd, M. (2004). A national survey of trainee impairment in clinical, counseling, and school psychology doctoral programs and internships. *Journal of Clinical Psychology, 60*(1), 43–52.
- Johnson, B., & Campbell, C. (2002). Character and fitness requirements for professional psychologists: Are there any? *Professional Psychology: Research and Practice, 33*, 46–53.
- Johnson, B., & Campbell, C. (2004). Character and fitness requirements for professional psychologists: Training directors' perspectives. *Professional Psychology: Research and Practice, 35*, 405–411.
- Kaslow, N. J., Rubin, N. J., Forrest, L., Elman, N. S., Van Horne, B. A., Jacobs, S. C., et al. (2007). Recognizing, assessing, and intervening with problems of professional competence. *Professional Psychology: Research and Practice, 38*, 479–492.
- Kerl, S. B., Garcia, J. L., McCullough, S. C., & Maxwell, M. E. (2002). Systematic evaluation of professional performance: Legally supported procedure and process. *Counselor Education and Supervision, 41*, 321–334.
- Kerlinger, F. N. (1986). *Foundations of behavioral research* (3<sup>rd</sup> ed.). New York: Holt, Rinehart and Winston.
- Knoff, H. M., & Prout, H. T. (1985). Terminating students from professional psychology programs: Criteria, procedures and legal issues. *Professional Psychology: Research and Practice, 16*, 789–797.



- Koerin, B., & Miller, J. (1995). Gatekeeping policies: Terminating students for nonacademic reasons. *Journal of Social Work Education, 31*(2), 247–260.
- Kress, V. E., & Protivnak, J. J. (2009). Professional development plans to remedy problematic counseling student behaviors. *Counselor Education & Supervision, 48*(3), 154–166.
- Krippendorff, K. (1980). *Content analysis: An introduction to its methodology*. Beverly Hills, CA: Sage Publications.
- Lafrance, J., Gray, E., & Herbert, M. (2004). Gatekeeping for professional social work practice. *Social Work Education, 23*(3), 325–340.
- Lalotiotis, D. A., & Grayson, J. H. (1985). Psychologist heal thyself: What is available for the impaired psychologist? *American Psychologist, 40*(1), 84–96.
- Lamb, D. H., Cochran, D. J., & Jackson, V. R. (1991). Training and organizational issues associated with identifying and responding to intern impairment. *Professional Psychology: Research and Practice, 22*, 291–296.
- Lamb, D. H., Presser, N. R., Pfof, K. S., Baum, M. C., Jackson, V. R., & Jarvis, P. A. (1987). Confronting professional impairment during the internship: Identification, due process, and remediation. *Professional Psychology: Research and Practice, 18*, 597–603.
- Lawson, G., & Venart, B. (2005). Preventing counselor impairment: Vulnerability, wellness, and resilience. *VISTAS, 53*. Retrieved from <http://www.counseling.org/Resources/Library/VISTAS/vistas05/Vistas05.art53.pdf>
- Li, C. S., Trusty, J., Lampe, R., & Lin, Y. F. (2008). Remediation and termination of impaired students in CACREP-accredited counseling programs. Retrieved from <http://creativecommons.org/licenses/by/2.0>

- Lumadue, C. A., & Duffey, T. H. (1999). The role of graduate programs as gatekeepers: A model for evaluating student counselor competence. *Counselor Education & Supervision, 39*(2), 101–110.
- Maione, P. V. (1997). Choice points: Creating clinical qualitative research studies. *The Qualitative Report, 3*(2). Retrieved from <http://www.nova.edu/ssss/QR/QR3-2/maione.html>
- McAdams, I., & Foster, V. (2007). A guide to just and fair remediation of counseling students with professional performance deficiencies. *Counselor Education & Supervision, 47*(1), 2–13.
- McAdams, C. R. III, Foster, V. A., & Ward, T. J. (2007). Remediation and dismissal policies in counselor education: Lessons learned from a challenge in federal court. *Counselor Education and Supervision, 46*, 212–229.
- Mearns, J., & Allen, G. J. (1991). Graduate students' experiences in dealing with impaired peers, compared with faculty predictions: An exploratory study. *Ethics and Behavior, 1*(3), 191–202.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage.
- Neuendorf, K. (2002). *The content analysis guidebook*. Thousand Oaks, CA: Sage Publications, Inc.
- O'Halloran, T. M. (1997). *Evaluation and dismissal policies of CACREP accredited counseling programs: A policy analysis*. (Doctoral dissertation). Retrieved from UMI Microfilm. (Accession #9839539).

- Oliver, M. N. I., Anderson, K. G., Bernstein, J. H., Blashfield, R. K., & Roberts, M. C. (2004). An exploratory examination of student attitudes toward impaired peers in clinical psychology training programs. *Professional Psychology: Research & Practice, 35*(2), 141–147.
- Olkin, R., & Gaughen, S. (1991). Evaluation and dismissal of student's in master's level clinical programs: Legal parameters and survey results. *Counselor Education and Supervision, 30*, 227–288.
- Olsheski, J., & Leech, L. (1996). Programmatic interventions and treatment of impaired professionals. *Journal of Humanistic Education & Development, 34*(3), 128–141.
- Procidano, M. E., Busch-Rossnagel, N., Reznikoff, M., & Geisinger, K. (1995). Responding to graduate students' professional deficiencies: A national survey. *Journal of Clinical Psychology, 51*, 426–433.
- Rosenberg, J. I., Arcinue, F., Getzleman, M. A., & Oren, C. Z. (2005). An exploratory look at students' experiences of problematic peers in academic professional psychology programs. *Professional Psychology: Research and Practice, 36*(6), 665–673.
- Ross, D. (1970). Remedial or developmental? Confusion over terms. *The Two-Year College Mathematics Journal, 1*, 27–31.
- Russell, C. S., & Peterson, C. M. (2003). Student impairment and remediation in accredited marriage and family therapy programs. *Journal of Marital and Family Therapy, 29*, 329–337.

- Ryan, M., Habibis, D., & Craft, C. (1997). Guarding the gates of the profession: Findings of a survey of gatekeeping mechanisms in Australian bachelor of social work programs. *Australian Social Work, 50*(3), 5–12.
- Schoener, G. R. (1999). Practicing what we preach. *The Counseling Psychologist, 27*(7), 693–701.
- Schwartz-Mette, R. (2009). Challenges in addressing graduate student impairment in academic professional psychology programs. *Ethics & Behavior, 19*(2), 91–102.
- Sheffield, D. S. (1998). Counselor impairment: Moving towards a concise definition and protocol. *Journal of Humanistic Education & Development, 37*(2), 96–107.
- Stadler, H., Willing, K., Eberhage, M., & Ward, W. (1988). Impairment: Implications for the counseling profession. *Journal of Counseling and Development, 66*(6), 258–260.
- Stemler, S. (2001). An overview of content analysis. *Practical Assessment, Research & Evaluation, 7*(17).
- Thomas, A. M. (2010). *Counseling students: Perceptions of problematic behaviors, self-care and related training*. (Doctoral dissertation). Auburn University, Auburn, AL. Retrieved from <http://proquest.umi.com.spot.lib.auburn.edu>
- Vacc, N. A., & Loesch, L. C. (1993). A content analysis of opinions about the national counselor examination. *Journal of Counseling & Development, 71*, 418–421.

- Vacha-Haase, T., Davenport, D. S., & Kerewsky, S. D. (2004). Problematic students: Gatekeeping practices of academic professional psychology programs. *Professional Psychology: Research and Practice, 34*(2), 115–122.
- Vasquez, M. J. T. (1999). Trainee impairment: A response from a feminist/multicultural retired trainer. *Counseling Psychologist, 27*(5), 687–692.
- Venegas, K. M. (2007). The internet and college access: Challenges for low-income students. *American Academic, 3*(1), 141–154.
- Wampold, B. E. (2001). *The great psychotherapy debate*. Mahwah, NJ: Erlbaum
- Weber, R. P. (1990). *Basic content analysis* (2nd ed.). Beverly Hills, CA: Sage Publications.
- Wilkerson, K. (2006). Impaired students: Applying the therapeutic process model to graduate training programs. *Counselor Education & Supervision, 45*, 207–217.
- Ziomek-Daigle, J., & Christensen, T. M. (2010). An emergent theory of gatekeeping practices in counselor education. *Journal of Counseling & Development, 88*(4), 407–415.

## Appendix A

### List of Policies Reviewed

Duquesne University  
Florida Atlantic University  
Georgia State University  
Idaho State University  
Kansas State University  
Kent State  
Minnesota State University  
Mississippi State University  
North Dakota State University  
North Carolina State  
Oakland University  
Ohio University  
Old Dominion University  
Oregon State University  
Regent University  
Sam Houston State University  
St. Mary's University  
Syracuse University  
Texas A&M Commerce  
Texas A&M Corpus Christi  
Texas Tech University  
University of Akron  
University of Alabama  
University of Arkansas  
University of Central Florida  
University of Cincinnati  
University of Florida  
University of Iowa  
University of Maryland  
University of Mississippi  
University of Missouri  
University of Nevada Reno  
University of New Mexico  
University of North Carolina  
University of North Texas  
University of Northern Colorado  
University of Rochester

University of South Carolina  
University of Tennessee  
University of Texas San Antonio  
University of Toledo  
University of Virginia  
University of Wyoming  
Virginia Tech  
Wayne State University  
Western Michigan University  
William & Mary

Appendix B

Tools Used To Assess Problematic Behavior

Policy 9



**Department of Counseling and Student Personnel:**

**Candidate Evaluation of Dispositions**

All CSP students must demonstrate, at minimum, an intermediate level of performance on all of the dispositions listed below. A disposition is a state of mind that leads one to act in certain ways; dispositions are reflected through behaviors. Dispositions are assessed throughout the program, and a final documentation of all dispositions is required before a CSP student will be approved for graduation. Student performance will be assessed according to these levels:

<b>Unaware</b>	<b>Novice</b>	<b>Intermediate</b>	<b>Professional</b>
Behaviors do not reflect the disposition or attribute. May be unaware of need for the disposition.	Behaviors begin to reflect the disposition. However, implementation is not always consistent or successful.	Behaviors consistently reflect the dispositions.	Behaviors frequently go above and beyond expectations and demonstrate effective leadership or the ability to be proactive.

<b>Dispositions</b>	<b>Behaviors</b>	<b>Assessment Level</b>			
		<b>Unaware</b>	<b>Novice</b>	<b>Intermediate</b>	<b>Professional</b>

**Domain A: Professionalism**

<i>Professional demeanor</i>	Uses proper grammar and vocabulary in written and oral communication.				
	Maintains personal hygiene.				
	Dresses appropriately for the professional setting.				
<i>Relationships with others</i>	Interacts with peers, faculty, supervisors, and internship clientele in a positive, professional manner.				
	Offers feedback to peers, faculty, and supervisors in a respectful and solution-oriented manner.				
	Perceives and honors the physical, emotional, and social boundaries of others.				
	Perceives and honors diversity among groups of people and individuals based on age, ethnicity, race, socioeconomic status, gender, exceptionalities, language, religion, sexual orientation, and geographical area.				
	Develops and maintains professional, interdependent relationships with other counseling and student personnel peers and professionals.				
	Engages in open, comfortable, clear communication with peers and supervisors.				
	Respects opinions, practices, values, and emotional reactions that are different from one's own.				

<b>General work attitude and enthusiasm</b>	Tolerates demanding workloads and stressful conditions.				
	Demonstrates the ability to function in ambiguous situations.				
	Seeks and uses feedback from peers and supervisors to improve professional behavior.				
<b>Commitment to professional development</b>	Engages in professional growth: reading, scholarly work, conferences, workshops, and additional coursework.				
	Invests the time and energy to develop professional counseling and student development skills and professional competencies.				
	Recognizes and demonstrates a commitment to overcome personal, interpersonal, and professional deficiencies.				
<b>Integrity</b>	Adheres to the ethical guidelines of the counseling and student affairs professions.				
	Respects and upholds the confidentiality of clients' issues and concerns.				
<b>Professional judgment</b>	Exercises professionally sound judgment in the selection, timing, and implementation of counseling and student development techniques and strategies.				
<b>Comments:</b>					

Dispositions	Behaviors	Assessment Level			
		Unaware	Novice	Intermediate	Professional

**Domain B: Planning, Preparation, and Productivity**

<i>Dependability, conscientiousness, responsibility</i>	Arrives on time to academic and professional commitments.				
	Meets attendance obligations and expectations.				
	Accepts personal responsibility for one's own actions and behaviors.				
	Is punctual and reliable in the completion of assignments and correspondence during coursework and clinical supervision.				
	Arrives able to perform professional tasks and functions, including the exercise of sound judgment.				
<i>Effort and preparation</i>	Arrives prepared to perform professional tasks and meet academic or professional responsibilities.				
	Demonstrates thoughtful preparation and effort commensurate with professional or academic expectations.				
<i>Productivity</i>	Completes assigned tasks on schedule.				
	Works effectively as part of a group, as well as independently.				
<i>Comments:</i>					

**Domain C: Commitment to Developing Professional Competencies**

<i>Commitment to developing multicultural competencies</i>	Demonstrates appreciation for diversity.				
	Understands and respects diverse backgrounds, beliefs, and values of students, clients and colleagues.				
	Seeks feedback about multicultural knowledge and skills and uses this feedback to improve professional functioning.				
<i>Commitment to developing interpersonal competencies</i>	Seeks and uses feedback about one's personal and interpersonal functioning and uses this feedback to improve professional functioning.				
	Demonstrates respect, clear communication, and a commitment to collaborative problem solving when facing interpersonal differences.				

<i>Commitment to developing counseling or student development competencies</i>	Recognizes one's own professional competencies and shares them with peers, supervisors, and faculty.				
	Seeks feedback from peers, supervisors, and faculty about one's professional knowledge and skills and uses this feedback to improve professional functioning.				
	Demonstrates willingness to learn new modes of service delivery and use a variety of resources.				
	Demonstrates willingness to use technology as a tool in service delivery.				
	Demonstrates commitment to improving practice through data collection, assessment and program evaluation.				
	Demonstrates commitment to lifelong learning.				
<i>Comments:</i>					

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Advisor/Faculty Reviewer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Chair**

\_\_\_\_\_  
**Date**

## Policy 54

### Counseling Student Competency Evaluation

Student \_\_\_\_\_ Today's Date \_\_\_\_\_

Faculty \_\_\_\_\_ Course Number \_\_\_\_\_

The Dept of Counseling is obligated by professional ethics (see ACA Code of Ethics, 2005) and University procedure to assess students as to their potential for meeting the expectations of the professional counseling field. The competencies outlined in this document (CSCE) are specific to professional counseling and are *in addition to* academic requirements. The Department of Counseling may suspend from the program any students judged incapable of meeting these expectations. Procedures regarding potential dismissal are outlined in the Department's *Retention/Dismissal Procedure*.

The CSCE may be used by any faculty member with any student enrolled in a Department of Counseling course to provide that student with feedback regarding their potential for meeting the expectations of the professional counseling field and the Department. Completion of a CSCE is required in the following courses: COUN 551, COUN 552, COUN 620, and COUN 660. **Each use of the CSCE must be placed in the student's Department file along with any remediation plan developed by the faculty in conference with the student.**

Based on your observations of the student, select the relevant items, then circle the number that corresponds to the level of concern:

0 = No Concern    1 = Concerned    2 = Highly Concerned

#### Professionalism

- |   |   |   |   |
|---|---|---|---|
| 1. The student conducts himself or herself in a manner consistent with the professional and ethical standards of the Department of Counseling.  | 0 | 1 | 2 |
| 2. The student demonstrates a respectful attitude toward peers, professors, and others.   | 0 | 1 | 2 |
| 3. The student demonstrates sensitivity to real and ascribed differences in power between him/herself and others.   | 0 | 1 | 2 |
| 4. The student demonstrates an understanding of and abides by the legal requirements relevant to counselor training and practice.   | 0 | 1 | 2 |
| 5. The student regularly attends class, is on time for class, and stays for the full class meeting time. In field placements, the student establishes and maintains a regular schedule of attendance and service for the entire semester. | 0 | 1 | 2 |
| 6. The student willingly increases knowledge (and implementation) of effective counseling strategies.   | 0 | 1 | 2 |
| 7. The student presents a professional image and demeanor at field placement sites.   | 0 | 1 | 2 |

*Counseling Student Competency Evaluation (CSCE) - 2*

**General Competency**

- |  |   |   |   |
|--|---|---|---|
| 1. The student recognizes the boundaries of his/her particular competencies and limitations of his/her expertise.  | 0 | 1 | 2 |
| 2. The student takes responsibility for compensating for his/her deficiencies in a timely manner.  | 0 | 1 | 2 |
| 3. The student takes responsibility for assuring client welfare when faced with the boundaries of her/his expertise.   | 0 | 1 | 2 |
| 4. The student provides only those services, and applies only those techniques, for which s/he is qualified by education, training, supervision, or experience.  | 0 | 1 | 2 |
| 5. The student demonstrates basic cognitive, affective, and sensory capacities necessary for working therapeutically with clients and their respective problems. | 0 | 1 | 2 |
| 6. The student demonstrates oral and written language skills consistent with a graduate level education.   | 0 | 1 | 2 |
| 7. The student demonstrates the ability to follow directions and complies fully with the directives of faculty and supervisors.                                  | 0 | 1 | 2 |

**Social & Emotional Maturity**

- |   |   |   |   |
|---|---|---|---|
| 1. The student demonstrates appropriate self-control (e.g., anger control, impulse control) in interpersonal relationships with faculty, supervisors, peers, and clients. | 0 | 1 | 2 |
| 2. The student is honest.   | 0 | 1 | 2 |
| 3. The student is aware of his/her own belief systems, values, needs, and limitations and the effect of these on his/her counseling work.                                 | 0 | 1 | 2 |
| 4. The student demonstrates the ability to receive, integrate, and utilize feedback from peers, instructors, and supervisors.   | 0 | 1 | 2 |
| 5. The student exhibits appropriate levels of self-assurance, confidence, and trust in own ability.   | 0 | 1 | 2 |
| 6. The student seeks to informally resolve problems/conflicts directly with the individual(s) with whom a problem exists.   | 0 | 1 | 2 |
| 7. The student contributes appropriately to classroom and supervisory discussions and is not disruptive in classroom, field placement, or supervisory settings.           | 0 | 1 | 2 |

*Counseling Student Competency Evaluation (CSCE) - 3*

**Integrity and Ethical Conduct**

- |  |   |   |   |
|--|---|---|---|
| 1. The student refrains from making statements which are false, misleading, or deceptive.  | 0 | 1 | 2 |
| 2. The student avoids improper and potentially harmful dual relationships  | 0 | 1 | 2 |
| 3. The student respects the fundamental rights, dignity, and worth of all people.  | 0 | 1 | 2 |
| 4. The student respects the rights of individuals to privacy, confidentiality, and choices regarding self-determination and autonomy.  | 0 | 1 | 2 |
| 5. The student respects cultural, individual and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status. | 0 | 1 | 2 |
| 6. The student adheres to the professional standards outlined in the ACA Code of Ethics (2005).  | 0 | 1 | 2 |

**Clinical Competency**

- |  |   |   |   |
|--|---|---|---|
| 1. The student understands and accepts the importance of implementing the core conditions of counseling: unconditional positive regard, genuineness, and empathy.  | 0 | 1 | 2 |
| 2. The student demonstrates the core conditions of counseling: unconditional positive regard, genuineness, and empathy.  | 0 | 1 | 2 |
| 3. The student demonstrates a capacity for understanding the influence of others on his/her own development (e.g., family of origin).  | 0 | 1 | 2 |
| 4. The student demonstrates a willingness and an ability to explore her/his own emotions, behavior, and cognitions in order to enhance self-awareness and self-knowledge.  | 0 | 1 | 2 |
| 5. The student consistently demonstrates excellent interpersonal skills, exhibiting a genuine interest in and appreciation of others, a respect for others, and an ability to interact with others in an appropriate manner. | 0 | 1 | 2 |
| 6. The student demonstrates a potential for working effectively with distressful emotions (his/her own and the emotions of others).  | 0 | 1 | 2 |

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This document adapted from original developed at Southwest Texas State University. *Counselor Education & Supervision* (2002), 41, 321-332.

## Policy 41

School of Applied Psychology and Counselor Education  
Counselor Education & Supervision, PhD

### Doctoral Screening Form

Please distribute this form to your current instructors. Instructors should return completed forms to the advisor within two weeks

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Advisor: \_\_\_\_\_ Campus Box: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_ Course(s): \_\_\_\_\_

**Instructions:** We would appreciate your help in providing us with information regarding the above named student for each of the following. Check the descriptor that most clearly reflects your impression of the student. **Please rate the student in relation to other graduate students you have had.** The descriptors are:

	N/A	Well Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Outstanding/ Well Above Expectations
Academic Ability						
Written Expression						
Verbal Expression						
Timely in Completing Assignments						
Flexibility						
Initiative & Motivation						
Commitment to Professional Development						
Maturity						
Reliability						
Ability to Accept Personal Responsibility						
Interpersonal Skills						
Professionalism						
Openness & Ability to Utilize Feedback						
Self-Awareness						
Openness to New Ideas						
Ability to Manage Personal Stress						
Attention to Legal & Ethical Considerations						
Clinical Skills						
Research Skills						

This student should be:

- \_\_\_\_\_ Encouraged to continue in the program
- \_\_\_\_\_ Reviewed after another semester
- \_\_\_\_\_ Offered remedial assistance
- \_\_\_\_\_ Discouraged from continuing in the program
- \_\_\_\_\_ I do not know the student well enough to make a recommendation at this time.

*Please include any additional comments on the reverse side of this form.*

CES Doctoral Handbook 51



Policy 15

**Appendix 4 – Doctoral Student Disposition Form**

The doctoral program in counselor education utilizes a modified version of the School of Education graduate disposition form.

**Graduate Disposition Infraction Form**

Doctoral student name: \_\_\_\_\_ ID # \_\_\_\_\_

Course number or Incident outside of class: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition Infraction	Check all that apply	Explain incident in detail
<b>DOES NOT:</b> Exhibit poise, maturity and sound judgment. CF = Lifelong Learners, Problem Solvers, Communicators		
Display professionalism through punctuality, appearance, attendance and dependability CF= Communicators		
Maintain a positive and enthusiastic disposition toward the counseling profession. CF = Lifelong Learners, Committed to Diversity		
Cooperate and collaborate with colleagues and/or stakeholders. CF = Lifelong Learners, Committed to Diversity		
Respond in a sensitive manner to the needs of a diverse populations. CF = Lifelong Learners, Committed to Diversity		
Accept constructive criticism in a positive manner. CF = Problem Solvers, Communicators		
Share and/or seek professional materials and ideas and incorporates community resources. CF = Users of technology		
Follow appropriate policies and procedures. CF= Communicators		
Exhibit ability to carry out safety measures and how to handle emergency situations. CF= Problem Solvers		
Promote the success of all students by acting with integrity, fairness and in an ethical manner. CF = Lifelong Learners, Problem Solvers		
Exhibit understanding of how to work with parents/guardians/clients. CF = Communicators		
Develop cooperative home-to-school partnerships in support of student learning and well-being. CF = Lifelong Learners,		

Problem Solvers, Communicators		
Participate in professional activities (professional organizations). CF = Communicators, Problem Solvers		
Knows how to work with community, social service agencies, and the legal system for the benefit of individual clients, families, and social systems. CF = Committed to Diversity		

**After having received 2 Disposition Infraction Forms in your folder a Disposition Committee will counsel with you and decide on your status in the Program.**

**Signature of Professor/Instructor:** \_\_\_\_\_

**Signature of Counselor Education Doctoral Student:** \_\_\_\_\_

Policy 31

**Faculty Review of Student Performance**  
**Program in Counselor Education**

Name: \_\_\_\_\_ Program: \_\_\_\_\_  
 Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_MA \_\_\_\_\_Ed.S \_\_\_\_\_Ph.D

**Purposes of This Recommendation**

1. To take a professional and personal inventory of the student's strengths and weaknesses as exhibited in relationship to progress in the Program in Counselor Education.
2. To monitor student's progress and acceptance in the professional sequence.

<b>Academic Skills</b>	<b>Strength</b>	<b>Concern</b>	<b>No Concern</b>	<b>N/A</b>
Completion of Assignments				
Class Participation				
Quality of Work				
Attitude				
Attendance				
Punctuality				
<b>Clinical Skills</b>				
Basic Attending Skills				
Intentionality				
Case Conceptualization				
Treatment Outcomes				
Accountability/Record Keeping				
Use of Appropriate Counseling Techniques				
<b>Ethical and Professional Behavior</b>				
Ethical Conduct				
Professional Conduct				
<b>Personal Characteristics</b>				
Stability				
Maturity				
Respect				
Motivation				
Peer Relationship				
Reaction to Criticism				

Comments:

Recommend \_\_\_\_\_Provisional Recommendation \_\_\_\_\_Recommendation \_\_\_\_\_Do not recommend

## Student Evaluation Action Form

This document serves as a supplement to the Student Evaluation Form completed each semester by the faculty in Counselor Education. Specifically, the Action Form provides a vehicle to document discussions of observed strengths in student performance as well as any corrective measures intended for arrears of faculty concern in a student's performance. The Action Form reflects a formal, participatory activity and dialogue designed to assist in the student's successful matriculation into their chosen area of counseling. The procedural elements of this activity are noted in the following listing.

1. Review of Student Evaluation Form
2. Suggested Corrective Actions (specify)
  - A.
  - B.
  - C.
3. Required Corrective Actions (specify)
  - A.
  - B.
  - C.

### Acknowledgement

By our signatures, we verify our discussion and agreement concerning the elements of the student Evaluation Action Form.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Advisor

Date: \_\_\_\_\_

Policy 21

Form for Screening Students

Student: \_\_\_\_\_

Committee: \_\_\_\_\_ (Advisor)

\_\_\_\_\_ (Faculty member)

\_\_\_\_\_ (Faculty member)

Behavioral description of faculty concerns:

Expected changes in behavior:

Time frame:

Failure to remediate may result in termination from the program.

Signatures:

\_\_\_\_\_

Student

\_\_\_\_\_

Date

\_\_\_\_\_

Advisor

\_\_\_\_\_

Date

\_\_\_\_\_

Faculty member

\_\_\_\_\_

Date

\_\_\_\_\_

Faculty member

\_\_\_\_\_

Date

Policy 1

Personal Characteristics Checklist

Student ID # \_\_\_\_\_ Course \_\_\_\_\_ Date \_\_\_\_\_

This student appears to be a candidate who is able to:	Low	Average		High		No Opportunity to assess
	1	2	3	4	5	
1. Be empathic, understanding, and genuine.						
2. Provide unconditional acceptance of the client and the client's values and understand how these values influence behavior.						
3. Communicate and relate effectively with others by responding to verbal and non verbal behavior in meaningful ways.						
4. Be open-minded.						
5. Tolerate ambiguity.						
6. Demonstrate emotional stability, personal security, strength, confidence.						
7. Project a future-mindedness.						
8. Exhibit a high degree of patience.						
9. Exhibit a sense of humor.						
10. Exhibit creativeness.						
11. Demonstrate self-acceptance.						
12. Express self-understanding and an awareness of emotional limitations.						
13. Think, reason , and solve problems through the use of logic and discover problem areas through intelligent inquiry.						
14. Exhibit appropriate tolerance.						
15. Respect the uniqueness and inherent worth of individuals and place confidence in their potential for growth (including the capacity to cope with a wide range of interests, attitudes, and beliefs involved in life situations).						
16. Maintain objectivity.						
17. Recognize personal limitations so that individuals can be served by proper referral.						
18. Demonstrate personal courage and strength in upholding professional ethics and commitment to a profession dedicated to helping people, individually or in groups, develop their potentialities.						

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised: Fall 2001

Policy 32

Personal Characteristics Review Form (PCRF) \*

Student \_\_\_\_\_ Semester/Year \_\_\_\_\_

Faculty \_\_\_\_\_

**Evaluation Criteria**

- N = No opportunity to observe
- 0 = Concerns
- 1 = No Concerns
- 2 = Student demonstrates excellence

	N	0	1	2
1. The student behaves in accordance with the 2005 <i>Code of Ethics</i> of the American Counseling Association.				
1. The student relates to peers, professors, and others in an appropriate professional manner.				
3. The student does not exploit or mislead other people during or after professional relationships.				
4. The student demonstrates awareness of personal and professional limitations as these relate to service provision				
5. The student takes responsibility for compensating for her/his limitations and/or personal issues, which may negatively influence her/his work.				
6. The student demonstrates appropriate self-control (such as anger control, impulse control) in interpersonal relationships with faculty, peers, clients, and staff (university and field placements).				
7. The student demonstrates awareness of her/his own belief systems, values, and needs and takes appropriate precautions to avoid imposing these on others.				
8. The student demonstrates the ability to receive, integrate and utilize feedback from peers, faculty, and supervisors.				
9. The student respects the rights of individual to privacy, confidentiality, and choices regarding self-determination.				
10. The student demonstrates respect for cultural and individual differences in their professional interactions.				

Comments:

\*Adapted from work created by XXXXX University Counseling Program.

## Policy 52

### Professional Characteristics Review Form

Student \_\_\_\_\_ Semester/Year \_\_\_\_\_

Faculty \_\_\_\_\_

**Evaluation Criteria**

N-- No opportunity to observe

0-- Does not meet criteria for program level

1- Meets criteria only minimally or inconsistently for program level

2 - Meets criteria consistently at program level

3 - Exceeds criteria consistently at program level

<i>Professional Responsibility</i>	<i>N</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>
The student relates to peers, professors, and others in an appropriate professional manner.					
The student does not exploit or mislead other people during or after professional relationships.					
The student applies legal and ethical standards during the training program.					
<i>Competence</i>					
The student takes responsibility for compensating for her/his deficiencies.					
The student provides only those services and applies only those techniques for which she/he is qualified by education, training, or experience.					
The student demonstrates basic cognitive skills and appropriate affect in response to clients.					
<i>Comportment</i>					
The student demonstrates appropriate self-control (such as anger control, impulse control) in interpersonal relationships with faculty, peers, and clients.					
The student demonstrates honesty and fairness both personally and professionally.					
The student is aware of her/his own belief systems, values, and limitations and they do not actively affect his/her professional work.					
The student demonstrates the ability to receive, integrate, and utilize feedback from peers, teachers, and supervisors.					
<i>Integrity</i>					
The student does not make statements that are false, misleading, or deceptive.					
The student respects the fundamental rights, dignity, and worth of all people.					
The student respects the rights of individuals to privacy, confidentiality, and choices regarding self-determination.					
The student respects cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, physical ability/disability, language, and socioeconomic status.					
The student behaves in accordance with the program's accepted code(s) of ethics/standards of practice.					



Policy 4

Professional Characteristics Review Form

Student \_\_\_\_\_ Semester/Year \_\_\_\_\_

Faculty \_\_\_\_\_

Evaluation Criteria

- N-- No opportunity to observe
- 0-- Does not meet criteria for program level
- 1- Meets criteria only minimally or inconsistently for program level
- 2 - Meets criteria consistently at program level
- 3 - Exceeds criteria consistently at program level

<i>Professional Responsibility</i>	N	1	2	3	4
The student relates to peers, professors, and others in an appropriate professional manner.					
The student does not exploit or mislead other people during or after professional relationships.					
The student applies legal and ethical standards during the training program.					
<i>Competence</i>					
The student takes responsibility for compensating for her/his deficiencies.					
The student provides only those services and applies only those techniques for which she/he is qualified by education, training, or experience.					
The student demonstrates basic cognitive skills and appropriate affect in response to clients.					
<i>Comportment</i>					
The student demonstrates appropriate self-control (such as anger control, impulse control) in interpersonal relationships with faculty, peers, and clients.					
The student demonstrates honesty and fairness both personally and professionally.					
The student is aware of her/his own belief systems, values, and limitations and they do not actively effect his/her professional work.					
The student demonstrates the ability to receive, integrate, and utilize feedback from peers, teachers, and supervisors.					
<i>Integrity</i>					
The student does not make statements that are fals, misleading, or deceptive.					
The student respects the fundamental rights, dignity, and worth of all people.					
The student respects the rights of individuals to privacy, confidentiality, and choices regarding self-determination.					
The student respects cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, physical ability/disability, language, and socioeconomic status.					
The student behaves in accordance with the program's accepted code(s) of ethics/standards of practice.					

## Policy 10

Describe problematic behavior including context (e.g., courses, advising, informal interaction):

---

Faculty Signature          Date

Summarize discussion with student:

---

Faculty Signature          Date

I have had opportunity to review and discuss these concerns.

---

Student Signature          Date

Summary of current level of concern:

\_\_\_\_\_ I am comfortable with the informal conversation I had with the student. No further action is needed at this time.

\_\_\_\_\_ I believe the concern should continue to be monitored, and would like to discuss this student during the annual review.

\_\_\_\_\_ I believe the concern is serious enough to warrant immediate faculty discussion and possible action.

Summarize faculty recommendations for continued monitoring or intervention. Specify action, actor and timeline.

---

Faculty Signature          Date

Copies to: Student, Advisor, Chair, Student file

**Policy 6**

**NOTE OF CONCERN AND**  
PROFESSIONAL DEVELOPMENT FORM (PDF)

**A Note of Concern**

As the administration and faculty of the School of Psychology and Counseling of XXXXXXXX University is invested in your success in your graduate program, we would like you to make an appointment with the person noted below to discuss the specific issue outlined, so that you may move toward the successful career you desire.

Please call or email \_\_\_\_\_

By \_\_\_\_\_ (date) to make an appointment to discuss the following.

\_\_\_\_\_  
\_\_\_\_\_

This note is a means of working with you as part of your educational process. Thank you for your cooperation.

If this issue is resolved this information does not go into your file; however, your failure to make this appointment could have consequences you did not intend.

## Summary of Meeting

Date: \_\_\_\_\_

Participants: \_\_\_\_\_

\_\_\_\_\_

Subject of Discussion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan for Student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature of Agreement \_\_\_\_\_

Follow-up meeting set for \_\_\_\_\_ (date)

**School of Psychology and Counseling  
PROFESSIONAL DEVELOPMENT FORM**

Student: \_\_\_\_\_

Faculty: \_\_\_\_\_

Class/Activity: \_\_\_\_\_

Date: \_\_\_\_\_

**AREA(s) FOR IMPROVEMENT**

**General Knowledge:** Development of an appropriate professional knowledge base is deficient.

---

---

**Subject Knowledge:** Important knowledge of specific topics relevant to a course or required area of study is substantially below that expected.

---

---

**Professional Conduct/Workmanship:** The student's conduct or productivity reflects inadequate attention to detail, diligence, punctuality, self-motivation, or preparation.

---

---

**Communication/ Expression:** Substantial weaknesses are displayed in the student's oral and/or written expression skills such as poor presentation skills, incompetence in the presented content, and poor self-confidence.

---

---

**Application:** Deficiencies are evident in the student's ability to apply theoretical or academic knowledge to practical situations that require analysis and synthesis.

---

---

**Self-Control/Maturity:** The student displays behavior/traits that suggests an inability to regulate themselves in a professional manner, such as inflexibility, indiscretion, hostility, severe self-confidence deficits or impulsivity.

---

---

**Relationships:** Serious interpersonal deficits are present reflected by an inability to initiate and/or sustain appropriate relationships.

---

---

**Ethical Practice:** The student has displayed unethical conduct or insensitivity to ethical issues commensurate with their professional level.

---

---

**Integration:** The student approaches the integration of faith and learning in a manner that is below that expected. Two examples of this deficit are a disregard for client spirituality and a naive appropriation of Scripture in therapy that does not reflect sound clinical practice or good hermeneutics.

---

---

**PROFESSOR'S COMMENTS/RECOMMENDATIONS** (Attach additional sheet, if necessary. Show specific actions student is to take and specify date due. Show consequences if actions not completed by due date.)

---

---

\_\_\_\_\_  
(Faculty Signature)

\_\_\_\_\_  
(Date)

**STUDENT ACKNOWLEDGEMENT**

I have been shown this completed form, and accept my responsibility for the consequences as stated if I fail to comply. (Consequences can range from loss of points in a course, to failing the course, to dismissal from the program, and options in-between.) I understand that I may generate a letter of response to be included with this form, should I so choose.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

I refuse to sign this form.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

## Policy 55

Department of Rehabilitation and Counselor Education

### PROFESSIONAL DEVELOPMENT REVIEW FORM

Student \_\_\_\_\_ Semester/Year \_\_\_\_\_

Faculty \_\_\_\_\_ Supervisor \_\_\_\_\_

<b>Professional Responsibility</b>	Comments
1. The student relates to peers, professors, and others in an appropriate professional manner.	
2. The student is careful not to exploit or mislead other people during or after professional relationships.	
3. The student applies legal and ethical standards during the graduate program.	
<b>Competence</b>	
1. The student takes responsibility for compensating for her/his deficiencies.	
2. The student provides only those services and applies only those techniques for which he/she is qualified by education, training, experience, or supervision.	
3. The student demonstrates basic listening and attending skills and appropriate affect in response to clients.	
<b>Maturity</b>	
1. The student demonstrates appropriate self-control (such as anger control, impulse control) in interpersonal relationships with faculty, peers, and clients.	
2. The student personally and professionally demonstrates honesty and fairness.	
3. The student is aware of her/his own belief systems, values, needs, and limitations and how these affect her/his professional work.	
4. The student demonstrates the ability to receive, integrate and use/apply feedback from peers, relates to peers, professors, and others in an appropriate professional manner.	

-- continued on next page --



<b>Integrity</b>	Comments
1. The student respects the fundamental rights, dignity, and worth of all people.	
2. The student respects the rights of individuals to privacy, confidentiality, and choices regarding self-determination.	
3. The student respects cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, physical ability/disability, language, and socioeconomic status.	
4. The student behaves in accordance with the program's accepted code(s) of ethics/standards of practice.	

\*Adapted from work created by faculty in the Southwest Texas State University Counseling Program and Mississippi State University

Comments and/or suggestions:

Faculty or Supervisor Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

## Policy 11

### PROFESSIONAL FITNESS EVALUATION

#### Rating Scale

- N – No opportunity to observe
- 0 – Does not meet standards for program level
- 1 – Minimally or inconsistently meets standards for program level
- 2 – Consistently meets standards for program level

#### Professional Responsibility

- \_\_\_\_\_ 1. The student conducts self in an ethical manner so as to promote confidence in the counseling profession.
- \_\_\_\_\_ 2. The student relates to professors, colleagues, supervisors, and others in a manner consistent with stated program standards.
- \_\_\_\_\_ 3. The student demonstrates sensitivity to real and ascribed differences in power between themselves and others, and does not exploit or mislead other people during or after professional relationships.
- \_\_\_\_\_ 4. The student demonstrates application of legal requirements relevant to counseling training practices.

#### Professional Competence

- \_\_\_\_\_ 1. The student recognizes the boundaries of her/his particular competencies and the limitations of her/his expertise.
- \_\_\_\_\_ 2. The student takes responsibility for compensating for her/his deficiencies. Is open to supervision and feedback.
- \_\_\_\_\_ 3. The student takes responsibility for assuring client welfare when encountering the boundaries of her/his expertise.
- \_\_\_\_\_ 4. The student provides only those services and applies only those techniques for which she/he is qualified by education, training, or experience.
- \_\_\_\_\_ 5. The student demonstrates knowledge and respect for Departmental, and outside agency policies and procedures.

#### Professional Maturity

- \_\_\_\_\_ 1. The student demonstrates appropriate self-control (such as anger control, impulse control) in interpersonal relationships with supervisors, instructors, colleagues and clients.
- \_\_\_\_\_ 2. The student is honest, fair, and respectful of others.

\_\_\_\_\_ 3. The student is aware of his/her own belief systems, values, needs, and limitations and the effect of these on his/her work.

\_\_\_\_\_ 4. The student demonstrates ability to receive, integrate and utilize feedback from colleagues, supervisors, and instructors.

\_\_\_\_\_ 5. The student follows professionally recognized problem solving process, seeking to informally solve problems first with the individual(s) with whom problem exists.

#### Professional Integrity

\_\_\_\_\_ 1. The student refrains from making statements which are false, misleading or deceptive.

\_\_\_\_\_ 2. The student avoids improper and potentially harmful dual relationships.

\_\_\_\_\_ 3. The student respects the fundamental rights, dignity, and worth of all people.

\_\_\_\_\_ 4. The student respects the rights of individual to privacy, confidentiality, and choices regarding self-determination and autonomy.

\_\_\_\_\_ 5. The student respects cultural, individual, and role differences including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status.

#### Academic Performance

\_\_\_\_\_ 1. The student is making timely progress towards completion of degree program.

\_\_\_\_\_ 2. The student maintains a cumulative grade point average of 3.00 or above.

Note: Each student in the Counselor Education and Supervision Program will be reviewed annually using the Professional Fitness Evaluation. If a student receives ratings of '0' or '1' (meets criteria only minimally or inconsistently for program level) he/she will be required to meet with his/her Faculty Advisor and develop a remediation plan, with remediation expected no later than the following student review. It should also be noted that some negative ratings are so detrimental to program integrity and professional responsibility that program faculty may deem student dismissal from the program as an appropriate remedy.

# Policy 24

## Appendix A Professional Performance Fitness Evaluation (PPFE1)

**Student:** \_\_\_\_\_

**Semester/Year** \_\_\_\_\_

N = Insufficient opportunity to observe

**Faculty members:** \_\_\_\_\_

0 = Does not meet criteria for program level

**Date:** \_\_\_\_\_

1 = Meets criteria marginally and/or inconsistently for program level

2 = Meets criteria for program level adequately

3 = Exceeds criteria for program level

**Competence: N 0 1 2 3** (If rated "0 or 1" in this category, each of the following attributes must be reassessed\*):

N 0 1 2 3 Demonstrates cognitive and sensory capacities needed to effectively and professionally interact with clients, students, & faculty.

N 0 1 2 3 Demonstrates interpersonal skills\*\* necessary to effectively and professionally interact with clients, students, faculty, and staff:

N 0 1 2 3 Demonstrates interpersonal skills\*\* necessary to enhance professional relationships with peers, faculty and staff:

(\*\*examples of such interpersonal skills include, but are not limited to, mood control, appropriate boundaries, & clear communication skills)

**Interpersonal Fitness: N 0 1 2 3** (If rated "0 or 1" in this category, each of the following attributes must be assessed):

N 0 1 2 3 Exhibits interpersonal fitness necessary to provide effective counseling interventions with clients or work with other students.

N 0 1 2 3 Exhibits interpersonal characteristics that enhance her or his ability to work with clients and professionally interact with others.

**Integrity: N 0 1 2 3** (If rated "0 or 1" in this category, each of the following attributes must be assessed):

N 0 1 2 3 Refrains from making statements that are false, misleading or deceptive:

N 0 1 2 3 Avoids improper and potentially harmful dual relationships:

N 0 1 2 3 Respects the fundamental rights, dignity and worth of all people:

N 0 1 2 3 Respects cultural, individual, and role differences, including but not limited to those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status:

**Maturity: N 0 1 2 3** (If rated "0 or 1" in this category, each of the following attributes must be assessed):

N 0 1 2 3 Demonstrates appropriate self-control (e.g., anger control, impulse control) in interactions with faculty, peer, staff, and clients.

N 0 1 2 3 Demonstrates the ability to receive and use feedback from peers, faculty, staff, & supervisors to enhance skills or performance.

N 0 1 2 3 Exhibits appropriate levels of self-assurance, confidence, and trust in her or his own abilities.

N 0 1 2 3 Exhibits awareness of own belief systems, values, needs and limitations and of the potential effects of these on her or his work.

N 0 1 2 3 Follows professionally recognized problem solving processes, such as seeking to informally solve problems first with the individual(s) with whom problems may exist before using appropriate grievance procedures if necessary.

**Professional Responsibility/Fitness (summative assessment):**

N 0 1 2 3 Conducts her or himself in an ethical manner that promotes confidence in the counseling profession, and relates to clients, peers, staff, professors and others in a manner consistent with recognized professional standards.

**Faculty Recommendations/Notes:**

**Student Proposed Changes to Remediate Problem(s):**

"I have been provided the opportunity to review this evaluation" Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** A score of 0 or 1 in any category will enter that student into a process of review and re-review of fitness to practice.

\* Reassessment will be conducted by a faculty committee comprised of 3 or more faculty members to assess fitness to practice.

*\*Modified from SWT Counseling Program PCPE Form (2000)*

Appendix B

**Professional Performance Fitness Evaluation: PPFE2**

**Student:** \_\_\_\_\_ **Semester/Year** \_\_\_\_\_  
 N = Insufficient opportunity to observe. **Faculty member:** \_\_\_\_\_  
 0 = Still does not meet criteria for program level in this domain. **Date:** \_\_\_\_\_  
 1 = Now meets criteria marginally and/or inconsistently for program level.  
 2 = Now meets criteria for program level adequately.  
 3 = Exceeds criteria for program level.

**Competence: N 0 1 2 3** (If rated "0 or 1" in this category, each of the following attributes must be reassessed\*):  
 N 0 1 2 3 Demonstrates cognitive and sensory capacities needed to effectively and professionally interact with clients, students, & faculty.  
 N 0 1 2 3 Demonstrates interpersonal skills\*\* necessary to effectively and professionally interact with clients, students, faculty, and staff:  
 N 0 1 2 3 Demonstrates interpersonal skills\*\* necessary to enhance professional relationships with peers, faculty and staff:  
 (\*\*examples of such interpersonal skills include, but are not limited to, mood control, appropriate boundaries, & clear communication skills)

**Interpersonal Fitness: N 0 1 2 3** (If rated "0 or 1" in this category, each of the following attributes must be assessed):  
 N 0 1 2 3 Exhibits interpersonal fitness necessary to provide effective counseling interventions with clients or work with other students.  
 N 0 1 2 3 Exhibits interpersonal characteristics that enhance her or his ability to work with clients and professionally interact with others.

**Integrity: N 0 1 2 3** (If rated "0 or 1" in this category, each of the following attributes must be assessed):  
 N 0 1 2 3 Refrains from making statements that are false, misleading or deceptive:  
 N 0 1 2 3 Avoids improper and potentially harmful dual relationships:  
 N 0 1 2 3 Respects the fundamental rights, dignity and worth of all people:  
 N 0 1 2 3 Respects cultural, individual, and role differences, including but not limited to those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status:

**Maturity: N 0 1 2 3** (If rated "0 or 1" in this category, each of the following attributes must be assessed):  
 N 0 1 2 3 Demonstrates appropriate self-control (e.g., anger control, impulse control) in interactions with faculty, peer, staff, and clients.  
 N 0 1 2 3 Demonstrates the ability to receive and use feedback from peers, faculty, staff, & supervisors to enhance skills or performance.  
 N 0 1 2 3 Exhibits appropriate levels of self-assurance, confidence, and trust in her or his own abilities.  
 N 0 1 2 3 Exhibits awareness of own belief systems, values, needs and limitations and of the potential effects of these on her or his work.  
 N 0 1 2 3 Follows professionally recognized problem solving processes, such as seeking to informally solve problems first with the individual(s) with whom problems may exist before using appropriate grievance procedures if necessary.

**Professional Responsibility/Fitness (summative assessment): N 0 1 2 3**  
 Conducts her or himself in an ethical manner that promotes confidence in the counseling profession, and relates to clients, peers, staff, professors and others in a manner consistent with recognized professional standards.

**Faculty Recommendations/Notes:**

**Student Response:**

*Continued on reverse (Counseling Skills and Abilities & Recommendations/Notes):*

*\*Modified from SWT Counseling Program PCPE Form (2000)*

Professional Performance Fitness Evaluation: PPFE2 (continued)

**Counseling Skills and Abilities:**

Demonstrates the ability to establish relationships in which a therapeutic working alliance can be established: *N 0 1 2 3*

Demonstrates therapeutic communication skills with clients including:

- Creating appropriate structure: Setting the boundaries of the helping frame and maintaining boundaries throughout the work such as setting parameters for meeting time and place, maintaining time limits, etc. *N 0 1 2 3*
- Understanding content: Understanding the primary elements of the client's story. *N 0 1 2 3*
- Understanding context: Understanding the uniqueness of the story elements and their underlying meanings. *N 0 1 2 3*
- Responding to feelings: Identifying and addressing feelings therapeutically. *N 0 1 2 3*
- Congruence: Genuineness, external behavior consistent with internal affect. *N 0 1 2 3*
- Establishing and communicating empathy: Taking the perspective of the client without over identifying, and communicating this experience to the client. *N 0 1 2 3*
- Non-verbal communication: Effective use of head, eyes, hands, feet, posture, voice, attire, etc. *N 0 1 2 3*
- Immediacy: Staying in the here-and-now. *N 0 1 2 3*
- Timing: Responding at the optimal moment. *N 0 1 2 3*
- Intentionality: Responding with a clear understanding of therapeutic intention. *N 0 1 2 3*
- Self-disclosure: Skillful and carefully-considered for a specific therapeutic purpose. *N 0 1 2 3*

Demonstrates awareness of power differences in the therapeutic relationship and manages these differences therapeutically. *N 0 1 2 3*

Collaborates with the client to establish clear therapeutic goals. *N 0 1 2 3*

Facilitates movement toward client goals or facilitates effective discussion in the classroom. *N 0 1 2 3*

Demonstrates the capacity to match appropriate interventions to the presenting clinical profile in a theoretically consistent manner. *N 0 1 2 3*

Creates a safe clinical/classroom environment. *N 0 1 2 3*

Demonstrates analysis and resolution of ethical dilemmas. *N 0 1 2 3*

**Recommendations/Notes: (any actions required, need for follow-up evaluation, student comments)**

"I have been provided the opportunity to review this evaluation" Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty present: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Policy 39

### Appendix A

#### Criteria for Professional Performance Evaluation

##### 1. Openness to new ideas (rated from Closed [1] to Open [5])

1	2	3	4	5
<ul style="list-style-type: none"><li>- Was dogmatic about own perspective and ideas.</li><li>- Ignored or was defensive about constructive feedback.</li><li>- Showed little or no evidence of incorporating constructive feedback received to change own behavior.</li></ul>	<ul style="list-style-type: none"><li>- Was amenable to discussion of perspectives other than own.</li><li>- Accepts constructive feedback without defensiveness.</li><li>- Some evidence of effort to incorporate relevant feedback received to change own behavior.</li></ul>			<ul style="list-style-type: none"><li>- Solicited others' opinions and perspectives about own work.</li><li>- Invited constructive feedback, and demonstrated interest in others' perspectives.</li><li>- Showed strong evidence of incorporation of feedback received to change own behavior.</li></ul>

##### 2. Flexibility (rated from Inflexible [1] to Flexible [5])

1	2	3	4	5
<ul style="list-style-type: none"><li>- Showed little or no effort to recognize changing demands in the professional &amp; interpersonal environment.</li><li>- Showed little or no effort to flex own response to changing environmental demands.</li><li>- Refused to flex own response to changing environmental demands despite knowledge of the need for change.</li><li>- Was intolerant of unforeseeable or necessary changes in established schedule or protocol.</li></ul>	<ul style="list-style-type: none"><li>- Effort to recognize changing demands in the professional &amp; interpersonal environment was evident but sometimes inaccurate.</li><li>- Effort to flex own response to new environmental demands was evident but sometimes inaccurate.</li><li>- Flexed own response to changing environmental demands when directed to do so.</li><li>- Accepted necessary changes in established schedule or protocol, but without effort to understand the reason for them.</li></ul>			<ul style="list-style-type: none"><li>- Showed accurate effort to recognize changing demands in the professional &amp; interpersonal environment.</li><li>- Showed accurate effort to flex own response to changing environmental demands, as needed.</li><li>- Independently monitored the environment for changing demands and flexed own response accordingly.</li><li>- Attempts to understand needs for change in established schedule or protocol to avoid resentment.</li><li>- Accepted necessary changes in established schedule and attempted to discover the reasons for them.</li></ul>

### 3. Cooperativeness with others (rated from Uncooperative [1] to Cooperative [5])

- | 1   | 2   | 3 | 4 | 5  |
|---|---|---|---|--|
| <ul style="list-style-type: none"><li>- Showed little or no engagement in collaborative activities.</li><li>- Undermined goal achievement in collaborative activities.</li><li>- Was unwilling to compromise in collaborative activities.</li></ul> | <ul style="list-style-type: none"><li>- Engaged in collaborative activities but with minimum allowable input.</li><li>- Accepted but rarely initiated compromise in collaborative activities.</li><li>- Was concerned mainly with own part in collaborative activities.</li></ul> |   |   | <ul style="list-style-type: none"><li>- Worked actively toward reaching consensus in collaborative activities.</li><li>- Was willing to initiate compromise in order to reach group consensus.</li><li>- Showed concern for group as well as individual goals in collaborative activities.</li></ul> |

### 4. Willingness to accept and use feedback (rated from Unwilling [1] to Willing [5])

- | 1  | 2  | 3 | 4 | 5   |
|--|--|---|---|---|
| <ul style="list-style-type: none"><li>- Discouraged feedback from others through defensiveness and anger.</li><li>- Showed little or no evidence of incorporation of feedback of supervisory feedback received.</li><li>- Took feedback contrary to own position as a personal affront.</li><li>- Demonstrated greater willingness to give feedback than receive it.</li></ul> | <ul style="list-style-type: none"><li>- Was generally receptive to supervisory feedback.</li><li>- Showed some evidence of incorporating supervisory feedback into own views and behaviors.</li><li>- Showed some defensiveness to critique through "over-explanation of own actions--but without anger.</li><li>- Demonstrated greater willingness to receive feedback than to give it.</li></ul> |   |   | <ul style="list-style-type: none"><li>- Invited feedback by direct request and positive acknowledgement when received.</li><li>- Showed evidence of active incorporation of supervisory feedback received into own views and behaviors.</li><li>- Demonstrated a balanced willingness to give and receive supervisory feedback.</li></ul> |

### 5. Awareness of own impact on others (rated from Unaware [1] to Aware [5])

- | 1   | 2   | 3 | 4 | 5  |
|---|---|---|---|--|
| <ul style="list-style-type: none"><li>- Words and actions reflected little or no concern for how others were impacted by them.</li><li>- Ignored supervisory feedback about how words and actions were negatively impacting others.</li></ul> | <ul style="list-style-type: none"><li>- Effort to determine how own words and actions impacted others was evident but sometimes inaccurate.</li><li>- Respond as necessary to feedback regarding negative impact of own words and actions on others, but at times, with resentment.</li></ul> |   |   | <ul style="list-style-type: none"><li>- Effort toward recognition of how own words and actions impacted others was impact on others through words and actions.</li><li>- Initiates feedback from others regarding impact of own words and behaviors</li><li>- Regularly incorporates feedback regarding impact of own words and behaviors to effect positive change.</li></ul> |



**6. Ability to deal with conflict** (rated from Unable [1] to Able [5])

- | 1  | 2  | 3  | 4 | 5 |
|--|--|--|---|---|
| <ul style="list-style-type: none"><li>- Was unable or unwilling to consider others' points of view.</li><li>- Showed no willingness to examine own role in a conflict.</li><li>- Ignored supervisory advisement if not in agreement with own position.</li><li>- Showed no effort at problem solving.</li><li>- Displayed hostility when conflicts were addressed.</li></ul> | <ul style="list-style-type: none"><li>- Attempted but sometimes had difficulty grasping conflicting points of view.</li><li>- Would examine own role in a conflict when directed to do so.</li><li>- Was responsive to supervision in a conflict if it was offered.</li><li>- Participated in problem solving when directed.</li></ul> | <ul style="list-style-type: none"><li>- Always willing and able to consider others' points of view.</li><li>- Almost always willing to examine own role in a conflict.</li><li>- Was consistently open to supervisory critique about own role in a conflict.</li><li>- Initiated problem solving efforts in conflicts.</li><li>- Actively participated in problem solving efforts.</li></ul> |   |   |

**7. Ability to accept personal responsibility** (rated from Unable [1] to Able [5])

- | 1  | 2  | 3  | 4 | 5 |
|--|--|--|---|---|
| <ul style="list-style-type: none"><li>- Refused to admit mistakes or examine own contribution to problems.</li><li>- Lied, minimized or embellished the truth to extricate self from problems.</li><li>- Consistently blamed others for problems without self-examination.</li></ul> | <ul style="list-style-type: none"><li>- Was willing to examine own role in problems when informed of the need to do so.</li><li>- Was accurate and honest in describing own and others roles in problems.</li><li>- Might blame initially, but was open to self-examination about own role in problems</li></ul> | <ul style="list-style-type: none"><li>- Monitored own level of responsibility in professional performance.</li><li>- Invited constructive critique from others and applied it toward professional growth.</li><li>- Accepted own mistakes and responded to them as opportunity for self-improvement.</li><li>- Avoided blame in favor of self-examination.</li></ul> |   |   |

**8. Ability to express feelings effectively and appropriately** (rated from Unable [1] to Able [5])

- | 1   | 2   | 3  | 4 | 5 |
|---|---|--|---|---|
| <ul style="list-style-type: none"><li>- Showed no evidence of willingness and ability to articulate own feelings.</li><li>- Showed no evidence of willingness and ability to recognize and acknowledge the feelings of others.</li><li>- Acted out negative feelings (through negative behaviors) rather than articulating them.</li><li>- Expressions of feeling were inappropriate to the setting</li><li>- Was resistant to discussion of feelings in supervision.</li></ul> | <ul style="list-style-type: none"><li>- Showed some evidence of willingness and ability to articulate own feelings, but with limited range.</li><li>- Showed some evidence of willingness and ability to acknowledge others' feelings--sometimes inaccurate.</li><li>- Expressions of feeling usually appropriate to the setting--responsive to supervision when not.</li><li>- Willing to discuss own feelings in supervision when directed.</li></ul> | <ul style="list-style-type: none"><li>- Was consistently willing and able to articulate the full range of own feelings.</li><li>- Showed evidence of willingness and accurate ability to acknowledge others' feelings.</li><li>- Expression of own feelings was consistently appropriate to the setting.</li><li>- Initiated discussion of own feeling in supervision.</li></ul> |   |   |

**9. Attention to ethical and legal considerations** (rated from Inattentive [1] to Attentive [5])

1	2	3	4	5
<ul style="list-style-type: none"> <li>- Engaged in dual relationships with clients.</li> <li>- Acted with prejudice toward those of different race, culture, gender, or sexual orientation than self.</li> <li>- Endangered the safety and the well being of clients.</li> <li>- Breached established rules for protecting client confidentiality.</li> </ul>	<ul style="list-style-type: none"> <li>- Was responsive to supervision for occasional personal-professional boundary confusion in verbal interactions with clients.</li> <li>- Was responsive to supervision for occasional insensitivity to diversity in professional interactions.</li> <li>- Used judgment that could have put client safety and well being at risk.</li> <li>- Used judgment that could have put client confidentiality at risk.</li> </ul>	<ul style="list-style-type: none"> <li>- Maintained clear personal-professional boundaries with clients.</li> <li>- Demonstrated consistent sensitivity to diversity.</li> <li>- Satisfactorily ensured client safety and well-being;</li> <li>- Appropriately safeguarded the confidentiality of clients.</li> </ul>		

**10. Initiative and motivation** (rated from Poor Initiative and Motivation [1] to Good Initiative and Motivation [5])

1	2	3	4	5
<ul style="list-style-type: none"> <li>- Often missed deadlines and classes.</li> <li>- Rarely participated in class activities.</li> <li>- Often failed to meet minimal expectations in assignments.</li> <li>- Displayed little or no initiative and creativity in assignments.</li> </ul>	<ul style="list-style-type: none"> <li>- Missed the maximum allowable classes and deadlines.</li> <li>- Usually participated in class activities.</li> <li>- Met only the minimal expectations in assigned work</li> <li>- Showed some initiative and creativity in assignments.</li> </ul>	<ul style="list-style-type: none"> <li>- Met all attendance requirements and deadlines.</li> <li>- Regularly participated in class activities.</li> <li>- Met or exceeded expectations in assigned work.</li> <li>- Consistently displayed initiative and creativity in assigned work</li> </ul>		

### Policy 30

This page intentionally left blank because the *Student's Professional Competency Progress Report* and the *Student Progress Evaluation Form* were not contained within the handbook although they were referenced as tools accessing problematic behavior.