Problems of Professional Competencies and Pre-Licensed Counselors: Licensure Supervisors' View of Critical Incidents

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Para mis abuelas.

ABSTRACT

Problems of professional competencies (PPC) and remediation have grown in awareness in the counseling profession and within the literature. Counselor education programs adopt guidelines from their accrediting bodies to identify, evaluate, and remediate PPC exhibited by counseling students. The literature indicates that students are still entering the professional field without proper remediation and are seeking licensure through licensure supervision. Manuscript one includes a review of literature regarding PPC in context of licensure supervision. The literature indicates lack of structure within licensure supervision, reports of inadequate and harmful supervision, issues of non-disclosure, and lack of observation of pre-licensure counselors' clinical skills by supervisors. A framework is suggested to assist licensure supervisors in addressing concerns regarding PPC through written contracts, increase in supervisor training, and professional development plan structure for licensure supervision. Future policy and research directions are explored. In manuscript two, counseling licensure supervisors (n = 190) were surveyed to broaden the literature regarding supervisors' observations of PPC in the field; impact of PPC; and understanding, willingness, and responsibility to remediate PPC. A total of 44 licensure supervisors contributed 65 critical incidents regarding addressing PPC within licensure supervision. These incidents raise concerns about the lack of systemic support, ethical violations, and supervisors' preparedness. Licensure supervisors reported their personal emotions being impacted negatively, needing to address PPC without proper framework or support, encountering systemic barriers, and as a result struggling to navigate more critical incidents involving ethical violations. Manuscript two concludes with a framework for licensure supervisors to target PPC and implications for supervision practice and research.

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INTRODUCTION

There has been an increase in awareness and attention to problems with professional competencies (PPC) related to professional counselors. There is also a surge in growth of counseling positions, increase in number and enrollment within accredited counseling programs, and passing of the Counseling Compact which creates urgency in understanding barriers to effective clinical service and supervision (Bureau of Labor Statistics, 2022; CACREP, 2022). The literature includes a depth of understanding regarding PPC and remediation among student counselors; however, it is nearly silent regarding PPC and remediation in practicing counselors. The limited literature available shows concerns related to consistency and quality of licensure supervision as well as reports of student counselors graduating without proper remediation. Together, these create a need for understanding on how to support licensure supervisors and protect client care.

In chapter 1, a review of the existing literature provides context for existing concerns and barriers to effective licensure supervision. Brown-Rice and Furr (2016, 2019) reported that there is not sufficient structure regarding guidelines around PPC within graduate programs, which creates concerns of insufficient remediation and PPC entering into the counseling field. Counselor education faculty reported that although they engaged in remediation with students, they felt that more students struggled with PPC then they addressed (Gaubatz and Vera, 2002). Even & Robinson (2013) evidenced that ethical violations within the counseling profession were likely underreported, which may be a result of gateslippage at the graduate school level.

The literature also shows the impact of PPC on supervisors, including increase in workload and stress, impact on client care, and disruption of the work environment (Furr & Brown-Rice, 2018; Jorgensen et al., 2017). Most graduate programs have formalized remediation

procedures (Brown-Rice & Furr, 2016), and the current professional literature provides suggestions and structured frameworks to approach students with PPC, highlighting the importance of transparency throughout that process. Still, faculty members fear legal action as a result of ethical violations, remediation, and program dismissal, leaving them hesitant to engage in remediation. Licensure supervision has even fewer safeguards and less of a structured framework. This is compounded by evidence of inadequate and harmful supervision, issues with nondisclosure from supervisees, and inability for supervisors to observe clinical skills directly with clients (Cook & Ellis, 2021; Cook, Jones, et al., 2020; Cook & Sackett, 2018; Gray & Erickson, 2013). Together, the literature points to a need for development of a more structured approached at the pre-licensure stage of development to address some of these concerns and support supervisors. A framework for licensure supervision is provided that targets the above-mentioned concerns including improved documentation, approaches, and procedures.

Continued exploration of understanding of licensure supervision will assist in addressing the gaps in the literature and help counselor educators and supervisors better understand the needs of licensure supervisors. A framework for licensure supervision allows for a more efficient supervision approach. In Chapter 2 surveying licensure supervisors will lead us to better understand their willingness, sense of responsibilities, and understanding of addressing PPC, along with exploring critical incidents they have encountered with pre-licensure counselors exhibiting PPC. This leads to constructive implications for supervision practice and research.

Chapter 1 reviews the literature related to PPC, remediation, and licensure supervision. The research indicates a need to improve framework, policy, and procedures related to licensure supervision in target the concerns highlighted in the literature. The suggested framework

addresses these issues and provides licensure supervisors a way to provide more structured and effective supervision.

Chapter 2 addresses a gap in the literature identified in chapter 1 by targeting the need to explore and understand licensure supervisors needs and how they are experiencing PPC with pre-licensed counselors. Results of the given descriptive and qualitative survey support the provided implications for practice and research.

CHAPTER I: Problems of Professional Competency, Remediation, and Licensure Supervision in Professional Counseling

ABSTRACT

There is a growing awareness of problems of professional competencies (PPC) and remediation guidelines in the field of professional counseling. Although graduate programs have guidelines in place, new graduates continue to bring PPC into the field. Licensure supervision policy and guidelines for professional counselors provide little support to supervisors who are responsible for addressing these issues and deciding whether or how to endorse these individuals for licensure. I review information about PPC, remediation, and current licensure supervision to provide a foundation of understanding for supervisors. To increase effective supervision and remediation plans, I provide a potential framework for licensure supervisors to address PPC with supervisees.

Problems of Professional Competency, Remediation, and Licensure Supervision in Professional Counseling

The demand for mental health counselors is growing at a fast pace, with an anticipated 23% growth in positions by 2030 (Bureau of Labor Statistics, 2022). There is a recent proliferation of graduate counseling programs, with the number of CACREP accredited programs growing from 767 programs across 349 institutions in 2017 to 906 programs across 434 universities in 2022, representing an 18% increase in programs in just five years (CACREP, 2022). Additionally, enactment of the Counseling Compact means that counselors will increasingly practice across state lines, even when states have variations in supervision requirements. Therefore, there is a sense of urgency to further develop ways to support counselors and supervisors in protecting clients.

Licensure guidelines are designed to advance counselor development while maintaining oversight of practice through clinical supervision (Henriksen et al., 2019). Ethical guidelines specific to supervision include attention to client welfare, prevention of harm and misuse of

power by trainees, ensuring clinicians and student counselors are free of impairment, and restraining from endorsing supervisees who are unable or unwilling to perform their roles and responsibilities effectively (American Counseling Association [ACA], 2014, Standard F.5.d; Brown-Rice & Furr, 2016; Rust et al., 2013). Counselors who are unable to perform their professional roles and responsibilities effectively or demonstrate inappropriate boundaries are defined as having Problems of Professional Competence (PPC) and are in need of remediation to support their development while protecting the public at large (Brown-Rice & Furr, 2016; Demyan et al., 2018; Jorgensen et al., 2017; Olson et al., 2016; Rust et al., 2013).

PPC are "consistent maladaptive behavior related to the trainee's physical, cognitive, mental, emotional, and interpersonal functioning that interfere with the ability to adequately provide services" (Rust et al., 2013, p. 31). When attempts at remediation fail, the *Code of Ethics* (ACA, 2014) highlights the importance of preventing harm to the public through gatekeeping practices. Although the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) *Standards* and a growing body of literature provide recommendations for systematic remediation and gatekeeping within the context of counselor education programs (e.g., Dufrene & Henderson, 2009; Foster & McAdams, 2009; Freeman et al., 2016; Henderson & Dufrene, 2011; Henderson, K. L., & Dufrene, R. L. (2018); McAdams et al., 2007), the context of licensure supervision presents unique challenges for engaging these practices after graduation.

All states require education, examination, and supervised postgraduate experience to obtain licensure to practice independently. Pre-licensed professional counselors typically have met educational requirements but have not completed the supervised clinical hours required for independent practice following graduation (Cook & Sackett, 2018). Supervision standards for

pre-licensed counselors clearly lack a unified national standard (Field et al., 2019; Gray & Erickson, 2013; Henriksen et al., 2019; Nate & Haddock, 2014). Some of the more common state requirements for licensure supervisors include being a licensed professional, a required amount of clinical experience post licensure, supervision training, and supervision contracts (Field et al., 2019; Henriksen et al., 2019). Currently, all states and the District of Columbia require supervisors to be licensed for independent practice; however, 19 states have no training requirement for supervising candidates for licensure (Field et al., 2019). Some states do not require supervisors to hold professional counseling licenses, allowing social workers, psychologists, and marriage and family therapists to supervise pre-licensed counselors (Field et al., 2019; Henderson et al., 2016; Henriksen et al., 2019). Only two states require live supervision or review of client sessions (Gray & Erickson, 2013).

The purpose of this manuscript is to provide licensure supervisors with a resource for addressing PPC within supervisory relationships. I will review current information about PPC, remediation procedures, and licensure supervision. Because most of the literature regarding PPC is narrowly focused on student counselors in the context of counselor preparation programs, the manuscript begins with an overview of literature regarding PPC among students and recommendations for remediation practice. Next, I provide an overview of current practices and issues within supervision practice. Lastly, I propose a framework for licensure supervisors to use when addressing PPC through modifying remediation procedures established in the counselor education literature. Gaps and limitations in the literature will be identified along with proposed implications for research regarding licensure supervision.

Problems of Professional Competency

Student counselors with PPC demonstrate inadequate academic and clinical skills, dispositional issues, inappropriate interpersonal skills and boundaries, or difficulty understanding or adhering to ethical codes (Brown-Rice & Furr, 2016, 2019; Demyan et al., 2018; Henderson & Dufrene, 2012; Jorgensen et al., 2017; Olson et al., 2016; Rust et al., 2013). Rust et al. (2013) supported the use of criteria to identify PPC among student counselors: a) trainees are unable to recognize the presence of an issue, b) issues are not a typical developmentally appropriate skill deficiency, c) the effectiveness and quality of client work is impacted, d) the issue spans across multiple domains of professional functioning, e) a disproportionate amount of time and attention is dedicated to remedy the issue, f) the behavior or issue does not change despite efforts, and g) the issue and behavior has ethical, legal, and administrative implications. Jorgensen et al. (2017) surveyed 138 licensure supervisors regarding PPC and supervisees. They reported 72% of participants supervised a counselor with PPC, and the most common issues reported were impaired clinical skills, unprofessional behaviors, and inability to regulate emotions. These common PPC were also reported in other studies specific to student counselors (Brear & Dorrian, 2010; Brown, 2013; Gaubatz & Vera, 2002, 2006; Jorgensen et al., 2017). Brown-Rice and Furr (2016, 2019) expressed concern that codes and guidelines around PPC in graduate students are not clear enough, and therefore not remediated or addressed adequately.

PPC are often related to counselor professional dispositions.

> Dispositions are aspects of personal and professional functioning that subsume intellective factors, personality characteristics, relational proficiencies, and values orientations accounted for by nine correlated, but independent, factors: cognitive, ethical/legal, interpersonal, personal wellness, personal–professional boundaries,

> professionalism, responsiveness, self-control, and suitability for the profession. (Miller et al., 2020 p. 127)

A growing body of literature on professional dispositions highlights their importance alongside counseling skills, resulting in their inclusion within systemic evaluation and expectations and standards for students (CACREP, 2016; Christensen et al., 2018; Spurgeon et al., 2012). More specifically, Christensen et al. (2018) outlined seven critical counselor dispositions: openness to growth, awareness of self and others, integrity, emotional stability, flexibility, compassion, and personal style.

Henderson and Dufrene (2013) identified the top five counseling student behaviors needing remediation as 1) receptivity to feedback; 2) basic counseling skills; 3) boundaries with clients, supervisors, and/or colleagues; 4) openness to self-examination; and 5) advanced counseling skills. There is a clear contrast between optimal dispositions described in the counseling literature and issues that emerge as PPC. CACREP adopted the requirement to uphold and evaluate counselor dispositions; this requirement should carry over into postgraduate supervision for licensure. Doing so would create consistency, add value, and more clearly define the mutual purpose for supervisors and supervisees alike. This would also assist supervisors with formal and informal evaluations by creating tangible counseling characteristics to assess counselor performance in supervision.

Just as in licensure supervision, PPC are quite common in counselor education and supervision programs. Brown-Rice and Furr (2016) surveyed 370 counselor educators, and 91% of those surveyed confirmed having worked with students that experienced PPC. In an earlier study, 75% of counseling students reported having peers with PPC issues that disrupted student learning (Brown-Rice & Furr, 2013). These same counseling students indicated that they did not

believe the faculty adequately addressed these PPC. In a more recent study, graduate students reported they had more opportunities than faculty to observe their peers with PPC and that student issues such as inability to regulate emotions disrupted classroom time (Furr & Brown-Rice, 2018).

Although counselor educators identified trainees to have PPC, they also reported that they believe more students struggle with PPC than are receiving remediation. In a landmark study, Gaubatz and Vera (2002) identified a lack of formalized remediation structure specifically in non-CACREP accredited programs. They also found that counselor educators believed that the proportion of students in need of remediation exceeded the estimated 5% of students who had formal remediation or who faculty dismissed from their programs. Participants reported factors that may explain this phenomenon including the amount of adjunct faculty, which are disconnected from core faculty, program, or institutional pressure not to remediate students, concerns over poor teaching evaluations, and fear of legal action. As a parallel trend, it is not surprising that Even and Robinson (2013) found that 8 out of 10 licensed counselors that came from non-CACREP accredited programs received ethical violations from the state board.

The literature also provides evidence of insufficient remediation, also known as gateslippage. In several studies, students expressed concern and frustration with faculty or administration around what they perceived as a lack of intervention with peers who had significant PPC (Furr & Brown-Rice, 2018; Jorgensen et al., 2017). A portion of student counselors (17.9%) (Rust et al., 2013) and clinical supervisors (15.9%) (Jorgensen et al., 2017) also reported gateslippage whereby student counselors or supervisees graduated without addressing PPC sufficiently, indicating that gatekeeping procedures were not effective or implemented consistently (Gaubatz & Vera, 2002, 2006; Jorgensen et al., 2017; Rust et al.,

2013). Likewise, studies show that ethical violations are likely underreported, which is concerning given the profession's efforts to build professional identity and trust with clients, communities, and fellow service providers (Even & Robinson, 2013).

Those who work with supervisees and peers who exhibit PPC may also experience significant negative consequences (Furr & Brown-Rice, 2018; Jorgensen et al., 2017). Results of several studies indicate that PPC result in an increase in supervisors' workloads, disrupt their work environment, and increase stress, sometimes negatively impacting their work with clients or other students (Furr & Brown-Rice, 2018; Jorgensen et al., 2017). Unaddressed PPC adversely influence supervisees' clients alongside supervisors and peers, creating a ripple effect of potential harm.

The literature makes a compeling case regarding the prevalence and impact of PPC within counselor preparation programs. In response, several scholars have developed practical recommendations for remediation of PPC within counselor preparation programs. The next section focuses on remediation procedures.

Remediation Procedures

PPC and remediation have gained attention in the literature, due to increased legal action the profession is facing related to ethical violations, remediation, and program dismissal (Brown-Rice & Furr, 2016). Counselor educators and supervisors are responsible for intervening "with professional colleagues and supervisors who engage in behavior that could threaten the welfare of those receiving their services" (Foster & McAdams, 2009, p. 271). In response to these needs, CACREP requires that "counselor education programs have and follow a policy for student retention, remediation, and dismissal from the program consistent with institutional due process

policies and with the counseling profession's ethical codes and standards of practice" (2016, p. 5).

Transparency around formalized remediation is vital; it creates trust between students and faculty and increases the ethical integrity of the profession (Foster & McAdams, 2009). The remediation process introduces strategies that assist in developing skills or addressing dispositional concerns in attempts to help students develop appropriate levels of professional competence (Freeman et al., 2019; Henderson & Dufrene, 2013; Kress & Protivnak, 2009). Foster and McAdams, (2009) outlined a framework to promote transparency between faculty and students. They focused on development of fair and accessible expectations, opportunities for communication and discourse regarding these expectations, and faculty and program commitment to student support and remediation. Communication opportunities are created from a top-down and bottom-up philosophy and method. This practice allowed master's students to correlate their professional performance assessment policies and evaluations to licensure standards, a perfect steppingstone moving to postgraduate supervision (Foster & McAdams, 2009).

Likewise, Kress and Protivnak (2009) explained that gatekeeping and remediation processes in the literature share common themes. Kress and Protivnak (2009) referred to the organized outline and suggestion of remediation activities as a Professional Development Plan (PDP). Like Foster and McAdams' (2009) framework, they focused on clear expectations, improved communication, and supporting the remediation process. The development of a PDP includes: 1) identifying the problem, 2) establishing remediation activities or intervention, 3) integrating formative feedback, 4) determining individuals' involvement or responsibilities, 5) signing the document, 6) establishing timelines, 7) establishing the right to appeal, and 8) the

provision for immediate dismissal (Kress & Protivnak, 2009). Although they provided a solid outline of the process, there are few concrete intervention steps offered for addressing common, problematic student behaviors.

More recent research focuses on suggestions for intervention and even delivery of the plan itself. Henderson and Dufrene (2011) and Kress and Protivnak (2009) both suggested using a positive tone in PDPs, curating interventions specifically for supervisees, being time specific, ensuring there is documentation, and ensuring that all parties involved sign the documentation in agreement and commitment. Intervention recommendations include personal counseling, increased contact and check-ins with supervisors, increased frequency of supervision, clinical courses/training, provisionally decreasing clinical work, homework-readings or journaling, and leave of absence from work/clinical setting (Dufrene & Henderson, 2009.; Henderson & Dufrene, 2011; Henderson & Dufrene, 2018; Kress & Protivnak, 2009).

A number of contributing factors may impact faculty members' reluctance to address PPC with students. Structural issues including cost, documentation, timeliness, and lack of support from administration contribute to this ongoing issue (Rust et al., 2013). Although student knowledge is a key part of CACREP (2016) assessment, faculty should assess skills and dispositions should be assessed separately. Thus, faculty members may struggle to dismiss, fail, or remediate students who do well academically or are close to graduation. Despite growing resources and recommendations for remediation, counselor educators, students, and supervisors report gateslippage in which programs graduate new counselors into the workforce despite their still demonstrating PPC (Gaubatz & Vera, 2002, 2006; Jorgensen et al., 2017; Rust et al., 2013). New counselors who have not adequately addressed PPC in their academic preparation are at risk for continued problems in counseling skills and professional dispositions, potentially resulting in

ethical violations (Brown, 2013; Foster & McAdams, 2009; Gaubatz & Vera, 2006; Jorgensen et al., 2017; Rust et al., 2013). The problem with gateslippage is that these concerns may go unaddressed and pose challenges and risks within the context of licensure supervision.

Licensure Supervision

There is a narrow body of literature specific to the practice of licensure supervision compared to supervision in the context of counselor preparation programs. A literature search for *postgraduate supervision, pre-licensed counselors, licensure supervisors, post-degree supervision,* and *post-master's counselors,* yielded several articles focused on reviews of licensure laws and supervision requirements, supervision trends with a focus on non-disclosure, and ethical concerns around inadequate and harmful licensure supervision.

Cook and Ellis (2021) found that 77% of licensure supervisees reported receiving inadequate supervision, and 30% reported harmful supervision. These findings suggest the need for adjustments to general licensure supervision processes and training, including utilizing written supervision contracts or philosophies, broaching cultural intersections and identities, observing clinical skills directly, and ensuring openness to supervision feedback (Cook & Ellis, 2021; (Cook, Jones, et al., 2020; Cook & Sackett, 2018; Gray & Erickson, 2013).

Even when supervision is adequate, the most common form of supervision relies on supervisee self-report and subjective belief of issues supervisees think to be important, clinically relevant, and significant for their development (Gray & Erickson, 2013). Supervisees are expected to be able to identify the complexities of client-counselor relationships; however, novice counselors may not yet be able to do so developmentally. In addition, a recent body of literature points to the likelihood that intentional non-disclosure and omission of issues have clinical significance among licensure supervisees (Cook, Jones, et al., 2020; Cook, Welfare, et al., 2020; Cook & Sackett, 2018). For example, Cook, Welfare, et al. (2020) found that 95.3% of

pre-licensed counselors intentionally omitted some clinically relevant information in supervision, and 53.3% fully withheld information from their supervisor. The study highlighted non-disclosure to be dependent on the supervisory relationship, incidents between supervisee and supervisor, the amount of time given for supervision, inability to prioritize information, and inability to conceptualize the intricacies of clinical work and client-counselor relationships. Likewise, supervisees who felt guilt or shame around more serious issues or ruptures in the therapeutic relationship sometimes strategized by withholding information to maximize their time.

Withholding of information, or non-disclosure in supervision, may be minimized by using a more structured approach with supervisees (Cook & Sackett, 2018). There is a general understanding that these incidents contribute to the bigger issue of underdeveloped clinical skills and competence that may impact endorsement of counselors who are ineffective or harmful. However, there are few studies or guidelines regarding how licensure supervisors engage in remediation of PPC.

The absence of supervisor observation of live or recorded client sessions may perpetuate issues related to harmful or inadequate supervision especially given the role of non-disclosure and self-report within supervision. Nondisclosure within supervision creates an issue where supervisees are not addressing, growing, or learning from these incidents, and they are not able to process these situations with their supervisors. In turn, licensure supervisors may struggle to see and address undisclosed PPC issues linked to emergent concerns.

Implications for Supervisors

In the context of growing awareness of PPC and guidelines related to remediation of PPC within training programs, it is clear that some new graduates will bring PPC to post-graduate

supervisory relationships. Licensure supervisors would benefit from understanding PPC and formalized remediation procedures relevant to their practice. Rust et al. (2013) suggested that counselor education programs and the mental health profession standardize comprehensive measures for identifying and operationalizing student PPC, investigate effective means of addressing and remediating deficiencies, and explore factors that contribute to these breakdowns within counseling programs. Findings by Jorgensen et al. (2017) further support the idea that licensure supervision may provide the perfect platform for intervention for counselors who may need continued oversight due to ongoing professional development shortcomings past their graduate programs.

To address the above concerns in conjunction with non-disclosure and inadequate supervision, licensure supervisors must practice transparency, accountability, consistency, and intentionality to ensure sufficient supervisee development within supervisory relationships. A starting point, while achieving fair and accessible expectations, begins with written contracts to ensure clear and mutually agreed upon expectations and oversight, improved supervisor training, and a framework for remediation within licensure supervision.

Written Contracts

To provide transparency, intentionality, and reduce risk of liability, it is vital that supervisors utilize supervisory contracts (Blalock et al., 2021). A supervisory contract defines roles and determines expectations including goals, framework, structure of check-points and reports, methods of feedback and evaluation, a remediation process, and supervisee roles and responsibilities (*2016 CACREP Standards*, n.d.; *ACES Best Practices in Clinical Supervision – 2011*, 2018; Foster & McAdams, 2009). Contracts should include explanations of counselor dispositions and evaluation processes, agreement on direct observation strategies, and expected documentation and communication between supervisor, supervisee, and licensure board.

Supervisors could initiate and emphasize discussion and documentation regarding a commitment to assistance and remediation when they identify PPC are identified should be emphasized. Supervisors could assess this through formal evaluations and direct observation (Foster & McAdams, 2009).

Given the prevalence of supervisee nondisclosure (Cook et al., 2019; Cook, Jones, et al., 2020; Cook, Welfare, et al., 2020) and inadequate supervision (Cook & Ellis, 2021), supervision contracts should outline fair and accessible expectations that incorporate above mentioned dispositions and transparency of the supervision process. This should include the creation of opportunities for top-down and bottom-up discourse to address evaluation and feedback surrounding the supervisory relationship, procedures and options for direct observation or recording of clinical skills, evaluation of dispositions and PPC, remediation or PDP development procedures, and communication checkpoints with the licensure board. Contracts should also include scheduled evaluation check points for the supervisee and the supervisory relationship. Contracts should include details regarding how the supervisor will approach concerns around clinical skill development, issues of PPC, and noncompliance with the supervisory contract.

Supervisor Training

Supervisors should be prepared and knowledgeable on the creation of a contract, skilled in identifying PPC, and competent in implementing remediation processes. Continued education and training on dispositions, PPC, and considerations for multicultural competencies related to supervision is necessary to establish and maintain supervisory approaches and frameworks that integrate evaluations of these constructs. With these key guidelines in mind, this framework should include best practices for clinical observation in licensure supervision, remediation practices, and tactics to identify PPC.

Clinical training should also include instruction on outlining a PDP. Supervisors should create a PDP should be created and personalize it for each supervisee. A commitment from the licensure supervisee is necessary to follow through on their PDP, and actions taken by the supervisor in the event serious concerns arise. Utilizing Kress and Protivnak's (2009) model as a guide can set a foundation developing a PDP. This guideline details how to address counseling students and can be adapted for use with licensure supervision. Letourneau, (2016) recommended an *ethical decision-making model addressing PPC* that includes a similar process of creating a PDP; however, it includes the process of reflection, consultation, determining multiple courses of actions, and making an ethical decision.

A Framework for PDP Within Licensure Supervision

Creating a PDP for licensure supervision, a six-step process adapted from Kress and Protivnak (2009), would begin with 1) *identifying the problem* by utilizing formal evaluation of PCP and dispositions, direct observations of clinical skills, and communication checkpoint references. Then would continue to *2) establish remediation activities/interventions.* At this point, supervisor and supervisee would collaborate to determine the best ways to intervene, develop, and/or support identified PPC or dispositions. Dufrene and Henderson (2009), Henderson and Dufrene (2011), Henderson & Dufrene (2018), and Kress and Protivnak (2009) provided recommendations for students which would be adapted well for licensure supervision. Given the context of licensure supervision, it would be particularly important to emphasize increased contact and check-ins to avoid lack of follow through, especially in situations where the licensure supervisor is not directly affiliated with the supervisee's clinical setting.

Increased contact within the supervisory relationship lends itself to 3) *integrating formative feedback*. This provides an opportunity for discussion of concerns, barriers to the PDP, and further exploration of identified PPC while working through the PDP. Additionally,

supervisors should identify, specify, and use formal and informal evaluations to be used throughout the PDP. These could be determined in tandem with 4) *establishing timelines.* A PDP should provide a clear timeline for goals, expectations, and checkpoints of communication and evaluations. This may include a deadline for completing specific interventions and expectations with follow-up interventions. For example, supervisors should make clear how they will respond if the supervisee is not compliant or the strategy proves to be unsuccessful (e.g., reporting to clinical setting or licensure board, leave of absence for work, etc.). Throughout the development of the PDP, 5) *others' involvement should be determined*. In the context of licensure supervision, this may include the supervisor's direct manager/supervisor within their clinical setting, another consulting licensure supervisor, or a state licensure board representative.

The last step in the development of a PDP is 6) *signing the document*. The PDP itself should be treated like a contract and include the aforementioned steps and details. Throughout this collaborative process of creating a PDP, the same considerations as the supervisory contract should be used. This document needs to be transparent and intentional; it needs to serve as a form of constructive communication between the supervisor and supervisee, and it needs to reduce ripple effect harm and liability for the supervisor.

Supervisors are advised to utilize an *ethical decision-making model addressing PPC* as an overarching guide throughout every step of the PDP development process (Letourneau, 2016). It is important to utilize formal evaluation, consultation, and ethical decision making when identifying the problem, determining intervention, deciding involvement, and creating the PDP contract. Letourneau (2016) recommended 1) recognizing the problem, 2) defining the problem, 3) potential course of action, 4) choosing a course of action, 5) reviewing process, 6) implementation and evaluation, and 7) continuing reflection. Executing this process alongside

the collaborative PDP framework may increase follow-through, effectiveness of plan, and quality of outcomes.

Future Directions

The above recommended framework targets action steps to maintain quality licensure supervision, identification of PPC, and implementation of remediation. To support and sustain effectiveness and consistency, there is a need for change in policy to implement the above suggestions and to encourage further research.

Policy

There is a need for changes in licensure policies and procedures to create consistency for the supervision process and ensure development of ethical and quality counselors during the licensure process. Specifically, there is a need for a hard look at policy around counselor licensure processes, licensure supervision, and gatekeeping. Suggestions include the development of a publicly accessible system where counselors across all states are registered reflecting their licensure status including a documented link to their approved supervisor. This could increase oversight of counselors and supervisors by monitoring licensure process and history of supervisors, acting as a safeguard around supervisees who rapidly change supervisors and supervisors who take on excessive numbers of supervisees. Some states already enforce this practice, including Texas and Florida. These states identify pre-licensed counselors as *licensed counseling interns* (Counselors, n.d.). As a part of this practice of registering licensure supervisees and supervisors, it may be important to consider and include a process for switching supervisors throughout the licensure process, by limiting the number of supervisors per supervisee and/or documenting rationale for supervisor changes. This would decrease or eliminate concerns of a licensure supervisor identifying PPC, not effectively intervening, terminating that relationship to avoid responsibility for the counselor's PPC or a supervisee

changing supervisors to avoid accountability. In these cases, the supervisor should be required to notify, in writing, the counselor and the state licensure board regarding their reasons for terminating the supervisory relationship.

Another important policy consideration to maintain accountability would be requiring written supervisory contracts between supervisor and supervisee. Contracts may address the above concern by formally providing documentation on record with the state licensure board which links the contractual agreement between the supervisor and supervisee. Revised contracts would need to be re-submitted to the state licensure board. Requiring licensure supervisors to provide a written contract be provided as part of the state licensure registration process would also increase communication between the licensure board and licensure supervisors. This may also assist the state in identifying when supervisors or supervisees terminate the relationship because of PPC. Aside from being part of the registration process, written contracts may help establish consistency of recognized interventions and evaluations such as direct observation and PPC evaluation.

A key area of policy focus is mandating direct observation and evaluation of clinical skill for all pre-licensed counselors. Direct observation should occur via audio and video recording or live observation with a minimum frequency for direct observation and evaluation being once a quarter throughout the supervisory relationship (Gray & Erickson, 2013). Direct observation avoids relying solely on counselor self-report and serves as another way supervisors can more clearly identify and evaluate PPC. Utilizing established oversight approaches and evaluation of clinical skills and PPC should be mandated by licensure boards.

Along these lines, licensure board should approve supervisors using consistent criteria and a rigorous process that ensures high quality, productive supervision. Licensure boards should

require that licensed supervisors be trained in gatekeeping, PPC, remediation processes, and ethical practices. Overall best practices should include implementing a standardized supervision process including requirements for approving and maintaining licensure supervisors, evaluating pre-licensed counselors, and monitoring counselor progress and concerns through regimented ongoing communication with state licensure boards. A final recommendation for policy considerations includes having the National Board for Certified Counselors - Center for Credentialing and Education (NBCC-CCE) incorporate these preparation strategies and training to the Approved Clinical Supervisor (ACS) credentialing process. This will contribute another layer of consistency and a step toward a unified standard for licensure endorsement and care.

These suggestions can drastically improve the way the counseling profession endorses counselors for licensure, and has potential to increase ethical decision making, client care, and accountability of supervisors and supervisees, while decreasing potential ethical violations and PPC. Licensure supervisors are encouraged to speak to their local counseling associations about these suggestions and should support advocating for these changes at the state level.

Research

It is imperative we address the gap within the literature and further develop an understanding of PPC within the licensure process. Further exploration of PPC and supervisors' experiences with supervisees is fundamental. Initial studies could seek to explore and understand the frequency with which supervisors encounter PPC, the kinds of PPC they identify, how PPC impacts supervisees' clients, multicultural implications, and how PPC influences the supervisory relationship.

Another vital exploration is understanding licensure supervisors' approaches to supervisees in relation to PPC, including supervisees' responses to attempts at remediation.

Understanding the effectiveness of supervisor approaches to addressing PPC and supervisees' responses to various remediation approaches would begin to create an evidence-based approach to gatekeeping and remediation. In short, researchers could also explore if and/or how licensure supervisors evaluate and address these issues.

Researchers could also standardize evaluation practices to determine acceptable clinical skill development during the licensure process. By further developing clinical skill assessment and counseling disposition appraisal, researchers could be instrumental in setting the groundwork for licensure supervision best practices. Researchers could also identify and/or create accessible resources and training to make it easier for licensure supervisors to identify and address PPC.

By implementing the proposed licensure supervision framework and structure, supporting suggested policy changes, and pursuing recommended research directions, the counseling profession can reduce harm and improve overall counseling excellence. Systematically addressing inadequate and harmful supervision, providing a structured approach to PPC remediation, and implementing PDP based on consistent policies would decrease licensure supervisor stress of taking on supervisees' experiencing PPC and can normalize the remediation process, resulting in improved client care.

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CHAPTER II: Problems of Professional Competencies and Pre-Licensed Counselors: Licensure Supervisors' View of Critical Incidents

ABSTRACT

Counseling licensure supervisors (n = 190) approved by their respective state boards to provide supervision to pre-licensed counselors were surveyed to determine their willingness, responsibility, and understanding of protocols in addressing problems of professional competency (PPC). Descriptive statistics were used to analyze the data, and critical incident technique was used to explore supervisors' experiences with critical incidents (n = 65) in addressing PPC with supervisees. Findings support existing literature related to understanding, willingness, and responsibility of educators and supervisors in other settings. However, experiences related to critical incidents raise concerns regarding systemic support, ethical violations, and supervisor preparedness to address emotionally intense incidents related to supervisees' PPC.

Keywords: **problems of professional competency, pre-licensed counselors, approved supervisors, licensure supervision**

Problems of Professional Competencies and Pre-Licensed Counselors: Licensure Supervisors' View of Critical Incidents

Core professional counseling values include a commitment to "safeguarding the integrity of the counselor-client relationships; and practicing in an ethical and competent manner" (American Counseling Association [ACA], 2014, p. 3). These values are intended to support consistent implementation of counselor behaviors based in autonomy, nonmaleficence, beneficence, justice, fidelity, and veracity (ACA, 2014). As a safeguard to these commitments and ethical principles, the ACA *Code of Ethics* (2014) and Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) require that counselor educators and supervisors routinely monitor aspiring counselors' skills and dispositions, taking clear action to help students and supervisees address concerns that may impede effective, ethical

work with clients. When counselor educators and supervisors are unable to remediate concerns effectively, they are responsible for implementing gatekeeping procedures that keep students from entering the field or graduates from continuing in the field (Foster & McAdams, 2009).

Problems of Professional Competency (PPC) can be wide ranging and include inadequate clinical and academic skills, inappropriate interpersonal skills and boundaries, concerning dispositions, or difficulty understanding or adhering to ethical codes (Brown-Rice & Furr, 2016; Henderson & Dufrene, 2012; Jorgensen et al., 2017). To date, PPC and associated remediation procedures have been studied almost exclusively in counselor education context, although one sample of clinical supervisors reported some of the most common issues with PPC were inability to regulate emotions, inadequate clinical skills, and unprofessionalism (Jorgensen et al., 2017). These align with the most frequently cited counseling student behaviors needing remediation: impaired counseling skills, lack of professional boundaries, and lack of openness or receptivity to feedback (Henderson & Dufrene, 2012). Henderson and Dufrene (2012) also provided an outline of general areas that align with PPC most often exhibited by counseling students including "1) ethical behaviors, (2) symptoms of a mental health diagnosis, (3) intrinsic characteristics, (4) counseling skills, (5) feedback, (6) self-reflective abilities, (7) personal life difficulties, and (8) procedural compliance" (p. 51).

Faculty and peers may experience an increase in workload, stress, negative feelings, and disruption of the work environment when working with individuals who demonstrate PPC (Furr & Brown-Rice, 2018; Jorgensen et al., 2017). Brown-Rice and Furr (2016) explored the frequency in which counselor education and supervision program faculty experienced students with PPC, reporting that 91% of participants confirmed they have worked with students who exhibited PPC. Similarly, 75% of counseling students reported experiencing disrupted learning

because of peers with PPC which they believed faculty did not adequately address (Brown-Rice & Furr, 2013).

There are significant reports of students graduating without proper remediation of PPC. Nearly one in five (17.9%) student counselors and one in six (15.9%) clinical supervisors reported observing PPC in the mental health field with post-graduate counselors, expressing concerns that PPC were not being addressed sufficiently (Gaubatz & Vera, 2002, 2006; Jorgensen et al., 2017; Rust et al., 2013). Even and Robinson (2013) confirmed that ethical violations are underreported which further supports concerns about potential PPC going unaddressed. Student counselors who graduate without addressing PPC require remediation due to struggles with dispositions, clinical and interpersonal skills, boundaries, and difficulty following through with ethical standards (Brown-Rice & Furr, 2016, 2019; Demyan et al., 2018; Henderson & Dufrene, 2012; Jorgensen et al., 2017; Olson et al., 2016; Rust et al., 2013). In one of the few studies focused on supervision of pre-licensed counselors, Jorgensen et al. (2017) explored clinical supervisors' knowledge of supervisee PPC and its impact on the supervisor. They concluded that gateslipage was occurring and students were graduating without addressing PPC.

CACREP (2016) *Standards* and professional literature provide guidance for gatekeeping and systemic remediation in counselor education programs (e.g., Dufrene & Henderson, 2009; Foster & McAdams, 2009; Freeman et al., 2016; Henderson & Dufrene, 2011, 2018; McAdams et al., 2007). CACREP specifically states that "counselor education programs have and follow a policy for student retention, remediation, and dismissal from the program consistent with institutional due process policies and with the counseling profession's ethical codes and standards of practice" (2016, p. 5). Although policies and procedures are in place, there are

longstanding reports from counselor educators that a portion of students in need of remediation were pushed through the program and graduated (Gaubatz & Vera, 2002). Factors associated with the amount of gateslipage include use of adjunct faculty, concerns over teaching evaluations, concerns with legal implications, and lack of support from fellow faculty members (Gaubatz & Vera, 2002). Within the context of licensure supervision, applying these same frameworks presents unique challenges for engaging these practices after graduation.

Ethical considerations for the development of effective and quality licensure supervision should include understanding and addressing PPC (American Counseling Association [ACA], 2014, Standard F.6; Brown-Rice & Furr, 2016; Rust et al., 2013). Licensure supervisors are responsible for endorsing professional counselors through supervision of clinical skills, ethical adherence, professional dispositions, and counselor development (Foster & McAdams, 2009; Jorgensen et al., 2017). PPC may be present through the licensure process due to inadequate remediation within counseling programs (Gaubatz & Vera, 2002, 2006; Jorgensen et al., 2017; Rust et al., 2013). Additionally, licensed and pre-licensed counselors experience significant burnout and strain in community mental health agency settings, which furthers concern around the development and support of supervisees prior to endorsement for licensure (Freadling & Foss-Kelly, 2014; Green et al., 2014; Lent & Schwartz, 2012). Even if PPC are addressed in graduate programs, new challenges may arise post-graduation that need to be addressed as new counselors enter these arduous work settings. Green et al. (2014) recommended targeting leadership and supervisors' approaches to collaborating with new professional counselors by increasing both structure and support.

Remediation of PPC during the licensure supervision process is essential for supporting counselor development while also protecting the public consistent with the ACA *Code of Ethics*

(2014). Currently there is minimal literature regarding PPC within licensure supervision, and many state licensure laws lack concrete guidance for licensure supervision, specifically around remediation and endorsement (Field et al., 2019; Gray & Erickson, 2013; Henriksen et al., 2019; Nate & Haddock, 2014). The literature includes frameworks for remediation in counselor education programs; however, more needs to be done for licensure supervisors where procedures for navigating remediation is less clear.

Purpose and Research Questions

Previous research focused on the experiences of faculty, supervisors, and students in the context of counselor preparation (Brown-Rice & Furr, 2013, 2016, 2019; Gaubatz & Vera, 2006; Henderson & Dufrene, 2012; Olson et al., 2016; Rust et al., 2013). Despite growing attention to processes for remediation and gatekeeping, professionals with PPC are entering the field. Gaps in the literature leave a lack of understanding regarding the experiences of licensure supervisors who encounter PPC with supervisees and the practices in which they engage to address these concerns. An understanding of these experiences is a first step to developing resources to support remediation and gatekeeping in the context of licensure supervision. The purpose of this study was to explore professional counseling licensure supervisors' understanding, willingness, sense of responsibility, and experiences with PPC and remediation among their supervisees. Specifically:

- RQ1: What types of PPC are licensure supervisors encountering within supervisory relationships?
- RQ2: What do licensure supervisors identify as the impact of supervisees' PPC?
- RQ3: To what degree do licensure supervisors report willingness, responsibility, and understanding of protocols for addressing PPC?

- RQ4: How are licensure supervisors encountering supervisees with PPC, and what resources might support them in these experiences?

Method

Research Design Overview

I used a descriptive design to explore licensure supervisors' experiences with PPC within the context of licensure supervision. Participants completed the *Problems of Professional Competency Survey - Licensure Supervisor* survey (PPCS-LS; adapted from Brown-Rice & Furr, 2019) prior to selecting a critical incident for which they responded to a series of open-ended questions utilizing a Critical Incident Technique framework (CIT; Flanagan, 1954).

CIT is a method used to acquire information concerning behaviors, incidents, or factors in targeted situations (Flanagan, 1954; McDaniel et al., 2020). CIT requires five steps: 1) identifying the general aims of a specific activity; 2) making plans and setting specifications; 3) collecting data; 4) data analysis; and 5) interpreting and reporting (Butterfield et al., n.d.; Flanagan, 1954; McDaniel et al., 2020). The method targets incidents that enhance or deter the effective performance of an activity. PPC and remediation are factors within supervisory relationships which impact clinical treatment and relationships with licensure supervisors (Brown-Rice & Furr, 2016; Jorgensen et al., 2017); therefore, they are considered critical incidents (McDaniel et al., 2020).

The first step in designing a CIT study is to identify the general aims of a specific activity; this helps identify the objective of this activity and what the person who engages in the activity is expected to accomplish (Butterfield et al., 2009.; Flanagan, 1954; McDaniel et al., 2020). The specific activity was counseling licensure supervision; the objective of this activity was to provide oversight, encourage growth and development of clinical skills, promote ethical decision making, and provide endorsement for licensure.

The second step involves making plans and setting specifications, which include a) defining what situations should be observed, b) determining the relevance to the specific activity previously identified, c) understanding the effect the situation has on the general aim, and d) determining who will make the observations or data analysis (Butterfield et al., n.d.; Flanagan, 1954; McDaniel et al., 2020). CIT originally involved purely direct observation; however, it has evolved to accept retrospective self-report as permissible (McDaniel et al., 2020). The situations observed were licensure supervisors' self-reported experiences with PPC and remediation.

The third step is to collect data (Butterfield et al., 2009; Flanagan, 1954; McDaniel et al., 2020). As described below, I collected data via a questionnaire that included a descriptive survey and qualitative inquiry about the identified critical incidents. CIT questions were created to a) allow participants to tell their story and feel understood, b) provide context for the CIT and explore Wish List (WL) items (i.e., programs, people, resources, information and support participants believe would have been helpful in the situation), c) elicit information about the identified incident, and d) gather information that provides details about the participant sample (Butterfield et al., n.d.). Although CIT typically employs qualitative interviews, the literature supports the use of CIT in written qualitative research such as surveys; as sample size becomes larger, a questionnaire or survey can provide the same outcomes of collecting critical incidents as face to face interviews (Flanagan, 1954; Viergever, 2019).

The fourth step is to analyze data; the fifth step is to interpret and report (Butterfield et al., n.d.; Flanagan, 1954; McDaniel et al., 2020). Consensual Qualitative Research – Modified (CQR-M) is used for larger sample sizes that contain brief, qualitative data (Spangler et al., 2012); CQR-M was used for data analysis and interpretation for the qualitative portion of the survey.

Participants

Participants were 190 professional counselors who were engaged in licensure supervision of professional counselors. Inclusion criteria were: being a licensed professional counselor or equivalent in good standing with their state board; being approved or designated as a licensure supervisor by their state board; and actively working with licensure supervisees. Over one-half (52.11%) identified as female, 45.26% as male, and 0.53% as non-binary; 2.11% preferred not to say. They ranged in ages from 25-74 (M = 39.98, SD = 16.97). Of the 190 participants, 60.00% self-identified as white, 30.00% as Black, 4.21% as Latino/a/x, 2.11% as American Indian or Alaskan Native, 1.05% as Asian, and 2.11% as multiracial; 1.05% preferred not to say. The majority of participants practiced in the Southern region (58%). Other regions represented were Western (14%), North Atlantic (14%), North Central (10%), and Rocky Mountain (4%).

Most participants worked in private practice settings (54.74%), 30% practiced in community mental health agencies, and 3.68% were in inpatient settings. The remaining 10.53% of participants self-described working in a combination of settings including private practice, community mental health, non-profit, social services, or universities. The majority (58.95%) reported having their Master's degree in Clinical Mental Health Counseling, 13.16% reported a PhD in Counseling, and 9.47% held a Master's degree in Rehabilitation Counseling; others preferred to self-describe reporting combinations of degrees in the mental health field. Most participants (60%) had been licensed for independent practice between 5-10 years (M = 9.24, SD = 6.63). The amount of time as an approved supervisor averaged around 6 years (M = 6.21, SD = 6.09). Participants worked with 1-50 supervisees throughout their time in practice (M = 10.08, SD = 15.14) and were currently seeing between 1 and 7 supervisees (M = 3.79 SD = 2.78). Participants reported spending more time addressing clinical items in supervision (52.5%) and less time with administrative (47.4%).

CIT sample size is relevant to the number of critical incidents identified, rather than the number of participants (Flanagan, 1954). I secured 65 critical incidents that were contributed by 44 unique participants.

Researcher Reflexivity Statement

I have over 10 years of clinical experience as a professional counselor and have worked a total of 17 years in a variety of mental health settings that has provided experience with multiple clinicians and counselors. I became aware of PPC before I was a counselor; however, I had little understanding of the phenomenon other than my observations. I recognized clinical and ethical concerns in managers and supervisors that I deemed problematic for working with clients, and I experienced how they impacted the work environment.

After becoming a professional counselor and having a better understanding of ethical implications and counselor preparation, I became more aware of the importance of addressing PPC, and I was also becoming more aware of the number of clinicians in the field exhibiting PPC. Coming into leadership and supervisory roles provided me with the ability to address and observe PPC in a different capacity. As a licensure supervisor and counselor educator doctoral candidate, I have received training on counseling ethics, supervision approaches and frameworks, and remediation and gatekeeping practices. Therefore, I recognize my experiences around PPC and its impact on clients and the mental health field may have impacted how I approached this inquiry.

Data Sources

Problems of Professional Competency Survey - Licensure Supervisor

The Problems of Professional Competency Survey - Counselor Educator (PPCS-CE; Appendix A) was adapted, with author permission, for licensure supervisors (Brown-Rice & Furr, 2016). The PPCS-CE was initially created using PPC literature and measures knowledge of

PPC, perceptions of PPC impact, and knowledge of protocols for remediating PPC in counselor education context (Brown-Rice & Furr, 2013). Content validity and reliability were established in the original survey via expert review in two pilot studies (Brown-Rice & Furr, 2013). Experts with experience in areas of ethics, supervision, and gatekeeping and master's students were used to determine clarity and conciseness of the survey questions. The survey was reviewed and feedback was implemented to determine appropriate edits. The last pilot study resulted in no further suggestions or feedback (Brown-Rice & Furr, 2013).

For this study, I adapted language on the PPCS-CE to refer to licensure supervision context rather than counselor education context, but I did not change the content of questions. Adaptations included changing counselor educator to supervisor, student to supervisee, and faculty to agency, state board, and organizational leadership. I removed questions related to specific settings or about faculty that were not relevant to the target participants. I excluded Part III - Section I and II due to lack of relevance to the research questions of focus.

The resulting PPCS-LS included 32 items. I adjusted the demographic survey from the original survey to collect information about participant age, race/ethnicity, gender identity, years of practice, region, degree, and setting. After adaptation, the PPCS-LS consisted of two sections. The first section, Licensure Supervisors' Knowledge of Supervisees Problems of Professional Competency, included 10 items. The first two items requested participants to rank their observations and impact of the eight most common PPC identified by researchers. The remaining items were presented on a likert scale ranging from 1 = Strongly Disagree to 5 = Strongly Agree; participants rated their knowledge and understanding of working with supervisees with PPC. The second section, Licensure Supervisors' Knowledge of Best Practices for Addressing Supervisees' Problems of Professional Competency, also included a likert scale ranging from 1=

Strongly Disagree to 5 = Strongly Agree, where participants rated their understanding of best practices when working with supervisees with PPC.

Critical Incident Questionnaire

The last portion of the survey included a CIT questionnaire (Appendix B) focused on work with licensure supervisees experiencing PPC. The questionnaire was developed to capture the essence of the CIT method. Questionnaires in CIT should ease the ability to identify critical incidents and wishlist items, providing supporting details for these (Butterfield et al., n.d.). Only participants who responded to experiencing a critical incident with a licensure supervisee were presented with the questionnaire. The first question asked participants to describe a time they were concerned about PPC in licensure supervision. The following three questions inquired further about the incident relative to the impact and how the supervisor addressed the PPC. The last three items explored what participants thought was helpful or hindered response to the incident as well as participants' wishlist. The questionnaire included guidance for maintaining confidentiality by not providing identifying information for their supervisees when answering questions. Each participant had the opportunity to enter up to five critical incidents.

Procedures

Participant Recruitment and Selection

Following Institutional Review Board approval, I solicited potential participants in three ways. Participant recruitment occurred through purposive sampling. I initially obtained licensure board contact information for each state, as listed on the National Board for Certified Counselors (NBCC) website to determine which licensure boards made email lists of supervisors available to the public. Licensure boards in Oregon, Ohio, North Carolina, and Maryland provided access to email lists. I sent all potential participants from these states an email (Appendix C) and flier (Appendix H) inviting them to consider participating in the study. Second, I posted public calls

on listservs (e.g., CESNET, TLPCA) and social media (i.e., Facebook Knoxville Mental Health Professionals, Colorado Counseling Group, North Texas Mental Health Professionals Group, LMHC and LPC Facebook Group, and Mental Health Professionals of Florida Group). Third, I asked for the flier and survey link to be passed along to anyone that they believed met criteria.

Regardless of contact method, all potential participants were directed to a Qualtrics platform. The Qualtrics platform began with a brief screening survey (Appendix D) to ensure potential participants met inclusion criteria. If a potential participant did not meet criteria, it directed them to the end of the survey and thanked them for their participation; however, it did not provide them with any survey items. Those who met criteria proceeded to the informed consent statement (Appendix E) When participants agreed to the informed consent, they proceeded to the data collection tool.

Data Collection

After agreeing to the informed consent statement, the link directed participants to Part I of the survey, *Demographics*. After completion of demographics, they completed the remainder of the PPCS-LS. After completion of the PPCS-LS, supervisors indicated whether they had experienced a critical incident regarding PPC in licensure supervision. The link directed those who marked no to experiencing a critical incident to the survey incentive page (Appendix G) where they could enter their contact information to receive a $10 electronic gift card, choosing among Target, Amazon, and Starbucks. To ensure anonymity in survey responses, this page was not connected to the original survey. Participants who indicated they had experienced a critical incident related to PPC in licensure supervision were directed to the Critical Incident Questionnaire. After each questionnaire, participants chose whether they wanted to enter another incident, with the survey repeating up to five times total. Once participants completed this

portion or marked no to enter an additional incident, Qualtrics directed them to the incentive page, Appendix G.

Data Analytic Procedure

A total of 429 responses were received and reviewed prior to analysis. A total of 239 responses were removed due to not meeting screening criteria (n = 66) or suspicious content detected by Qualtrics or visual review (n = 173). I screened descriptive data for partially completed data and outlier responses. I removed surveys missing more than 25% of responses or containing questionable patterned responses. The final number of surveys that met criteria, agreed to participate and was cleaned was 190. To address research questions 1-3 regarding types of PPC encountered, impact of supervisees' PPC, and understanding of protocols, I reported frequencies, mean ratings, and percentages as appropriate to each item.

Analysis of data utilizing CQR-M aligned well with the development of CIT inquiries. Both CIT and CQR-M call for openness and specificity (Flanagan, 1954; Spangler et al., 2012). CQR-M allows for larger sample sizes and is designed to allow rigorous analysis of brief, written qualitative data (Spangler et al., 2012). Due to the nature of qualitative survey responses and the sample size the participants were given, the length of the response was indicated to foster concise and specific responses. I initially received 109 critical incidents; I discarded 44 critical incidents that did not have sufficient text for analysis, or did not meet criteria, leaving 65 incidents for analysis.

Once I cleaned the data, I began analyzing the data using a bottom-up process where the data determined domains and categories for coding. Spangler et al. (2012) recommend reviewing 30 sets of responses with a co-coder before creating domains and categories, then reviewing a second set of 30 responses to confirm and modify categories, editing domains that can be consolidated.

Domains and categories were determined by identifying themes and extracting incidents within the data. CQR-M does not interpret data; however, it places data directly into its corresponding domain and category (Spangler et al., 2012). The co-coder and I met after reviewing the first set of 30 responses and creating a list of the domains; we worked on consolidating categories that were similar. We updated the list of domains and categories and reapplied them to the first set of 30 incidents, reaching 100% agreement. We then moved on to the second set of 35 incidents, reaching 80% agreement. We determined no new categories, although we did clarify definitions prior to coming to consensus on any items for which we disagreed. The co-coder and I came to agreement that the data appeared exhausted after analyzing a total of 65 incidents. The data did not provide more incidents or categories and therefore did not require coding additional blocks of incidents (Flanagan, 1954; Swan & Rao, 1975). The final step was to determine the frequency of each category; this was completed by looking at the proportions of each category.

Methodological Integrity

McDaniel et al. (2020) described multiple CIT *credibility checks* or strategies to increase the integrity of a CIT study. I implemented four of the nine checks in this study. The first credibility check was to have a record of the data to increase descriptive validity (McDaniel et al., 2020). I kept and saved, as submitted, qualitative survey responses within data collection to honor participant voices by not omitting or altering portions of participant reports. The second credibility check was using a partner to identify critical incidents and code via CQR-M procedures. The third credibility check focused on exhaustiveness of the data. As previously mentioned, exhaustiveness was determined when no more than 2-3 themes or new incidents were found within the analysis to ensure domains and categories were being represented fully (Flanagan, 1954; McDaniel et al., 2020; Swan & Rao, 1975). The last credibility check related to

exhaustiveness; however, it particularly focused on rates and frequency of critical incidents. The relative importance of each category was determined by creating and providing the frequency and rates at which participants contributed to each domain and category. This created a check to evaluate the degree to which the study honors participants' reports (McDaniel et al., 2020).

Results

RQ1 – Types of PPC Encountered

Two-thirds of participants (66.9%) reported encountering PPC within their supervisory relationships. Participants who had encountered PPC ranked the types of PPC they most observed from 1 (most common) to 8 (least common). The most commonly observed PPC was inadequate clinical skills (32.2% ranked first, $M = 2.96$, $SD = 2.18$). See Appendix I - Table 1 for a complete reporting of PPC observed.

RQ2 - Impact of Supervisees' PPC

Participants who had experiences with supervisees with PPC rank-ordered eight types of impacts related to working with supervisees with PPC. Increased stress was the top-ranked impact of working with supervisees with PPC (22% ranked first, $M = 3.44$, $SD = 3.15$), followed closely by increased workload (20% ranked first, $M = 4.08$, $SD = 3.94$). See Appendix I -Table 2 for a complete reporting of impact of PPC.

RQ3 – Willingness, Responsibility and Understanding of PPC Protocols

Participants rated their willingness and responsibility to address PPC alongside their understanding of protocols for addressing PPC on a scale from 1 (strongly agree) to 5 (strongly disagree). Participants responded to items related to preparedness, willingness, and feelings of support with typical responses being neutral or in disagreement with the statement (Appendix I-Table 3). When asked about concern for the quality of the counseling profession when a

supervisee with PPC is endorsed for licensure, participants indicated agreement (M = 1.96, SD = 1.28).

Participants responded to items related to understanding protocols and responsibilities for addressing PPC in context of their independent practice or community agency setting. Participants' responses indicated understanding of protocols for addressing PPC and endorsed understanding of their responsibility for addressing PPC. See Table 4 for complete responses.

RQ4 – Critical Incidents Addressing PPC in Licensure Supervision

A total of 44 unique participants submitted 65 unique incidents regarding licensure supervisees with PPC. Codes for incident of focus, impact, actions taken, and influencing factors were analyzed by question. The codes for questions about what helped or hindered, along with participants' wishlist items, were consolidated into one group of codes due to significant overlap across categories. See Appendix J for a table with complete codes, definitions, and frequencies.

Incident of Focus

Analysis of critical incidents revealed six unique issues of focus, with a number of critical incidents including more than one incident of focus. Most frequently (26%), participants reported *ethical violations* such as seeing clients after termination, violations of privacy, or discrimination. One participant stated, "Supervisee continued to meet and treat client after he or she had terminated services from the agency." Another participant reported:

> I was supervising a therapist that was being mandated to supervision by the board for issues with possible insurance fraud. This person was not allowed to see clients until having a mental health evaluation. This person was seeing clients against boards regulations and then would not attend supervision or would show up for 15 mins. She expected me to give her full credit for the supervision because "its easy money and I don't really need supervision." I was ordered to update board weekly on her attendance.

> After her 3rd no show to supervision I decided to terminate our contract, due to lack of respect for my time, the board's requirements, and lack of ability to be honest.

Relatedly, a number of incidents (25%) reflected concerns regarding *clinical judgment or effectiveness*. These included inappropriate referrals, services lacking evidence or not helping clients, inadequate preparation or skills, and boundary slippage not rising to the level of a clear ethical violation. For example, one participant shared a time "working with a supervisee who implemented an intervention with a client that not only lacked evidence based but also directly contributed to the mental health issue." Another participant reported, "I had a supervisee who was proud of their use of silence within sessions. I reviewed a video recording of them providing counseling to a client, and they were silent in session for over twenty minutes while the client attempted to engage them in conversation. There were plenty of opportunities for the counselor to engage."

Participants also reported concerns regarding a licensed counseling intern and their *professional work behavior* (20%) which most often included absenteeism and problematic documentation. One participant reported, "A few of my interns have demonstrated difficulty distinguishing between professional and personal boundaries with the client (why can't we be friends) and with colleagues (triangulating client and other colleague relationships)." Another supervisor commented, " I discovered that my supervisee was failing to keep adequate notes after sessions with her clients."

At the same frequency, participants reported *lack of engagement or noncompliance in supervision* (20%). This was defined as inability or refusal to comply with supervisory directives, intentional non-disclosure, or poor engagement including failure to produce documentation or recordings for supervision. One participant reported:

> One supervisee clearly stated she did not like clinical work, and clients complained to me about her lack of professionalism and clinical knowledge. She did not take supervision seriously AEB getting her nails done during virtual supervision or once getting in the tanning bed! I had no recourse with the agency due to very unsupportive leadership. Our state board does not provide any process for putting accountability on to the Supervisee so I had to set boundaries and provide coaching as best I could.

Another supervisor reported an incident "When I asked for audio or video tapes from my supervisee to do interpersonal process recall and other important activities and they did not provide tapes."

Impaired wellbeing (15%) included supervisees who presented as overwhelmed, in personal distress, and had indications of mental disorders that intersected with their performance. For example,

> Supervisee absenteeism, late with paperwork, frequent tearfulness, difficulty decentering focus on self and focusing on role, colleagues sharing concern that supervisee is overwhelmed, inappropriately large proportion of supervision being steered towards personal support needs more appropriate for therapy and not responsive to redirection or feedback.

Another example of impaired wellbeing included a time when "Supervisee was emotionally connected to client. Supervisee was unable to remove herself or regulate herself when client was experiencing trauma. Supervisee showed her own trauma reactions and dysregulation. When processing and discussing supervisee became more upset and refused to attend supervision sessions for a long period of time."

Dispositions (9%) was defined as supervisee characteristics including lack of receptivity to feedback, self-awareness, or openness. One supervisor explained "Intern was unable to take

feedback or support regarding improving their skills -- very defensive and chose to change supervisors." Another participant accounted a time when they

> …had a supervisee who often took everything personal from both the supervisor and client. Anytime a client wanted to discuss something else that she may have not planned for, she would shut down and make it a personal attack which would impact the clinical and supervision relationship."

Some incidents were not able to be classified or understood and coded as *other* (6%).

Impact

Supervisors reported four categories of impact, often reporting more than one impact per incident. The most frequently reported impact was *negative personal emotions* (78%). *Negative personal emotions* included supervisor feelings of frustration, distress, anger, awkwardness, preoccupation, or physical stress. One participant stated, "Both frustrating and concerning since I was later consulted with by her new supervisor who was then having similar concerns with intern." Another participant explained, "It was very stressful. I was constantly worried about what could happen to my license if she were to get caught doing anything else unethical."

Environment/workplace impact (26%) was defined as concern for professional repercussions, involvement of colleagues, and increased workload. One participant stated, "It was the first person I ever terminated." Another participant stated, "Very stressful. I was fearful for my liability and culpability."

Participants reported *empathic accountability and proactive reflexivity* (18%) as approved supervisors. This was defined as working to honor relationships while keeping supervisees accountable and reflecting on how to better address concerns. One participant commented, "It was concerning, and I felt the need to tread lightly, as this is a new supervisee and

we are still building rapport." Another participant expressed the impact as "Sympathetic, supportive. We discussed options for going forward."

Lastly, participants indicated *concerns for client care* (12%). This included supervisors' observations regarding impacts on client well-being. One participant expressed, "Her comments elicited fear that she would be harmful to future clients, reinforcing shame that is already so prevalent for folks struggling with addiction." Another supervisor reported a convergence of negative personal emotions, environment/workplace impact, and concerns for client care, feeling "Disappointed that I could not rely more on the clinician and concerned for the quality of services being delivered. The clinician's inadequacies added to my workload."

Supervisor Actions

Supervisors addressed critical incidents using a combination of three different strategies. Most frequently, supervisors reported engaging *informal remediation attempts* (45%). This included attempts to address gently and/or directly with supervisees, exploring concerns within supervision, consulting with others for insight, and providing additional supports and encouragement as initial attempts to remediate PPC. One participant shared, "I had several meetings to discuss my observations. I scheduled time to shadow the supervisee. I worked with the supervisee to develop goals to increase her functioning." Another noted they "Reduced (and eliminated) fee for supervision" in attempts to remove obstacles for engagement.

Participants also indicated *formal remediation attempts* (17%) related to the critical incident. Examples of formal remediation attempts included requiring increased oversight, training, counseling, decreased caseload or responsibility, accommodations, or change in supervision format. One participant explained, "I confronted her and developed an action plan to address the problem which included frequent notes review and auditing from admin staff monthly to

ensure that there was a note on file for every session or client contact." Another stated, "Planned several days where I went to their office and observed them in practice."

When attempts at informal or formal remediation failed, supervisors reported taking *formal action or reportin*g (31%) to address critical incidents. Formal actions or reporting included terminating supervisory relationship or employment, transferring supervisees to new supervisor, reporting to licensure board or administration, formal reprimands, and refusal to endorse. One participant reported a process that became increasingly formal over time; "Addressed and documented in supervision, recommended then required participation in personal therapy as a condition of continued supervision, then initiated individual performance improvement plan and progressive discipline ultimately ending in report of concerns to licensing board and termination of position." Another reported, "I explained that the site did not qualify as a place they could earn hours toward licensure. Also described the challenges and liability for them, and for me, to practice in this setting and chose to terminate supervision."

Influencing Factors

Participants described four sets of factors that influenced how they approached critical incidents with supervisees. The most frequent influencing factor was *supervisee factors* (43%). These included specific elements of supervisee situation, dispositions, or behaviors that influenced their options for addressing and dynamics of the supervisory relationship. Supervisors responded differently to supervisees who were willing to address concerns compared to those who avoided contact. One participant explained,

> The factors that influenced moving into formal remediation were the defensiveness and initial unwillingness to take feedback. Moving into formal remediation added teeth to the concerns, which the supervisee then listened to and responded to. It damaged our relationship

somewhat though I cannot imagine a different outcome as not moving forward with remediation may have led to a counselor that practiced inappropriate clinical skills.

Another participant reported how "the person's willingness to participate in supervision, and concern about their impact on client care" influenced their response.

The next category of influencing factors was *ethical roles and expectations* (31%). This was defined as administrative rules within work setting, licensure board expectations, liability, codes of ethics, commitment to gatekeeping responsibilities, and public protection. One participant explained their actions were influenced by "My own ethics, my board's ethics, the complaint received, and standards of ethical practice." Another supervisor explained, "I did not want to take on the multiple different forms of liability I felt I could have faced by supervising her. And I didn't want to have to 'pay the Piper,' if you will, for her mistakes. I didn't feel my agency would have supported me in terminating the supervision relationship, if (when) it would have come to that."

The next most frequent influencing factor was *impact on clients* (18%), including actual and potential consequences for client wellbeing. One participant explained, "The intern had struggled with other administrative things and being willing to gently confront clients. Because failure to report puts victims at risk this was handled in a robust way to ensure it would never reoccur should the intern become licensed." Another supervisor explained, "The effect on client care was the biggest factor. She was unfit to practice or work with clients. It was stressful on our staff as her behavior became erratic (at one point she locked herself in the billing person's office)."

Consultation or support (11%) included collaboration with peers or other professionals to identify the problem (i.e., triangulation) and influenced decisions regarding how to proceed. One supervisor explained, "I ultimately did not report the intern's relapse to the Board. This decision was

influenced by my manager, the owner of the company, and the legal department. I believe (correctly or otherwise) that there was a lot of fear around potential liability related to an employment discrimination lawsuit, privacy issues, HIPAA (because my agency had recommended he seek treatment) or ADA concerns." Another supervisor "discussed some options with my administration. I wanted to provide the supervisee with a path to improve functioning." Finally, some responses were not able to be classified or understood and coded as *other* (5%).

Helped, Hindered, and Wishlist

Three separate CIT questions asked supervisors to reflect on what helped and hindered the situation along with their wishlist for addressing the critical incident. During the coding process, we identified six similar categories in response to each question. Each category used each code differently. The CIT question that referred to *helped* revealed that participants found these factors helpful, *hindered* they were lacking it, and in *wishlist* they desired the support. Below I share the frequency of each code and break down the frequencies per category.

Systemic Factors. Sytemic factors included regulatory board or institutional factors that influenced supervisors' ability to engage effectively, available resources or barriers for addressing concerns, a need for agency or regulatory board structure, and resources to support screening of supervisees and remediation process within organizational context. Systemic factors were relatively rarely identified as helpful in addressing critical incidents (11%) and did not evidence much depth. For example, one participant wrote that "Knowing what was required of me as a supervisor" was helpful in addressing PPC. More frequently, supervisors saw systemic factors as hindering (23%) the process. One participant reported a "lack of response from the board." Another participant reported "Disappointment that this was a prior issue, even within Master's program work, and the supervisee was allowed to graduate and complete the degree."

Systemic factors emerged most frequently as a wishlist item (31%), suggesting that participants needed system-level assistance addressing critical incidents. One participant wished for "More tools and assessments to use with supervisees from my licensure board." Another wrote, "It would have been helpful if the few flimsy checks-and-balances that exist to weed out terrible candidates actually worked."

Supervision Approach and Formal Remediation. Supervision approach and formal remediation involved stronger screening or assessment of supervisees on the supervisor level, earlier intervention, increased structure, starting with easier caseload, strength orientation, and clear directives or actions including termination or report. Nearly one-quarter (23%) of supervisors identified supervision approach and formal remediation as helpful in the situation. One supervisor wrote, "The formal remediation plan. I structured it on objective, measurable goals that aligned with clinical and professional dispositions and competencies and examples of how the supervisee would successfully meet the plan." Another supervisor reported, "I set boundaries for myself and was open about the issue to the supervisee and they chose to disregard. I maintained my boundary and terminated the supervision contract."

This category was not identified as hindering response (0%); however, it often appeared on wishlists (26%). One participant wished for "Vetting him while he was still a student before hiring him." Another wished for "an immediate discussion when the unethical behavior occurred rather than letting time pass and others get involved."

Supervisee Factors. *Supervisee factors* included context, dispositions, or behaviors linked to the supervisee, including their skill and ability to learn. Supervisee factors appear to have helped (8%) least frequently. One participant reported that "Frank conversations about supervisee's struggles with caseload, complexity of pathologies, and feelings of despair" was helpful in addressing PPC.

Supervisee factors most frequently hindered (35%) response to the critical incident. One participant listed multiple supervisee factors at play including "Lack of self-awareness on part of supervisee. Stubbornness. Some cross-cultural issues may have hindered their (or my) ability to hear me initially." Another participant stated, "Supervisee was initially overwhelmed and her difficulties increased."

Participants rarely included supervisee factors on their wishlist (5%). One supervisor wished "her having less defensiveness." A second supervisor converged system wishes with wishes related to supervisee factors; "she was not honest with me upfront and lied about her past employment situation. Since there was no formal documentation about the event I was not aware".

Supervisor Preparedness and Support. Supervisor preparedness and support was defined as education, training, or materials to support supervisees; resources to engage remediation process; and formal and informal consultation and support for themselves as supervisors. It was most significant in helped (20%) and least in hindered (6%). One participant commented "consultation helped me feel less alone, strong training and knowledge of OARs and policy helped with confidence in difficult decisions/making choices I could live with." Another explained how "Following a set procedure, consultation with colleagues, feeling like I did everything I could with this supervisee to make him a good counselor" helped the situation. In contrast, few supervisors (6%) reported that their preparedness and support hindered the critical incident.

However, one participant responded limitations in their training: “Not having any prior training on how to manage such situations.”

One in six responses (14%) identified wishlist items related to supervisor preparedness and support. One participant reported wanting “Additional support and options” and “to have the standards in an easy to go format.” Another reported, “Continuing education on this topic and opportunities to consult with others if needed.”

Supervisory Relationship. Supervisory relationship recognized how positive or negative supervisory relationship influenced ability to engage in effective exploration and resolution and supervisor choices to use relationship skills to improve dynamics. Supervisory relationship helped in 26% of the critical incidents. For example, one participant explained, “I think it was a calm, supportive response from a supervisor she trusted (me). She was able to express more fully the depth of thoughts and emotions, as well as be more candid about her behaviors. She needed to tell her story and read no judgment in my face or body language”. Another explained, “Me being calm and willing to address it in the moment. Also, seeing it as a teaching opportunity for the intern.”

Occasionally, the supervisory relationship hindered response to the incident (6%). In this case, the supervisor reported, “Fear the supervisee may feel challenged too early in the supervision relationship and withdraw/withhold info on their experiences with clients.” Supervisor relationship did not appear on any wishlist items.

Undetermined. Undetermined included responses where participants could not identify something that helped, hindered, or they wished for, often indicating the situation was unresolved, nothing would help or hurt, or they were not sure. Undetermined appeared in 5% of helped responses (e.g., “I can't say that anything helped the situation as it feels unresolved”). Likewise, 12% of hindered responses included responses such as “nothing specific, just concerns of how she would get help.”

Finally, 18% of wishlist items were undetermined. For example, “not sure since the employee had been briefed on ethical considerations and implications.”

Discussion

This study was intentionally descriptive and exploratory in nature due to the lack of existing literature addressing PPC in context of licensure supervision. Findings from the general survey were similar to previous studies on PPC in counseling students or supervisees. This solidifies understanding of how supervisors understand and approach PPC. However, the critical incidents revealed contrasting supervisor experiences, which may indicate a difference between how supervisors approach and handle general incidents of PPC versus those experienced as critical.

The most common PPC supervisors observed were inadequate clinical skills, inadequate academic skills, and unprofessional behavior. In a previous study of clinical supervisors, Jorgensen et al. (2017) reported the most common issues with PPC were inability to regulate emotions, inadequate clinical skills, and unprofessionalism. Likewise, Henderson and Dufrene (2012) observed the most common PPC in counseling students to be impaired counseling skills, lack of professional boundaries, and lack of openness or receptivity to feedback. Inadequate clinical skills and unprofessional behavior appear to also rank high in both graduate programs and pre-licensure supervision. Students may be gateslipping without fully developing their clinical skills and professional behaviors. *Professional work behavior* appeared in critical incidents submitted by supervisors, which aligns with the general survey. However, *ethical violations* were the most frequent focus of a situation amongst critical incidents despite being ranked lower in observation by the general sample. *Clinical judgment and effectiveness* was another top contributor to critical incidents. Its definition includes inadequate preparation or skills, which is a closer match from the reports from the general survey.

In the larger sample, PPC impacted supervisors' stress and workload, disrupted supervisory relationships, and negatively affected client care. *Negative personal emotions* was overwhelmingly the most frequent impact of critical incidents reported in this study, noted in over three-quarters of incidents. Participants may have considered incidents critical due to the increased emotional impact that surpassed stress, in comparison to other more routine encounters with supervisees. *Environment/workplace impact*, a theme noted in critical incidents, seems to align with increased workload. In previous studies, researchers also found that increased workload and stress were the biggest impact faculty experienced as a result of working with students demonstrating PPC (Furr & Brown-Rice, 2018; Jorgensen et al., 2017). The difference of reporting between licensure supervisors and faculty may be a result of liability concerns for pre-licensure supervisors whose licenses may be at risk due to supervisee performance in contrast to faculty who may have more structures in place to address PPC in students.

This sample of licensure supervisors appeared to feel responsible for and confident in their remediation and gatekeeping duties when encountering supervisees with PPC. This may support *informal remediation attempts* being the most frequent action step in addressing PPC. However, the most frequent wishlist item when working with critical incidents related to *systemic factors*. Once incidents with supervisees surpassed the informal level of intervention, systemic factors appear to have hindered the situation or were needed to fully address the situation, for example an incident related to *ethical violation*. These align with a landmark study in which Gaubatz and Vera (2002) found that faculty encountered barriers to remediation including having adjunct faculty disconnected from core faculty, systemic pressure not to remediate students, concerns over reputation or poor teaching evaluations, and fear of liability.

Systemic factors may also contribute to the high frequency of *formal action or reporting* amongst the critical incidents. Supervisors found little to no support from systemic factors after informal remediation attempts and sought alternate ways to address situations, especially those related to ethical violations. This resulted in actions such as termination of the supervisory relationship, supervisee transfer, or reporting to the licensure board due to inability to remediate the incident. Although these steps may be necessary, this could lead to a cycle of supervisees moving between supervisors without addressing PPC; after being transferred or terminated, they simply sought supervision from the next supervisor without the need to alert the new supervisor of their past experiences.

Participants mostly agreed that responsible parties for addressing PPC in licensure supervision included themselves as supervisors, the field, state board, and organizational leadership. They also mostly agreed that they were aware of procedure or policy regarding how to address a supervisee who demonstrates PPC. This matches the influencing factor reported of *ethical roles and expectations* within critical incidents. Supervisors were aware of their code of ethics, liability, and commitment to gatekeeping responsibilities. Although they agreed on responsibility, *systemic factors* emerging within the critical incidents likely got in the way of fully addressing PPC. These barriers may be what ultimately elevate incidents to a critical status.

Supervisee factors influenced critical incidents and was the most frequent factor that hindered response to PPC. Supervisees' behaviors, dispositions, or situations affected how supervisors approached or took action regarding PPC. *Supervision approach and formal remediation* was the second most frequent wishlist item; supervisors wanted to have stronger control over initial assessments, increased structure, and earlier intervention. Relatedly, supervisors indicated a need for increased structure and assessment to evaluate supervisees and

increase *supervisor preparedness and support*, another factor identified as something that helped the incident and was also a wishlist item.

Limitations

This study has five main limitations. First, the survey relied on participants' ability to self-report and recall critical incidents and details of their experiences with supervisees. The CIT questionnaire requested a detailed account of a time when supervisors encountered a momentous experience with a licensure supervisee where PPC was evident and impactful and therefore may only provide one perspective. Supervisors mostly cited supervisee issues when identifying hindering factors; however, they never identified their own biases as a factor. The next limitation is the study's sample size. The sample size was representative of a small portion of the targeted population and may not be representative of supervisors' whole experiences, especially as supervisors who had not encountered PPC in supervision may not be inclined to participate. The third limitation is that participants who experienced more intense critical incidents may be more likely to report them, potentially limiting transferability of the findings; this may account for the contrast difference between the initial survey and critical incidents. The fourth limitation was utilizing written CIT responses. The depth and quality of each critical incident varied, and I did not have the opportunity to clarify understanding. The fifth limitation is data quality. As discussed in the method section, I detected a number of suspicious responses which I eliminated from analysis. I assume these responses were intended to obtain the incentive. There may be more responses that may have gone unnoticed.

Implications for Practice

The initial survey confirmed earlier findings identified in the literature regarding types of PPC, its impact, as well as supervisors' understanding of how to address PPC. However, critical

incidents appear to require increased support, training, structure, and systemic reform to properly remediate the more serious PPC incidents.

It is imperative that we utilize these findings to inform elevated training around PPC and remediation. Specifically, PPC and remediation strategy should be required in supervisor training and continuing education. Education should include strategies for early identification of PPC, protocols on how to address PPC in independent practice and agency settings, and generalized ways to approach ethical violations in the field. This would increase supervisors' effectiveness implementing remediation protocols, while also preparing supervisors to offer supportive and helpful consultation.

Remediation approaches may benefit from being organized into a tiered structure that matches PPC with suggested interventions for use in professional development plans, providing examples and suggestions for PPC that reach critical levels, including ethical violations. A standard structure could be used across all boards, programs, and organizational leadership groups for continuity. This may include targeting systemic factors, including risk levels within the tiered system, and associating certain tiers with the need for consultation and/or including leadership and board support. To support this creating clear expectations of licensure supervisors that includes providing remediation consultation for other supervisors would be beneficial. Clear procedural steps for organizational leadership and state boards would address higher levels of risk of PPC to support licensure supervisors. An example of an initial tiered structure would be developing a standardized screening process utilized across all licensure supervisors and organizational leadership in order to meet the needs of supervisors wishing for earlier detection and intervention. Another example would be a template professional development plan for state

board and organizational leadership to utilize when risk level requires their support and intervention.

Addressing systemic factors within organizational leadership and state boards may target concerns for systemic barriers at a micro or local level. Providing clear guidelines and direct connections to supports and resources may decrease barriers and provide supervisors with options on how to address PPC and a supervisee.

Considerations for state procedures at a policy level may include restrictions on the number of supervisees per licensure supervisor, routine evaluations and board reports, direct supervisee transition between supervisors, and direct observation of clinical skills. Use of a supervisee directory may increase support of organizational leadership or state boards by documenting and opening communication regarding supervisee history of supervisors along with issues with PPC and professional development plans. Limiting the number of supervisees per supervisor may help address increased stress and workload for when supervisee PPC is encountered. Creating procedures that include frequent evaluation and reports to the board may assist in PPC detection and tracking professional development plan, risk level, and remediation approaches, which could also decrease ethical violations. Mandatory observation of clinical skills would target the most common PPC concern by providing an opportunity for licensure supervisors to evaluate clinical skills live or through recordings. This would not only provide another level of evaluation, but an increased opportunity to remediate clinical skills, assess clinical judgment, risk level, and ethical concerns.

Implication for Research

The most focused area of research that has been highlighted through this study is a need to further assess the specific systemic factors that exist for this population of practitioners. It is necessary to understand better ways to break down barriers that get in the way of proper

remediation and assurance of quality care for clients. Researchers may explore systemic barriers related to remediation within the context of community agencies as well as board-specific barriers alongside engaging deeper exploration of wishlist items related to the kinds of support supervisors desire. Another study may include reviewing case studies related to supervisees exhibiting PPC with a focus on systemic issues.

Researchers may explore the link between ethical violations and unprofessional behavior, perhaps identifying best practices in preventing, identifying, and addressing these issues. These efforts may develop a way to possibly stop the progression from unprofessional behavior to ethical violation. Surveys or interviews may focus on supervision cases involving ethical violations in efforts to identify potential precursor behaviors and experiences that may have indicated potential concerns. This could also expand to an exploration of remediation strategies implemented according to PPC types and their effectiveness. A study could specifically focus on exploring types of remediation approaches and supervisory decision-making process to determine the types of intervention being used, their effectiveness, and additional factors at play in the response (e.g., systemic support, supervisee characteristics). Expanding the reach of this study and increasing the sample size to explore more richness within the data would increase understanding of this phenomenon as well as increased quality data by having better recruitment, data protections, and diversity of participants.

Conclusion

The counseling profession continues to grow in number and in commitment to "safeguarding the integrity of the counselor-client relationships; and practicing in an ethical and competent manner" (American Counseling Association [ACA], 2014, p. 3). This study created an initial understanding of how licensure supervisors are experiencing supervisees with PPC while highlighting barriers that are preventing supervisors from remediating struggling

supervisees. The results of this study provide several potential directions to create better systems, structures, and protocols to assist supervisors, the field, the state boards, and organizational leadership in developing healthy, competent, quality counselors.

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APPENDIX

Problems of Professional Competency Survey Licensure Supervisor Version - Appendix A

Part I: Demographic Information
Instructions: Please check the appropriate box.

1. What is your age? _____

2. Which of the following best identifies your race? (one or more categories may be selected)
   - American Indian or Alaskan Native
   - Asian
   - Black or African American
   - Native Hawaiian or Other Pacific Islander
   - white
   - Some other race, ethnicity, or origin
   - *Prefer to self-describe*_____
   - Prefer not to say

3. Are you of Hispanic, Latino/a/x, or of Spanish origin? (one or more categories may be selected)
   - Yes
   - No
   - Prefer not to say

4. Indicate your gender.
   - Woman
   - Man
   - Transgender/Trans woman
   - Transgender/Trans man
   - Non-Binary
   - *Prefer to self-describe*_____
   - Prefer not to say

5. In which state is your primary supervision practice located?
   - Alabama
   - Alaska
   - Arizona
   - Arkansas
   - California
   - Colorado
   - Connecticut
   - Delaware
   - Florida
   - Georgia

- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

- Other US territories
- Self Describe _____

6. How would you describe your primary work setting?
   - Private Practice
   - Community Mental Health Agency
   - Inpatient
   - *Prefer to self-describe*_____

7. What graduate degrees have you obtained [check all that apply]?
   - Master's in Mental Health Counseling
   - Master's in School Counseling
   - Master's in Rehabilitation Counseling
   - EdS in Counseling
   - PhD in Counseling
   - *Prefer to self-describe*_____

8. How many years have you been licensed for independent practice as a professional counselor? _____?

9. How many years have you been approved as a licensed supervisor for professional counselors? _____

10. How many total licensure supervisees have you worked with? _____

11. How many licensure supervisees do you work with currently? ____

12. Thinking about an average supervisee, approximately what percentage do you spend on administrative supervision (i.e., focus on work as an employee, caseload management, etc.) vs. clinical supervision (i.e., focus on development as a counselor). Percentages must sum to 100%.
   - Administrative %
   - Clinical %

Part II: Licensure Supervisor and Supervisee with Problems of Professional Competency

Section I: Licensure Supervisors' Knowledge of Supervisees' Problems of Professional Competency.

Problems of professional competency (PPC) – refers to attitudes and/or behaviors that could interfere with the professional competence of counselors, including (a) a lack of ability or opposition to acquire and integrate professional standards into one's professional counseling behavior; (b) a lack of ability to attain professional skills and reach an acceptable level of competency; (c) a lack of ability to manage one's stress, psychological dysfunction, or emotional responses that may impact professional performance; or (d) engagement in unethical behavior (Falender et al., 2009).

1. Do you believe you have observed supervisee(s) with problems of professional competency in your licensure supervision work?

- No (go to Question 4)
- Yes (go to Question 2)
- I don't know (go to Question 2)

2. Please rank-order the types of problems of professional competencies that you most observe with supervisees (1 being the most common and 8 being the least common):

_____ Inadequate academic skills
_____ Inadequate clinical Skills
_____ Inability to regulate emotions
_____ Psychological dysfunction
_____ Personality disorder
_____ Substance abuse issue
_____ Unprofessional behavior (e.g., failure to take feedback, absences)
_____ Unethical behavior

3. Please rank-order the types of impact working with supervisees with problems of professional competencies (1 having the most impact and 8 having the least impact):

_____ Disrupted the supervisory relationship
_____ Increased my workload
_____ Increased my stress
_____ Negatively affected the other professionals in the workplace
_____ Negatively affected relationships between my colleagues
_____ Negatively affected my relationship with organizational leadership
_____ Negatively affected client care
_____ Negatively affected the setting or professional reputation

Instructions: Please read each statement below and mark the number that best corresponds with your feelings or belief.

4. I struggle emotionally to balance being empathetic with a supervisee demonstrating problems of professional competency and my gatekeeping duties.

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

5. I am reluctant to address a supervisees' demonstrating problems of professional competency for fear of recrimination (i.e., bad supervisor reputation, legal action).

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

6. I am reluctant to address problems of professional competency with a supervisee who is culturally different from me due to fear that I will appear culturally insensitive.

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

7. I am reluctant to address a supervisee demonstrating problems of professional competency who is culturally different from me due to fear of allegations of discrimination.

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

8. I do not feel supported by my field to address a supervisee who demonstrates problems of professional competency.

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

9. I do not feel supported by my colleagues to address a supervisee who demonstrates problems of professional competency.

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

10. I am concerned about the quality of the counseling profession when a supervisee with problems of professional competency is endorsed for licensure.

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

Section II: Licensure Supervisors' Knowledge of Best Practices for Addressing Supervisees' Problems of Professional Competency.

Instructions: Please read each statement below and mark the number that best corresponds with your feelings and/or knowledge.

1. How would you best describe where you practice supervision?
- Independent Practice (go to Part I)
- Community Agency (go to Part II)
- I don't know (go to Part I)

Section II: Part I - Independent Practitioners

1. I believe it is my responsibility to be aware of a supervisee's problems of professional competency.
- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

2. I believe it is the responsibility of my field state board or community agency to be aware of problems of professional competency with supervisees.
- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

3. I believe it is the responsibility of both my field and me to be aware of supervisees with problems of professional competency.
- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

4. I am aware of my field's procedure or policy regarding how licensure supervisors address a supervisee who demonstrates problems of professional competency.
- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

5. My field has informed my supervisory procedure or policy regarding how supervisees with problems of professional competency are addressed.
- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

6. I have received training from my field regarding how to intervene with a supervisee who I believe is demonstrating problems of professional competency.

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

7. I know the appropriate intervention that I should take regarding a supervisee I believe is having problems of professional competency.

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

8. I would like to be provided with more information regarding how to identify a supervisee with problems of professional competency.

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

9. I would like to be provided with information regarding how to respond when I believe a supervisee has problems of professional competency.

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

10. If there is any other information that you would like to give, please provide it in the space below:

_____
_____
_____
_____
_____
_____
_____

Section II: Part I - Community Agencies

1. I believe it is my responsibility to be aware of a supervisee's problems of professional competency.

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

2. I believe it is the responsibility of my organizational leadership state to be aware of problems of professional competency with supervisees.
- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

3. I believe it is the responsibility of both my organizational leadership and me to be aware of supervisees with problems of professional competency.
- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

4. I am aware of my organizational leadership's procedure or policy regarding how licensure supervisors address a supervisee who demonstrates problems of professional competency.
- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

5. My organizational leadership has informed my supervisory procedure or policy regarding how supervisees with problems of professional competency are addressed.
- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

6. I have received training from my organizational leadership regarding how to intervene with a supervisee who I believe is demonstrating problems of professional competency.
- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

7. I know the appropriate intervention that I should take regarding a supervisee I believe is having problems of professional competency.

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

8. I would like to be provided with more information regarding how to identify a supervisee with problems of professional competency.

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

9. I would like to be provided with information regarding how to respond when I believe a supervisee has problems of professional competency.

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither Disagree nor Agree
- 4 - Agree
- 5 - Strongly Agree

10. If there is any other information that you would like to give, please provide it in the space below:

_____
_____
_____
_____
_____
_____
_____

Critical Incident Questionnaire - Appendix B

This portion of the survey asks you to share and reflect on critical incidents related to addressing problems of professional competency with a licensure supervisee. Please answer each question below in as much detail as you can provide. We realize you may have encountered more than one problem of professional competency in supervision. At the end of the questionnaire, you can choose whether you would like to share another incident. You can do this up to five times total.

- Have you encountered a supervisee with problems of professional competency?

  Yes: Directed to remaining questions. No: Survey Ends

  If yes, please answer the following questions regarding your experience with this supervisee to help understand what occurred. Please do not provide any identifying details of the supervisee or yourself to maintain confidentiality.

1. Describe a salient or impactful time you were concerned about PPC in licensure supervision _____.
2. What was this experience like for you as the supervisor?
3. How did you address this situation?
4. What factors influenced how you addressed the situation?
5. What helped in this situation?
6. What hindered this situation?
7. Looking back, what might have been helpful in this situation.
8. Would you like to share another incident (up to 5 allowed)?
    - If no: End of survey
    - If yes: return to beginning of CIT questionnaire (up to 5 times)

Initial Invitation Email - Appendix C

Hello,

My name is Jennifer Moralejo, M.S., LPC-MHSP, ACS. I am a doctoral candidate at University of Tennessee in the Counselor Education Program, and I am under the supervision of Drs. Casey Barrio Minton (cbarrio@utk.edu) and Joel Diambra (jdiambra@utk.edu). I am writing to request your participation in a study about professional counseling licensure supervisors' experiences with problems of professional competencies and remediation among their supervisees. I hope you or someone you know would be a potentially good fit for my study.

Inclusion criteria for participation:

- Licensure as a professional counselor, or equivalent, in good standing with your state board
- Licensure or approval to serve as a licensure supervisor, in good standing with your state board.
- Actively providing clinical supervision for at least one licensure supervisee

If you agree to participate in this study, you will:

- Be asked to complete a brief screening survey and informed consent notice.
- Then, we will ask you to complete a survey regarding your experiences with problems of professional competency, remediation, and gatekeeping as a supervisor.
- We will invite you to share up to five narratives of critical incidents related to problems of professional competency you have experienced as supervisor. You can decide how many critical incidents to share.
- Your participation will take 15-45 minutes depending on how many critical incidents you choose to share.
- After completing this survey, you can enter your information to receive a $10 electronic gift card of your choice.

Please see the link below and the flier attached. If you know of others who may be interested in participating, please feel free to share or post the flier with others.

P**lease follow this link if you wish to learn more about and potentially participate in this**

research study: *QUALTRICS LINK*

Contact Information

Jennifer Moralejo – jmoralej@vols.utk.edu – 305-814-3609

Casey Barrio Minton – cbarrio@utk.edu

Screening Survey - Appendix D

- Are you licensed for independent practice as a professional counselor in your state?
    - Yes
    - No [terminates]

- Are you licensed or approved as a supervisor who can provide clinical supervision to professional counselors seeking licensure in your state?
    - Yes
    - No [terminates]

- Are you in good standing and active with your respective state licensure board?
    - Yes
    - No [terminates]

- Are you actively providing clinical supervision with at least one supervisee who is seeking to obtain licensure?
    - Yes
    - No [terminates]

If does not meet criteria:

Sorry, you do not appear to meet the criteria to continue this survey. Thank you for your time and interest in participating.

Informed Consent Notice - Appendix E

Consent for Research Participation

Research Study Title: Problems of Professional Competencies and Pre-Licensed Counselors: Licensure Supervisors' View of Critical Incidents

Researcher(s): Jennifer Moralejo, University of Tennessee, Knoxville
Casey Barrio Minton, University of Tennessee, Knoxville

We are asking you to be in this research study because you identify as a professional counselor licensed for independent practice, you are in good standing with your state board, and are actively providing clinical supervision for at least one licensure supervisee. You must be age 18 or older to participate in the study. The information in this consent form is to help you decide if you want to be in this research study. Please take your time reading this form and contact the researcher(s) to ask questions if there is anything you do not understand.

Why is the research being done?

The purpose of the research study is to explore professional counseling licensure supervisors' experience with problems of professional competency and remediation among their supervisees. An understanding of these experiences is a first step to developing resources to support remediation and gatekeeping in the context of licensure supervision.

What will I do in this study?

If you agree to be in this study, you will complete an online survey. The survey includes questions about problems of professional competency you have observed among supervisees seeking endorsement for licensure. The survey should take you about 15-45 minutes to complete depending on how many stories you choose to share. You can skip questions that you do not want to answer.

Can I say "No"?

Being in this study is up to you. You can stop up until you submit the survey. After you submit the survey, we cannot remove your responses because we will not know which responses came from you.

Are there any risks to me?

We don't know of any risks to you from being in the study that are greater than the risks you encounter in everyday life.

Are there any benefits to me?

We do not expect you to benefit from being in this study. Your participation may help us to learn more about the licensure supervision process, including how to support supervisors and supervisees who are addressing problems of professional competency. We hope the knowledge gained from this study will benefit others in the future.

What will happen with the information collected for this study?

The survey is anonymous, and no one will be able to link your responses back to you. Your responses to the survey will not be linked to your computer, email address or other electronic identifiers. Please do not include your name or other information that could be used to identify you or a supervisee in your survey responses. Information provided in this survey can only be kept as secure as any other online communication.

Information collected for this study will be published and possibly presented at scientific meetings.

Will I be paid for being in this research study?

At the end of the survey, you can decide whether you wish to provide your email address to receive a monetary incentive in the form of a $10 electronic gift card to your choice of Amazon, Target, or Starbucks. The gift card will be sent within two weeks of survey completion. To ensure anonymity in original survey responses, this page will not connect to the original survey and will not retain IP addresses.

Who can answer my questions about this research study?

If you have questions or concerns about this study, or have experienced a research related problem or injury, contact the researchers, Jennifer Moralejo, jmoralej@vols.utk.edu, 305-814-3609 or Dr. Casey Barrio Minton (cbarrio@utk.edu).

For questions or concerns about your rights or to speak with someone other than the research team about the study, please contact:

Institutional Review Board
The University of Tennessee, Knoxville
1534 White Avenue
Blount Hall, Room 408
Knoxville, TN 37996-1529
Phone: 865-974-7697
Email: utkirb@utk.edu

Statement of Consent- Appendix F

I have read this form, been given the chance to ask questions and have my questions answered. If I have more questions, I have been told who to contact. By selecting "I Agree" below, I am providing my signature by electronic means and agree to be in this study. I can print or save a copy of this consent information for future reference. If I do not want to be in this study, I can select "I Do Not Agree" to exit out of the survey.

- o I agree to participate
- o I do not agree to participate

Incentive Page - Appendix G

Thank you for participating in this study. You have come to the end of this survey. If you choose to, you may enter your contact information to receive a $10 electronic gift card. To ensure anonymity in original survey responses, this page will not be connected to the original survey and will not retain IP addresses. If you would not like to enter your email to receive a gift card, you can close your browser now.

- Email address _____
- Choose a gift card:
    - Target
    - Amazon
    - Starbucks

Recruitment Flier - Appendix H



Descriptive Results – Appendix I

Table 1 - *PPC Observed*

	% of 1	*% of 2*	*% of 3*	*% of 4*	*% of 5*	*% of 6*	*% of 7*	*% of 8*	*M*	*SD*
Inadequate Academic Skills	16%	14%	16%	12%	9%	5%	8%	7%	3.80	2.27
Inadequate Clinical Skills	32%	17%	7%	14%	5%	5%	2%	6%	2.96	2.18
Inability to Regulate Emotions	12%	17%	12%	12%	10%	9%	3%	13%	4.08	2.31
Psychological Dysfunction	3%	8%	12%	13%	16%	12%	10%	11%	4.90	1.99
Personality Disorder	3%	4%	10%	9%	13%	13%	13%	13%	5.56	2.06
Substance Abuse Issue	9%	6%	9%	3%	4%	12%	15%	28%	5.55	2.49
Unprofessional Behavior	14%	14%	13%	9%	13%	6%	10%	10%	4.15	2.34
Unethical Behavior	5%	6%	4%	10%	13%	23%	13%	15%	5.43	2.00

Table 2- *Impact*

	% of 1	*% of 2*	*% of 3*	*% of 4*	*% of 5*	*% of 6*	*% of 7*	*% of 8*	*M*	*SD*
Disrupted the supervisory relationship	17%	8%	20%	19%	9%	6%	4%	11%	4.22	4.72
Increased my workload	20%	19%	9%	16%	10%	9%	7%	9%	4.08	3.94
Increased my stress	22%	24%	17%	11%	6%	7%	8%	3%	3.44	3.15
Negatively affected the other professionals in the workplace	9%	9%	10%	16%	15%	14%	6%	14%	4.90	3.89
Negatively affected relationships between my colleagues	10%	6%	5%	6%	19%	12%	13%	23%	5.86	7.25
Negatively affected my relationship with organizational leadership	4%	6%	2%	7%	9%	18%	22%	25%	6.29	4.55
Negatively	17%	9%	13%	8%	11%	7%	13%	17%	4.49	2.59

affected client care										
Negatively affected the setting or professional reputation	7%	6%	11%	9%	13%	13%	13%	22%	5.50	3.22

Table 3 - ***Willingness, Responsibility and Understanding***

		M	***SD***
1	I struggle emotionally to balance being empathetic with a supervisee demonstrating PPC and my gatekeeping duties.	3.53	1.31
2	I am reluctant to address a supervisees' demonstrating PPC for fear of recrimination (i.e., bad supervisor reputation, legal action).	3.87	1.24
3	I am reluctant to address PPC with a supervisee who is culturally different from me due to fear that I will appear culturally insensitive.	3.66	1.27
4	I am reluctant to address a supervisee demonstrating PPC who is culturally different from me due to fear of allegations of discrimination.	3.52	1.35
5	I do not feel supported by my field to address a supervisee who demonstrates PPC.	3.36	1.37
6	I do not feel supported by my colleagues to address a supervisee who demonstrates PPC.	3.61	1.37
7	I am concerned about the quality of the counseling profession when a supervisee with PPC is endorsed for licensure.	1.96	1.28

Table 4 - ***Understanding Protocols and Responsibilities***

		M	*SD*
1	I believe it is my responsibility to be aware of a supervisee's PPC	0.69	1.37
2	I believe it is the responsibility of my field state board or community agency to be aware of PPC with supervisees.	0.82	1.68
3	I believe it is the responsibility of both my field and me to be aware of supervisees with PPC	0.69	1.54
4	I am aware of my field's procedure or policy regarding how licensure supervisors address a supervisee who demonstrates PPC	0.99	1.82
5	My field has informed my supervisory procedure or policy regarding how supervisees with PPC are addressed.	1.05	2.01
6	I have received training from my field regarding how to intervene with a supervisee who I believe is demonstrating PPC	1.11	2.01
7	I know the appropriate intervention that I should take regarding a supervisee I believe is having PPC	0.84	1.69
8	I would like to be provided with more information regarding how to identify a supervisee with PPC	0.93	1.83
9	I would like to be provided with information regarding how to respond when I believe a supervisee has PPC	0.84	1.74

Coding and Frequencies - Appendix J

Table 5 - CIT Coding and Frequencies

Incident - Focus of Issue	Definitions	Frequencies
Dispositions	Supervisee dispositional concern including lacking receptivity to feedback, self-awareness, or openness	9%
Professional work behavior	Absenteeism, problematic documentation	20%
Impaired wellbeing	Overwhelmed, personal distress, indications of mental disorder	15%
Ethical violations	Seeing client after termination, privacy violations, discrimination/refusal to serve, lack of judgment	26%
Clinical judgment or effectiveness	Inappropriate referral, services not helping clients, services lack evidence and caused harm, inadequate preparation/skills, or boundary slippage not rising to level of clear ethical violation	25%
Lack of engagement or noncompliance in supervision	Inability or refusal to comply with supervisory directives, failure to engage supervision or bring work product, intentional nondisclosure or poor engagement in supervision	20%
Other	Not able to be classified / understood	6%
Impact		
Negative personal emotions	Frustration, distress, anger, awkward, preoccupied, physical stress response, difficult, disconcerting	78%
Empathic accountability and proactive reflexivity	Worked to honor relationship while keeping supervisee accountable; may reflect on ways to better address concerns	18%
Environment/workplace impact	Concern for professional repercussions, involvement of colleagues, increased workload	26%
Concern for client care	observations regarding impacts on client well-being	12%
Action		
Informal remediation attempt	Attempted to address gently and/or directly with supervisee, confronted supervisee, explored within supervision, consulted with others for insight, provided additional supports and encouragement	45%
Formal remediation attempt	Increased oversight, required training, required counseling, decreased caseload or responsibility, accommodations, change in	17%

	supervision format	
Formal action or reporting	Terminated supervisory relationship or employment; transferred to new supervisor; reported to licensure board or administration, formal reprimand, refusal to endorse	31%
Influencing Factors		
Consultation or support	Collaboration with peers or other professionals to identify the problem (i.e., triangulation) and determine how to proceed	11%
Ethical roles and expectations	Administrative rules within work setting or licensure board, liability, codes of ethics, commitment to gatekeeping responsibilities and public protection	31%
Supervisee factors	Specific elements of supervisee situation, dispositions, or behaviors that influenced options for addressing (e.g., willingness to address vs. avoiding contact); dynamics of supervisory relationship	43%
Impact on clients	Consequences or potential consequences for clients	18%
Other		9%
Helped, Hindered and Wishlist		
Systemic factors	Regulatory board or institutional factors influencing ability to engage effectively; available resources or barriers for addressing concerns. Need for agency or regulatory board structure and resources to support screening of supervisees and remediation process	Helped:11% Hindered: 23% Wishlist: 31%
Supervisory relationship	Positive or negative supervisory relationship influencing ability to engage in effective exploration and resolution, supervisor choices to use relationship skills to improve dynamics	Helped:26% Hindered: 6% Wishlist: 0%
Supervision approach and Formal remediation	Stronger screening or assessment of supervisee, earlier intervention, increased structure, started with easier caseload, strength orientation. Clear directives or actions taken (e.g., additional oversight), including termination or report	Helped:23% Hindered: 0% Wishlist: 26%
Supervisor preparedness & support	Education, training, or materials to support supervisees, and/or remediation process. Formal and informal consultation, support, and understanding	Helped:20% Hindered: 6% Wishlist: 14%
Supervisee factors	Contextual factors, dispositions, or	Helped:8%

	behaviors linked to the supervisee, including skill and ability to learn	Hindered: 35% Wishlist: 5% Helped:5%
Unable to determine	Unresolved, nothing, not sure	Hindered: 12% Wishlist: 18%

CONCLUSION

The literature supports the need a better approach and framework for how supervisors conduct licensure supervision and address PPC with pre-licensed counselors. The initial review of the literature highlighted concerns related to gateslippage and the quality of supervision in the pre-licensure process. A framework was suggested to address quality licensure supervision, identification of PPC, and implementation of remediation. This review led to further exploration of licensure supervision and how supervisors are addressing PPC in the field, which highlighted concerns regarding how supervisors may struggle to address PPC, especially related to ethical violations. The data revealed a lack of systemic support for licensure supervisor engagement in PPC, especially when an incident rose to a critical level typically involving ethical violations, and supervisors needed for support from their state board or organizational leadership.

Implications for practice and research created a direction to address these concerns and explore ways to support supervisors, assist remediation of pre-licensed counselors, and increase systemic support through policy reform. The most important implication that emerged from this study was the need to create a system that supports supervisor and supervisee success by tracking pre-licensed supervisees through their journey to licensure endorsement, implementing direct observation, improving methods of identifying PPC, and developing risk assessment methods and intervention related to PPC and remediation.

VITA

Jennifer Moralejo is a licensed professional counselor from Miami, Florida. Jennifer graduated from Florida International University in 2007 with her bachelor's in psychology. She has been practicing as professional counselor since 2011, after graduating from Nova Southeastern University, and has worked in mental health settings since 2004. Jennifer has worked in multiple settings and populations, however her main focus has been crisis and trauma work with individuals and families. She started her doctoral degree in 2014, while working with at risk-youth in crisis, instructing at the University of Tennessee, and developed a counseling clinic for victims of domestic violence that integrated a counselor-in-training internship program. Jennifer began working as an assistant professor at a local university in 2022.