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The Remediation of Students in Counseling Graduate Programs: Behavioral Indicators, Terminology, and Interventions

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The Remediation of Students in Counseling Graduate Programs: Behavioral Indicators,
Terminology, and Interventions

A Dissertation

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Doctor of Philosophy
in
Counselor Education

by

Kathryn L. Henderson

B.A. and B.S., University of South Carolina, 2000
M.Ed., University of New Orleans, 2007

May 2010

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Dedication

For my grandparents

Acknowledgments

With gratitude and thanks
to my family for their love and encouragement;
to my friend Ina for her expert editing;
to my colleagues, Dr. Libby Schayot and Lorraine Dinkel, for their friendship;
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Abstract

This study explored the concept of student remediation in counseling graduate programs by examining the behavioral indicators associated with student remediation, the terminology used to discuss student remediation, and remedial interventions and their effectiveness. Members of the Association for Counselor Education and Supervision (ACES) were electronically surveyed using a researcher-designed instrument, the *Counseling Graduate Student Remediation Questionnaire*. A total of 607 individuals participated in the study for a response rate of 28.8%.

The results of this study indicated that the overall five behavioral indicators considered by participants as needing remediation were the following: receptivity to feedback; basic counseling skills; boundaries with clients, supervisors, and/or colleagues; openness to self-examination; and advanced counseling skills. Five factors were identified within the behavioral indicators based on which can be remediated: Factor I, Personal Competencies; Factor II, Professionalism; Factor III, Personal Challenges; Factor IV, Honesty; and Factor V, Clinical Competencies. Significant group differences were found between counselor educators' and doctoral students' perceptions of what *needs* remediation with counseling graduate students, as well as what *can* be remediated with students. Significant group differences also were present between administrative faculty and non-administrative faculty on perceptions of what needs remediation with students.

The overall three most preferred terms by participants used to discuss students in remediation included: challenging, problems with professional competence, and problematic. For remedial interventions, participants perceived that increased supervision was *often* effective as an intervention and that referring or recommending to personal counseling was *occasionally*

effective. The results of this study seemed indicative of a broadening perspective regarding the topic of remediation, with perceptions shifting toward a positive framework rather than the more pejorative historical approaches. Overall, the conclusion from this study was that student remediation is currently developing within the field as a distinct concept with many specific associated behavioral indicators, terminology, and interventions.

Keywords: counselor education, counseling graduate programs, student remediation, behavioral indicators, terminology, interventions, gatekeeping, impairment, supervision

Chapter 1

Introduction

A main goal for counselor educators and supervisors is to train graduate students to be practicing counselors. However, not all counseling students progress through their training with ease; some students present with inabilities in the core areas that define the professional roles of a counselor. These inabilities can include struggles with academic performance, professional performance, and personal functioning, such as resisting supervisory feedback, engaging in poor interpersonal functioning with colleagues and faculty, or demonstrating deficient clinical skills. Remediating students in these core academic and professional areas is an ethical obligation of counselor educators and supervisors.

Overview

Student remediation presents a critical issue to counselor educators and supervisors. The overarching ethical imperative of protecting client welfare and preventing possible harm to clients places a fundamental importance on student remediation. Mandates from the Council for Accreditation of Counseling and Related Educational Programs Accreditation Standards (CACREP; 2009) and the American Counseling Association's *Code of Ethics* (ACA; 2005) establish the necessity for remediation; however, these resources provide little guidance on how to execute these mandates.

Traditionally, the counselor education profession has looked to gatekeeping models as a response to addressing counseling students with inabilities in core areas (Baldo, Softas-Nall, & Shaw, 1997; Bemak, Epp, & Keys, 1999; Frame & Stevens-Smith, 1995; Kerl, Garcia, McCullough, & Maxwell, 2002; Lamb, Cochran, & Jackson, 1991; Lamb et al., 1987; Lumadue

& Duffey, 1999; McAdams, Foster, & Ward, 2007; Wilkerson, 2006). The term ‘gatekeeping’ itself refers to the notion of restricting access to a desired objective, such as a faculty member screening students for satisfactory completion of the requirements for a counseling graduate degree, potentially resulting in a student dismissal. Counselor educators and supervisors, by the very nature of their vocation, are the gatekeepers to the profession of counseling, screening students as potential counseling professionals who will provide services to clients.

In general, the scholarly dialogue across mental health disciplines on gatekeeping has centered on student dismissals rather than remediation. Empirical research also has focused on student dismissals and gatekeeping (Biaggio, Gasparikova-Krasnec, & Bauer, 1983; Brady & Post, 1991; Busseri, Tyler, & King, 2005; Gaubatz & Vera, 2002; Olkin & Gaughen, 1991; Vacha-Haase, Davenport, & Kerewsky, 2004), perceptions of student competence (Gaubatz & Vera, 2006), reasons for dismissal or remediation with a wide variety of behavioral indicators reported (Boxley, Drew, & Rangel, 1986; Huprich & Rudd, 2004; Li, Trusty, Lampe, & Lin, 2008), and the frequencies of remedial interventions used (Brady & Post, 1991; Olkin & Gaughen, 1991). Empirical research exploring remediation as a process is lacking.

Gatekeeping models (Baldo et al., 1997; Bemak et al., 1999; Frame & Stevens-Smith, 1995; Kerl et al., 2002; Lamb et al., 1987, 1991; Lumadue & Duffey, 1999; McAdams et al., 2007; Wilkerson, 2006) have provided counselor education graduate programs with procedures for student dismissals as an avenue to address student inabilities. The gatekeeping models have focused mainly on student dismissals; remediation is often included as a step in the dismissal process, however, student remediation as a distinct and separate process and concept is not explored.

While the gatekeeping models have served a fundamental purpose of providing a roadmap to screen and dismiss counseling students, a philosophic shift appears to be gaining momentum within the scholarly dialogue on gatekeeping, away from the traditional perspective emphasizing student dismissals to a new interest in exploring student remediation (Dufrene & Henderson, 2009; Kress & Protivank, 2009; McAdams & Foster, 2007). Yet, empirical research exploring student remediation remains absent from the literature.

The Problem Statement

Ethical mandates (ACA, 2005) and accreditation standards (CACREP, 2009) require counselor educators and supervisors to remediate and dismiss students when necessary. While gatekeeping models have provided a context for student dismissals, remediation as a process is not clear. Counselor educators are without evidence-based resources to inform decisions regarding student remediation, complicating an already challenging task. Recent work exploring student remediation in counseling graduate programs has been published (Dufrene & Henderson, 2009; Kress & Protivank, 2009; McAdams & Foster, 2007), and while important in extending the dialogue, the existing literature to-date is conceptual in nature and not plentiful. At this stage, questions abound, from which behavioral indicators displayed by students necessitate remediation, to the terminology used to refer to students in remediation, to which remedial interventions are the most effective. Empirical research is needed on remediation; as Forrest, Elman, Gizara, and Vacha-Haase (1999) stated, “we appear to be relying on intuitive and rational processes without the benefit of empirical knowledge to inform our critical decisions about the identification, remediation, and dismissal of impaired trainees” (p. 675). The purpose of this study was to provide empirical data on the behavioral indicators, terminology, and interventions associated with the remediation of students in counseling graduate programs. The following

variables were examined: (a) behavioral indicators displayed by students necessitating remediation, (b) terminology used when referring to students in remediation, and (c) remedial interventions and their effectiveness.

Main Topics Related to Remediation

When examining counseling student remediation, several key issues merit consideration. Ethical and legal issues provide a structure to which remediation must conform, which is explored in many of the gatekeeping models. The timing of when to remediate students during their graduate studies is another aspect of remediation, along with the wide range of terms used to refer to students who need remediation. Specific to the timing of remediation are the behavioral indicators displayed by students and how these indicators should be addressed in remediation, which leads to the question of how to remediate students and which remedial interventions are effective.

Ethical and legal issues.

Ethical obligations and related legal doctrine are important considerations when examining student remediation. The *ACA Code of Ethics* (2005) includes two directives to remediate students, clearly requiring both supervisors and counselor educators to remediate counseling students when needed (F.5.b; F.9.b). Supervisors and counselor educators are instructed to be knowledgeable of student limitations (F.5.b) or inabilities (F.9.b) through ongoing evaluation. Additional guidelines include consulting and documenting referrals for remedial assistance or dismissal. The *ACA Code of Ethics* also supports using personal counseling as a remedial intervention in Standard F.9.c, which directs faculty to provide appropriate referrals if requested or if required.

The legal doctrine of due process also is mentioned as an ethical mandate and identified in the *ACA Code of Ethics* (2005) as a necessary part of the remediation and dismissal process: counseling students must have the opportunity to respond to remediation or dismissal decisions (F.9.b). Due process is a two-pronged concept, incorporating both substantive and procedural due process. Substantive due process refers to the reasons behind depriving someone of a right, a right such as enrollment in a graduate program. The process of removing that right, such as dismissal from a program, is considered procedural due process. Basic elements of procedural due process have emerged from case law and include the following provisos: students are notified of the decision to remediate or dismiss, usually in writing; students are given an opportunity to respond to the decision; and students are provided with the means to appeal the decision (Forrest et al., 1999; Gilfoyle, 2008; Kerl et al., 2002; Knoff & Prout, 1985; Lumadue & Duffey, 1999; McAdams & Foster, 2007; Wayne, 2004).

While due process and ethical obligations provide a fundamental framework for remediation, little detailed guidance is provided in the ethical codes or in legal precedent on how to execute remediation (Bemak et al., 1999; Bhat, 2005; Lumadue & Duffey, 1999; McAdams & Foster, 2007). Despite the lack of guidance on remediation, protecting the welfare of clients is a primary ethical responsibility of supervisors and counselor educators (Baldo et al., 1997; Bemak et al., 1999; Bhat, 2005; Frame & Stevens-Smith, 1995; Kerl et al., 2002; Lumadue & Duffey, 1999; McAdams et al., 2007), hence engendering student remediation as a fundamental responsibility. Remediation, therefore, is an element needed to safeguard the public and the counseling profession.

Gatekeeping models.

Gatekeeping models provide additional tenets for consideration with remediation, providing suggested policies and procedures to counselor education programs when establishing gatekeeping initiatives with counseling students (Baldo et al., 1997; Bemak et al., 1999; Frame & Stevens-Smith, 1995; Kerl et al., 2002; Lamb et al., 1987, 1991; Lumadue & Duffey, 1999; McAdams et al., 2007; Wilkerson, 2006). The models are drawn from the spirit of the ethics codes and legal precedent established in case law; the central focus of the models is on student dismissals with the intent of screening out students deemed unsuitable for the counseling profession. Within the gatekeeping models, remediation is mentioned as a possible step; however, the emphasis is on dismissal procedures and remediation as an independent process is not elucidated. Despite the focus on dismissals, general recommendations from these models can be applied to the process of remediation.

A common recommendation in the gatekeeping models is the routine evaluation of students. This general principle holds that students' inabilities will be identified through routine evaluations; identified inabilities will then be addressed either through remediation or dismissal procedures (Frame & Stevens-Smith, 1995; Kerl et al., 2002; McAdams et al., 2007). The models also itemize the competencies and skills to be evaluated in students. Many of the models define evaluative criteria that are similar and overlapping, such as openness, flexibility, and the ability to handle conflict (Frame & Stevens-Smith, 1995; McAdams et al., 2007). The evaluative criteria are described in the models from a positive perspective defining expectations of students, rather than the negative perspective often used to describe students with problematic behaviors; both perspectives are examined in detail in a subsequent section (see What to Remediate) which focuses on the behavioral indicators of students needing remediation. Another element of the

gatekeeping models details the necessity of informing students in advance of dismissal policies and evaluative criteria, such as during the admissions process, on a program's website, and in the student handbook (Bemak et al., 1999; Frame & Stevens-Smith, 1995; Kerl et al., 2002; McAdams et al., 2007).

While the gatekeeping models do not describe the remediation process, the models do provide a framework through which remediation can possibly occur. Criticism of the gatekeeping models has focused on the lack of empirical validation of the models' effectiveness (Forrest et al., 1999; Hensley, Smith, & Thompson, 2003; Lumadue & Duffey, 1999), variations in the student inabilities and problematic behaviors identified as requiring intervention, and a lack of consistency in terminology and definitions employed across the models (Bhat, 2005; Brear, Dorrian, & Luscri, 2008).

When to remediate.

While remediation can occur throughout students' graduate work, it commonly occurs during the clinical fieldwork component of course work, such as practicum and internship (Kerl et al., 2002; Lamb et al., 1987; McAdams & Foster, 2007; McAdams et al., 2007; Schwartz-Mette, 2009; Woodyard, 1992). Traditionally, because fieldwork occurs at the end of students' programs of study, practicum and internship have been regarded as serving a gatekeeping function in graduate programs (Gizara & Forrest, 2004; Jackson-Cherry, 2006). The timing of remediating students during their clinical fieldwork can be a challenge, with accompanying ethical dilemmas on two fronts: (a) either addressing students' problematic behaviors late in their academic career with no prior notice of concerns or (b) not addressing concerns and potentially endorsing impaired professionals (Hensley et al., 2003).

An issue related to the timing of when to remediate students is the challenge of faculty reluctance to adopt the gatekeeping role. Faculty reluctance may stem from a desire not to delay students' graduations, divergence regarding problematic performance in clinical fieldwork with high grades earned in didactic courses (Bemak et al., 1999), or fear of legal retaliation from students (Bradey & Post, 1991; Kerl et al., 2002; McCutcheon, 2008; Vasquez, 1999).

Recommendations regarding when to address students with problematic behaviors centered on tackling concerns with students earlier than clinical fieldwork, either during admissions (Elman, Forrest, Vacha-Haase, & Gizara, 1999; Woodyard, 1992) or during didactic course work (Jackson-Cherry, 2006). Empirical research on when to remediate students has focused mainly on how students are identified to be remediated, rather than when remediation actually occurs (Olkin & Gaughen, 1991; Russell & Peterson, 2003).

What to remediate.

A topic interconnected with when remediation should occur during students' academic career is the question of what issues should be remediated with students. A wide array of behavioral indicators and problematic concerns has been discussed in the literature, mainly from the perspectives of student impairment or student dismissal. Little consistency in terminology or research methodology has made comparisons between studies difficult (Brear et al., 2008; Forrest et al., 1999). The CACREP Standards (2009) have established three domains for student evaluation which encompass the scope of the behavioral indicators discussed in the literature: academic performance, professional development, and personal development.

The five indicators in the academic category that were considered in the research to be skills or problematic behaviors directly related to an academic course of study included the following: basic counseling skills, advanced counseling skills, multicultural competence,

academic honesty, and academic performance. The first and second indicators, basic counseling skills and advanced counseling skills, are the focus of didactic courses as well as experiential courses and comprised a common area of concern with students (Biaggio et al., 1983; Burgess, 1995; Busseri et al., 2005; Dufrene & Henderson, 2009; Kerl et al., 2002; Kress & Protivnak, 2009; Lumadue & Duffey, 1999; Olkin & Gaughen, 1991; Procidano, Busch-Rossnagel, Reznikoff, & Geisinger, 1995; Rosenberg, Getzelman, Arcinue, & Oren, 2005; Russell & Peterson, 2003; Vacha-Haase et al., 2004). Multicultural competence was the third academic indicator, which is emphasized in the CACREP Standards (2009) as well as permeated throughout the *ACA Code of Ethics* (2005), that students are expected to display, such as demonstrating respect for diversity (Kerl et al., 2002; McAdams et al., 2007). The fourth indicator, academic dishonesty within students' course work, also was an area of concern (Li et al., 2008; Rosenberg et al., 2005; Russell & Peterson, 2003) which has been associated with problematic behaviors such as cheating on examinations (Biaggio et al., 1983; Mearns & Allen, 1991) or plagiarizing (Fly, van Bark, Weinman, Kitchener, & Lang, 1997). Similarly, the fifth indicator, academic performance, has presented as a problem, including poor grades and academic deficits (Biaggio et al., 1983; Boxley et al., 1986; Bradey & Post, 1991; Burgess, 1995; Busseri et al., 2005; Kress & Protivnak, 2009; Olkin & Gaughen, 1991; Rosenberg et al., 2005). Further research is necessary to determine if the five academic behavioral indicators associated with student dismissals and impairment are also associated with remediation.

Indicators associated with the professional category included skills and problems discussed in the literature related to students' abilities to successfully navigate the professional roles of a counselor. The professional category included the following 11 indicators: receptivity to feedback; integrating feedback; ability to deal with conflict; ethical behavior; boundaries with

clients, supervisors, and/or colleagues; confidentiality; representation of credentials; professional responsibility; procedural compliance; consultation; and documentation and paperwork compliance. The first two indicators, receptivity to feedback and integrating feedback, are associated with the supervisory relationship and have proved challenging for some students (Burgess, 1995; Dufrene & Henderson, 2009; Frame & Stevens-Smith, 1995; Kerl et al., 2002; Kress & Protivnak, 2009; Li et al., 2008; McAdams et al., 2007; Procidano et al., 1995; Russell & Peterson, 2003; Vacha-Haase et al., 2004). Likewise, the third indicator, the ability to deal with conflict, has been identified as a fundamental indicator that students must demonstrate which potentially causes concern (Frame & Stevens-Smith, 1995; McAdams et al., 2007).

Behaving in a manner consistent with ethical codes was the next behavioral indicator identified in the literature which has proven problematic for some students (Biaggio et al., 1983; Bradey & Post, 1991; Burgess, 1995; Busseri et al., 2005; Dufrene & Henderson, 2009; Fly et al., 1997; Koerin & Miller, 1995; McAdams et al., 2007; Procidano et al., 1995; Russell & Peterson, 2003).

In addition to general ethical behavior, specific ethical concerns highlighted included the fifth indicator, boundaries with clients, supervisors, and/or colleagues (Dufrene & Henderson, 2009; Fly et al., 1997; Kress & Protivnak, 2009; Li et al., 2008; Mearns & Allen, 1991; Oliver, Bernstein, Anderson, Blashfield, & Roberts, 2004), the sixth indicator of maintaining confidentiality (Fly et al., 1997; Mearns & Allen, 1991), and the seventh indicator of accurately representing credentials (Fly et al., 1997; Li et al., 2008). The eighth behavioral indicator discussed that students are expected to display was a sense of professional responsibility, which has proven challenging for some students (Kerl et al., 2002; Koerin & Miller, 1995; Kress & Protivnak, 2009; Lumadue & Duffey, 1999; Oliver et al., 2004; Rosenberg et al., 2005; Russell & Peterson, 2003). Procedural compliance also was defined as an expectation of students,

which includes being ontime and attending required meetings (Dufrene & Henderson, 2009; Kress & Protivnak, 2009). Additional expectations of students related to the professional behavioral indicators included the tenth indicator, consultation with other professionals (Dufrene & Henderson, 2009; Tedesco, 1982) and the eleventh and final indicator, documentation and paperwork compliance, such as completing and submitting practicum and internship hourly logs ontime and submitting recordings of counseling sessions (Dufrene & Henderson, 2009; Kress & Protivnak, 2009). While the majority of behavioral indicators in the professional category have been associated with student dismissal and impairment, further empirical inquiry is necessary to determine their association with remediation.

The 19 indicators in the personal category included skills and problems discussed in the literature related to personal characteristics necessary for the roles of a counselor and included the following: maturity, integrity, flexibility, cooperativeness, interpersonal skills, ability to express feelings, awareness of own impact on others, acceptance of personal responsibility, expression of empathy, openness to self-examination, capacity to handle stress, substance abuse, symptoms of a personality disorder, symptoms of anxiety, symptoms of depression, symptoms of another mental health disorder, partner relationship concerns, financial concerns, and physical illness. The personal indicators category will be discussed as two sub-categories; the first sub-category is related to personal skills (eleven indicators) and the second sub-category is related to personal problems (eight indicators).

Within the personal skills sub-category, the first behavioral indicator of maturity has been discussed as a skill necessary for students to possess (Baldo et al., 1997; Biaggio et al., 1983; Boxley et al., 1986; Lumadue & Duffey, 1999; Rosenberg et al., 2005), which Kerl et al. operationalized as demonstrating self-awareness and self-control; maturity was not further

defined by other scholars. Integrity, the second personal skill indicator, also has been reported as a personal characteristic problematic for students to display (Fly et al., 1997; Li et al., 2008; Lumadue & Duffey, 1999), which obliges students to be honest and respectful (Kerl et al., 2002). The third indicator, flexibility, requires that students adapt to the changing needs of their environment (Frame & Stevens-Smith, 1995; McAdams et al., 2007). The next indicator, cooperativeness, (Baldo et al., 1997; Frame & Stevens-Smith, 1995) demands that students display the ability to compromise and collaborate with others (McAdams et al., 2007). The fifth indicator of interpersonal skills was identified as a struggle for students as well (Bemak et al., 1999; Biaggio et al., 1983; Boxley et al., 1986; Burgess, 1995; Kress & Protivnak, 2009; Li et al., 2008; Olkin & Gaughen, 1991; Rosenberg et al., 2005; Russell & Peterson, 2003; Vacha-Haase et al., 2004). The ability to express feelings accurately and appropriately also has been mentioned as a sixth personal skill indicator, as well as the ability to accept personal responsibility (seventh) (Frame & Stevens-Smith, 1995; McAdams et al., 2007). Similarly, displaying an awareness of impact on others has been discussed as the eighth personal skill indicator for students to exhibit (Frame & Stevens-Smith, 1995; McAdams et al., 2007; Rosenberg et al., 2005). The ninth personal skill indicator, the ability to express empathy, has been identified as problematic for some students to demonstrate (Baldo et al., 1997; Bemak et al., 1999; Mearns & Allen, 1991), along with the capacity for openness to self-examination (tenth) (Bemak et al., 1999; Dufrene & Henderson, 2009; Frame & Stevens-Smith, 1995; McAdams et al., 2007). Students must show the ability to handle stress, which has been mentioned as an eleventh personal skill indicator beneficial in navigating the roles of a counselor (Baldo et al., 1997; Oliver et al., 2004).

The second sub-category includes personal problem behavioral indicators that have the potential to impact students' clinical and academic performance. For instance, students have struggled with substance abuse, the first personal problem indicator (Burgess, 1995; Huprich & Rudd, 2004; Koerin & Miller, 1995; Li et al., 2008; Oliver et al., 2004; Rosenberg et al., 2005; Russell & Peterson, 2003). Mental health diagnoses associated with student concerns have included personality disorders, the second personal problem indicator, (Boxley et al., 1986; Burgess, 1995; Huprich & Rudd, 2004; Li et al., 2008; Oliver et al., 2004; Rosenberg et al., 2005; Russell & Peterson, 2003), anxiety, a third, (Burgess, 1995; Huprich & Rudd, 2004; Oliver et al., 2004), and depression, a fourth personal problem indicator (Boxley et al., 1986; Burgess, 1995; Huprich & Rudd, 2004; Oliver et al., 2004). A wide range of other mental health disorders that students struggle with have been mentioned (Biaggio et al., 1983; Bradey & Post, 1991; Burgess, 1995; Huprich & Rudd, 2004; Koerin & Miller, 1995; Mearns & Allen, 1991; Procidano et al., 1995), such as eating disorders (Oliver et al., 2004; Rosenberg et al., 2005) and psychotic symptoms (Li et al., 2008). Other personal behavioral indicators that have interfered with students' performance have included partner relationship concerns, the sixth personal problem indicator, (Boxley et al., 1986; Rosenberg et al., 2005), financial concerns, the seventh, (Busseri et al., 2005; Rosenberg et al., 2005), and physical illness, the eighth and final personal problem indicator (Boxley et al., 1986; Busseri et al., 2005; Olkin & Gaughen, 1991; Rosenberg et al., 2005; Russell & Peterson, 2003).

The behavioral indicators discussed in the academic, professional, and personal categories span a range of skills and problems counselor educators and supervisors have encountered in students. The majority of the empirical research reviewed has approached these

indicators from the perspective of student impairment and dismissal. Research investigating the indicators from the perspective of remediation is largely absent.

How to remediate.

An element that bears consideration regarding remediation is the specific interventions used to address students' inabilities in attempting to remediate them. A small assortment of remedial interventions has been discussed and criticized in the literature, including personal therapy, increased supervision, repetition of clinical work or academic courses, and student dismissals (Bradey & Post, 1991; Elman & Forrest, 2004; Kaslow et al., 2007; Lamb et al., 1987; Olkin & Gaughen, 1991; Procidano et al., 1995; Russell & Peterson, 2003; Vasquez, 1999). The use of personal therapy as a remedial intervention has been challenged for lacking research regarding its effectiveness as a remedial tool (Kaslow et al., 2007) and for creating an ethical dilemma regarding the confidential nature of therapy, which conflicts with students' accountability to the program (Olkin & Gaughen, 1991; Vasquez, 1999).

Recent scholarly work has explored remediation in counselor education programs from a perspective independent of student dismissals (Dufrene & Henderson, 2009; Kress & Protivnak, 2009; McAdams & Foster, 2007). Guidelines for the remediation process have been suggested, such as adopting a positive framework when outlining remedial expectations, in the context of what students will do, rather than what they will not do (Dufrene & Henderson, 2009; Kaslow et al., 2007; Kress & Protivnak, 2009; McAdams & Foster, 2007). Other recommendations call for remediation plans to outline the observed performance deficits that will be addressed in the plan, stipulate the remedial goals, and describe the methods to achieve those goals (Dufrene & Henderson, 2009; Gilfoyle, 2008; Kaslow et al., 2007; Kress & Protivnak, 2009). A common suggestion is the necessity to systematically document the remedial process, along with requiring

signatures on remediation plans (Dufrene & Henderson, 2009; Kress & Protivnak, 2009; McAdams & Foster, 2007). While these recommendations have contributed to defining the remediation process, identifying and evaluating remedial interventions from an empirical stance remains relatively unexplored in the literature.

Terminology of remediation.

Another issue related to remediation revolved around the inconsistency in the terminology used to refer to students who need remediation. 'Impaired' has been traditionally employed to refer to students who are the focus of gatekeeping initiatives (Boxley et al., 1986; Lamb et al., 1987, 1991; Huprich & Rudd, 2004; Wilkerson, 2006). As a term, 'impaired' has been scrutinized by scholars and criticized, mainly for its association with the Americans with Disabilities Act of 1990, (ADA; Frame & Stevens-Smith, 1995; Vacha-Haase et al., 2004; Wester, Christianson, Fouad, & Santiago-Rivera, 2008). Under the ADA, specific protections are afforded to individuals with recognized impairments or disabilities, engendering a possible legal risk to counselor education programs when employing the term with students under the auspice of gatekeeping (Elman & Forrest, 2007; Gilfoyle, 2008).

Extensive suggestions for alternative terminology have been found in the literature, such as 'deficien(t)cies' (Gaubatz & Vera, 2006; McAdams et al., 2007; Procidano et al., 1995) or 'problem(atic)' (Olkin & Gaughen, 1991; Kerl et al., 2002; Rosenberg et al., 2005; Kress & Protivnak, 2009). Elman and Forrest (2007) conducted an extensive review of terminology associated with 'impairment' and suggested replacement terminology, 'problems with professional competence,' that they deemed as appropriate. However, a clear agreement on replacement nomenclature has yet to be universally agreed upon and utilized by scholars.

In sum, student remediation is a multi-faceted topic in the early stages of development as a concept. The evolutionary nature of the concept is reflected in the inconsistency of the impairment terminology at the center of the dialogue: even the language used to refer to students in remediation is unclear. While ethical and legal issues have provided a framework for remediation, questions remain regarding the processes and procedures of remediation itself. Key areas bearing further inquiry include the timing of when to remediate students during their graduate studies, along with what behavioral indicators should be addressed in remediation, and which remedial interventions are the most effective.

Significance of the Study

The importance of this study centered on exploring the concept of remediation in counselor education programs. At present, the gatekeeping perspective has provided the predominant lens which has influenced the existing empirical research related to student remediation; the majority of scholarly work has focused on student dismissals and impairment. This study attempted to identify remediation as a concept independent of impairment or dismissal. Further evaluation of remediation could contribute to informing the development of policies and procedures in counselor education programs regarding student remediation, as well as the timing of when remediations are initiated during students' programs of study, which behavioral indicators are addressed with students in remediation, and which remedial interventions are used. Another element of this study's significance included addressing the terminology used to refer to students who require remediation, possibly providing insight on any differences in terminology used with students in remediation as contrasted with student dismissals.

General Research Questions

The two main research questions investigated:

1. What are the behavioral indicators, terminology, and remedial interventions associated with the remediation of counseling graduate students?
2. Does academic status impact views on behavioral indicators, terminology, and remedial interventions associated with counseling graduate student remediation?

Specific research questions.

Detailed research questions included the following:

1. According to counselor educators' and doctoral students' perceptions, which behavioral indicators are most often remediated with counseling graduate students?
2. According to counselor educators' and doctoral students' perceptions, what terminology is most preferred when discussing counseling graduate students in remediation?
3. According to counselor educators' and doctoral students' perceptions, which remedial interventions are effective with counseling graduate students?
4. Are there differences between counselor educators' and doctoral students' perceptions of the behavioral indicators which *need* remediation with counseling graduate students?
5. Are there differences between professional academic status (administrative faculty vs. non-administrative faculty) and their perceptions of the behavioral indicators which *need* remediation with counseling graduate students?
6. To what extent do counselor educators and doctoral students perceive that counseling graduate students *can* be remediated on the behavioral indicators?

7. Are there differences in professional academic status and perceptions of the terminology associated with counseling graduate student remediation?
8. Are there differences in counselor educators' and doctoral students' perceptions of what stage in the program remedial behaviors initially surface with counseling graduate students?
9. What underlying structural factors exist with the behavioral indicators?

Assumptions of this Study

An assumption of this study was that the researcher-developed instrument, *The Counseling Graduate Student Remediation Questionnaire (CGSRQ)*, was valid and reliable. Another assumption was that the selected sample, members of the Association for Counselor Education and Supervision (ACES), were nationally representative of counselor educators and reflects the perceptions of the counseling profession. It also was assumed that participants responded to the survey instrument with integrity and openness.

Limitations of this Study

Two main limitations of this study were related to data collection and the *CGSRQ* instrument's design. The first main limitation of data collection was related to the distribution of the *CGSRQ* via email; a link to the *CGSRQ* through the online website SurveyMonkey™ was included in the email to participants. A few limitations were associated with this electronic method of data collection: (a) email addresses for participants may be incorrect or inaccurately included in the list purchased from ACA, impacting the sample size; (b) potential participants must have access to the internet since the instrument was distributed by email, which also may limit sample size, and (c) online format of data collection also is associated with lower response

rates versus traditional data collection procedures (Granello, 2007; McMillan & Schumacher, 2006), which also impacts sample size.

The second main limitation for this study was associated with the *CGSRQ*, which was designed by the researcher and has not been examined for reliability or validity. A related limitation involved the nature of survey research and reliance on the self-report of participants, which may be impacted by bias; participants may have responded to items as they think they should have responded, rather than as they truly think; in other words, responses may have been influenced by social desirability bias (McMillan & Schumacher, 2006). Additionally, definitions used within the instrument may not accurately reflect the perceptions of the participants and create unaccounted variability in the results.

Definition of Terms

Behavioral indicators: Skills and problematic behaviors associated with student dismissals and student impairment.

Due process: A key legal principle that impacts policies and procedures related to student dismissals; decisions to dismiss must not be arbitrary or capricious and students must be afforded the means to appeal the decision (Forrest et al., 1999; Gilfoyle, 2008; Kerl et al., 2002; Knoff & Prout, 1985; Lumadue & Duffey, 1999; McAdams & Foster, 2007; Wayne, 2004).

Gatekeeping models: Policies and procedures suggested in the conceptual literature to evaluate, identify, and dismiss students with problematic behaviors from counseling graduate programs. The term ‘gatekeeping’ itself refers to the notion of restricting access to a desired objective, such as a faculty member screening students for satisfactory completion of the requirements for a counselor education graduate degree, potentially resulting in a student dismissal.

Student dismissal: An official decision by the faculty of a counseling graduate program to end students' participation in the program, such as a suspension, mandatory leave of absence, or permanent dismissal. The use of the word 'end' in this definition is drawn from the work of Curren and Atherton (2008) on the termination of social work students.

Student remediation: A documented, procedural process that addresses observed inability in students' performance with the intent to provide students with specific means to remedy their inability. This definition is drawn from Dufrene and Henderson (2009), however, the word 'student' was selected for use in this study rather than the original word 'trainee,' since this current study focuses solely on graduate training programs, hence focusing on students, and does not include post-graduate training toward licensure, which the more general term 'trainee' also could encompass.

Student retention policy: "[T]he policy by which program faculty members evaluate each student for academic, professional, and personal fitness to continue in a counseling program. In addition, the policy outlines procedures to be followed if a student does not meet program criteria" (CACREP, 2009, p. 62).

Chapter Two

Literature Review

The literature related to counseling graduate student remediation is reviewed in depth in this chapter, along with the closely associated matter of gatekeeping in academic programs. The main concepts identified as related to remediation that are explored in this chapter include the following: legal issues, ethical issues, gatekeeping models, when to remediate students, what behavioral indicators to remediate with students, how to remediate students, and the terminology employed to refer to students at the center of the gatekeeping dialogue.

Legal Issues with Remediation

Scholarly work on gatekeeping and student dismissals provides the broad framework that addresses remediation, which is typically considered to be a part of the overall gatekeeping process (Dufrene & Henderson, 2009). The main legal issue pertinent to remediation is due process. Due process is a right protected in the 14th Amendment of the U.S. Constitution (Cobb, 1994; Knoff & Prout, 1985; Wayne, 2004), which holds states governable by the Bill of Rights; as such, denial of due process can be charged against institutions which receive federal or state funding (Gilfoyle, 2008). These due process claims broadly hold that previously admitted students have been denied the protected right to continue their enrollment (Frame & Stevens-Smith, 1995; Kerl et al., 2002).

Due process.

Due process is a two-pronged issue, involving both substantive due process and procedural due process. Substantive due process addresses the reasons for depriving someone of a right, such as enrollment; the reasons must be legitimate in nature and not arbitrary or

capricious (Forrest et al., 1999; Gilfoyle, 2008; Kerl et al., 2002; Knoff & Prout, 1985; McAdams & Foster, 2007; Wayne, 2004). Procedural due process refers to the steps taken to deprive someone of a right; basically the process through which the right is deprived. Basic procedural due process has developed from case law to include the following: the individual is notified of the decision to be deprived of a right, the individual is granted the opportunity to respond to the decision, and the individual has the means to appeal the decision (Forrest et al., 1999; Kerl et al., 2002; Lumadue & Duffey, 1999; McAdams & Foster, 2007).

Due process claims involving student dismissals have been interpreted at length by the courts (Gilfoyle, 2008; Olkin & Gaughen, 1991); case law essentially serves as a guide to implementing due process rights. Law suits involving the dismissal of medical students laid the foundation for establishing legal precedence (Frame & Stevens-Smith, 1995; Knoff & Prout, 1985) that influences counseling graduate student remediation. Of particular importance is the precedent maintaining the court's respect for faculty expertise in determining academic decisions (Forrest et al., 1999; Frame & Stevens-Smith, 1995; Kerl et al., 2002; Knoff & Prout, 1985; Lamb & Swerdlik, 2003; Olkin & Gaughen, 1991). In essence, Gilfoyle has stated that the courts grant faculty "substantial leeway" in academic decisions regarding student evaluations and dismissals (2008, p. 202). The literature highlighted the importance of delineating *academic* decisions and dismissals separately from *disciplinary* decisions; disciplinary decisions are regarded differently by the courts, with a higher standard of due process requiring a hearing before a decision-making authority to determine what factually occurred (Cole & Lewis, 1993; Frame & Stevens-Smith, 1995; Knoff & Prout, 1985; Wayne, 2004). The court's respect for faculty expertise in academic decisions is considered to offset the need for a hearing to determine factual information, as is required in disciplinary dismissals to determine what actually

transpired (Frame & Stevens-Smith, 1995; Knoff & Prout, 1985; Wayne, 2004). The legal standard for dismissal procedures based on academic decisions is considered less cumbersome and time consuming than the standard for disciplinary dismissals (Cobb, 1994).

Pertinent case law.

A landmark legal case involving a medical student established an important precedent affirming the evaluation of clinical and interpersonal skills as an academic prerogative, which has implications for counseling students' remediation. In the case of *Horowitz v. Board of Curators of the University of Missouri* (1978), Horowitz sued after being dismissed from medical school due to poor interpersonal relationships with colleagues and patients, poor personal hygiene, and poor clinical skills. The case was eventually brought to the U.S. Supreme Court, which upheld the dismissal decision (Cole & Lewis, 1993; Enochs & Etzbach, 2004; Frame & Stevens-Smith, 1995; Gilfoyle, 2008; Kerl et al., 2002; Knoff & Prout, 1985; Wayne, 2004). Knoff and Prout summarized the importance of the *Horowitz* case as distinguishing the dismissal as academic in nature, rather than disciplinary, and upholding the evaluation of "...students' interpersonal skills and attitudes within the academic domain" (p. 794); these conclusions regarding the importance of *Horowitz* also are emphasized by Cobb (1994) and Wayne (2004). For counselor education programs, the *Horowitz* case affirms the evaluation of personal and professional attributes as appropriate for academic purposes, and, hence, within the purview of remediation plans.

Three court cases directly involving counseling graduate programs also present important legal considerations for remediation. In 1986, the case of *Harris v. Blake and the Board of Trustees of the University of Northern Colorado* was filed against a single faculty member in the counseling graduate program (Baldo et al., 1997; Bhat, 2005; Frame & Stevens-Smith, 1995;

Lumadue & Duffey, 1999). The court upheld the dismissal decision over claims of denial of due process and discrimination after the dismissed student received a counseling degree from another institution. Lessons from this case applicable to remediation included having a faculty *committee* responsible for remedial decisions rather than one faculty member alone (Baldo et al., 1997; Bhat, 2005). Also, the case illustrated the value of having a dismissal policy and procedure in place which defines problematic behaviors, along with the importance of requiring signatures on any accompanying remediation documentation.

Another pertinent legal consideration for remediation is found in the court case against Louisiana Tech University (LTU; Baldo et al., 1997; Bhat, 2005; Custer, 1994; Enochs & Etzbach, 2004; Frame & Stevens-Smith, 1995; Kerl et al., 2002; Lumadue & Duffey, 1999), which alleged the counseling program did not provide adequate training and was liable for graduating an impaired professional. The case was settled in 1994 for 1.7 million dollars before LTU was included in the case as a defendant (Custer, 1994). This case shows the potential liability for counseling programs, highlighting the importance of actively addressing students with problematic behaviors and preventing the endorsement of problematic professionals (Enochs & Etzbach, 2004; Frame & Stevens-Smith, 1995; Kerl et al., 2002; Lumadue & Duffey, 1999).

A third court case that involved remediation was examined by McAdams et al. (2007); in *Plaintiff v. Rector and Board of Visitors of The College of William and Mary, 2005*, a student sued for being dismissed from the counseling program. Prior to the student's dismissal, remediation had been attempted. In this case, the faculty were charged with due process violations and conspiracy, among a total of six charges. After three years in litigation, the case was dismissed against the College and that decision upheld on appeal. Many lessons from this

experience are articulated by the authors and expanded by McAdams and Foster (2007) to include the following: using an assessment tool clearly defining deficient behaviors, specifying remedial interventions in behavioral terms, holding regular meetings with the student, documenting the meetings' occurrence, and requiring signatures on all remediation documentation.

An additional court case, involving Southwest Texas State University, has received little attention from the literature, consisting of a brief mention in the originating article (Kerl et al., 2002) and one subsequent citation (Enochs & Etzbach, 2004), and is not scrutinized to the same degree as the cases previously discussed. It was included here due to the involvement of a counselor education program. In 1998, the counselor education faculty at Southwest Texas State University were sued by a student to force enrollment in an advanced fieldwork course despite the student not fulfilling the requirements of a remediation plan (Kerl et al., 2002). Prior to the lawsuit, the faculty had initiated and implemented the program's review policy, called the Professional Counseling Performance Evaluation (PCPE), to address the students' problematic behaviors. The court ruled in the university's favor on all counts, indicating that due process had been afforded to the student and that faculty had followed established policies and procedures consistent with professional standards, a ruling which Kerl et al. directly attributed to the implementation of the PCPE. Enoch and Etzbach (2004) also noted the role in this case of having a formal policy in place which students were informed of upon admission into the program regarding student expectations and remediation and dismissal procedures.

Recommendations regarding due process.

General guidelines were offered in the literature to incorporate due process considerations from the broader perspective of gatekeeping; these guidelines are useful to

consider for remediation as well. The most basic recommendation calls for programs to have a policy and procedure in place that articulates how the program will address students with problematic behaviors (Knoff & Prout, 1985; Tedesco, 1982; Wayne, 2004). These policies and procedures should incorporate due process considerations, such as developing evaluation criteria that are specific, notifying students in writing of expectations and evaluation procedures, and initiating remediation plans when necessary (Knoff & Prout, 1985; Lamb et al., 1987). Furthermore, Knoff and Prout stated that evaluative criteria should be presented as *minimal* criteria to be met and the policy also should require students' adherence to ethical standards. Gilfoyle (2008) suggested that evaluative criteria and decisions regarding problematic behaviors be directly linked to previously established performance criteria and expectations. Moreover, students should have the opportunity to respond to and appeal any decisions, and programs should document in writing the steps taken to address recognized problems with students (Gilfoyle, 2008; Lamb et al., 1987). To prevent accusations of capricious or arbitrary treatment, programs should take care to implement policies consistently with all students (Gilfoyle, 2008).

Ethical Considerations with Remediation

The literature has established the current legal parameters surrounding remediation, providing an overarching umbrella for implementation. This inherent broadness is part of the challenge; a general dilemma that arises when undertaking remediation is the specific mechanics of how to go about it. Consider the following analogy: if the legal issues are represented by an umbrella's canopy, and the contextual circumstances necessitating remediation sit below at the umbrella's handle, then the wide empty space between the two represents the ethical and certification standards addressing remediation. The necessity and charge to remediate is clear, but that charge may be the only aspect of remediation that is clear. This conundrum represents

the main ethical problem when undertaking a student remediation: what exactly to do? For example, the CACREP Standards require that programs have a student retention policy that addresses remediation procedures (2009, Section I.L). The glossary defines ‘student retention policy’ as “the policy by which program faculty members evaluate each student for academic, professional, and personal fitness to continue in a counseling program. In addition, the policy outlines procedures to be followed if a student does not meet program criteria” (p. 62). Details or guidelines regarding what constitutes remediation procedures are not included. However, the Standards do address the requirement that the institutional due process policy be followed, as well as any applicable ethical codes, when considering student dismissals; these directives underscore the broad legal canopy that surrounds remediation and also endorse the current professional ethical codes.

Similar to CACREP’s reliance on the pertinent ethical codes, the literature also frequently consults with ethical codes when discussing remediation and student dismissals (Baldo et al., 1997; Bemak et al., 1999; Bhat, 2005; Forrest et al., 1999; Frame & Stevens-Smith, 1995; Kerl et al., 2002; Li et al., 2008; Lumadue & Duffey, 1999; McAdams & Foster, 2007; McAdams et al., 2007; Olkin & Gaughen, 1991; Wilkerson, 2006). A frequent theme in the literature is the lack of direction in the ethical codes on how to remediate counseling students (Bemak et al., 1999; Bhat, 2005; Lumadue & Duffey, 1999; McAdams & Foster, 2007; Wilkerson, 2006); this observation incorporates a common reflection regarding ethical codes in general, which are devised to have a broad applicability and not to provide “absolute guidance” (Cottone & Tarvydas, 2003, p. 33; Herlihy & Corey, 1996). Another recurrent sentiment in the literature was the overarching ethical imperative that compels student remediation: protecting client welfare and the public from harm (Baldo et al., 1997; Bemak et al., 1999; Bhat, 2005;

Frame & Stevens-Smith, 1995; Kerl et al., 2002; Lumadue & Duffey, 1999; McAdams et al., 2007; Olkin & Gaughen, 1991). This ethical imperative requires faculty and supervisors action when confronting problems with students' professional performance.

Ethical codes.

Two professional organizations' ethical documents direct supervisors to remediate when necessary: the *ACA Code of Ethics* (2005) and the *ACES Ethical Guidelines for Counselor Supervisors* (1993). The *ACA Code of Ethics* addresses remediation twice, first as a directive for supervisors (F.5.b) and second as a directive for counselor educators (F.9.b), to "assist students in securing remedial assistance when needed" (p. 16). The phrase 'when needed' implies a subjective decision and possibly sits at the crux of the murkiness regarding remediation. In both standards, remediation is laid in the context of evaluation: through ongoing evaluation students' 'limitations' (F.5.b) or 'inabilities' (F.9.b) would be identified. In addition, the *ACA Code* includes the proviso to consult and to document referrals for remedial assistance. For counselor educators, the legal doctrine of due process also is mentioned explicitly, "to...provide students with due process according to institu(-)tional policies and procedures" (p. 16). Wilkerson (2006) posited that these standards were included to underscore the importance of the responsibility to remediate but that execution of the mandate was left for individual programs to devise; this sentiment is in keeping with the notion that ethical codes do not always contain clear directives and that ethical decision making must be the next step for professionals facing an ethical dilemma (Cottone & Tarvydas, 2003; Herlihy & Corey, 1995). Wilkerson's perspective draws a parallel with how the doctrine of due process has evolved: the legal imperative lies in the Constitution but the specifics of execution have been defined in case law rather than in the originating document.

The ACES *Ethical Guidelines for Counselor Supervisors* (1993) is now considered a historical document that is subsumed in the *ACA Code of Ethics* (2005). However, considering its direct relevance to remediation and supervision, it bears examining and provides another resource to consider when attempting to explicate the concept of remediation. Given its relationship with the *ACA Code of Ethics*, many mandates within the *ACES Guidelines* are similar to those found in the *ACA Code*. For instance, the *ACES Guidelines* also include the necessity of recommending remediation or pursuing dismissals, as well as documenting these recommendations (Section 2.12 & 2.13). Due process is once again established as a requirement (Section 2.14). While this adds weight to the duty to remediate, it does not provide much additional guidance on how to implement remediation. The *ACES Guidelines* do, however, more fully elucidate the purpose of remediation: "...so that the supervisee understands the nature of the impairment and has the opportunity to remedy the problem and continue with his/her professional development" (Section 2.13). This purpose seems distinct from that of student dismissals and appears to be more proactive in nature, leading to the possibility of student retention rather than termination.

Both ethical codes address a common remedial intervention, the recommendation or requirement of personal counseling for students. Standard F.9.c of the *ACA Code of Ethics* (2005) sanctions requiring personal counseling as part of the remediation process, directing faculty to provide appropriate referrals if requested or if required, and the *ACES Ethical Guidelines* (1993) endorse the recommendation of personal counseling to address deficits (Section 3.18). However, a separate compounding ethical dilemma accompanies the use of personal counseling: confidentiality. Kaslow et al. (2007) discussed the lack of research and guidelines on how to use personal therapy effectively in remediation; for example, how to weigh

the need for client/student confidentiality at the same time with accountability to the program. Once again, the mechanics of how to implement an ethical standard remain in question, a familiar theme related to the grey areas adrift within ethical codes (Herlihy & Corey, 1995). The criticism in the literature of personal therapy as a remedial intervention will be explored in greater detail in a later section in this chapter, How to Remediate, that addresses remedial interventions in depth.

Gatekeeping Models

Several models have emerged that address gatekeeping and the dismissal of graduate students (Baldo et al., 1997; Bemak et al., 1999; Frame & Stevens-Smith, 1995; Kerl et al., 2002; Lamb et al., 1987, 1991; Lumadue & Duffey, 1999; McAdams et al., 2007; Wilkerson, 2006). Within these models, remediation frequently has been mentioned as a possible step; however, the emphasis is on dismissal procedures and remediation as a process is not detailed. Despite this lack of explication, recommendations from these models can be applied to remediation.

Routine evaluation of all students.

The gatekeeping models contained common recommendations that reflect the accompanying ethical and legal issues. One such recommendation was the routine evaluation of students' performance, typically using an assessment tool developed by the faculty (Frame & Stevens-Smith, 1995; Kerl et al., 2002; Lamb et al., 1991; Lumadue & Duffey, 1999; McAdams et al., 2007; Wilkerson, 2006). Though the models differed in procedures, the general purpose was to identify any inabilities present through routine evaluations and subsequently to address these inabilities either in remediation or dismissal proceedings. Models varied on the frequency and timing of these evaluations, such as evaluating each student every semester (Frame &

Stevens-Smith, 1995; McAdams et al., 2007) or only after the experiential courses and as required (Kerl et al., 2002).

When problematic areas are indicated in students' evaluations, the gatekeeping models have proposed different procedures for initial faculty review and discussion, such as a student review meeting attended by all faculty members (Frame & Stevens-Smith, 1995) or a committee of three faculty members appointed by the chair (Kerl et al., 2002). The models detailed the necessary steps for faculty to follow if problematic concerns with students continued to progress after the initial evaluation, which included a variety of recommendations on meetings that should occur with faculty members and students present (Baldo et al., 1997; Frame & Stevens-Smith, 1995; Kerl et al., 2002; McAdams et al., 2007). Remediation was frequently discussed at this stage of the gatekeeping models, with brief mention of remediation plans developed by faculty and implemented with students (Baldo et al., 1997; Frame & Stevens-Smith, 1995; Kerl et al., 2002). For example, Baldo et al. included the stipulation to provide copies of remediation plans to students and listed the procedures for follow-up and subsequent re-evaluation of students. However, the gatekeeping models did not discuss remediation as a distinct process or describe in detail the contents of remediation plans. The end result of the procedures described within the gatekeeping models typically has been final official decisions to dismiss; case examples provided highlight students' legal challenges to dismissals and how gatekeeping models were activated and applied (Kerl et al., 2002; McAdams et al., 2007).

Competencies and skills evaluated.

Another element the gatekeeping models addressed are which competencies and skills should be assessed in these routine performance evaluations, and hence, in remediation. The CACREP Standards state that students should be evaluated on "academic performance,

professional development, and personal development” (2009, Section I.P). Operationalizing these three domains into specific definitions of evaluative criteria is left to individual programs, leading to variations in practice (Hensley et al., 2003).

Across the gatekeeping models, each model employed similar yet different operational definitions of evaluative criteria. For example, Frame and Stevens-Smith (1995) itemized nine personal characteristics to be evaluated, including openness, flexibility, ability to deal with conflict, and willingness to use and accept feedback, in their faculty-developed student evaluation tool, the Personal Characteristics Evaluation Form (PCEF). A different approach was articulated by Kerl et al. (2002), in choosing to address professional performance criteria in their tool, the Professional Counseling Performance Evaluation (PCPE), that included “...basic communication skills, basic counseling skills, ethical practice, and personality or behavior traits...” (p. 327). While Frame and Stevens-Smith identified their evaluation criteria as ‘personal characteristics,’ Kerl et al. labeled their criteria as evaluating ‘professional performance.’ Yet another approach was offered by McAdams et al. (2007) in their Professional Performance Review Policy (PPRP), which identified ten evaluative criteria, including openness, flexibility, willingness to accept and use feedback, and the ability to handle conflict, mirroring Frame and Stevens-Smith’s categorization. However, a difference emerges in the label applied to the criteria, with Frame and Stevens-Smith’s use of the terminology ‘personal characteristics’ and McAdams et al.’s use of ‘professional performance.’ Per CACREP’s guidelines, ‘personal development’ and ‘professional development’ are distinguished as separate evaluative domains, yet the two appear to be executed in the literature with overlapping criteria. The issue of what student criteria should be evaluated and the related question of what should be remediated will be examined in a subsequent section (What to Remediate).

Notification of dismissal policy and evaluative criteria.

The gatekeeping models also included recommendations to notify students of the dismissal policy and evaluation criteria during the admissions process as well as in the student handbook (Bemak et al., 1999; Frame & Stevens-Smith, 1995; Kerl et al., 2002; McAdams et al., 2007). Requiring students to sign a document verifying their receipt and understanding of the policy also was recommended. Additionally, the consistent documentation of meetings, communication, and evaluations emerged as a consistent theme across models for the gatekeeping process, which McAdams et al. discussed as a necessity from a legal standpoint. Baldo et al. (1997), as well, described how their policy includes providing students with verbal feedback and a written copy of the remediation plan; students then are asked to sign a form confirming they received the paperwork.

However, the process of how remediation unfolds was not explored in the existing gatekeeping models; the emphasis of these models was on student dismissal rather than remediation and retention. Criticism of the gatekeeping models focused on the lack of empirical validation (Forrest et al., 1999; Hensley et al., 2003; Lumadue & Duffey, 1999), variations in the behaviors identified as requiring intervention, and a lack of consistency in terminology and definitions (Bhat, 2005; Brear et al., 2008). Additionally, in a study comparing counselor educators' and master's students' perceptions of trainee competence, students reported a greater estimation of deficiency in their peers (21.5%) than faculty (8.9%), suggesting that students with possible deficiencies are "gateslipping" through programs with faculty unaware and graduating without remedial intervention (Gaubatz & Vera, 2006, p. 36). These results underscore the importance of effective policies and procedures to implement gatekeeping initiatives to prevent possible gateslipping by students with problematic behaviors.

When to Remediate

The issue of when to remediate during students' course work has received fairly little attention from the conceptual and empirical literature. The conceptual literature has noted that students with problematic behaviors are often addressed during the clinical component of graduate course work, such as practicum or internship (Kerl et al., 2002; Lamb et al., 1987; McAdams & Foster, 2007; McAdams et al., 2007; Schwartz-Mette, 2009; Woodyard, 1992). Jackson-Cherry (2006) described the faculty coordinator of practicum as the traditional gatekeeper role of the program. Gizara and Forrest (2004) also noted the central role of the internship in serving a gatekeeping function due to its final placement within students' course work in training programs.

Part of the reason that fieldwork serves as a gatekeeper, Hensley et al. (2003) postulated, may be due to a lack of comprehensive evaluation of all students in a program in the areas of personal and professional development, such as programs only conducting evaluations as needed with students when problematic behaviors are encountered. A lack of systematic, comprehensive evaluation of all students' personal and professional development potentially leaves problems to arise during fieldwork, after the majority of students' course work has been completed. Hensley et al. noted the accompanying ethical dilemma with two scenarios: (a) of undertaking student remediation late in a program with no prior notice to students of problems with their performance or (b) of graduating possibly impaired practitioners. Jackson-Cherry (2006) suggested that faculty could address issues earlier in the program by screening students during content classes and initial clinical skill courses for problematic personal issues that pose a potential harm to clients. The theme of acting earlier in the program also was espoused by

Rosenberg et al. (2005), who urged faculty to address problems honestly and early in the process and to avoid isolating students with problematic behaviors.

From a macro viewpoint, it stands to reason that problematic behaviors were present *before* students progressed to their fieldwork, which traditionally is at the end of students' graduate course work. McAdams et al. (2007), in examining the lawsuit *Plaintiff v. Rector and Board of Visitors of The College of William and Mary* (2005), discussed how faculty initiated the dismissal policy during the student's practicum, but acknowledged that problematic behaviors were recognized earlier. The faculty preferred to handle each prior problematic incident informally, with the belief the student could demonstrate productive change with time. Lamb (1999) suggested, based on his experience consulting with training programs, that programs are unclear when to intervene with problematic students, more specifically, that programs struggle to determine when the threshold has been reached to begin documenting.

Empirical studies.

The number of empirical studies addressing when to remediate students is small, consisting of one qualitative and two survey design studies, with data that is preliminary, at best, at elucidating this topic. Gizara and Forrest (2004), in a qualitative study of psychology internship supervisors, noted a common theme across participants as the wish for interventions to have occurred earlier for students with problematic behaviors. This theme seems in keeping with the conceptual literature regarding the idea that fieldwork serves a gatekeeping function. In a survey of psychology and counseling programs, Olkin and Gaughen (1991) inquired how students with problematic behaviors were identified, with the most frequent response being through academic courses (65%), followed by practicum or other clinical courses (54%), faculty referrals (36%), routine student evaluations (28%), off campus supervisors (23%), and grade

point average (19%). While Olkin and Gaughen's study addressed *how* students were identified, they did not clarify *when* or *if* the students were remediated, which could possibly have been at a different time from when the students were identified as problematic. In the third and final related empirical study, Russell and Peterson (2003) surveyed Council on Accreditation of Marriage and Family Therapy Education (COAMFTE) programs and asked directors how problems first came to their attention, with responses including through "...observation by on-campus faculty, feedback from off-campus supervisors, classroom performance, and concern expressed by fellow students" (p. 333). Similar to Olkin and Gaughen, the responses to Russell and Peterson's study did not directly indicate at which stage of the program these observations were first made, but seemed to focus instead on the means of how the problems were first noted.

Faculty reluctance.

An issue related to when students are remediated seemed apparent in the literature, identified as faculty reluctance. In general, a consistent theme was faculty reluctance to pursue student dismissals for anything other than academic reasons or to adopt the gatekeeping role (Baldo et al., 1997; Frame & Stevens-Smith, 1995; Kerl et al., 2002; Lumadue & Duffey, 1999). As previously discussed, McAdams et al. (2007) acknowledged that students' problematic behaviors were noted by faculty before the events leading to dismissal, but not acted upon. Bemak et al. (1999) discussed how faculty reluctance to pursue dismissal during the fieldwork component is in part due to a desire not to delay or prevent students' graduation. Additionally, the authors cited faculty's hesitancy to address problems with students in fieldwork who have received high grades in their didactic course work. Similarly, McCutcheon (2008) remarked that questions may arise regarding how students could perform poorly later in the program after previously performing adequately in the past, which also was noted by Wester et al. (2008). The

fear of legal reprisal for screening out students for reasons outside of academic performance also was cited as a faculty concern (Bradey & Post, 1991; Kerl et al., 2002, McCutcheon, 2008; Vasquez, 1999) as well as concern for students' legal rights (Koerin & Miller, 1995). Also noted as an element of faculty reluctance to proactively pursue the gatekeeping role was the possible loss of job security and the complicated relationship between negative student evaluations and institutional pressure to avoid conflict (Gaubatz & Vera, 2002) or the fear that the department will not support them (Miller & Koerin, 2001).

A compounding element has been suggested as the subjective nature of evaluation, which potentially poses a challenge for counselor educators and thus, is often avoided (Brear et al., 2008). Part of this discomfort with the evaluative role may be due to its innate juxtaposition with the counselor role, which traditionally adopts a nonjudgmental stance (Bernard & Goodyear, 2004). An innate tension seems to arise between the gatekeeping role and the clinician role, which many counselor educators, social work, and psychology faculty fundamentally identify with as professionals, since many faculty members were trained primarily as clinicians before they assumed an educator role (Curren & Atherton, 2008; Kerl et al., 2002; Koerin & Miller, 1995; Lichtenberg et al., 2007; Miller & Koerin, 2001). Wester et al. (2008) posited that faculty reluctance to evaluate might lead to the phenomenon of social loafing, the thought or hope that someone else will take care of the problem (Elman et al., 1999).

Recommendations have been made related to when to address students with problematic behaviors that focus on admissions. For instance, Elman et al. (1999) suggested that admission procedures adopt more of a screening perspective to play a preventative role by not allowing individuals access into the graduate program in the first place who may potentially show indicators aligned with impairment or incompetence. Similarly, Woodyard (1992) suggested that

admissions was an appropriate place to screen individuals for psychological stability, preferably through the use of standardized procedures, and to notify future students that they would be evaluated on their personal behaviors and remediated as necessary. In sum, the general knowledge regarding when to remediate students points to the majority of programmatic action occurring later in problematic students' course work, with a call from scholars to address problems earlier than fieldwork.

What to Remediate

An issue interconnected with the question of *when* to remediate counseling graduate students is the question of *what* should be remediated. The scholarly dialogue has offered a myriad of possible behavioral indicators that should be addressed by programs, discussed mostly from the context of which behavioral indicators are associated with student dismissals or student impairment. The language used to describe these behavioral indicators has widely varied from author to author and study to study, creating difficulty in making generalizations or comparisons (Brear et al., 2008; Forrest et al., 1999). These empirical studies have reported mainly descriptive data, such as percentages. The behavioral indicators fall within categories established by the three domains for student evaluation identified in the CACREP Standards (2009): academic performance, professional development, and personal development.

Academic indicators.

The academic indicators refer to skills or problems discussed in the literature related to a course of study or behavior directly related to academic issues. Five main indicators were associated with this category: basic counseling skills, advanced counseling skills, multicultural competence, academic honesty, and academic performance.

The first and second indicators, basic counseling skills and advanced counseling skills, are addressed in the CACREP Standards (2009) as content for the focus of classroom instruction as well as clinical fieldwork; a wealth of research has identified concerns with clinical skills as contributing to student dismissals or student impairment. For instance, Vacha-Haase et al. (2004) reported that inadequate clinical skills (65%) were the most common problem reported by training directors surveyed from psychology programs, which is similar to the results of Rosenberg et al. (2005), who reported that clinical deficiency (54%) was indicated as a common problem observed in peers by a small sample of psychology graduate students. Similarly, Olkin and Gaughen (1991) reported that 77% of surveyed psychology and counselor education programs indicated problems with clinical skills as a top concern with students. Likewise, encountering students with limited clinical skills was reported by 46% of psychology chairs surveyed by Procidano et al. (1995), similar to the results of Burgess (1995), who found that 30.1% of APA-accredited clinical and counseling psychology doctoral program directors reported concerns with students' clinical practicum and internship performance. Additionally, poor clinical abilities accounted for 14% of doctoral student dismissals and 11.5% of master's student dismissals in a small survey of clinical psychology program directors by Biaggio et al. (1983), which is in keeping with the results of Busseri et al. (2005), who found that inadequate clinical skills were indicated as a reason for 18% of dismissals and 7% of resignations by accredited clinical psychology training programs. Poor clinical skills were also included as an indicator of student impairment in a survey of COAMFTE directors (Russell & Peterson, 2003).

In addition to the emphasis in the empirical research studies, clinical skills were addressed in the conceptual literature. For example, poor clinical skills were indicated by Kress and Protivnak (2009) as possible behaviors addressed in remediation plans, which parallels

Dufrene and Henderson's (2009) itemization of specific counseling skills that might be included in remediation plans, such as demonstrating basic and advanced counseling skills, demonstrating theoretical orientation, and conceptualizing client cases. In their gatekeeping model, Kerl et al. (2002) included counseling skills and abilities as a category to be evaluated in their student assessment instrument, the Professional Counseling Performance Evaluation (PCPE).

Multicultural competence is a third academic indicator discussed as important for students to demonstrate. The CACREP Standards (2009) establish social and cultural diversity as one of the eight core curricular areas required to be taught in accredited programs to all students, necessitating that students display knowledge of the counselor's role within cultural contexts in relationships and society. In addition to the main core curricula area, a multicultural perspective is infused throughout the other seven core curricula areas, such as human growth and development, career development, and helping relationships, as well as in the domains of specific program areas, including school counseling and clinical mental health counseling. The *ACA Code of Ethics* (2005) also includes several references to multicultural competencies; counselors are expected to be skilled at working with diverse populations (C.2.a), in addition to adopting cultural sensitivity in the language used to communicate with clients (A.2.c). Moreover, nondiscrimination is addressed in the *Code of Ethics* (2005) with strictures against counselors disregarding discrimination or participating in discrimination (C.5). In addition to the CACREP Standards and the *ACA Code of Ethics*, the Association for Multicultural Counseling and Development (AMCD) chartered the *AMCD Multicultural Counseling Competencies* (Arredondo et al., 1996), which outlines expected multicultural abilities of counselors, such as maintaining self-awareness of own cultural values and beliefs, maintaining awareness of the

client's worldview through a cultural lens, and utilizing appropriate multicultural intervention strategies.

While multicultural competence permeates the accreditation standards and ethical codes as an expected behavioral indicator of students, its mention is not as frequent within the gatekeeping literature and the empirical studies related to student dismissals and impairment. However, multicultural competence is addressed in one survey and in two gatekeeping models from the framework of student evaluative criteria, establishing the indicator as a potential problem to be addressed with students. For instance, respect for diversity is an item addressed under the category of integrity in Kerl et al.'s (2002) student evaluation tool. Similarly, McAdams et al. (2007) included demonstrating sensitivity to diversity as an evaluative criterion under the category of ethical and legal considerations in their professional performance review policy and standards for students. In Li et al.'s (2008) survey of CACREP program directors, 20% reported remediating students who displayed anger toward a specific gender, race, or sexual orientation, and 36% reported dismissing students for the same reason. In another survey, Mearns and Allen (1991) found that doctoral students reported considering peers interpersonally aversive due to their sexist style (7%). Multicultural competence also is arising within legal precedent as an area of concern for counselors, as is evidenced by a lawsuit with cultural considerations at its core. In *Bruff v. North Mississippi Health Services, Inc.* (2001), a professional counselor was denied legal recourse after being dismissed from her job for refusing to counsel a homosexual client on relationship issues due to her religious convictions (Hermann & Herlihy, 2006). In addition, a similar lawsuit is currently ongoing against a counselor education program for a student dismissal involving multicultural competencies (B. Herlihy, personal communication, October 2009).

A fourth issue associated with the academic indicators category is the concept of students' honesty and integrity regarding their academic work, which has been identified in the research as an area of concern, ranging from cheating to plagiarism. For instance, in a small survey of students enrolled in APA-accredited clinical psychology doctoral programs, 5% reported awareness of a peer cheating on an examination (Mearns & Allen, 1991), which is similar to Biaggio et al.'s (1983) survey of program directors, who indicated that cheating on an exam accounted for 4.5% of doctoral student dismissals. Li et al. (2008) also found similar results; in their survey of CACREP academic unit leaders, 16% reported remediating students who displayed academic dishonesty and 39% reported terminating students who displayed academic dishonesty. Additionally, plagiarism or falsification of data by students was reported by 15% of directors from APA-accredited clinical and counseling psychology programs surveyed by Fly et al. (1997), which is similar to the results of Rosenberg et al. (2005), who reported that faking research data (5%) was indicated as a problem observed in peers by students.

The fifth and final indicator in the academic category is related to students' general performance within the academic portion of their course work, with associated problems discussed in the research such as academic deficits and poor grades. For example, Biaggio et al. (1983) found that poor academic performance accounted for 31.5% of doctoral student dismissals and 35% of master's student dismissals in a survey of program directors. Similarly, in a survey conducted by Busseri et al. (2005), failure to meet academic standards was indicated by programs as a reason for 23% of dismissals and 21% of resignations, while lack of research/academic progress accounted for 4% of dismissals and 2% of resignations. Bradey and Post (1991) reported that academic difficulties accounted for 77% of master's student dismissals in surveyed counselor education programs, while Olkin and Gaughen (1991) reported that 88%

of surveyed programs indicated a top concern with students as academic deficits. Rosenberg et al. (2005) also found that academic deficiency (47%) was indicated as a problem observed in student peers, while Boxley et al. (1986) reported that academic deficiency was noted as a factor associated with intern impairment by 19% of surveyed directors of APA-accredited internship programs. Burgess (1995) found that decreased academic performance also was indicated as a student concern by 33.3% of program directors, and, in another study, decreased academic performance also was included as an indicator of student impairment by training directors (Russell & Peterson, 2003). Additionally, Kress and Protivnak (2009) identified poor academic grades as an issue that might be addressed in remediation plans.

Professional indicators.

The professional indicators category consists of skills and issues in the literature related to students' abilities to successfully navigate the professional roles of a counselor. The following 11 indicators were associated with the professional indicators category: receptivity to feedback, integrating feedback, conflict, ethical behavior, boundaries, confidentiality, representation of credentials, professional responsibility, consultation, procedural compliance, and documentation and paperwork compliance.

The first two professional behavioral indicators, receptivity to feedback within the supervisory relationship and integrating feedback, are often recognized as basic tools used in the development and training of counseling students and have been identified as potentially challenging areas for students. Within the CACREP Standards (2009), feedback in supervision is addressed in didactic course work within the core curricular area of professional orientation and ethical practice. In the gatekeeping models, receptivity to feedback was included as an area to be assessed with students, while the research identified problematic behaviors, such as

defensiveness in supervision, as a frequent concern. For instance, Vacha-Haase et al. (2004) reported that defensiveness in supervision (52%) was the second most common problem reported by training directors, which is similar to the results of Burgess (1995), who found that defensiveness to supervision was indicated as a student problem by 45.5% of program directors. Likewise, Olkin and Gaughen (1991) reported that 58% of surveyed programs indicated a top student concern as problems in supervision, such as being closed to feedback or refusing to take suggestions, while Li et al. (2008) found that 73% of programs reported remediating students who had difficulty receiving supervision and 61% reported terminating students who had difficulty receiving supervision. In another study, defensiveness in supervision also was included as an indicator of student impairment by training directors (Russell & Peterson, 2003).

Three gatekeeping models included feedback in supervision as criteria in their student evaluation instruments; Frame and Stevens-Smith (1995) incorporated the willingness to use and accept feedback as a category to be assessed in their student screening tool, just as McAdams et al. (2007) included willingness to accept and use feedback as an area for student evaluation in their professional performance review policy and standards. Kerl et al. (2002) also included the ability to receive, integrate, and utilize feedback as an item to be assessed in their student screening tool. In addition, Kress and Protivnak (2009) discussed not accepting and integrating feedback as possible student behaviors that might be addressed in remediation plans, which paralleled Dufrene and Henderson's (2009) suggestion that receptivity to feedback might be included in remediation plans.

The third professional indicator, the ability to respond professionally to conflict, has been identified in two gatekeeping models as a necessary responsibility of counseling graduate students: Frame and Stevens-Smith (1995) included in their student screening tool the ability to

deal with conflict as a category as did McAdams et al. (2007). McAdams et al. illustrated potential student problems associated with this indicator in a case example that described a student's repeated intense reactions to conflict with faculty members, which played a role in the student's eventual dismissal.

The fourth professional behavioral indicator discussed in the literature focused on counseling students' obligations to demonstrate comprehension of and adherence to the ethical mandates that accompany the professional roles of a counselor. The *ACA Code of Ethics* (2005) articulates that students must be knowledgeable of the *Code* and abide by its principles (F.1.a; F.8.a). Knowledge of ethical standards also is delineated in the CACREP Standards (2009) as an objective addressed in the core curricular area of professional orientation and ethical practice. Within the research, problematic behaviors associated with this indicator included general descriptors, such as violation of ethical standards, without further details provided regarding what that violation entailed. For example, Fly et al. (1997) surveyed program directors and reported that 10% had named issues accompanying procedural breaches as ethical transgressions made by students. Biaggio et al. (1983) found that ethical violations accounted for 8.5% of doctoral student dismissals and 7.5% of master's student dismissals in a survey of program directors. Similarly, in a survey conducted by Busseri et al. (2005), violation of ethical standards was indicated as a reason for 13% of dismissals and 2% of resignations, while Bradey and Post (1991) reported that ethical violations accounted for 24% of student dismissals. Unethical behavior also was reported as a problem by 8% of chairs surveyed by Procidano et al. (1995), while Burgess (1995) found that ethical violations were indicated as a concern by 42.4% of program directors. Olkin and Gaughen (1991) reported that less than one-quarter of surveyed programs indicated ethical violations or professional misconduct as problems identified in

students. In another study, ethical violations were reported as the most frequent indicator of student impairment by training directors (Russell & Peterson, 2003). In addition, in a survey of deans and directors of Master of Social Work programs by Koerin and Miller (1995), 12% of respondents indicated that students' violation of the NASW *Code of Ethics* resulted in termination and 47% reported that unprofessional ethical behavior warranted student termination. Within the gatekeeping models, McAdams et al. (2007) included attention to ethical and legal considerations in their professional performance review policy used to screen students. Dufrene and Henderson (2009) also suggested that demonstrating ethical behavior might be an issue included in remediation plans.

In addition to general ethical behavior, the literature discussed the fifth, sixth, and seventh indicators as specific ethical principles that were a concern: boundaries, confidentiality, and accurate representation of credentials. For the fifth indicator, the ACA *Code of Ethics* (2005) defines appropriate boundaries and relationships with clients, such as prohibiting romantic relationships with current clients and providing guidelines for other interactions; maintaining these appropriate boundaries has been identified as challenging for some students. Within the research, Mearns and Allen (1991) found that 4% of doctoral students reported awareness of a peer engaging in a dual relationship, which is related to boundary violations, while Oliver et al. (2004) reported that interpersonal boundary concerns were indicated as problems observed in student colleagues. Additionally, Fly et al. (1997) reported that 20% of program directors named issues with sexual and nonsexual professional boundaries as ethical transgressions made by students. More recently, Li et al. (2008) found that 58% of directors reported remediating students who had inappropriate boundaries and 84% reported terminating students who had inappropriate boundaries. Within the conceptual literature, inappropriate self-disclosure with

clients was indicated as a possible student behavior that might be addressed in remediation plans (Kress & Protivnak, 2009), as well as exhibiting appropriate boundaries (Dufrene & Henderson, 2009).

The sixth indicator discussed in the literature as a key ethical principle, maintaining confidentiality, was reported as problematic for students. Respect for client confidentiality is mandated by the *ACA Code of Ethics* (2005), with guidelines presented for circumstances that necessitate breaching confidentiality (§B); within the research, maintaining confidentiality has been identified as a struggle for students. For instance, Fly et al. (1997) reported that 25% of program directors named issues with confidentiality as an ethical transgression made by students, while Mearns and Allen (1991) found that 12% of doctoral students reported awareness of a peer breaching confidentiality.

The seventh behavioral indicator, the accurate representation of professional credentials, refers to the mandate in the *ACA Code of Ethics* (2005) that counselors honestly present their credentials and correct any mistaken misrepresentations regarding their training (C.4.a). Students are further tasked within the *Code* to accurately represent their qualifications to clients (F.1.b), which the research has shown as problematic for students. For instance, Li et al. (2008) found that 36% of program directors reported remediating students who misrepresented their skill level and 39% reported terminating students who misrepresented their skill level. Additionally, Fly et al. (1997) surveyed program directors and found that 3% reported the misrepresentation of credentials by students.

The next behavioral indicator, displaying a basic sense of professional responsibility, also has been identified as an expectation that poses a challenge for counseling graduate students to exhibit. For example, Rosenberg et al. (2005) reported that unprofessional behavior (38%) was

indicated as a problem observed in student colleagues, however a description of unprofessional behavior was not provided. Similarly, Burgess (1995) found that poor professional conduct was indicated as a student concern by 53% of program directors, and, in another study, unprofessional conduct also was included as an indicator of student impairment by training directors (Russell & Peterson, 2003). In relation to professional responsibility, Oliver et al. (2004) reported that a lack of timely preparedness was indicated as a problem observed in student colleagues by peers. In a similar vein, Koerin and Miller (1995) reported that 27% of directors indicated that problems with students' field performance warranted termination; examples of problems included "inability to carry out functions in the field practicum" and "poor performance in the field" (p. 7). Within the gatekeeping models, Kerl et al. (2002) included professional responsibility as an item to be assessed in their student screening tool; professional responsibility consisted of evaluative criteria associated with ethical and legal issues and professional relationships. Additionally, Kress and Protivnak (2009) indicated that not taking appropriate initiative while at the fieldwork site, as well as not communicating openly about needs or concerns with supervisors or faculty, could be possible student behaviors related to professionalism addressed in remediation plans.

The ninth behavioral indicator, which is associated with professional responsibility, is consultation. Consulting with other professionals is addressed in the *ACA Code of Ethics* (2005) with guidelines for counselors to follow, either when acting in the capacity as a consultant (B.8; D.2) or when seeking consultation from colleagues regarding ethical dilemmas (C.2.e). The CACREP Standards (2009) also include consultation as a topic of which all students should demonstrate knowledge in the core curricular area of helping relationships. In a study of APA internship sites, lacking knowledge of consultation was associated with premature termination of

interns (Tedesco, 1982). Within the framework of remediation, Dufrene and Henderson (2009) suggested that consulting with other professionals might be a professional skill included in remediation plans.

The next professional behavioral indicator, procedural compliance, addressed problematic behaviors related to policies and procedures of graduate programs and field sites. For instance, Dufrene and Henderson (2009) discussed procedural compliance as an expected student competency to be included in remediation plans, such as students knowing the university and field site rules and procedures and attending supervision on time. Additionally, Kress and Protivnak (2009) indicated that excessive tardiness or absences from the field site could be a possible student behavior addressed in remediation.

The eleventh and final professional behavioral indicator, documentation and paperwork compliance, is another expectation of students during practicum and internship. Dufrene and Henderson (2009) indicated that documentation skills might be a professional issue included in remediation plans, such as completing and submitting on-time hourly logs for practicum and internship, turning in audio or video recordings of sessions as necessary, and writing client case notes. Similarly, Kress and Protivnak (2009) proposed that lacking conscientiousness regarding assignments or submitting paperwork might be possible student behaviors addressed in remediation. Additionally, keeping appropriate client records and documentation is included in the *ACA Code of Ethics* (2005) as an expectation for counselors that students also must demonstrate (A.1.b; B.6).

Personal indicators.

The personal indicators category included skills and problems related to personal characteristics identified as necessary for the roles of a counselor. The following 19 indicators

were associated in the literature with this category: maturity, integrity, flexibility, cooperativeness, interpersonal skills, ability to express feelings, awareness of own impact on others, acceptance of personal responsibility, expression of empathy, openness to self-examination, capacity to handle stress, substance abuse, symptoms of a personality disorder, symptoms of anxiety, symptoms of depression, symptoms of another mental health disorder, partner relationship concerns, financial concerns, and physical illness. For ease of presentation, the personal indicators category will be discussed as two sub-categories; the first sub-category contain the initial 11 indicators above related to personal skills and the second sub-category contains the latter 8 indicators related to personal problems.

Within the first sub-category of personal skills, the first indicator, maturity, has been discussed as a problematic issue for students within the research. For instance, Rosenberg et al. (2005) reported that a lack of maturity (45%) was indicated as a problem observed in peers by graduate student colleagues, while Boxley et al. (1986) also found that maturity was noted as a factor with intern impairment by 23% of program directors. Immaturity additionally accounted for 3% of doctoral student dismissals and 7.5% of master's student dismissals in a survey of program directors (Biaggio et al., 1983). Within the gatekeeping models, maturity was included as an item to be assessed in Kerl et al.'s (2002) student screening tool; in this case, maturity was defined as students demonstrating appropriate self-control and displaying awareness of the self, personal strengths, and limitations. Similarly, the inability to demonstrate maturity in judgment was defined as a substandard behavior in Baldo et al.'s (1997) student review and retention policy.

The second indicator in the personal skills sub-category, integrity, was another characteristic identified as an area where students have demonstrated problems. For instance, in

a survey of academic unit leaders, 13% reported remediating students who lied and 71% reported terminating students who lied (Li et al., 2008). Additionally, Fly et al. (1997) found that ethical transgressions by students related to integrity and dishonesty were reported by 8% of program directors. Kerl et al. (2002) also included integrity as an item to be assessed in their student screening tool; integrity consisted of students refraining from making statements that were false or misleading.

The third indicator, flexibility, has been discussed in the gatekeeping models in relation to students' ability to display flexible responses in their professional relationships and work. Frame and Stevens-Smith (1995) included in their student screening tool the ability to be flexible as an item to be assessed just as McAdams et al. (2007) included flexibility as an area for student evaluation in their professional performance review policy and standards.

The next personal indicator, cooperativeness with others, also has been identified in the gatekeeping models as an evaluative criterion for students. For instance, Frame and Stevens-Smith (1995) defined the ability to be cooperative as an essential student function and included this trait in their student screening tool, similar to McAdams et al. (2007), who included cooperativeness as an evaluative criterion in their professional performance review policy and standards for students. From a similar viewpoint but a negative perspective, Baldo et al. (1997) included the inability to work closely with others as a substandard behavior necessary to be addressed in their student review and retention policy.

The fifth characteristic identified as a personal behavioral indicator was satisfactory interpersonal skills, which the research indicated as challenging for some students to display. For instance, Vacha-Haase et al. (2004) found that training directors reported deficient interpersonal skills (42%) as a problematic behavior in students. Rosenberg et al. (2005) also

reported that poor interpersonal skills (52%) were indicated as a problem observed in peers by student colleagues, as well as the inability to respond to social cues (42%), while Boxley et al. (1986) found that social problems were noted as a factor associated with intern impairment by 19% of program directors. In two other studies, social inappropriateness was indicated as a student concern by 36.4% of program directors (Burgess, 1995) and was included as an indicator of student impairment by training directors (Russell & Peterson, 2003). Additionally, Olkin and Gaughen (1991) reported that 70% of surveyed programs indicated a top student concern as pervasive interpersonal skills, while Li et al. (2008) found that 73% of programs reported remediating students who had deficient interpersonal skills and 81% reported terminating students who had deficient interpersonal skills. Conversely, in a different survey, poor interpersonal skills accounted for only 5.5% of doctoral student dismissals, while interpersonal problems accounted for 1.5% of doctoral student dismissals and 4% of master's student dismissals (Biaggio et al., 1983). Within the gatekeeping models, Bemak et al. (1999) suggested that graduate programs clarify expectations of students' mental health and included interpersonal sensitivity as an area for graduate programs to assess when screening students for competence. Kress and Protivnak (2009) also indicated that poor interactions with faculty, supervisors, and colleagues might be addressed as a possible student behavior in remediation plans.

The next personal indicator, the ability to appropriately express personal feelings, has been discussed in the gatekeeping models as a necessary personal skill for counseling graduate students to exhibit. For example, Frame and Stevens-Smith (1995) included the ability to express feelings effectively and appropriately as an item to be assessed in their student screening tool, which is similar to McAdams et al. (2007), who included the ability to express feelings

effectively and appropriately as an area for student evaluation in their professional performance review policy and standards.

The seventh indicator, an awareness of personal impact on other people, has been identified in the gatekeeping models as well as in one research study. Within the research, Rosenberg et al. (2005) reported that a lack of awareness of impact on others (60%) was indicated as a common problem observed in peers by student colleagues. In the gatekeeping models, Frame and Stevens-Smith (1995) included the ability to be aware of one's impact on others as an item to be assessed in their student screening tool, just as McAdams et al. (2007) included awareness of one's impact on others as an area for student evaluation in their professional performance review policy and standards.

The next personal indicator, the ability to accept personal responsibility, has been discussed in the gatekeeping models as a characteristic necessary for counseling graduate students to display. Frame and Stevens-Smith (1995) included the ability to accept personal responsibility as an item in their student screening tool, just as McAdams et al. (2007) included the ability to accept personal responsibility as an area for student evaluation in their professional performance review policy and standards.

Empathy, the ninth personal behavioral indicator, has been associated in the gatekeeping models with the roles of a counselor that students must demonstrate. For instance, Bemak et al. (1999) included the "ability to express genuine empathy, caring, and positive regard" as important for programs to include when screening students for competence (p. 24). Likewise, substandard behaviors defined in a student review and retention policy included the inability to demonstrate the capacity for empathy (Baldo et al., 1997). Within the research, the inability to express empathy also has arisen in one study as a problematic behavior of students; in a survey

of doctoral students, 5% reported a lack of empathy in their fellow student colleagues (Mearns & Allen, 1991).

The tenth behavioral indicator identified in the literature in the personal category was being open to self-examination. For example, Bemak et al. (1999) included the attribute of “psychological-mindedness and the capacity for introspection” as important for programs to include when screening students for competence (p. 24). Similarly, Frame and Stevens-Smith (1995) included in their student screening tool the ability to be open as an essential student function, which mirrored McAdams et al. (2007), who included in their professional performance review policy and standards openness to new ideas as an area for student evaluation. In addition, Dufrene and Henderson (2009) indicated that students’ openness to self-examination might be an issue included in remediation plans.

The eleventh and final indicator in the personal skills sub-category, the ability to manage personal stress, has been identified as an ability with which counseling students sometimes struggle. For instance, Oliver et al. (2004) reported that burnout was indicated as a problem observed by peers in student colleagues. Likewise, substandard behaviors defined in a student review and retention policy included the inability to demonstrate the capacity to handle stress (Baldo et al., 1997).

In addition to personal skills and characteristics, the personal indicators category subsumes eight indicators in the second sub-category of personal problems that have been discussed in the literature. The *ACA Code of Ethics* (2005) includes the mandate that students cease providing services when their physical, mental, or emotional health has been compromised to the extent that harm to clients is possible (F.8.b). The first personal problem indicator, substance abuse, is discussed as a struggle for graduate students with the potential to impact their

academic and clinical performance. Within the research, Huprich and Rudd (2004) reported problems with alcohol as an impairment for students in 10% of doctoral programs and 4% of internships in surveyed APA-accredited doctoral programs and internships in clinical, counseling, and school psychology. Similarly, Koerin and Miller (1995) reported that 8% of directors indicated that students' "...irrational behavior, overt substance abuse, or addictive behavior" warranted termination (p.7). Burgess (1995) also found that substance use or abuse was indicated as problem with students by 62.1% of program directors. Additionally, Li et al. (2008) found that 13% of directors reported remediating students who displayed addictive behavior and 19% reported terminating students who displayed addictive behavior. Oliver et al. (2004) reported as well that substance abuse problems were indicated as concerns observed in peers by student colleagues, which was similar to Rosenberg et al. (2005), who reported that drug or alcohol abuse (16%) was indicated as a problem observed in peers by student colleagues. In another study, substance abuse was included as an indicator of impairment in students by training directors (Russell & Peterson, 2003). While Olkin and Gaughen (1991) reported that 54% of programs indicated a top student concern as intrapersonal problems, their examples of interpersonal problems (due to substance abuse, emotional problems, personality disorder, rigidity, and immaturity) span a wide array of concerns, making it difficult to pinpoint which problem was encountered.

The second personal challenge that presents a potential struggle for students has been reported as the diagnosis of a personality disorder or behaviors that indicate problematic personality issues. For instance, Boxley et al. (1986) found that a personality disorder was associated with intern impairment by 35% of surveyed program directors, which is similar to the results of Huprich and Rudd (2004), who reported that a personality disorder was related to

student impairment by 24% of doctoral programs and 19% of internships in a survey of training directors. Similarly, Li et al. (2008) found that 31% of programs reported remediating students who displayed symptoms of a personality disorder and 58% reported terminating students who displayed symptoms of a personality disorder. Also, in another study, possible signs of a personality disorder were indicated as a concern by 77.3% of program directors (Burgess, 1995). Procidano et al. (1995) additionally reported that encountering students with personality or emotional problems in the previous five years was reported by 34% of chairs. Oliver et al. (2004) reported that personality disorders or traits were indicated as a problem observed in student colleagues by peers, which is similar to the results of Rosenberg et al. (2005), who reported that personality issues (44%) were indicated as a problem observed in peers by student colleagues. In another study, possible signs of a personality disorder also was included as an indicator of student impairment by training directors (Russell & Peterson, 2003).

The next indicator, anxiety, is a personal problem that has been associated with students in graduate mental health programs. For example, Oliver et al. (2004) reported that anxiety disorders were indicated as problems observed by peers in student colleagues. Similarly, Huprich and Rudd (2004) reported that anxiety symptoms were a frequent student impairment in 13% of doctoral programs and 25% of internships.

Similarly, the fourth indicator, depression, has been associated with students in graduate mental health programs. For instance, Boxley et al. (1986) found that depression was noted as a factor associated with intern impairment by 31% of surveyed program directors, which is similar to the results of Huprich and Rudd (2004), who reported a frequent student impairment as depressive symptoms in 23% of doctoral programs and 23% of internships. Additionally, Oliver et al. (2004) reported that depression or other mood disorders were indicated as problems

observed in student colleagues by peers. Burgess (1995) also found that 42.4% of program directors reported evidence of a mood disorder as a student problem, further details were not supplied of which mood disorders were encountered by directors.

In addition to substance abuse, anxiety, and depression, a wide range of other mental health disorders were discussed as potential problems for graduate students, and represent the next personal indicator. For instance, Koerin and Miller (1995) reported that 18% of directors indicated that students displayed mental illness, emotional instability, emotional disturbance, or emotional/psychological disorders that warranted student termination. Additionally, Li et al. (2008) found that 9 % of programs reported remediating students who displayed psychotic symptoms and 16% reported terminating students who displayed psychotic symptoms. Oliver et al. (2004) reported that eating disorders were indicated as concerns observed in student colleagues by peers, which is similar to Rosenberg et al. (2005), who reported that eating disorders (16%) were indicated as a problem observed in peers by student colleagues, in addition to avoidant, withdrawn, or isolative behaviors (18%) and anger/aggression (16%). Mearns and Allen (1991) found that doctoral students reported an awareness of peers with the following personality impairments: interpersonal aversiveness (11%), narcissism (9%), sexist style (7%), and passive aggressiveness (5%). Biaggio et al. (1983) found that the presence of psychopathology accounted for 7% of doctoral student dismissals and 4% of master's student dismissals, while Huprich and Rudd (2004) reported that adjustment disorder was related to student impairment in 21% of doctoral programs and 14% of internships. Additionally, Burgess (1995) found that emotional difficulties were indicated by 57.6% of program directors as a student problem, which is in keeping with the results of Bradey and Post (1991), who reported that emotional or psychological reasons accounted for 73% of student dismissals.

The sixth personal problem indicator, concerns with partner relationships, has been identified as a challenge for graduate students with the potential to interfere with their academic and clinical performance. For instance, Boxley et al. (1986) found that marital problems were noted as a factor associated with intern impairment by 27% of surveyed program directors, while Rosenberg et al. (2005) reported that sexual problems (7%) and inappropriate sexual involvement (5%) were indicated as problems observed in student colleagues by peers.

Grappling with troubling personal finances is the seventh indicator discussed as a potential personal issue for graduate students. For example, Rosenberg et al. (2005) reported that financial concerns (5%) were indicated as a problem observed in peers by student colleagues. In another study, being in financial arrears was indicated by programs as a reason for 22% of student dismissals and 2% of resignations (Busseri et al., 2005).

The eighth and final personal indicator, coping with physical illness, also has been mentioned as a possible challenge for graduate students that might interfere with their academic and clinical performance. For instance, Boxley et al. (1986) found that fatigue (19%) and physical illness (27%) were noted as factors associated with intern impairment by surveyed program directors. In another study, physical illness was included as an indicator of student impairment by training directors (Russell & Peterson, 2003). Olkin and Gaughen (1991) reported as well that 10% of programs indicated physical problems, such as chronic illness and disabling conditions, as identified with student concerns. Rosenberg et al. (2005) reported that physical illness (11%) was indicated as a problem observed in peers by student colleagues. Additionally, in another survey, personal reasons or health was indicated as a reason for 10% of resignations and no student dismissals by programs (Busseri et al., 2005).

The wide array of academic, professional, and personal indicators reviewed from the literature, totaling 35 behavioral indicators, represent problematic concerns that faculty have recognized in students as well as evaluative criteria for students defined in the gatekeeping models. The majority of empirical research that has addressed the behavioral indicators has been from the perspective of student dismissals or impairment. Empirical data on the behavioral indicators associated with remediation is largely absent.

How to Remediate

The question of how to address issues during the remediation process is accompanied by a paucity of empirical research within counseling (Forrest et al., 1999). The literature has offered a small array of suggestions for remedial interventions, the most common being personal therapy (Forrest et al., 1999), which has received a fair amount of scrutiny from scholars. Other remedial interventions suggested other than of personal therapy have included the repetition of clinical work, the repetition of didactic course work, increased supervision, and dismissals.

Personal therapy.

Lamb et al. (1987), in one of the early scholarly works addressing remediation, suggested as appropriate the use of personal therapy as a remedial intervention, especially if student problems involved psychological issues. However, the authors cautioned that the use of personal therapy should not “create conflicts of interest” (p. 601) and that outlining an agreement in writing may be necessary to clarify the purpose of therapy as a remedial intervention. The written agreement should also stipulate how information regarding progress in therapy would be reported back to the program. Lamb et al. seemed to foreshadow the future criticism of personal therapy as a remedial technique and the accompanying conflicts of interest with its use as an intervention.

The use of personal therapy in remediation has been criticized for a broad assortment of shortcomings, including the lack of guidelines on how to handle confidentiality and the lack of research demonstrating its effectiveness as a remedial intervention (Kaslow et al., 2007). Schoener's (1999) critique of personal therapy as an intervention found the use flawed due to the common lack of evaluation by programs in determining if therapy was the most appropriate intervention, as well as what type of therapy would be best. Vasquez (1999) noted the inherent ethical dilemma in the use of personal therapy in remediation and questioned how programs would balance accountability with confidentiality. Likewise, Olkin and Gaughen (1991) posed several reservations over the use of personal therapy in remediation, including its appropriateness as a remedial intervention and whether the confidential nature of the therapy process potentially prohibits the program's involvement in goal-setting with students.

Despite these criticisms, the use of personal therapy as a remedial intervention appears to be quite common. For instance, Procidano et al. (1995) found that 28% of programs referred students to personal therapy, which is similar to the results of Brady and Post's (1991) study, who reported that 23% of counselor education programs used therapy referrals. Olkin and Gaughen (1991) reported that personal therapy was used by 77% of programs surveyed, the most frequently used method of remediation in their study, similar to Burgess's (1995) results, indicating that 83% of programs surveyed used personal therapy in remediation. Additionally, one half or more of COAMFTE programs surveyed by Russell and Peterson (2003) indicated using personal therapy as a remedial method. Personal therapy was also cited as a suggested remedial intervention (Kress & Protivnak, 2009) and as a response to unsatisfactory evaluations (Biaggio et al., 1983).

Recognizing the common use of personal therapy as a remedial technique and the lack of research on the topic, Elman and Forrest (2004) conducted exploratory interviews with 14 training directors from APA-accredited doctoral counseling psychology programs regarding the use of personal therapy in remediation. The majority of training directors utilized what the author's labeled as a hands-off approach to the use of personal therapy as a remedial intervention, which placed the main priority on students' confidentiality while in therapy. Other characteristics of the hands-off approach included the following: (a) the program recommending, rather than requiring, personal therapy, (b) the program not participating in selecting the therapist or ascertaining if students actually attended therapy, (c) the program not communicating with the students' therapists regarding remedial goals, and (d) the program possessing no knowledge of therapists' opinions regarding students' suitability to practice. In contrast, Elman and Forrest recommended that programs adopt more of a hands-on approach when using therapy as a remedial intervention, which would entail the following: (a) developing detailed policies regarding the use of therapy during remediation, (b) developing specific remediation plans for therapy that stipulated the necessary outcomes of therapy, and (c) monitoring the progress of therapy with treating therapists.

A variety of additional considerations are offered in the literature regarding the use of personal therapy as a remedial intervention. Kaslow et al. (2007) deferred to the main points from Elman and Forrest's (2004) study when considering the use of personal therapy in a remediation plan, recommending that detailed plans be developed which include how the outcome of therapy will be communicated to the program. Gilfoyle (2008) noted that the use of personal therapy as a remedial intervention has yet to be tested in the courts. Considering such, the author recommended that programs take precautions to communicate in writing the potential

use of personal therapy as a remediation tool to all students through the student handbook and website. Gilfoye also suggested that any remediation plans which include personal therapy specify the parameters for therapy as well as require students' signatures on documentation. In addition, the author stated that ethical considerations should be reviewed with treating therapists before the onset of therapy with students.

Other remedial interventions.

A variety of other possible remedial interventions were mentioned in the literature in addition to personal therapy. Lamb et al. (1987) posed several interventions that could be considered when addressing impairment, deeming increased supervision as "an expected first alternative when problems are first noted" (p. 601); increased supervision also is suggested as a remedial intervention in more recent conceptual literature (Kress & Protivnak, 2009; McAdams & Foster, 2007). The practice of using increased supervision as a remedial intervention is evidenced in empirical studies documenting its use by training programs; for instance, Burgess (1995) found that 85% of program directors used increased supervision as a remedial intervention. Additionally, Olkin and Gaughen (1991) reported that 40% of programs used increased supervision, similar to the results of Russell and Peterson (2003), who reported that one-half or more of the surveyed COAMFTE program directors used increased supervision as well. On the lower end, Procidano et al. (1995) found that 12% of programs used increased supervision.

Additional suggestions by Lamb et al. (1987) for remedial interventions included the reduction of students' clinical caseload and the completion of certain academic courses. These suggestions are found in slightly differing versions in other sources in the literature, for example, Biaggio et al. (1983) reported not permitting students to enroll in practicum as a programmatic

response to unsatisfactory evaluations, which is similar to McAdams and Foster's (2007) suggestion of removing students from clinical course work, as well as Fly et al.'s (1997) response to dismissing students from practicum. A related remedial intervention included the repetition of practicum or internship (60%, 64%) (respectively, Burgess, 1995; Olkin & Gaughen, 1991).

Within the realm of academic course work as a remedial tool, Olkin and Gaughen (1991) reported that 70% of programs used the repetition of academic course work in student remediation, as well as requiring extra course work (38%) and tutoring (32%). Burgess (1995) too reported the use of repeating academic course work as a method of remediation (67%) as well as requiring a faculty advisor for each student (77%) and offering tutoring (36%). A survey of COAMFTE program directors also indicated similar findings, with one-half or more using increased contact with a faculty advisor during remediation and mandating that students repeat academic course work (Russell & Peterson, 2003). McAdams and Foster (2007) also suggested the repetition of other pertinent course work as a remedial intervention, similar to Kress and Protivnak (2009), who offered remedial interventions related to academic course work, such as the assignment of additional writing activities, for instance a reflective journal or research paper, and requiring the completion of continuing education workshops related to the remedial issue.

Other sources in the literature indicated the occurrence of what seems to be some form of remediation but did not provide details on what that entailed. For instance, Biaggio et al. (1983) reported in their survey of clinical psychology programs that 73% of master's programs and 88% of doctoral programs would warn students after unsatisfactory evaluations and provide students with a "prescription for change" (p. 14). A description of how that prescription for change was derived or executed was not provided. Similarly, in an exploratory study of psychology

programs, Fly et al. (1997) found that the most frequent program response (44%) was “confrontation with a stipulation for some kind of remedial action, such as restitution, probation, reimbursement, and so forth” (p. 494), but no further details were supplied. Brady and Post (1991) also found that 43% of counselor education programs used faculty review when deciding if students could continue in a program, but a description of what a faculty review involved was not provided.

Student dismissals.

Within the context of remediation, the use of some form of dismissal to restrict problematic students’ participation in the program was reported as an intervention. A common example of this restriction was the requirement or suggestion of a leave of absence from enrollment in the program (Biaggio et al., 1983; McDaniel, 2008; Russell & Peterson, 2003). Burgess (1995) reported that 86% of programs surveyed used a leave of absence, while Olkin and Gaughen (1991) found 62%, and Procidano et al. (1995) reported 11% of programs surveyed used a leave of absence. Other methods to restrict students’ participation in the program included placing students on formal probation and issuing a warning (Biaggio et al., 1983) or counseling students to withdraw from the program; Fly et al. (1997) found that 3% of programs surveyed counseled students to withdraw and Procidano et al. (1995) reported 18%. Several studies indicated final dismissal from the program as a response to problematic students (Biaggio et al., 1983): Burgess (1995) reported 31% of programs surveyed dismissed students, Fly et al. (1997) found 22%, and Procidano et al. (1995) reported 39%.

Recent conceptual literature.

The conceptual literature on remedial interventions has undergone somewhat of a renaissance of late, beginning to illustrate the remediation process rather than only isolated

remedial interventions, providing nuance that is lacking from the empirical literature. McAdams and Foster (2007) presented in a table format several guidelines to serve as a framework for the remediation process inspired by a review of pertinent case law, such as acknowledging substantive due process by devising remedial interventions that are relevant to a compelling interest (i.e., protecting client welfare), comparable in scope and severity of performance deficiencies, and corrective in intent, rather than punitive. Kaslow et al. (2007) suggested similar guidelines, including the following: (a) that remediation plans convey a positive tone, (b) outline the observed performance deficits, and (c) demonstrate how those deficits are related to established evaluative criteria. This is similar to Gilfoyle's (2008) recommendations that remediation plans: (a) link the observed behaviors to the established evaluation criteria of the program, (b) identify the remedial goals, and (c) specify the methods to achieve those goals. Gilfoyle further recommended that programs focus remediation plans on observed behaviors rather than an interpretation of those behaviors, such as a diagnosis.

In addition to recommendations on how to incorporate substantive due process during remediation, McAdams and Foster (2007) outlined how procedural due process can be accounted for, such as defining remedial expectations before implementing them and establishing routine student evaluations. This mirrors the proposals from Kaslow et al. (2007) that remediation be adopted with a spirit of full disclosure and that students should be informed of routine evaluations and potential outcomes of the evaluations, such as remediation or dismissal. Kaslow et al. also suggested detailing the necessary steps in remediation plans for students to achieve competence and establishing the expected timeline for the duration of plans. Additionally, McAdams and Foster stressed the importance of documentation during the remediation process, which was also emphasized by Jackson-Cherry (2006). Further guidelines from McAdams and

Foster included being consistent in the application of remedial expectations across students as well as demonstrating adaptability to the individual student in order to fulfill the legal doctrine of fundamental fairness.

New contributions to the conceptual literature on remediation were found in two recent scholarly works devoted to remediation plans (Dufrene & Henderson, 2009; Kress & Protivnak, 2009). Dufrene and Henderson (2009) offered a framework to develop Individual Remediation Plans (IRP) that incorporates regular evaluations and systematic documentation. Kress and Protivnak, referring to their framework as a Professional Development Plan (PDP), outlined a procedure to develop a PDP as “a behaviorally focused remediation plan and contract created by counselor education program faculty” (2009, p. 157). Both frameworks incorporated several similar elements found in the existing literature, such as stating expectations and goals in the positive as an expected competency to be gained, itemizing remedial interventions developed specifically for the individual student, establishing the time frame for the plan, and signing the document.

Suggestions for future research.

Other than Elman and Forrest’s qualitative study (2004), empirical data regarding remedial interventions was not abundant and consisted mainly of descriptive survey data. At this date, the majority of research that touches on the remediation process has been conducted within the discipline of psychology (Biaggio et al., 1983; Burgess, 1995; Fly et al., 1997; Procidano et al., 1995). Empirical studies within counselor education that address remediation have not been as plentiful, consisting of one study solely within counselor education (Brady & Post, 1991), one study within psychology and counselor education (Olkin & Gaughen, 1991), and two studies within marriage and family therapy (McDaniel, 2008; Russell & Peterson, 2003). An area for

growth is scholarly research on remediation; as Forrest et al. (1999) stated, “we appear to be relying on intuitive and rational processes without the benefit of empirical knowledge to inform our critical decisions about the identification, remediation, and dismissal of impaired trainees” (p. 675). Future research examining the remediation process would aid in the development of additional remedial interventions (Forrest et al., 1999). Additionally, criticism in the literature has targeted the existing remedial interventions; critiques of the use of personal therapy have been mentioned earlier. In addition, Vacha-Haase et al. (2004) noted the lack of consensus in the literature regarding the use and effectiveness of remedial interventions, such as personal therapy and increased supervision, and the need for empirical data regarding the entire remedial process. Of like mind, Vasquez (1999) also criticized the lack of knowledge regarding remedial interventions, especially the link between remedial intervention and remedial problem, which was echoed by Kress and Protivnak (2009). Other areas identified for future research included examining the outcomes of remediation plans, the experiences of faculty and students participating in the plans (Kress and Provitnak, 2009), the duration of remediation, the accompanying nature of remedial supervision, and the extent of documentation necessary with remediation (McAdams & Foster, 2007).

Terminology and the Gatekeeping Dialogue

An area of inconsistency, and much discussion in the literature, revolves around the terminology of gatekeeping and how to refer to students at the center of the dialogue. ‘Impaired’ as a term and operational definition has been scrutinized by scholars, with many opinions posited as well as calls for clarification and change (Bemak et al., 1999; Bhat, 2005; Brear et al., 2008; Forrest et al., 1999; Kaslow et al., 2007; Oliver et al., 2004; Rosenberg et al., 2005; Vacha-Haase et al., 2004).

Background on impairment terminology.

Historically, other professions, such as law and medicine, used the term ‘impaired’ when discussing their problematic professionals (Forrest et al., 1999). Within the mental health professions, the term ‘impaired’ was employed early in the gatekeeping literature to refer to students with problematic behaviors and is still currently used by some scholars (Boxley et al., 1986; Frame & Stevens-Smith, 1995; Huprich & Rudd, 2004; Lamb et al., 1987, 1991; Wilkerson, 2006). A variety of definitions for ‘impaired’ have been offered, for instance, Boxley et al. stated that “Impairment was broadly defined as any physical, emo(-)tional or educational deficiency that interferes with the quality of the intern’s performance, education, or family life” (1986, p. 50). Another definition was suggested by Lamb et al. (1987) as:

an interference in professional functioning that is reflected in one or more of the following ways: (a) an inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior, (b) an inability to acquire professional skills in order to reach an acceptable level of competency, and (c) an inability to control personal stress, psychological dysfunction, and/or excessive emotional reactions that interfere with professional functioning (p. 598).

Lamb et al.’s definition has been widely cited in subsequent publications (Bemak et al., 1999; Bhat, 2005; Forrest et al., 1999; Frame & Stevens-Smith, 1995; Wester et al., 2008; Wilkerson, 2006) as scholars have grappled with the usage of the term.

Though widely cited, Lamb et al.’s (1987) definition also has been debated, with different perspectives on operationalizing the terminology evolving over time. For instance, Lamb, Cochran, and Jackson (1991) later appended Lamb et al.’s (1987) above definition that unethical behavior should be subsumed under the mantle of impairment, while Mearns and Allen (1991) employed a framework that separated an impairment from an ethical impropriety. Other inconsistencies with the term are articulated in the literature, such as Orr (1997), who posited that impairment is often separate and distinct from boundary violations and that the two terms

should not be used interchangeably, contrasting with Lamb (1999), who suggested that boundary violations and impairment were, in fact, related. From yet another perspective, Gizara and Forrest (2004) offered three central themes describing impairment derived from their qualitative study of university counseling center supervisors: (a) the intern's behavior was either professionally harmful or deficient, (b) the behavior was a clear pattern, and (c) the behavior was not resolving (p. 133). Considering the array of definitions with slight variations in application, the use of the term 'impairment' clearly has been varied.

Emerging criticism of the term 'impairment.'

Criticism of the 'impairment' terminology has arisen over several different issues, including the ambiguous and unclear nature of the term and its narrow association with diagnosable disorders (Bhat, 2005; Bemak et al., 1999). Bhat suggested that these issues made it difficult to determine what should be addressed by gatekeepers. Other critical arguments have surrounded whether impairment refers to either diminished functioning from prior competence or the inability to achieve competence (Forrest et al., 1999; Gizara & Forrest, 2004). The main criticism of the term 'impaired' involves its direct connection to the American with Disabilities Act of 1990 (ADA; Frame & Stevens-Smith, 1995; Elman & Forrest, 2007; Vacha-Haase et al., 2004; Wester et al., 2008). Under the ADA, using 'impaired' affords individuals thus labeled with specific protections for the recognized impairment or disability; the acknowledged impairment cannot be a cause of discrimination against the individual and accommodations must be made for the individual based on the identified impairment (Elman & Forrest, 2007; Gilfoyle, 2008). This fact causes an inherent problem when using the term 'impaired' within the gatekeeping paradigm, since the very nature of gatekeeping involves restricting or denying a privilege based on an articulated problem, or 'impairment.' Recently, Elman and Forrest (2007),

who are frequently recognized as co-authors of the seminal scholarly work on impairment and gatekeeping within psychology (see Forrest et al., 1999), offered a comprehensive critique of the terminology. Within their critique, they summarized the following reasons for abandoning use of ‘impaired’: the legal risk due to its association with the ADA, the confusion regarding whether competence was achieved or not, the implication of identifying causes behind problematic behaviors rather than describing the observed behaviors, and the disrespectful connotation of the term to students. In a similar vein, Gilfoyle (2008), the General Counsel for the American Psychological Association, recommended that problematic behaviors should be the focus of attention, drawing the direct the connection between the behaviors and professional performance requirements, rather than interpreting or diagnosing the behaviors.

Alternative terminology.

Rampant suggestions have been offered in the literature for alternatives to ‘impaired’ or authors have simply avoided the use of the term altogether and used another, such as ‘deficien(t)cies’ (Gaubatz & Vera, 2006; McAdams et al., 2007; Procidano et al., 1995), ‘problem(atic)’ (Olkin & Gaughen, 1991; Kerl et al., 2002; Kress & Protivnak, 2009; Rosenberg et al., 2005), or ‘unfit’ (McAdams et al., 2007). A handful of authors did not articulate the reasons for their terminology choices, such as Baldo et al. (1997), who adopted the terms ‘suitable’ and ‘satisfactory,’ similar to Biaggio et al.’s (1983) use of ‘unsuitable’ and ‘unsatisfactory.’ ‘Suitability’ or ‘unsuitability’ (Busseri et al., 2005) also have been employed without mention of why, along with the use of ‘competence’ in association with ‘professional’ or ‘clinical’ (Busseri et al., 2005; Gaubatz & Vera, 2006, Kerl et al., 2002; Lumadue & Duffey, 1999; Procidano et al., 1995). While generating many alternatives to ‘impairment,’ these many

authors did not articulate the reasons for their choices or the reasons for avoiding the impairment terminology.

Elman and Forrest (2007) directly addressed the nomenclature issue surrounding impairment and called for a moratorium on the use of ‘impaired.’ Their suggested alternative, ‘problems with professional competence,’ was offered as the appropriate terminology for the following reasons: they considered ‘problems’ as all-encompassing, measurable quantitatively and qualitatively, and indicating the appropriate level of seriousness not conveyed by other terms; ‘professional’ to establish the relationship with a standard; and ‘competence’ to connote the element of performance or ability. This recommendation was formulated by the authors after considering the work of task forces and councils within the field of psychology actively engaging in the competency dialogue (e.g. Kaslow et al, 2007; Litchenberg et al., 2007). For example, Kaslow et al., publishing as members of a workgroup associated with the Council of Chairs of Training Councils (CCTC) (which is affiliated with the Education Directorate of the American Psychological Association), adopted a competence framework and stated that impairment should be used only in conjunction with disabilities as pertaining to the ADA and should not be used to refer to professional competence issues.

Forrest, Shen Miller, and Elman (2008) expanded their term further in a subsequent article to ‘trainees identified with problems of professional competence’ to “acknowledge the role of social construction in the perceptions and actions toward PPC [problems of professional competence] in the program’s ecology...” (p. 183). Another suggestion, ‘insufficient competence,’ from Wester et al. (2008) was adopted to reflect the movement toward a competency framework within the psychology profession and to refrain from the use of ‘incompetence,’ which the authors deemed “more general and pejorative” (p. 195). The above

citations provide examples of the evolution of the ‘impairment’ dialogue and the current movement toward expanding the terminology used to refer to students with problematic behaviors.

New approach to (what was formerly known as) ‘impairment.’

Elman and Forrest’s (2007) work on impairment terminology represents a shift in the philosophic approach to working with challenging students, away from an emphasis on dismissal and gatekeeping toward a perspective of remediation. The evolution of terminology seems representative of this philosophic shift, seeking language that does not hold the negative connotations of ‘impaired.’ Within the psychology literature, a recent bevy of work has adopted a more proactive tone as well. The aforementioned work of Kaslow et al. (2007) articulated eight proposals for the profession for identifying and intervening with student problems, such as “When assessing competence problems, define key terms, establish benchmarks for performance, and develop a categorization schema” (p. 480). The remaining proposals focused on preparing the system, self-assessment, remediation, diversity, communication across various levels of the system, confidentiality, and ethical, regulatory, and litigation-based underpinnings. The work of Kaslow et al. flows in harmony with Lichtenberg et al.’s (2007) (who published as members of the APA Task Force on the Assessment of Competence in Professional Psychology, of which Kaslow is also a member) analysis of challenges to evaluating competence; challenges identified included defining competencies, limitations in assessing competence, and dual roles for educators and trainers. Additional recent work has examined the programmatic response to problematic students. For example, alternate stances for graduate programs to consider when conceptualizing and addressing student problems have been offered, such as an ecological/systems perspective by Forrest et al. (2008), who recommended that programs

remember the effects of the system, which can be flawed and imperfect, on individual students. Similarly, Wester et al. (2008) suggested that faculty adopt an information processing approach to problem solving when addressing student competence problems.

This philosophic change also can be evidenced within counselor education in McAdams and Foster's (2007) examination of remediation, rather than the overall dismissal process, as well as the frameworks for remediation presented by Dufrene and Henderson (2009) and Kress and Provitnak (2009). The concept of remediation in counselor education programs and related mental health fields seems to be entering a phase of growth. While the gatekeeping models laid the foundation for student dismissals, the gatekeeping approach appears to be evolving to more of a focus on remediation. The recent shift in terminology away from the use of 'impaired' also seems representative of a shift in the overall approach to addressing students with problematic behaviors. An area for growth is scholarly research on remediation; empirical research is still lacking. Scholarly research focusing on remediation will further contribute to defining the concept as a distinct process, independent of dismissal initiatives.

Chapter Three

Methodology

Introduction

This chapter reviews the purpose of the study, research questions, participants, and variables. The development of the survey instrument, the *Counseling Graduate Student Remediation Questionnaire (CGSRQ)*, is described, as well as the expert panel's critique of the instrument. In closing, data collection methods and data analysis procedures are presented.

Purpose of the Study

The purpose of this study was to explore the concept of student remediation in counselor education graduate programs. A review of the literature indicated a general lack of research on student remediation, leaving counselor educators without evidence-based resources to inform their decisions, complicating an already challenging task. This study provided empirical data on the following issues associated with remediation: the behavioral indicators remediated with students, the terminology associated with students in remediation, and the most effective interventions used in the remediation of students.

General Research Questions

The two main research questions investigated:

1. What are the behavioral indicators, terminology, and remedial interventions associated with the remediation of counseling graduate students?
2. Does academic status impact views on behavioral indicators, terminology, and remedial interventions associated with counseling graduate student remediation?

Specific research questions.

Detailed research questions included the following:

1. According to counselor educators' and doctoral students' perceptions, which behavioral indicators are most often remediated with counseling graduate students?
2. According to counselor educators' and doctoral students' perceptions, what terminology is most preferred when discussing counseling graduate students in remediation?
3. According to counselor educators' and doctoral students' perceptions, which remedial interventions are effective with counseling graduate students?
4. Are there differences between counselor educators' and doctoral students' perceptions of the behavioral indicators which *need* remediation with counseling graduate students?
5. Are there differences between professional academic status (administrative faculty vs. non-administrative faculty) and their perceptions of the behavioral indicators which *need* remediation with counseling graduate students?
6. To what extent do counselor educators and doctoral students perceive that counseling graduate students *can* be remediated on the behavioral indicators?
7. Are there differences in professional academic status and perceptions of the terminology associated with counseling graduate student remediation?
8. Are there differences in counselor educators' and doctoral students' perceptions of what stage in the program remedial behaviors initially surface with counseling graduate students?
9. What underlying structural factors exist with the behavioral indicators?

Participants

Members of the Association for Counselor Education and Supervision (ACES) served as the sample for this study. ACES is a national professional counseling association and a division of the American Counseling Association (ACA). The membership of ACES is comprised of counselor educators, supervisors, and doctoral students. ACES members are ethically mandated to implement remediation (ACES, 1993); hence gaining their insight is essential in order to further develop the concept of remediation. The membership of ACES also is from a national population, lending to the potential to generalize the study's results.

As of June 1, 2009, ACES membership totaled approximately 2,423 individuals. The entire membership of ACES was surveyed. Of the total, 1,550 individuals were professional level members, 106 individuals were retired members, and 609 individuals were student members. ACA maintains the membership database for the entire association, including its divisions, such as ACES. In order to obtain the contact information for the sample, ACA required the submission of the following items for review and approval: (a) the survey instrument to be used in the study, (b) a copy of the IRB letter of approval for the study, and (c) payment for the contact list. After approval was granted, the membership contact information was generated and delivered within 3 to 5 days (R. Sites, personal communication, June 3, 2009). As of December 2, 2009, when the ACES contact information was received by the researcher, a total population of 2,280 individuals was included on the list. Of that total, 173 individuals did not provide email addresses to ACA, eliminating these individuals from the population. The final total for inclusion in the study was 2,107 individuals.

Variables

In this study, academic position was defined as an independent variable. The variable of academic position was represented by the participants' professional position within their graduate program, such as tenured faculty, non-tenured faculty, or doctoral student. The dependent variables in this study included the following: (a) 35 behavioral indicators necessitating remediation, (b) 10 terms used when discussing students in remediation, and (c) 12 remedial interventions and their effectiveness.

Survey Instrument Development

A web-based survey instrument, the *CGSRQ*, was developed for this study using the literature as a framework (see Appendix A). An instrument did not exist in the literature to fulfill the purpose of this study, necessitating the creation of an original survey instrument. The *CGSRQ* was developed following best practice for item development consistent with guidelines from Czaja and Blair (2005) and Fowler and Cosenza (2009), such as using simplicity in language and defining key terms. Recommendations for incorporating reliable item structure for future data analysis also were adopted, such as using a 7-point Likert scale to optimize variability in responses (Betz, 1996; Cohen & Swerdlik, 2002; Fowler & Cosenza, 2009).

The survey instrument consisted of three sections, Section I, *Demographic Information*, Section II, *Past Supervision Experience*, and Section III, *Aspects of Remediation*. Section I, *Demographic Information*, addresses personal information and asked participants to indicate their sex, age, and ethnicity. The type of counseling profession position held also was requested, which included the following: practicum/internship faculty coordinator, program coordinator/head/director, department chair, tenured faculty member, non-tenured faculty member, non-tenure track faculty member, retired faculty member, adjunct faculty member,

doctoral student, and an open-ended response for other options not listed. The type of counseling program participants are affiliated with was solicited, responses included master's-level program, master's-level and doctoral program, and an open-ended response for other options not listed. The program's accreditation affiliation was requested, responses included Council for Accreditation of Counseling and Related Educational Programs (CACREP), Council on Rehabilitation Education (CORE), American Psychological Association (APA), Council on Accreditation of Marriage and Family Therapy Education (COAMFTE), not accredited by any of the above, and an open-ended response for other options not listed. The final question in Section I asked participants to indicate their highest degree held, responses included bachelor's degree, master's degree, and doctoral degree.

In Section II, *Past Supervision Experience*, survey items addressed participants' previous experience as a supervisor. Two definitions were provided to clarify the use of terminology in relation to the survey items included in the remainder of the instrument. The first definition was for 'student dismissal' and defined as any official action by the counseling graduate program faculty to end a student's participation in the program, such as a suspension, mandatory leave of absence, or permanent termination. The use of the word 'end' in this definition was drawn from the work of Currer and Atherton (2008) on the termination of social work students. The second definition provided in Section II is for 'student remediation' and was defined as a documented, procedural process that addresses observed inabilities in students' performance with the intent to provide students with specific means to remedy their inabilities. This definition was drawn from the work of Dufrene and Henderson (2009), an article co-authored by me and my dissertation chair. In the definition, the word 'student' was selected for use in this survey instrument rather than the original word 'trainee,' since this current study focused solely on graduate training

programs, hence focusing on students, and did not include post-graduate training toward licensure, which the more general term ‘trainee’ also could encompass.

After the definitions in Section II, participants were requested to indicate how many years of experience they had as a supervisor, inclusive of their time as doctoral students and faculty supervisors. Participants next were asked to indicate how many master’s student dismissals and doctoral student dismissals they had been a part of during their entire counseling careers and to specify their role or roles in the dismissals. The selection for possible roles included faculty advisor of dismissed student(s), instructor/professor of dismissed student(s), supervisor of dismissed student(s), official administrator (i.e., program coordinator, practicum/internship coordinator), observer (i.e., faculty in program, in group supervision), peer consultant, ombudsman for student, none, and an open-ended response for other options not listed. The focus of the survey items then switched to past experience with student remediation; participants were asked to indicate how many master’s student remediation(s) and doctoral student remediation(s) they had been a part of during their entire counseling careers and to specify their role or roles in the remediations. The selection for possible roles included faculty advisor of remediated student(s), instructor/professor of remediated student(s), supervisor of remediated student(s), official administrator (i.e., program coordinator, practicum/internship coordinator), observer (i.e., faculty in program, in group supervision), peer consultant, ombudsman for student, none, and an open-ended response for other options not listed.

In Section III, *Aspects of Remediation*, participants were asked to consider survey items that focused on different factors involved in the remediation of students in counseling programs. For the initial two questions, participants were asked to rate on a 7-point Likert scale what they think *needs* to be remediated most often with counseling graduate students from a list of 35

behavioral indicators. An open-ended response for other options not listed was included. The following Likert scale was provided: 1 = *never*, 2 = *very rarely*, 3 = *rarely*, 4 = *occasionally*, 5 = *frequently*, 6 = *very frequently*, and 7 = *always*. The list of behavioral indicators was developed following an exhaustive review of the literature. A master list was comprised from the empirical and conceptual literature of behaviors that were associated with student dismissals or remediations (see Table 1). The master list of behavioral indicators was then sorted into the categories identified in CACREP's Standards (2009) as domains for student evaluation: academic performance, professional development, and personal development. Within each category, the behavioral indicators were then grouped according to similarity of description. The master list was then narrowed to a word or phrase representative of each grouping of behavioral indicators using neutral terminology without negative or positive implications; the final list was comprised of 35 behavioral indicators. The 35 behavioral indicators included the following: (a) basic counseling skills, (b) advanced counseling skills, (c) multicultural competence, (d) academic honesty, (e) academic performance, (f) receptivity to feedback, (g) integrating feedback, (h) ability to deal with conflict, (i) ethical behavior, (j) boundaries with clients, supervisors, and/or colleagues, (k) confidentiality, (l) representation of credentials, (m) professional responsibility, (n) procedural compliance, (o) consultation with other professionals, (p) documentation and paperwork compliance, (q) maturity, (r) integrity, (s) flexibility, (t) cooperativeness, (u) interpersonal skills, (v) ability to express feelings, (w) awareness of own impact on others, (x) acceptance of personal responsibility, (y) expression of empathy, (z) openness to self-examination, (aa) capacity to handle stress, (bb) substance abuse, (cc) symptoms of a personality disorder, (dd) symptoms of anxiety, (ee) symptoms of depression, (ff) symptoms of another mental health disorder, (gg) partner relationship concerns, (hh) financial concerns, and

(ii) physical illness. The behavioral indicators and the corresponding references from the literature citing the indicator are displayed in Table 1.

Table 1

Behavioral Indicators and Reference Citations

Behavioral indicators	Reference citations
1. basic counseling skills: d, g, h, i, m, o, q, u, v, w, x, z	a) Baldo, Softas-Nall, & Shaw, 1997
2. advanced counseling skills: d, g, h, i, m, o, q, u, v, w, x, z	b) Bemak, Epp, & Keys, 1999
3. multicultural competence: m, r	c) Bhat, 2005
4. academic honesty: d, j, p, s, w	
5. academic performance: d, e, f, g, h, o, u, w, x	d) Biaggio, Gasparikova-Krasnec, & Bauer, 1983
6. receptivity to feedback: g, i, k, m, o, p, r, u, z, x	e) Boxley, Drew, & Rangel, 1986
7. integrating feedback: k, m, o, r, u	f) Bradey & Post, 1991
8. ability to deal with conflict: k, r	g) Burgess, 1995
9. ethical behavior: d, f, g, h, i, j, n, r, v, x	h) Busseri, Tyler, & King, 2005
10. boundaries with clients, supervisors, and/or colleagues: i, j, o, p, s, t	i) Dufrene & Henderson, 2009
11. confidentiality: j, s	j) Fly, van Bark, Weinman, Kitchener, & Lang, 1997
12. representation of credentials: j, p	k) Frame & Stevens-Smith, 1995
13. professional responsibility: m, n, o, q, t, w, x	l) Huprich & Rudd, 2004
14. procedural compliance: i, o	m) Kerl, Garcia, McCullough, & Maxwell, 2002
15. consultation with other professionals: i, y	n) Koerin & Miller, 1995
16. documentation and paperwork compliance: i, o	o) Kress & Protivnak, 2009
17. maturity: a, d, e, m, q, w	p) Li, Trusty, Lampe, & Lin, 2008
18. integrity: j, m, p, q	q) Lumadue & Duffey, 1999
19. flexibility: k, r	r) McAdams, Foster, & Ward, 2007
20. cooperativeness: a, k, r	s) Mearns & Allen, 1991
21. interpersonal skills: b, d, e, g, o, p, u, w, x, z	t) Oliver, Bernstein, Anderson, Blashfield, & Roberts, 2004
22. ability to express feelings: k, r	u) Olkin & Gaughen, 1991
23. awareness of own impact on others: k, r, w	v) Procidano, Busch-Rossnagel, Reznikoff, & Geisinger, 1995
24. acceptance of personal responsibility: k, r	w) Rosenberg, Getzelman, Arcinue, & Oren, 2005
25. expression of empathy: a, b, s	x) Russell & Peterson, 2003
26. openness to self-examination: b, i, k, r	y) Tedesco, 1982
27. capacity to handle stress: a, t	z) Vacha-Haase, Davenport, & Kerewsky, 2004
28. substance abuse: g, l, n, p, t, w, x	
29. symptoms of a personality disorder: e, g, l, p, t, w, x	
30. symptoms of anxiety: g, l, t	
31. symptoms of depression: e, g, l, t	
32. symptoms of another mental health disorder: d, f, g, l, n, p, s, t, v, w	
33. partner relationship concerns: e, w	
34. financial concerns: h, w	
35. physical illness: e, w, x	

Note. Following each behavioral indicator are the letters representing each reference listed in the second column of Table 1 from the literature citing the indicator.

The participants were then asked to rank order 5 out of the 35 behavioral indicators in terms of what they think most often needs remediation with counseling graduate students. Participants were asked to choose only the five indicators that they feel the strongest about. A rank order list was provided with # 1 representing the *most often*, # 2 representing the *next most often*, # 3 representing the *next most often*, and so on until # 5. The same list of 35 behavioral indicators previously discussed was listed. The subsequent two questions requested that participants rate on a 7-point Likert scale the extent to which they think each of the 35 behavioral indicators *can* be remediated with counseling graduate students. The following Likert scale was provided: 1 = *cannot be remediated*, 2 = *very probably not*, 3 = *probably not*, 4 = *possibly*, 5 = *probably can*, 6 = *very probably can*, and 7 = *can be remediated*. The same list of 35 behavioral indicators previously discussed above was then listed, with an open-ended response for other options not listed.

The next survey item addressed the terminology used to discuss students in remediation. Participants were requested to rank 3 out of 10 terms they *most prefer* to use when discussing students in remediation, with the option to write in a term of their own. A rank order list was provided with designations for *most preferred* terminology, 2nd *most preferred* terminology, and 3rd *most preferred* terminology. The list of terminology was then provided, derived from the literature, which included the following 10 terms: impairment, inability, problematic, problems with professional competence, incompetence, unfit, challenging, unsuitable, unsatisfactory, deficient, and an open-ended response for other options not listed. After the rank order question, an open ended question was posed which asked participants to provide their reasons for ranking their first choice as the terminology they *most prefer* to use when discussing students in remediation. An open space was provided for the participants' written response. The next

survey item asked participants to rank 3 out of 10 terms they *least prefer* to use when discussing students in remediation, with the option to write in a term of their own. A rank order list was provided with designations for *least preferred* terminology, 2nd *least preferred* terminology, and 3rd *least preferred* terminology. The 10 original terms listed above were then provided again, along with an open-ended response for other options not listed. A second open ended question asked participants to provide their reasons for ranking their choice as the terminology they *least prefer* to use when discussing students in remediation. An open space was provided for the participants' written response.

The next question in Section III asked participants to determine at what stage of the program they believe students initially demonstrate behaviors that need to be remediated. The following options were provided as possible responses: admissions, entry-level didactic course work, entry-level skills/techniques course work, advanced course work, practicum, internship, and an open-ended response for other options not listed. Next, participants were asked if their counseling program has a student retention policy. Clarification was provided that, per CACREP (2009), a student retention policy is defined as procedures for student remediation and/or dismissal from the counseling program. Item responses to this question were yes, no, or don't know. If the participants demarked yes, a follow-up open ended question asked participants what makes them decide to implement the policy with students. An open space was provided for participants' written response.

The final item in Section III, and the final item in the survey instrument, focused on remedial interventions. Participants were asked to rate the effectiveness of remedial interventions they have used with counseling graduate students. The following 7-point Likert scale was provided: N/A = *have not used*, 1 = *never effective*, 2 = *usually not*, 3 = *sometimes*, 4 =

occasionally, 5 = *often*, 6 = *usually*, and 7 = *always effective*. A list of remedial interventions was then provided, which was compiled from the literature, resulting in 12 items: (a) tutoring, (b) termination/dismissal, (c) counseled out of program, (d) student left field altogether, (e) counseled into another program in the same department, (f) referred/recommended to personal counseling, (g) mandatory counseling as a condition of remaining in the program, (h) leave of absence, (i) increased supervision, (j) repeating academic course, (k) repeating practicum or internship, (l) additional academic work (i.e., writing a paper or reflective journal), and (m) an open-ended response for other options not listed.

Expert Panel Evaluation of the *CGSRQ*

A six member expert panel evaluated the *CGSRQ* survey instrument. Obtaining the opinions of experts is a recommended practice to establish content validity (Cohen & Swerdlik, 2002; Czaja & Blair, 2005; Fishman & Galguera, 2003; Fraenkel & Wallen, 2003; Friedenberg, 1995; Ponterotto, 1996). Members of the expert panel met the following requirements for inclusion as panelists: (a) a doctoral degree in counselor educator or a closely related field, or currently working toward a doctoral degree in counselor education or a closely related field and (b) a minimum of two years of experience as a supervisor and/or instructor of counseling graduate students. Five of the panelists hold doctoral degrees and one panelist is currently a doctoral student. For experience as a supervisor or instructor, five of the panelists are board approved supervisors, the remaining panelist has over two years of experience as an instructor.

Panelists were contacted individually by email and requested to participate. A link was included in the email to the survey instrument. An electronic version of the survey instrument was developed specifically for the expert panel in SurveyMonkey™ with open field comment boxes following each survey item. The panelists were asked to type their critique directly into

the comment boxes in the instrument. The researcher's email address and phone number were provided if panelists elected to pursue further discussion regarding the instrument; no panelist initiated additional contact.

In Section I, *Demographic Information*, expert panel comments focused on two items. A suggestion was made to change the formatting of item 2, which requests the participant's age, from an open field that requires a typed response to a drop down menu with ranges of ages. Another comment addressed the item responses provided for item 7, which solicits the highest degree earned, suggesting the use of "bachelor's degree" rather than the term "undergraduate degree." No changes were suggested for the remaining items in Section I.

In Section II, *Past Supervision Experience*, panelists reviewed the definitions provided at the beginning of the section, citing a lack of preference for the word "inabilities" used in the definition of student remediation. Two panelists did not find that "inabilities" encompassed the nature of lacking skills or having difficulties with judgment that might be addressed in remediation. However, since the term inabilities was drawn from language used in the *ACA Code of Ethics* (2005), with no additional references providing further terminology at this time, the definition was not altered. For the definition of student dismissal, a panelist suggested the definition incorporate the words "action" and "faculty," the definition of student dismissal was changed to reflect the addition.

In comments for item 9, which asked how many student dismissals participants have been involved with, either directly or indirectly, a panelist inquired about how to interpret the term "indirectly." After further discussion with dissertation committee members, the phrase "either directly or indirectly" was deleted from item 9, owing to the vagueness of the phrase. Item 11 also used the same language in the question as item 9; the phrase "either directly or indirectly"

was deleted from item 11 as well. For item 10, a panelist commented on the item responses provided, which denote the roles of participants in student dismissals. The panelist found the term “official decision maker” as somewhat inaccurate, since faculty members tend to make decisions as a group and then provide recommendations to university administration. In order to clarify the term, “official decision maker” was changed to “official administrator,” with no changes to the examples provided with the term (program coordinator, practicum/internship coordinator). Item 12 also used the same item responses provided in item 10 and was changed to “official administrator”. For item 13, panelists commented that the question, which asks participants to indicate the percentage of remediations they would consider successful, was unclear and cumbersome. After further discussion with dissertation committee members, item 13 was deleted from the instrument, deemed as unneeded.

In Section III, *Aspects of Remediation*, panelists provided extensive comments for items 14, 15, and 16. For item 14, which asked participants to rate the behavioral indicators on a Likert scale of what they think needs to be remediated with students, the way the question was phrased was found to be a bit difficult for panelists; the question was reworded to clarify and simplify the phrasing. In an expert panel comment box, panelists were asked for their reactions to the 35 behavioral indicators included as item responses; panelists’ comments were positive and indicated that it was not too difficult or time consuming to respond to the item. The next item, 15, asked participants to rank order the behavioral indicators in terms of what they believe most often needs to be remediated with students. One panelist suggested that the question to the item be amended to indicate that a drop down box would be used for the responses; the change was added. Panelists commented that ranking the items was somewhat difficult, but they found the item to be important. The formatting for the item responses was adapted based on suggestions to

alter or remove the numerals from the rank order item responses, which were considered to be confusing. For item 16, which asked participants to rate on a Likert scale the extent to which they think each behavioral indicator can be remediated, one panelist suggested that her response to the question would be different based on if she was thinking of entry-level students or advanced students. In response to this comment, the question for item 16 was amended to include the directive for participants to use their first reaction to answer the question. The next items, 17 and 18, focused on the terminology used when discussing students in remediation, asking participants to rank order their top three most preferred and bottom three least preferred terms, respectively. Expert panelists were asked for items 17 and 18 if rank ordering three terms for each item was too much to answer; panelists responded that they found it appropriate and not burdensome. One panelist noted that the design for item 18 was a little odd; the design of item 18 was changed to match the design of item 17. No suggestions were made for items 19, 20, 21, 22, and 23.

Pilot Study of the *CGSRQ*

The *CGSRQ* was piloted with a small sample of 17 counselor education doctoral students from the University of New Orleans (UNO). Pilot testing afforded the opportunity to examine the survey items and analyze items for validity and reliability (Cohen & Swerdlik, 2002; Czaja & Blair, 2005; Fowler & Cosenza, 2009). Counseling doctoral students who were enrolled in the Fall 2009 semester were recruited to participate. The researcher attended the beginning of class to recruit participants and review informed consent. A piece of paper was circulated for voluntary participants to write their email addresses. A computer lab on the UNO campus was utilized for participants to complete the *CGSRQ* online. The researcher then emailed the participants with a copy of the first electronic message (see Appendix B), which contained a two

digit code assigned to each participant to allow for matching responses from the pilot study with the main study. Pilot study participants received two subsequent requests for participation during the main stage of the study of data collection. See Appendix C to refer to the electronic message sent to the pilot study participants as the initial request for participation during the main stage of the study and Appendix D to refer to the electronic message sent to pilot participants as the follow-up request for participation during the main stage of the study. Data from the pilot study were analyzed for the amount of time to necessary to complete the *CGSRQ* and descriptive statistics.

Changes to the instrument.

Feedback from pilot study participants on survey items resulted in small modifications to the *CGSRQ* instrument. In Section II, *Past Supervision Experience*, a few participants expressed confusion over the item responses provided to items 10 and 12, which asked what participant role(s) were in dismissals and remediations; a few individuals were not sure what the best choice was for their experience. In order to better clarify the term observer, the phrase ‘in group supervision’ was added to the parentheses which already provided an example of i.e., faculty in program. In Section III, *Past Supervision Experience*, pilot study participants were not sure how to interpret items 13 and 14, which asked what needs to be remediated with counseling graduate students. The phrase ‘most often’ was added to the item question, which then read ‘What do you think needs to be remediated most often with counseling graduate students?’ In item 21, a pilot study participant expressed confusion regarding the phrasing of the question, which referred to the previous item in the instrument. To avoid ambiguity, the word ‘last’ was eliminated from item 21. For item 23, ‘don’t know’ was added an item response option based on feedback from

the pilot study participants who were unable to select between yes and no as answers to the question ‘Does your program have a student retention policy?’

Pilot study data.

Data for the pilot study were collected in three classes on November 17 and 18, 2009 and following the holiday break on December 3, 2009. A total of 17 doctoral students participated in the pilot study. The majority of participants were female, 76.5% ($n = 13$), with 23.5% ($n = 4$) male participants (see Table 2).

Table 2

Frequencies of Pilot Study Participants’ Sex ($n = 17$)

Sex	<i>f</i>	%
Female	13	76.5
Male	4	23.5

The ages of the pilot study participants were 20 to 29 years old, 29.4% ($n = 5$), 30 to 39 years old, 47.1% ($n = 8$), 40 to 49 years old, 17.6% ($n = 3$), and 50 to 59 years old, 5.9% ($n = 1$).

The data regarding participants’ ages are shown in Table 3.

Table 3

Frequencies of Pilot Participants’ Age ($n = 17$)

Age	<i>f</i>	%
20-29	5	29.4
30-39	8	47.1
40-49	3	17.6
50-59	1	5.9

Participants were asked to indicate their ethnicity; Caucasian was the largest ethnic group represented in the pilot study, 82.4% ($n = 14$), followed by African American, 11.8% ($n = 2$), and Hispanic, 5.9% ($n = 1$). Data regarding participants’ ethnicity are displayed in Table 4.

Table 4

Frequencies of Pilot Study Participants' Ethnicity (n = 17)

Ethnicity	<i>f</i>	%
African American	2	11.8
Caucasian	14	82.4
Hispanic	1	5.9

In order to obtain an estimate for the length of time necessary to complete the *CGSRQ*, pilot study participants were asked to record the time they started and finished the instrument. The average time it took the pilot study participants to complete the *CGSRQ* was 17 minutes. Participants were encouraged to ask questions of the researcher if clarification was needed for them to answer any specific survey items, which might have contributed to increasing the length of time to complete the instrument. The data regarding the length of time necessary to complete the *CGSRQ* are shown in Table 5.

Table 5

Frequencies of Time Elapsed to Complete the CGSRQ (n = 17)

Minutes elapsed	<i>f</i>	%
10	1	5.9
12	2	11.8
13	1	5.9
14	3	17.6
15	4	23.5
16	2	11.8
17	1	5.9
18	1	5.9
25	2	11.8

Data Collection

Approval from the UNO Institutional Review Board (IRB) was received on November 16, 2009 for this study (see Appendix E). Funding for this study was provided by the ACES Research Grant Award (\$1,050, see Appendix F). Data collection for this study was completed

electronically. SurveyMonkey™, a web-based service, was used to design the survey instrument. The participants, ACES members, were contacted via their individual email addresses; an active web link was included in the email message that linked participants directly to the *CGSRQ*. Appendix G contains a copy of the first electronic message sent to participants on January 5, 2010. Approximately one week after the initial email message was sent, a second and final request for participation was sent to the sample (see Appendix H).

In the main phase of the study, a total of 693 individuals responded to the *CGSRQ*, including incomplete responses. The following criterion for data inclusion was used to manage missing data: all responses that completed the *CGSRQ* through item 13, the first item which assessed a dependent variable, were included in the final sample. A total of 607 responses were included in the final database, out of a possible 2,107 respondents, for a response rate of 28.8%.

Characteristics of the Sample.

Of the 607 responses, the majority of participants were female, 64.6% ($n = 392$), with 34.9% ($n = 212$) male participants, and 0.5% ($n = 3$) did not answer this question (see Table 6).

Table 6

Frequencies of Participants' Sex ($n = 607$)

Sex	<i>f</i>	%
Female	392	64.6
Male	212	34.9
Missing	3	0.5

Note. Missing = number of participants choosing not to answer.

The ages of the participants were 20 to 29 years old, 8.6% ($n = 52$), 30 to 39 years old, 26.7% ($n = 162$), 40 to 49 years old, 21.4% ($n = 130$), 50 to 59 years old, 22.4% ($n = 136$), 60 to 69 years old, 16.5% ($n = 100$), and 70 to 79 years old, 1.3% ($n = 8$). The number of participants choosing not to answer this question was 3.1% ($n = 19$). The data regarding participants' ages are shown in Table 7.

Table 7

Frequencies of Participants' Age (n = 607)

Age	<i>f</i>	%
20-29	52	8.6
30-39	162	26.7
40-49	130	21.4
50-59	136	22.4
60-69	100	16.5
70-79	8	1.3
Missing	19	3.1

Note. Missing = number of participants choosing not to answer.

Participants indicated their ethnicity; Caucasian was the largest ethnic group represented, 82.5% ($n = 501$), followed by African American, 7.4% ($n = 45$), Bi/Multiracial, 3% ($n = 18$), Asian/Pacific Islander, 2.3% ($n = 14$), Hispanic/Latino/a, 2% ($n = 12$), Other, 1.5%, ($n = 9$), Native American, 0.5% ($n = 3$), Middle Eastern, 0.3%, ($n = 2$), and no response was 0.5% ($n = 3$). Responses written by participants for the Other (1.5%, $n = 9$) category included: African ($n = 2$), Brazilian ($n = 1$), Caribbean ($n = 1$), European ($n = 1$), Irish American ($n = 1$), human ($n = 1$), Turkish ($n = 1$), and White American ($n = 1$). Data regarding participants' ethnicity are displayed in Table 8.

Table 8

Frequencies of Participants' Ethnicity (n = 607)

Ethnicity	<i>f</i>	%
Caucasian	501	82.5
African American	45	7.4
Bi/Multiracial	18	3.0
Asian/Pacific Islander	14	2.3
Hispanic/Latino/a	12	2.0
Other	9	1.5
Native American	3	0.5
Middle Eastern	2	0.3
Missing	3	0.5

Note. Missing = number of participants choosing not to answer.

Participants indicated their current counseling professional position and selected all responses that applied. The greatest amount of participants indicated tenured faculty member, 27% ($n = 164$), followed by non-tenured faculty member, 25.2% ($n = 153$), doctoral student, 24.9% ($n = 151$), Program Coordinator/Head/Director, 17.3% ($n = 105$), Practicum/Internship Faculty Coordinator, 17.1% ($n = 104$), Other, 12.5% ($n = 76$), adjunct faculty member, 10%, ($n = 61$), Department Chair, 7.6%, ($n = 46$), non-tenure track faculty member, 5.8%, ($n = 35$), and retired faculty member, 0.8% ($n = 5$). Responses written in the Other category were numerous (12.5%, $n = 76$), some examples included: Assistant Director of Program, Associate Dean and Professor, career counselor, clinical coordinator, counselor intern, private practice therapist, Licensed Professional Counselor, professional school counselor, master's student, and teaching assistant. The frequencies are displayed in Table 9.

Table 9

Frequencies of Participants' Professional Position ($n = 607$)

Professional Position	<i>f</i>	%
Tenured Faculty Member	164	27.0
Non-Tenured Faculty Member	153	25.2
Doctoral Student	151	24.9
Program Coordinator/Head/Director	105	17.3
Practicum/Internship Faculty Coordinator	104	17.1
Other	76	12.5
Adjunct Faculty Member	61	10.0
Department Chair	46	7.6
Non-Tenure Track Faculty Member	35	5.8
Retired Faculty Member	5	0.8

Note. % sums to more than 100 since participants could select all responses that applied.

Participants indicated the type of counseling program with which their current professional position was affiliated. The largest number of participants were affiliated with master's-level and doctoral programs, 45.5% ($n = 276$), followed by master's-level programs, 44.5% ($n = 270$), Other, 7.7% ($n = 47$), and no responses, 2.3% ($n = 14$). Responses written by

participants in the Other category were numerous (7.7%, $n = 47$) and some examples included: doctoral program, bachelor's-level social work, community college, master's-level and educational specialist, and university counseling. The frequencies are displayed in Table 10.

Table 10

Frequencies of Participants' Type of Graduate Program ($n = 607$)

Program Type	<i>f</i>	%
Master's-level and doctoral	276	45.5
Master's-level program	270	44.5
Other	47	7.8
Missing	14	2.3

Note. Missing = number of participants choosing not to answer.

Participants indicated the type of accreditation their current graduate program held. The largest amount of participants were affiliated with CACREP programs, 76.3% ($n = 463$), followed by not accredited by any of the above, 13.8% ($n = 84$), Other, 9.7% ($n = 59$), CORE, 7.4% ($n = 45$), APA, 4.1% ($n = 25$), and COAMFTE, 1% ($n = 6$). Responses written in the Other category were numerous (9.7%, $n = 59$) and some examples included the following: National Council for Accreditation of Teacher Education (NCATE), Southern Association of Colleges and Schools (SACS), American Association of Pastoral Counselors (AAPC), American Dance Therapy Association, applying for CACREP, Department of Education for applicable state, and the Glasser Institute and the European Association for Psychotherapy. The results are displayed in Table 11.

Table 11

Frequencies of Type of Graduate Program Accreditation ($n = 607$)

Accreditation Type	<i>f</i>	%
CACREP	463	76.3
CORE	45	7.4
APA	25	4.1
COAMFTE	6	1.0
None of above	84	13.8

(table cont.)

Other	59	9.7
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Note. % sums to more than 100 since participants could select all responses that applied.

The final demographic variable collected from participants was the highest degree held. Doctoral degree was the top response, 69.7% ($n = 423$), followed by master's degree, 29.3% ($n = 178$), and bachelor's degree, 0.3% ($n = 2$). A total of 0.7% ($n = 4$) participants chose not to answer this question. The results are displayed in Table 12.

Table 12

Frequencies of Participants' Highest Degree Held ($n = 607$)

Highest Degree Held	<i>f</i>	%
Doctoral degree	423	69.7
Master's degree	178	29.3
Bachelor's degree	2	0.3
Missing	4	0.7

Note. Missing = number of participants choosing not to answer.

Data Analysis Procedures

To analyze the research questions, the following data analysis procedures were used: descriptive statistics, chi-square statistics, multivariate analysis of variance, and a principal components factor analysis. The PASW Statistics 18.0 (formerly SPSS) software package was used to analyze the data.

Research question 1.

According to counselor educators' and doctoral students' perceptions, which behavioral indicators are most often remediated with counseling graduate students?

Data analysis.

Descriptive statistics were used to determine the behavioral indicators most often remediated with counseling graduate students according to counselor educators' and doctoral

students' perceptions. Data from participant responses to item 15 from Section III of the instrument were used.

Research question 2.

According to counselor educators' and doctoral students' perceptions, what terminology is most preferred when discussing counseling graduate students in remediation?

Data analysis.

Descriptive statistics were used to determine what terminology is most preferred when discussing counseling graduate students in remediation according to counselor educators' and doctoral students' perceptions. Data from participant responses to item 18 from Section III of the instrument were used.

Research question 3.

According to counselor educators' and doctoral students' perceptions, which remedial interventions are effective with counseling graduate students?

Data analysis.

Descriptive statistics were to determine which remedial interventions are effective with counseling graduate students according to counselor educators' and doctoral students' perceptions. Data from participant responses to item 24 from Section III of the instrument were used.

Research question 4.

Are there differences between counselor educators' and doctoral students' perceptions of the behavioral indicators which *need* remediation with counseling graduate students?

Data analysis.

A multivariate analysis of variance (MANOVA) was used to determine if significant differences exist between counselor educators' and doctoral students' perceptions of the behavioral indicators which need remediation with counseling graduate students. Data from participant responses from Section I, item 4, indicating academic status, and Section III, items 13 and 14, rating the behavior indicators, were used.

Research question 5.

Are there differences between professional academic status (administrative faculty vs. non-administrative faculty) and their perceptions of behavioral indicators which *need* remediation with counseling graduate students?

Data analysis.

A MANOVA was used to determine if significant differences exist between administrative faculty and non-administrative faculty's perceptions of the behavioral indicators which need remediation with counseling graduate students. Responses to Section I, item 4 were divided into two groups: the administrative faculty group consisted of participants who designated practicum/internship faculty coordinator, program coordinator, or department chair; the non-administrative faculty group consisted of participants who designated tenured faculty member, non-tenured faculty member, non-tenure track faculty member, or adjunct faculty member. The two groups were examined with participant responses to Section III, items 13 and 14, rating the behavioral indicators.

Research question 6.

To what extent do counselor educators and doctoral students perceive that counseling graduate students *can* be remediated on the behavioral indicators?

Data analysis.

A MANOVA was used to determine if significant differences exist between the extent to which counselor educators' and doctoral students' perceive that counseling graduate students can be remediated on the behavioral indicators. Data from participant responses from Section I, item 4, indicating academic status and Section III, items 16 and 17, rating the behavioral indicators, were used.

Research question 7.

Are there differences in professional academic status and perceptions of the terminology associated with counseling graduate student remediation?

Data analysis.

A chi-square statistic was used to determine if significant differences exist between professional academic status and perceptions of the terminology associated with counseling graduate student remediation. Data from participant responses to item 4 from Section I, indicating academic status, and items 18 and 20 from Section III, rank ordering the terminology, were used.

Research question 8.

Are there differences in counselor educators' and doctoral students' perceptions of what stage in the program remedial behaviors initially surface with counseling graduate students?

Data analysis.

A chi-square statistic was used to determine if significant differences exist between counselor educators' and doctoral students' perceptions of when remedial behaviors originally surface with counseling graduate students. Data from participant responses to item 4 from

Section I, indicating academic status, and item 22 from Section III, indicating when remedial behaviors surface, were used.

Research question 9.

What underlying structural factors exist with the behavioral indicators?

Data analysis.

A principal components factor analysis with varimax rotation was conducted for items 13 and 14, Section III, to determine if underlying structural factors existed with the behavioral indicators.

Chapter 4

Results

The purpose of this study was to explore the concept of student remediation in counselor education graduate programs. To that end, the following variables were examined: the behavioral indicators remediated with students, the terminology associated with students in remediation, and the most effective interventions used in the remediation of students. In this chapter, the results of the survey created for this study, *Counseling Graduate Student Remediation Questionnaire (CGSRQ)*, are reviewed. PASW Statistics 18.0 was used to conduct all quantitative statistical analyses. A qualitative approach (Glesne, 2006) was used for write-in item responses included in the *CGSRQ* to identify themes and meaning in participants' responses.

Research Question 1

According to counselor educators' and doctoral students' perceptions, which behavioral indicators are most often remediated with counseling graduate students? Frequencies were calculated to determine the behavioral indicators most often remediated with counseling graduate students. Data from participant responses to item 15 from Section III of the *CGSRQ* were used to rank order the behavioral indicators in terms of what most often needs remediation. Five rank order responses were provided, with 1 as *most often*, 2 as *next most often*, 3 as *next most often*, 4 as *next most often*, and 5 as *next most often*. Data for each rank order position are presented.

Results indicated that for the first rank order position of the behavioral indicators most often needing remediation, basic counseling skills was the top response (11.9%, $n = 72$), followed by advanced counseling skills (7.6%, $n = 46$); receptivity to feedback (7.4%, $n = 45$); academic performance (7.2%, $n = 44$); boundaries with clients, supervisors, and/or colleagues

(7.1%, $n = 43$); ethical behavior (6.4%, $n = 39$); openness to self-examination (6.3%, $n = 38$); awareness of own impact on others (4.8%, $n = 29$); multicultural competence (4.3%, $n = 26$); academic honesty (3.6%, $n = 22$); integrating feedback (3.6%, $n = 22$); interpersonal skills (3.6%, $n = 22$); professional responsibility (3.3%, $n = 20$); acceptance of personal responsibility (3.3%, $n = 20$); capacity to handle stress (3.3%, $n = 20$); maturity (3.1%, $n = 19$); symptoms of a personality disorder (2.6%, $n = 16$); ability to deal with conflict (1.8%, $n = 11$); documentation and paperwork compliance (1.5%, $n = 9$); integrity (1.2%, $n = 7$); expression of empathy (1.2%, $n = 7$); confidentiality (0.8%, $n = 5$); flexibility (0.8%, $n = 5$); substance abuse (0.7%, $n = 4$); symptoms of anxiety (0.7%, $n = 4$); procedural compliance (0.5%, $n = 3$); financial concerns (0.5%, $n = 3$); representation of credentials (0.2%, $n = 1$); cooperativeness (0.2%, $n = 1$); ability to express feelings (0.2%, $n = 1$); symptoms of depression (0.2%, $n = 1$); symptoms of another mental health disorder (0.2%, $n = 1$); and partner relationship concerns (0.2%, $n = 1$). The results are displayed in Table 13.

Table 13

Frequencies of First Rank Order for Behavioral Indicators Most Often Remediated ($n = 607$)

Behavioral Indicator	<i>f</i>	%
Basic counseling skills	72	11.9
Advanced counseling skills	46	7.6
Receptivity to feedback	45	7.4
Academic performance	44	7.2
Boundaries	43	7.1
Ethical behavior	39	6.4
Openness to self-examination	38	6.3
Awareness of own impact on others	29	4.8
Multicultural competence	26	4.3
Academic honesty	22	3.6
Integrating feedback	22	3.6
Interpersonal skills	22	3.6
Professional responsibility	20	3.3
Acceptance of personal responsibility	20	3.3
Capacity to handle stress	20	3.3

(table cont.)

Maturity	19	3.1
Symptoms of a personality disorder	16	2.6
Ability to deal with conflict	11	1.8
Documentation and paperwork compliance	9	1.5
Integrity	7	1.2
Expression of empathy	7	1.2
Confidentiality	5	0.8
Flexibility	5	0.8
Substance abuse	4	0.7
Symptoms of anxiety	4	0.7
Procedural compliance	3	0.5
Financial concerns	3	0.5
Representation of credentials	1	0.2
Cooperativeness	1	0.2
Ability to express feelings	1	0.2
Symptoms of depression	1	0.2
Symptoms of another mental health disorder	1	0.2
Partner relationship concerns	1	0.2

For the second rank order position of the behavioral indicators most often needing remediation, receptivity to feedback was the most frequent participant response (10.2%, $n = 62$), followed by advanced counseling skills (8.2%, $n = 50$); boundaries with clients, supervisors, and/or colleagues (6.8%, $n = 41$); awareness of own impact on others (6.6%, $n = 40$); openness to self-examination (6.4%, $n = 39$); basic counseling skills (5.9%, $n = 36$); ethical behavior (5.6%, $n = 34$); multicultural competence (5.3%, $n = 32$); academic performance (4.9%, $n = 30$); acceptance of personal responsibility (4.9%, $n = 30$); integrating feedback (4.6%, $n = 28$); maturity (3.8%, $n = 23$); academic honesty (3.5%, $n = 21$); interpersonal skills (2.8%, $n = 17$); professional responsibility (2.5%, $n = 15$); ability to deal with conflict (2%, $n = 12$); confidentiality (2%, $n = 12$); flexibility (2%, $n = 12$); capacity to handle stress (1.8%, $n = 11$); symptoms of anxiety (1.8%, $n = 11$); documentation and paperwork compliance (1.6%, $n = 10$); symptoms of a personality disorder (1.6%, $n = 10$); substance abuse (1%, $n = 6$); ability to

express feelings (0.7%, $n = 4$); expression of empathy (0.7%, $n = 4$); procedural compliance (0.5%, $n = 3$); integrity (0.5%, $n = 3$); financial concerns (0.5%, $n = 3$); consultation with other professionals (0.3%, $n = 2$); cooperativeness (0.3%, $n = 2$); partner relationship concerns (0.3%, $n = 2$); symptoms of depressions (0.2%, $n = 1$); and symptoms of another mental health disorder (0.2%, $n = 1$). The results are displayed in Table 14.

Table 14

Frequencies of Second Rank Order for Behavioral Indicators Most Often Remediated ($n = 607$)

Behavioral Indicator	<i>f</i>	%
Receptivity to feedback	62	10.2
Advanced counseling skills	50	8.2
Boundaries	41	6.8
Awareness of own impact on others	40	6.6
Openness to self-examination	39	6.4
Basic counseling skills	36	5.9
Ethical behavior	34	5.6
Multicultural competence	32	5.3
Academic performance	30	4.9
Acceptance of personal responsibility	30	4.9
Integrating feedback	28	4.6
Maturity	23	3.8
Academic honesty	21	3.5
Interpersonal skills	17	2.8
Professional responsibility	15	2.5
Ability to deal with conflict	12	2.0
Confidentiality	12	2.0
Flexibility	12	2.0
Capacity to handle stress	11	1.8
Symptoms of anxiety	11	1.8
Documentation and paperwork compliance	10	1.6
Symptoms of a personality disorder	10	1.6
Substance abuse	6	1.0
Ability to express feelings	4	0.7
Expression of empathy	4	0.7
Procedural compliance	3	0.5
Integrity	3	0.5
Financial concerns	3	0.5
Consultation with other professionals	2	0.3
Cooperativeness	2	0.3

(table cont.)

Partner relationship concerns	2	0.3
Symptoms of depression	1	0.2
Symptoms of another mental health disorder	1	0.2

For the third rank order position of the behavioral indicators most often needing remediation, receptivity to feedback was the most frequent participant response (9.9%, $n = 60$), followed by boundaries with clients, supervisors, and/or colleagues (8.2%, $n = 50$); integrating feedback (7.2%, $n = 44$); awareness of own impact on others (6.9%, $n = 42$); openness to self-examination (6.4%, $n = 39$); multicultural competence (4.9%, $n = 30$); basic counseling skills (4.6%, $n = 28$); acceptance of personal responsibility (4%, $n = 24$); advanced counseling skills (3.8%, $n = 23$); academic honesty (3.8%, $n = 23$); academic performance (3.8%, $n = 23$); interpersonal skills (3.6%, $n = 22$); ethical behavior (3.5%, $n = 21$); professional responsibility (3%, $n = 18$); ability to deal with conflict (2.8%, $n = 17$); capacity to handle stress (2.6%, $n = 16$); procedural compliance (2%, $n = 12$); flexibility (2%, $n = 12$); symptoms of a personality disorder (2%, $n = 12$); maturity (1.8%, $n = 11$); symptoms of anxiety (1.8%, $n = 11$); confidentiality (1.6%, $n = 10$); documentation and paperwork compliance (1.6%, $n = 10$); integrity (1.3%, $n = 8$); ability to express feelings (1.2%, $n = 7$); expression of empathy (1.2%, $n = 7$); substance abuse (0.7%, $n = 4$); symptoms of another mental health disorder (0.7%, $n = 4$); consultation with other professionals (0.5%, $n = 3$); cooperativeness (0.5%, $n = 3$); financial concerns (0.5%, $n = 3$); symptoms of depression (0.3%, $n = 2$); partner relationship concerns (0.3%, $n = 2$); physical illness (0.3%, $n = 2$); and representation of credentials (0.2%, $n = 1$). A total of 0.5% ($n = 3$) participants chose not to answer this question. The results are displayed in Table 15.

Table 15

Frequencies of Third Rank Order for Behavioral Indicators Most Often Remediated (n = 607)

Behavioral Indicator	<i>f</i>	%
Receptivity to feedback	60	9.9
Boundaries	50	8.2
Integrating feedback	44	7.2
Awareness of own impact on others	42	6.9
Openness to self-examination	39	6.4
Multicultural competence	30	4.9
Basic counseling skills	28	4.6
Acceptance of personal responsibility	24	4.0
Advanced counseling skills	23	3.8
Academic honesty	23	3.8
Academic performance	23	3.8
Interpersonal skills	22	3.6
Ethical behavior	21	3.5
Professional responsibility	18	3.0
Ability to deal with conflict	17	2.8
Capacity to handle stress	16	2.6
Procedural compliance	12	2.0
Flexibility	12	2.0
Symptoms of a personality disorder	12	2.0
Maturity	11	1.8
Symptoms of anxiety	11	1.8
Confidentiality	10	1.6
Documentation and paperwork compliance	10	1.6
Integrity	8	1.3
Ability to express feelings	7	1.2
Expression of empathy	7	1.2
Substance abuse	4	0.7
Symptoms of another mental health disorder	4	0.7
Consultation with other professionals	3	0.5
Cooperativeness	3	0.5
Financial concerns	3	0.5
Symptoms of depression	2	0.3
Partner relationship concerns	2	0.3
Physical illness	2	0.3
Representation of credentials	1	0.2
Missing	3	0.5

Note. Missing = number of participants choosing not to answer.

For the fourth rank order position of the behavioral indicators needing remediation most often, receptivity to feedback was the most frequent participant response (7.7%, $n = 47$), followed by acceptance of personal responsibility (5.6%, $n = 34$); openness to self-examination (5.6%, $n = 34$); integrating feedback (5.4%, $n = 33$); capacity to handle stress (5.4%, $n = 33$); multicultural competence (4.9%, $n = 30$); boundaries with clients, supervisors, and/or colleagues (4.9%, $n = 30$); professional responsibility (4.6%, $n = 28$); maturity (4.3%, $n = 26$); interpersonal skills (4.3%, $n = 26$); awareness of own impact on others (4.3%, $n = 26$); academic performance (4.1%, $n = 25$); ability to deal with conflict (4%, $n = 24$); basic counseling skills (3.6%, $n = 22$); advanced counseling skills (3.6%, $n = 22$); ethical behavior (3.5%, $n = 21$); confidentiality (2.3%, $n = 14$); documentation and paperwork compliance (2.3%, $n = 14$); substance abuse (2.1%, $n = 13$); flexibility (2%, $n = 12$); expression of empathy (2%, $n = 12$); symptoms of a personality disorder (1.6%, $n = 10$); symptoms of anxiety (1.6%, $n = 10$); ability to express feelings (1.5%, $n = 9$); integrity (1.3%, $n = 8$); procedural compliance (1%, $n = 6$); academic honesty (0.8%, $n = 5$); representation of credentials (0.8%, $n = 5$); consultation with other professionals (0.8%, $n = 5$); symptoms of another mental health disorder (0.5%, $n = 3$); cooperativeness (0.3%, $n = 2$); partner relationship concerns (0.3%, $n = 2$); symptoms of depression (0.2%, $n = 1$); and physical illness (0.2%, $n = 1$). A total of 1.8% ($n = 11$) participants chose not to answer this question. The results are displayed in Table 16.

Table 16

Frequencies of Fourth Rank Order for Behavioral Indicators Most Often Remediated (n = 607)

Behavioral Indicator	<i>f</i>	%
Receptivity to feedback	47	7.7
Acceptance of personal responsibility	34	5.6
Openness to self-examination	34	5.6
Integrating feedback	33	5.4
Capacity to handle stress	33	5.4
Multicultural competence	30	4.9
Boundaries	30	4.9
Professional responsibility	28	4.6
Maturity	26	4.3
Interpersonal skills	26	4.3
Awareness of own impact on others	26	4.3
Academic performance	25	4.1
Ability to deal with conflict	24	4.0
Basic counseling skills	22	3.6
Advanced counseling skills	22	3.6
Ethical behavior	21	3.5
Confidentiality	14	2.3
Documentation and paperwork compliance	14	2.3
Substance abuse	13	2.1
Flexibility	12	2.0
Expression of empathy	12	2.0
Symptoms of a personality disorder	10	1.6
Symptoms of anxiety	10	1.6
Ability to express feelings	9	1.5
Integrity	8	1.3
Procedural compliance	6	1.0
Academic honesty	5	0.8
Representation of credentials	5	0.8
Consultation with other professionals	5	0.8
Symptoms of another mental health disorder	3	0.5
Financial concerns	3	0.5
Cooperativeness	2	0.3
Partner relationship concerns	2	0.3
Symptoms of depression	1	0.2
Physical illness	1	0.2
Missing	11	1.8

Note. Missing = number of participants choosing not to answer.

For the fifth rank order position of the behavioral indicators needing remediation most often, openness to self-examination was the most frequent participant response (6.9%, $n = 42$), followed by integrating feedback (6.4%, $n = 39$); awareness of own impact on others (5.4%, $n = 33$); boundaries with clients, supervisors, and/or colleagues (5.3%, $n = 32$); maturity (4.9%, $n = 30$); advanced counseling skills (4.8%, $n = 29$); multicultural competence (4.6%, $n = 28$); receptivity to feedback (4.4%, $n = 27$); interpersonal skills (4.1%, $n = 25$); acceptance of personal responsibility (4.1%, $n = 25$); capacity to handle stress (4.1%, $n = 25$); ability to deal with conflict (3.8%, $n = 23$); flexibility (3.5%, $n = 21$); professional responsibility (3.3%, $n = 20$); academic performance (2.8%, $n = 17$); documentation and paperwork compliance (2.8%, $n = 17$); symptoms of a personality disorder (2.8%, $n = 17$); academic honesty (2.5%, $n = 15$); ethical behavior (2.5%, $n = 15$); basic counseling skills (2%, $n = 12$); integrity (2%, $n = 12$); symptoms of anxiety (1.8%, $n = 11$); confidentiality (1.6%, $n = 10$); cooperativeness 1.3%, $n = 8$); expression of empathy (1.3%, $n = 8$); ability to express feelings (1.2%, $n = 7$); substance abuse (1.2%, $n = 7$); financial concerns (1.2%, $n = 7$); physical illness (1.2%, $n = 7$); symptoms of depression (1%, $n = 6$); procedural compliance (0.8%, $n = 5$); symptoms of another mental health disorder (0.7%, $n = 4$); and consultation with other professionals (0.5%, $n = 3$); and partner relationship concerns (0.5%, $n = 3$). A total of 2.8% ($n = 17$) participants chose not to answer this question. The results are displayed in Table 17.

Table 17

Frequencies of Fifth Rank Order for Behavioral Indicators Most Often Remediated (n = 607)

Behavioral Indicator	<i>f</i>	%
Openness to self-examination	42	6.9
Integrating feedback	39	6.4
Awareness of own impact on others	33	5.4
Boundaries	32	5.3
Maturity	30	4.9
Advanced counseling skills	29	4.8
Multicultural competence	28	4.6
Receptivity to feedback	27	4.4
Interpersonal skills	25	4.1
Acceptance of personal responsibility	25	4.1
Capacity to handle stress	25	4.1
Ability to deal with conflict	23	3.8
Flexibility	21	3.5
Professional responsibility	20	3.3
Academic performance	17	2.8
Documentation and paperwork compliance	17	2.8
Symptoms of a personality disorder	17	2.8
Academic honesty	15	2.5
Ethical behavior	15	2.5
Basic counseling skills	12	2.0
Integrity	12	2.0
Symptoms of anxiety	11	1.8
Confidentiality	10	1.6
Cooperativeness	8	1.3
Expression of empathy	8	1.3
Ability to express feelings	7	1.2
Substance abuse	7	1.2
Financial concerns	7	1.2
Physical illness	7	1.2
Symptoms of depression	6	1.0
Procedural compliance	5	0.8
Symptoms of another mental health disorder	4	0.7
Consultation with other professionals	3	0.5
Partner relationship concerns	3	0.5
Missing	17	2.8

Note. Missing = number of participants choosing not to answer.

To further compare the rankings of the behavioral indicators, a total ranking score was computed in order to create a list of the overall top five behavioral indicators most often remediated. In order to compute the total ranking score, the following procedure was used: the frequency for each ranking was multiplied by the reverse score for the rank position, such as a rank order position of one converted to five, two converted to four, and so on. The scores for each rank of the variables were then added together for a total sum score for each behavioral indicator (Maiburg, Rethans, & van Ree, 2004). For example, for the behavioral indicator of receptivity to feedback, the following equation was used: $(45 \times 5) + (62 \times 4) + (60 \times 3) + (47 \times 2) + (27 \times 1) = 774$. The sum scores were then ordered from highest to lowest, with the top five highest sum scores representing the overall top five behavioral indicators most often remediated (see Table 18).

Table 18

Frequencies of the Overall Top Five Behavioral Indicators Most Often Remediated (n = 607)

Behavioral Indicator	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Sum Score	Rank
	<i>n</i> = 607	<i>n</i> = 607	<i>n</i> = 604	<i>n</i> = 596	<i>n</i> = 590		
	<i>f</i>	<i>f</i>	<i>f</i>	<i>f</i>	<i>f</i>		
Receptivity to feedback	45	62	60	47	27	774	1
Basic counseling skills	72	36	28	22	12	644	2
Boundaries	43	41	50	30	32	621	3
Openness to self-examination	38	39	39	34	42	573	4
Advanced counseling skills	46	50	23	22	29	572	5

A write-in response was provided for participants to include other behavioral indicators which were not included in the list of 35 indicators in the *CGSRQ*. A qualitative analysis (Glesne, 2006) of the write-in responses in the Other category began with a detailed review to obtain an overall perspective to ground the responses within the research question. Next, themes were pulled from the responses while still retaining the original meaning and then patterns in the

data were constructed. A coding system was developed by the researcher that consisted of coding text segments into categories of similar terms. The qualitative analysis of responses ended when no new themes emerged. This procedure for qualitative analysis also was used for the Other categories in Research Questions 2 and 3. After generating themes of the write-in responses for the behavioral indicators' Other category, the list of themes was compared to the 35 behavioral indicators; no new themes were identified within the write-in responses that were not included within the 35 behavioral indicators.

Research Question 2

According to counselor educators' and doctoral students' perceptions, what terminology is most preferred when discussing counseling graduate students in remediation? Data from participant responses to item 18 from Section III of the *CGSRQ* were used to rank order the most preferred terminology when discussing students' remediation. The item response allowed for three rank order answers, with 1 as the *most preferred*, 2 as the *next most preferred*, and 3 as the *next most preferred*. Data for each rank order position are presented next.

For the first rank order position of the most preferred terminology, the most frequent response was challenging, 26.4% ($n = 160$), followed by problems with professional competence, 20.6% ($n = 125$), problematic, 13.5% ($n = 82$), impairment, 10.5% ($n = 64$), deficient, 9.4% ($n = 57$), unsatisfactory, 9.2% ($n = 56$), Other, 4.3% ($n = 26$), inability, 1.5% ($n = 9$), unsuitable, 1% ($n = 6$), incompetence, 0.7% ($n = 4$), and unfit, 0.2% ($n = 1$). The amount of missing responses equaled 2.8% ($n = 17$). The results are displayed in Table 19.

Table 19

Frequencies of First Rank Order Position for Most Preferred Terminology (n = 607)

Terminology	<i>f</i>	%
Challenging	160	26.4
Problems with professional competence	125	20.6
Problematic	82	13.5
Impairment	64	10.5
Deficient	57	9.4
Unsatisfactory	56	9.2
Other	26	4.3
Inability	9	1.5
Unsuitable	6	1.0
Incompetence	4	0.7
Unfit	1	0.2
Missing	17	2.8

Note. Missing = number of participants choosing not to answer.

Responses written by participants in the Other category were gathered as a separate variable and were not connected in the database with the associated ranking assigned by the participant to his or her written-in response. The manner in which data were gathered provided no option to connect which write-in response corresponded with which participant's ranking of his or her write-in response; therefore, specific terminology for the Other category is not presented for each individual ranking and instead will be reviewed in total.

The qualitative analysis procedure reviewed in Research Question 1 was used to analyze the write-in responses for this question as well. Two main categories were identified among the themes: terminology with positive themes and terminology with negative themes. Terminology written by participants in the positive theme category included: areas for growth ($n = 9$), developmental ($n = 8$), and in need of (remediation/further support) ($n = 12$). Terminology written by participants in the negative theme category included: concerns ($n = 13$), difficult ($n =$

9), inappropriate ($n = 5$), not demonstrating professional competence ($n = 10$), and poor fit (for program/profession) ($n = 5$).

For the second rank order position of the most preferred terminology, the most frequent response was problematic, 19.3% ($n = 117$), followed by problems with professional competence, 18.3% ($n = 111$), challenging, 17.6% ($n = 107$), unsatisfactory, 13.7% ($n = 83$), deficient, 9.6% ($n = 58$), impairment, 5.8% ($n = 35$), unsuitable, 4.1% ($n = 25$), inability, 2.5% ($n = 15$), incompetence, 2% ($n = 12$), Other, 1.8% ($n = 11$), and unfit, 1.2% ($n = 7$). The amount of missing responses equaled 4.3% ($n = 26$). The findings are displayed in Table 20.

Table 20

Frequencies of Second Rank Order Position for Most Preferred Terminology ($n = 607$)

Terminology	<i>f</i>	%
Problematic	117	19.3
Problems with professional competence	111	18.3
Challenging	107	17.6
Unsatisfactory	83	13.7
Deficient	58	9.6
Impairment	35	5.8
Unsuitable	25	4.1
Inability	15	2.5
Incompetence	12	2.0
Other	11	1.8
Unfit	7	1.2
Missing	26	4.3

Note. Missing = number of participants choosing not to answer.

For the third rank order position of the most preferred terminology, the most frequent response was unsatisfactory, 19.6% ($n = 119$), followed by problematic, 15.2% ($n = 92$), deficient, 11.2% ($n = 68$), impairment, 10.2% ($n = 62$), challenging, 10% ($n = 61$), problems with professional competence, 8.4% ($n = 51$), unsuitable, 5.8% ($n = 35$), inability, 5.4% ($n = 33$),

Other, 5.4% ($n = 33$), incompetence, 1.5% ($n = 9$), and unfit, 1.5% ($n = 9$). The amount of missing responses equaled 5.8% ($n = 35$). The results are displayed in Table 21.

Table 21

Frequencies of Third Rank Order Position for Most Preferred Terminology ($n = 607$)

Terminology	<i>f</i>	%
Unsatisfactory	119	19.6
Problematic	92	15.2
Deficient	68	11.2
Impairment	62	10.2
Challenging	61	10.0
Problems with professional competence	51	8.4
Unsuitable	35	5.8
Inability	33	5.4
Other	33	5.4
Incompetence	9	1.5
Unfit	9	1.5
Missing	35	5.8

Note. Missing = number of participants choosing not to answer.

To further compare the rankings of the terminology, a total ranking score was computed as described in Research Question 1 in order to create a list of the overall top three most preferred terms. The mathematical equation described in Research Question 1 was used to compute the sum scores for each term. The sum scores were then ordered from highest to lowest, with the top three highest sum scores representing the overall top three most preferred terms (see Table 22). In the table, only the overall top three most preferred terms were ranked since participants were asked to rank three terms on the instrument.

Table 22

Frequencies of the Overall Top Ranked Most Preferred Terminology (n = 607)

Terminology	Rank 1	Rank 2	Rank 3	Sum Score	Rank
	<i>f</i>	<i>f</i>	<i>f</i>		
Challenging	160	107	61	755	1
Problems with professional competence	125	111	51	648	2
Problematic	82	117	92	572	3
Unsatisfactory	56	83	119	453	
Deficient	57	58	68	355	
Impairment	64	35	62	324	
Other	26	11	33	133	
Unsuitable	6	25	35	103	
Inability	9	15	33	90	
Incompetence	4	12	9	45	
Unfit	1	7	9	26	
Missing	17	26	35	138	

Research Question 3

According to counselor educators' and doctoral students' perceptions, which remedial interventions are effective with counseling graduate students? Data from participant responses to item 24 from Section III of the *CGSRQ* were used to rate the effectiveness of remedial interventions utilized with students. The following Likert scale was used: 1 = *never effective*, 2 = *usually not*, 3 = *sometimes*, 4 = *occasionally*, 5 = *often*, 6 = *usually*, and 7 = *always effective*, and 0 = *N/A have not used*. In order to compute means and standard deviations for each remedial intervention, the variables were recoded with the N/A responses as missing data to remove the zero from the means (see Table 23). Frequencies of the ratings for each remedial intervention are reviewed and presented with their corresponding means and standard deviations.

Table 23

Means and Standard Deviations for Remedial Interventions (n = 607)

Intervention	<i>M</i>	<i>SD</i>
Increased supervision	5.04	1.18
Referred/recommended counseling	4.94	1.15
Counseled out of program	4.72	1.53
Termination/dismissal	4.71	1.96
Repeating academic course	4.67	1.29
Repeating practicum and internship	4.66	1.36
Mandatory counseling	4.60	1.38
Tutoring	4.54	1.30
Student left field altogether	4.50	1.70
Leave of absence	4.19	1.28
Additional academic work	3.98	1.55
Counseled into another program	3.53	1.52

The highest rated remedial intervention was increased supervision ($M = 5.04$, $SD = 1.18$), which participants considered to be *often* effective as a remedial intervention. Out of 607 participants, a total of 471 (78%) used increased supervision as a remedial intervention and rated the Likert scale for effectiveness (see Table 24).

Table 24

Frequencies of Ratings for Increased Supervision (n = 607)

Rating	<i>f</i>	%
Always effective	35	5.8
Usually	160	26.4
Often	133	21.9
Occasionally	85	14.0
Sometimes	50	8.2
Usually not	8	1.3
Never effective	0	0.0
N/A Have not used	106	17.5
Missing	30	4.9

Note. Missing = number of participants choosing not to answer.

The second highest rated remedial intervention was referred or recommended to personal counseling ($M = 4.94$, $SD = 1.15$), which participants considered to be *occasionally* effective as a remedial intervention. A total of 477 (79%) participants used referred or recommended to personal counseling as a remedial intervention and rated the Likert scale for effectiveness (see Table 25).

Table 25

Frequencies of Ratings for Referred or Recommended to Personal Counseling (n = 607)

Rating	<i>f</i>	%
Always effective	20	3.3
Usually	165	27.2
Often	134	22.1
Occasionally	89	14.7
Sometimes	64	10.5
Usually not	5	0.8
Never effective	0	0.0
N/A Have not used	100	16.5
Missing	30	4.9

Note. Missing = number of participants choosing not to answer.

The third highest rated remedial intervention was counseled out of the program ($M = 4.72$, $SD = 1.53$), which participants considered to be *occasionally* effective as a remedial intervention. A total of 371 (61%) participants used counseled out of the program as a remedial intervention and rated the Likert scale for effectiveness (see Table 26).

Table 26

Frequencies of Ratings for Counseled Out of the Program (n = 607)

Rating	<i>f</i>	%
Always effective	52	8.6
Usually	86	14.2
Often	60	9.9
Occasionally	79	13.0
Sometimes	70	11.5
Usually not	21	3.5
Never effective	3	0.5
N/A Have not used	204	33.6
Missing	32	5.3

Note. Missing = number of participants choosing not to answer.

The fourth highest rated remedial intervention was termination or dismissal ($M = 4.71$, $SD = 1.96$), which participants considered to be *occasionally* effective as a remedial intervention. A total of 350 (58%) participants used termination or dismissal as a remedial intervention and rated the Likert scale for effectiveness (see Table 27).

Table 27

Frequencies of Ratings for Termination or Dismissal (n = 607)

Rating	<i>f</i>	%
Always effective	96	15.8
Usually	63	10.4
Often	23	3.8
Occasionally	53	8.7
Sometimes	58	9.6
Usually not	39	6.4
Never effective	18	3.0
N/A Have not used	221	36.4
Missing	36	5.9

Note. Missing = number of participants choosing not to answer.

The fifth highest rated remedial intervention was repeating academic course work ($M = 4.67$, $SD = 1.29$), which participants considered to be *occasionally* effective as a remedial

intervention. A total of 412 (68%) participants used repeating academic course work as a remedial intervention and rated the Likert scale for effectiveness (see Table 28).

Table 28

Frequencies of Ratings for Repeating Academic Course Work (n = 607)

Rating	<i>f</i>	%
Always effective	17	2.8
Usually	110	18.1
Often	111	18.3
Occasionally	96	15.8
Sometimes	53	8.7
Usually not	22	3.6
Never effective	3	0.5
N/A Have not used	161	26.5
Missing	34	5.6

Note. Missing = number of participants choosing not to answer.

The sixth highest rated remedial intervention was repeating practicum or internship ($M = 4.66$, $SD = 1.36$) which participants considered to be *occasionally* effective as a remedial intervention. A total of 407 (67%) participants used repeating practicum or internship as a remedial intervention and rated the Likert scale for effectiveness (see Table 29).

Table 29

Frequencies of Ratings for Repeating Practicum or Internship (n = 607)

Rating	<i>f</i>	%
Always effective	20	3.3
Usually	113	18.6
Often	103	17.0
Occasionally	85	14.0
Sometimes	54	8.9
Usually not	29	4.8
Never effective	3	0.5
N/A Have not used	168	27.7
Missing	32	5.3

Note. Missing = number of participants choosing not to answer.

The seventh highest rated remedial intervention was mandatory counseling as a condition of remaining in the program ($M = 4.60$, $SD = 1.38$), which participants considered to be *occasionally* effective as a remedial intervention. A total of 343 (57%) participants used mandatory counseling as a remedial intervention and rated the Likert scale for effectiveness (see Table 30).

Table 30

Frequencies of Ratings for Mandatory Counseling (n = 607)

Rating	<i>f</i>	%
Always effective	15	2.5
Usually	95	15.7
Often	81	13.3
Occasionally	74	12.2
Sometimes	48	7.9
Usually not	28	4.6
Never effective	2	0.3
N/A Have not used	234	38.6
Missing	30	4.9

Note. Missing = number of participants choosing not to answer.

The eighth highest rated remedial intervention was tutoring ($M = 4.54$, $SD = 1.30$), which participants considered to be *occasionally* effective as a remedial intervention. A total of 340 (56%) participants used tutoring as a remedial intervention and rated the Likert scale for effectiveness (see Table 31).

Table 31

Frequencies of Ratings for Tutoring (n = 607)

Rating	<i>f</i>	%
Always effective	7	1.2
Usually	93	15.3
Often	82	13.5
Occasionally	73	12.0
Sometimes	64	10.5

(table cont.)

Usually not	20	3.3
Never effective	1	0.2
N/A Have not used	237	39.0
Missing	30	4.9

Note. Missing = number of participants choosing not to answer.

The ninth highest rated remedial intervention was student left field altogether ($M = 4.50$, $SD = 1.70$), which participants considered to be *occasionally* effective as a remedial intervention. A total of 358 (59%) participants used student left field altogether as a remedial intervention and rated the Likert scale for effectiveness (see Table 32).

Table 32

Frequencies of Ratings for Student Left Field Altogether (n = 607)

Rating	<i>f</i>	%
Always effective	64	10.5
Usually	59	9.7
Often	37	6.1
Occasionally	75	12.4
Sometimes	89	14.7
Usually not	24	4.0
Never effective	10	1.6
N/A Have not used	213	35.1
Missing	36	5.9

Note. Missing = number of participants choosing not to answer.

The tenth highest rated remedial intervention was leave of absence ($M = 4.19$, $SD = 1.28$), which participants considered to be *occasionally* effective as a remedial intervention. A total of 373 (61%) participants used leave of absence as a remedial intervention and rated the Likert scale for effectiveness (see Table 33).

Table 33

Frequencies of Ratings for Leave of Absence (n = 607)

Rating	<i>f</i>	%
Always effective	8	1.3
Usually	63	10.4
Often	76	12.5
Occasionally	104	17.1
Sometimes	89	14.7
Usually not	32	5.3
Never effective	1	0.2
N/A Have not used	205	33.8
Missing	29	4.8

Note. Missing = number of participants choosing not to answer.

The eleventh highest rated remedial intervention was additional academic work (i.e., writing a paper or reflecting journal) ($M = 3.98$, $SD = 1.55$), which participants considered to be *sometimes* effective as a remedial intervention. A total of 366 (60%) participants used additional academic work as a remedial intervention and rated the Likert scale for effectiveness (see Table 34).

Table 34

Frequencies of Ratings for Additional Academic Work (n = 607)

Rating	<i>f</i>	%
Always effective	11	1.8
Usually	70	11.5
Often	60	9.9
Occasionally	75	12.4
Sometimes	72	11.9
Usually not	67	11.0
Never effective	11	1.8
N/A Have not used	207	34.1
Missing	34	5.6

Note. Missing = number of participants choosing not to answer.

The twelfth and lowest rated remedial intervention was counseled into another program in the same department ($M = 3.53$, $SD = 1.52$), which participants considered to be *sometimes* effective as a remedial intervention. A total of 267 (44%) participants used counseled into another program in the same department as a remedial intervention and rated the Likert scale for effectiveness (see Table 35).

Table 35

Frequencies of Ratings for Counseled into Another Program (n = 607)

Rating	<i>f</i>	%
Always effective	7	1.2
Usually	33	5.4
Often	25	4.1
Occasionally	60	9.9
Sometimes	62	10.2
Usually not	65	10.7
Never effective	15	2.5
N/A Have not used	308	50.7
Missing	32	5.3

Note. Missing = number of participants choosing not to answer.

A write-in response was provided for participants to include other remedial interventions which were not included in the list of 12 interventions in the *CGSRQ*. The qualitative analysis reviewed in Research Question 1 was used to analyze the write-in responses for this question as well. Themes within the write-in responses included: increased/additional supervision strategies ($n = 12$), items on *CGSRQ* not considered remedial interventions (i.e., termination/dismissal) ($n = 11$), develop specific remediation plan ($n = 9$), additional clinical work or training ($n = 4$), counsel student regarding career choice ($n = 2$), and require multicultural experience ($n = 2$).

Research Question 4

Are there differences between counselor educators' and doctoral students' perceptions of the behavioral indicators which *need* remediation with counseling graduate students? A

multivariate analysis of variance (MANOVA) was used to determine if significant differences exist between counselor educators' and doctoral students' perceptions of the behavioral indicators which need remediation with counseling graduate students. Data from participant responses from Section I, item 4, indicating academic status, and Section III, items 13 and 14, rating the behavior indicators, were used. The following Likert scale was used to rate the behavioral indicators according to which need remediation most often with students: 1 = *never*, 2 = *very rarely*, 3 = *rarely*, 4 = *occasionally*, 5 = *frequently*, 6 = *very frequently*, and 7 = *always*.

The assumption of homogeneity of variance and covariance was not met according to Box's test ($p < .001$), which necessitated the use of Pillai's trace as the multivariate statistic (Leech, Barrett, & Morgan, 2008). The results of the MANOVA revealed significant differences among counselor educators and doctoral students on the behavioral indicator variables, Pillai's $V = .186$, $F(35, 541) = 3.52$, $p < .001$, $\eta^2 = .186$, with a large effect size according to Cohen (1988 as cited in Leech et al., 2008). Follow-up analysis of variance (ANOVA) was conducted for each dependent variable. Out of the 35 behavioral indicators, significant differences were found between counselor educators and doctoral students for 14 of the behavioral indicators: basic counseling skills, $F(1, 575) = 4.16$, $p = .042$, $\eta^2 = .007$; multicultural competence, $F(1, 575) = 17.24$, $p < .001$, $\eta^2 = .029$; academic performance, $F(1, 575) = 15.24$, $p < .001$, $\eta^2 = .026$; ability to deal with conflict, $F(1, 575) = 6.24$, $p = .013$, $\eta^2 = .011$; boundaries with clients, supervisors, and/or colleagues, $F(1, 575) = 11.64$, $p = .001$, $\eta^2 = .020$; confidentiality, $F(1, 575) = 22.53$, $p < .001$, $\eta^2 = .038$; representation of credentials, $F(1, 575) = 10.15$, $p = .002$, $\eta^2 = .017$; consultation with other professionals, $F(1, 575) = 13.06$, $p < .001$, $\eta^2 = .022$; documentation and paperwork compliance, $F(1, 575) = 11.10$, $p = .001$, $\eta^2 = .019$; substance abuse, $F(1, 575) = 17.20$, $p < .001$, $\eta^2 = .029$; symptoms of depression, $F(1, 575) = 5.75$, $p = .017$, $\eta^2 = .010$; symptoms of another

mental health disorder, $F(1, 575) = 5.87, p = .016, \eta^2 = .010$; partner relationship concerns, $F(1, 575) = 13.83, p < .001, \eta^2 = .023$; and financial concerns, $F(1, 575) = 5.07, p = .025, \eta^2 = .009$.

The remaining 21 behavioral indicators were not significant. The results of the post hoc ANOVAs are displayed in Table 36.

Table 36

ANOVAs of the Behavioral Indicators Which Need Remediation among Counselor Educators and Doctoral Students (n = 577)

Behavioral Indicator	<i>F</i>	<i>p</i>	η^2
Basic counseling skills	4.16	.042	.007
Advanced counseling skills	3.46	.063	.006
Multicultural competence	17.24	<.001	.029
Academic honesty	1.42	.235	.002
Academic performance	15.24	<.001	.026
Receptivity to feedback	0.00	.952	.000
Integrating feedback	0.08	.783	.000
Ability to deal with conflict	6.24	.013	.011
Ethical behavior	0.92	.337	.002
Boundaries with clients, supervisors, and/or colleagues	11.64	.001	.020
Confidentiality	22.53	<.001	.038
Representation of credentials	10.15	.002	.017
Professional responsibility	0.57	.449	.001
Procedural compliance	1.67	.197	.003
Consultation with other professionals	13.06	<.001	.022
Documentation and paperwork compliance	11.10	.001	.019
Maturity	3.03	.082	.005
Integrity	0.38	.537	.001
Flexibility	0.23	.635	.000
Cooperativeness	0.01	.905	.000
Interpersonal skills	0.54	.462	.001
Ability to express feelings	1.13	.289	.002
Awareness of own impact on others	0.05	.832	.000
Acceptance of personal responsibility	0.15	.700	.000
Expression of empathy	3.48	.063	.006
Openness to self-examination	0.02	.893	.000
Capacity to handle stress	3.00	.084	.005
Substance abuse	17.20	<.001	.029
Symptoms of a personality disorder	1.03	.311	.002
Symptoms of anxiety	2.72	.100	.005
Symptoms of depression	5.75	.017	.010
Symptoms of another mental health disorder	5.87	.016	.010
Partner relationship concerns	13.83	<.001	.023
Financial concerns	5.07	.025	.009

(table cont.)

Physical illness	1.68	.195	.003
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Note. Variables in bold type are significant. The *n* does not sum to 607 due to 30 participants in the Other category for professional position which were not within the doctoral or faculty groups.

Thirteen of the 14 behavioral indicator means were significantly higher for doctoral students than counselor educators. For the behavioral indicator of basic counseling skills, the mean for doctoral students ($M = 4.36$, $SD = 1.20$) was significantly higher than counselor educators ($M = 4.13$, $SD = 1.18$), indicating that doctoral students perceived basic counseling skills as needing remediation more often than counselor educators. For multicultural competence, the mean for doctoral students ($M = 4.44$, $SD = 1.18$) was significantly higher than counselor educators ($M = 3.99$, $SD = 1.12$), indicating that doctoral students perceived multicultural competence as needing remediation more often than counselor educators. For academic performance, the mean for doctoral students ($M = 3.70$, $SD = 1.27$) was significantly lower than counselor educators ($M = 4.17$, $SD = 1.29$), indicating that doctoral students perceived academic performance as needing remediation less often than counselor educators. For ability to deal with conflict, the mean for doctoral students ($M = 4.45$, $SD = 1.13$) was significantly higher than counselor educators ($M = 4.17$, $SD = 1.22$), indicating that doctoral students perceived ability to deal with conflict as needing remediation more often than counselor educators. For boundaries with clients, supervisors, and/or colleagues, the mean for doctoral students ($M = 4.66$, $SD = 1.25$) was significantly higher than counselor educators ($M = 4.25$, $SD = 1.27$), indicating that doctoral students perceived boundaries as needing remediation more often than counselor educators. For confidentiality, the mean for doctoral students ($M = 4.11$, $SD = 1.43$) was significantly higher than counselor educators ($M = 3.51$, $SD = 1.30$), indicating that doctoral students perceived confidentiality as needing remediation more often than

counselor educators. For representation of credentials, the mean for doctoral students ($M = 3.17$, $SD = 1.37$) was significantly higher than counselor educators ($M = 2.77$, $SD = 1.29$), indicating that doctoral students perceived representation of credentials as needing remediation more often than counselor educators. For consultation with other professionals, the mean for doctoral students ($M = 3.58$, $SD = 1.32$) was significantly higher than counselor educators ($M = 3.14$, $SD = 1.30$), indicating that doctoral students perceived consultation as needing remediation more often than counselor educators. For documentation and paperwork compliance, the mean for doctoral students ($M = 4.05$, $SD = 1.27$) was significantly higher than counselor educators ($M = 3.65$, $SD = 1.30$), indicating that doctoral students perceived documentation and paperwork compliance as needing remediation more often than counselor educators. For substance abuse, the mean for doctoral students ($M = 3.50$, $SD = 1.47$) was significantly higher than counselor educators ($M = 2.99$, $SD = 1.25$), indicating that doctoral students perceived substance abuse as needing remediation more often than counselor educators. For symptoms of depression, the mean for doctoral students ($M = 3.85$, $SD = 1.24$) was significantly higher than counselor educators ($M = 3.60$, $SD = 1.09$), indicating that doctoral students perceived symptoms of depression as needing remediation more often than counselor educators. For symptoms of another mental health disorder, the mean for doctoral students ($M = 3.52$, $SD = 1.30$) was significantly higher than counselor educators ($M = 3.25$, $SD = 1.17$), indicating that doctoral students perceived symptoms of another mental health disorder as needing remediation more often than counselor educators. For partner relationship concerns, the mean for doctoral students ($M = 3.42$, $SD = 1.23$) was significantly higher than counselor educators ($M = 3.00$, $SD = 1.17$), indicating that doctoral students perceived partner relationship concerns as needing remediation more often than counselor educators. For financial concerns, the mean for doctoral students (M

= 3.28, $SD = 1.34$) was significantly higher than counselor educators ($M = 3.02$, $SD = 1.18$), indicating that doctoral students perceived financial concerns as needing remediation more often than counselor educators. The means and standard deviations are displayed in Table 37.

Table 37

Means and Standard Deviations of the Behavioral Indicators Which Need Remediation among Counselor Educators and Doctoral Students ($n = 577$)

Behavioral Indicator	Group	M	SD
Basic counseling skills	Faculty	4.13	1.18
	Doctoral	4.36	1.20
Multicultural competence	Faculty	3.99	1.12
	Doctoral	4.44	1.18
Academic performance	Faculty	4.17	1.29
	Doctoral	3.70	1.27
Ability to deal with conflict	Faculty	4.17	1.22
	Doctoral	4.45	1.13
Boundaries	Faculty	4.25	1.27
	Doctoral	4.66	1.25
Confidentiality	Faculty	3.51	1.30
	Doctoral	4.11	1.43
Representation of credentials	Faculty	2.77	1.29
	Doctoral	3.17	1.37
Consultation	Faculty	3.14	1.30
	Doctoral	3.58	1.32
Documentation and paperwork compliance	Faculty	3.65	1.30
	Doctoral	4.05	1.27
Substance abuse	Faculty	2.99	1.25
	Doctoral	3.50	1.47
Symptoms of depression	Faculty	3.60	1.09
	Doctoral	3.85	1.24
Symptoms of another mental health disorder	Faculty	3.25	1.71
	Doctoral	3.52	1.30
Partner relationship concerns	Faculty	3.00	1.17
	Doctoral	3.42	1.23
Financial concerns	Faculty	3.02	1.18
	Doctoral	3.28	1.34

Note. Faculty $n = 426$, Doctoral $n = 151$. The n does not sum to 607 due to 30 participants in the Other category for professional position and not within the doctoral or faculty groups.

Research Question 5

Are there differences between professional academic status (administrative faculty vs. non-administrative faculty) and their perceptions of behavioral indicators which need remediation with counseling graduate students? A MANOVA was used to determine if significant differences exist between administrative faculty and non-administrative faculty's perceptions of the behavioral indicators which need remediation with counseling graduate students. Responses to Section I, item 4 were divided into two groups: the administrative faculty group consisted of participants who designated practicum/internship faculty coordinator, program coordinator, or department chair; the non-administrative faculty group consisted of participants who designated tenured faculty member, non-tenured faculty member, non-tenure track faculty member, or adjunct faculty member. The two groups were examined with participant responses to Section III, items 13 and 14, rating the behavioral indicators.

The assumption of homogeneity of variance and covariance was not met according to Box's test ($p < .001$), which necessitated the use of Pillai's trace as the multivariate statistic (Leech et al., 2008). The results of the MANOVA revealed significant differences among administrative faculty and non-administrative faculty on the behavioral indicator variables, Pillai's $V = .143$, $F(35, 390) = 1.86$, $p = .003$, $\eta^2 = .143$, with a large effect size according to Cohen (1988 as cited in Leech et al., 2008). Follow-up ANOVAs were conducted for each dependent variable. Of the 35 behavioral indicators, significant differences were found between administrative faculty and non-administrative faculty for three of the behavioral indicators: advanced counseling skills, $F(1, 424) = 5.86$, $p = .016$, $\eta^2 = .014$; ability to deal with conflict, $F(1, 424) = 4.70$, $p = .031$, $\eta^2 = .011$; and representation of credentials, $F(1, 424) = 4.24$, $p =$

.040, $\eta^2 = .010$. The remaining 32 behavioral indicators were not significant. The results of the post hoc ANOVAs are displayed in Table 38.

Table 38

ANOVAs of the Behavioral Indicators Which Need Remediation among Administrative and Non-administrative Faculty (n = 426)

Behavioral Indicator	<i>F</i>	<i>p</i>	η^2
Basic counseling skills	1.10	.295	.003
Advanced counseling skills	5.86	.016	.014
Multicultural competence	2.77	.097	.006
Academic honesty	0.13	.723	0
Academic performance	0.61	.435	.001
Receptivity to feedback	0.00	.985	0
Integrating feedback	1.06	.305	.002
Ability to deal with conflict	4.70	.031	.011
Ethical behavior	2.21	.138	.005
Boundaries with clients, supervisors, and/or colleagues	0.77	.382	.002
Confidentiality	1.61	.206	.004
Representation of credentials	4.24	.040	.010
Professional responsibility	1.07	.302	.003
Procedural compliance	0.01	.938	0
Consultation with other professionals	1.11	.293	.003
Documentation and paperwork compliance	0.00	.972	0
Maturity	0.06	.804	0
Integrity	0.08	.785	0
Flexibility	0.18	.673	0
Cooperativeness	1.04	.309	.002
Interpersonal skills	0.32	.573	.001
Ability to express feelings	1.39	.239	.003
Awareness of own impact on others	0.03	.863	0
Acceptance of personal responsibility	0.06	.808	0
Expression of empathy	0.27	.603	.001
Openness to self-examination	0.45	.502	.001
Capacity to handle stress	1.33	.249	.003
Substance abuse	0.45	.502	.001
Symptoms of a personality disorder	0.00	.963	0
Symptoms of anxiety	1.25	.264	.003
Symptoms of depression	0.07	.797	0
Symptoms of another mental health disorder	0.98	.322	.002
Partner relationship concerns	0.06	.803	0
Financial concerns	1.03	.312	.002
Physical illness	2.23	.136	.005

Note. Variables in bold type are significant.

All three of the behavioral indicator means were significantly higher for non-administrative faculty than administrative faculty. For advanced counseling skills, the mean for non-administrative faculty ($M = 4.37$, $SD = 1.25$) was significantly higher than administrative faculty ($M = 4.08$, $SD = 1.23$), indicating that non-administrative faculty perceived advanced counseling skills as needing remediation more often than administrative faculty. For ability to deal with conflict, the mean for non-administrative faculty ($M = 4.29$, $SD = 1.23$) was significantly higher than administrative faculty ($M = 4.03$, $SD = 1.21$), indicating that non-administrative faculty perceived the ability to deal with conflict as needing remediation more often than administrative faculty. For representation of credentials, the mean for non-administrative faculty ($M = 2.89$, $SD = 1.29$) was significantly higher than administrative faculty ($M = 2.63$, $SD = 1.28$), indicating that non-administrative faculty perceived the representation of credentials as needing remediation more often than administrative faculty (see Table 39).

Table 39

Means and Standard Deviations of the Behavioral Indicators Which Need Remediation among Administrative and Non-administrative Faculty ($n = 426$)

Behavioral Indicator	Group	M	SD
Advanced counseling skills	Administrative	4.08	1.23
	Non-administrative	4.37	1.25
Ability to deal with conflict	Administrative	4.03	1.21
	Non-administrative	4.29	1.23
Representation of credentials	Administrative	2.63	1.28
	Non-administrative	2.89	1.29

Note. Administrative $n = 199$, Non-administrative $n = 227$.

Research Question 6

To what extent do counselor educators and doctoral students perceive that counseling graduate students *can* be remediated on the behavioral indicators? A MANOVA was used to

determine if significant differences existed between the extent to which counselor educators and doctoral students perceive that counseling graduate students can be remediated on the behavioral indicators. Data from participant responses from Section I, item 4, indicating academic status and Section III, items 16 and 17, rating the behavioral indicators, were used.

The assumption of homogeneity of variance and covariance was violated according to Box's test ($p < .001$), which necessitated the use of Pillai's trace as the multivariate statistic (Leech et al., 2008). The results of the MANOVA revealed significant differences among counselor educators and doctoral students on the behavioral indicator variables, Pillai's $V = .130$, $F(35, 530) = 2.64$, $p < .001$, $\eta^2 = .130$, with a large effect size according to Cohen (1988 as cited in Leech et al., 2008). Follow-up ANOVAs were conducted for each dependent variable. Out of 35 of the behavioral indicators, significant differences were found between counselor educators and doctoral students for 15 of the behavioral indicators: academic honesty, $F(1, 564) = 5.15$, $p = .024$, $\eta^2 = .009$; academic performance, $F(1, 564) = 18.59$, $p < .001$, $\eta^2 = .032$; receptivity to feedback, $F(1, 564) = 7.34$, $p = .007$, $\eta^2 = .013$; integrating feedback, $F(1, 564) = 13.29$, $p < .001$, $\eta^2 = .023$; ability to deal with conflict, $F(1, 564) = 8.34$, $p = .004$, $\eta^2 = .015$; boundaries with clients, supervisors, and/or colleagues, $F(1, 564) = 10.67$, $p = .001$, $\eta^2 = .019$; professional responsibility, $F(1, 564) = 4.74$, $p = .030$, $\eta^2 = .008$; maturity, $F(1, 564) = 7.21$, $p = .007$, $\eta^2 = .013$; flexibility, $F(1, 564) = 8.78$, $p = .003$, $\eta^2 = .015$; awareness of impact on others, $F(1, 564) = 4.50$, $p = .034$, $\eta^2 = .008$; acceptance of personal responsibility, $F(1, 564) = 5.67$, $p = .018$, $\eta^2 = .010$; symptoms of a personality disorder, $F(1, 564) = 4.57$, $p = .033$, $\eta^2 = .008$; symptoms of anxiety, $F(1, 564) = 8.53$, $p = .004$, $\eta^2 = .015$; symptoms of depression, $F(1, 564) = 7.12$, $p = .008$, $\eta^2 = .012$; and symptoms of another mental health disorder, $F(1, 564) = 4.87$, $p = .028$, $\eta^2 =$

.009. The remaining 20 behavioral indicators were not significant. The results of the post hoc ANOVAs are displayed in Table 40.

Table 40

ANOVAs of the Behavioral Indicators Which Can Be Remediated among Counselor Educators and Doctoral Students (n = 566)

Behavioral Indicator	<i>F</i>	<i>p</i>	η^2
Basic counseling skills	0.37	.544	.001
Advanced counseling skills	0.81	.369	.001
Multicultural competence	2.78	.096	.005
Academic honesty	5.15	.024	.009
Academic performance	18.59	<.001	.032
Receptivity to feedback	7.34	.007	.013
Integrating feedback	13.29	<.001	.023
Ability to deal with conflict	8.34	.004	.015
Ethical behavior	3.32	.069	.006
Boundaries with clients, supervisors, and/or colleagues	10.67	.001	.019
Confidentiality	1.12	.290	.002
Representation of credentials	1.31	.252	.002
Professional responsibility	4.74	.030	.008
Procedural compliance	0.65	.419	.001
Consultation with other professionals	1.44	.230	.003
Documentation and paperwork compliance	1.37	.242	.002
Maturity	7.21	.007	.013
Integrity	0.59	.445	.001
Flexibility	8.77	.003	.015
Cooperativeness	2.35	.126	.004
Interpersonal skills	0.00	.974	.000
Ability to express feelings	0.00	.966	.000
Awareness of own impact on others	4.50	.034	.008
Acceptance of personal responsibility	5.66	.018	.010
Expression of empathy	1.01	.317	.002
Openness to self-examination	2.68	.102	.005
Capacity to handle stress	2.87	.091	.005
Substance abuse	0.42	.515	.001
Symptoms of a personality disorder	4.57	.033	.008
Symptoms of anxiety	8.53	.004	.015
Symptoms of depression	7.12	.008	.012
Symptoms of another mental health disorder	4.87	.028	.009
Partner relationship concerns	0.03	.861	.000
Financial concerns	2.19	.140	.004
Physical illness	1.19	.277	.002

Note. Variables in bold type are significant.

All 15 of the behavioral indicator means were significantly higher for doctoral students than counselor educators. For academic honesty, the mean for doctoral students ($M = 5.31, SD = 1.32$) was significantly higher than counselor educators ($M = 5.02, SD = 1.29$), indicating that doctoral students thought academic honesty can be remediated more than counselor educators. For academic performance, the mean for doctoral students ($M = 5.70, SD = 0.97$) was significantly higher than counselor educators ($M = 5.25, SD = 1.23$), indicating that doctoral students thought academic performance can be remediated more than counselor educators. For receptivity to feedback, the mean for doctoral students ($M = 5.24, SD = 0.98$) was significantly higher than counselor educators ($M = 4.99, SD = 0.96$), indicating that doctoral students thought receptivity to feedback can be remediated more than counselor educators. For integrating feedback, the mean for doctoral students ($M = 5.38, SD = 1.00$) was significantly higher than counselor educators ($M = 5.03, SD = 0.98$), indicating that doctoral students thought integrating feedback can be remediated more than counselor educators. For ability to deal with conflict, the mean for doctoral students ($M = 5.36, SD = 1.01$) was significantly higher than counselor educators ($M = 5.09, SD = 0.97$), indicating that doctoral students thought the ability to deal with conflict can be remediated more than counselor educators. For boundaries with clients, supervisors, and/or colleagues, the mean for doctoral students ($M = 5.46, SD = 1.03$) was significantly higher than counselor educators ($M = 5.12, SD = 1.07$), indicating that doctoral students thought boundaries can be remediated more than counselor educators. For professional responsibility, the mean for doctoral students ($M = 5.62, SD = 1.03$) was significantly higher than counselor educators ($M = 5.40, SD = 1.04$), indicating that doctoral students thought professional responsibility can be remediated more than counselor educators. For maturity, the mean for doctoral students ($M = 4.53, SD = 1.36$) was significantly higher than counselor educators ($M =$

4.21, $SD = 1.23$), indicating that doctoral students thought maturity can be remediated more than counselor educators. For flexibility, the mean for doctoral students ($M = 4.76$, $SD = 1.01$) was significantly higher than counselor educators ($M = 4.48$, $SD = 1.01$), indicating that doctoral students thought flexibility can be remediated more than counselor educators. For awareness of impact on others, the mean for doctoral students ($M = 5.12$, $SD = 1.00$) was significantly higher than counselor educators ($M = 4.92$, $SD = 1.02$), indicating that doctoral students thought awareness of impact on others can be remediated more than counselor educators. For acceptance of personal responsibility, the mean for doctoral students ($M = 5.01$, $SD = 0.97$) was significantly higher than counselor educators ($M = 4.77$, $SD = 1.07$), indicating that doctoral students thought acceptance of personal responsibility can be remediated more than counselor educators. For symptoms of a personality disorder, the mean for doctoral students ($M = 3.63$, $SD = 1.44$) was significantly higher than counselor educators ($M = 3.36$, $SD = 1.27$), indicating that doctoral students thought symptoms of a personality disorder can be remediated more than counselor educators. For symptoms of anxiety, the mean for doctoral students ($M = 5.00$, $SD = 1.16$) was significantly higher than counselor educators ($M = 4.68$, $SD = 1.12$), indicating that doctoral students thought symptoms of anxiety can be remediated more than counselor educators. For symptoms of depression, the mean for doctoral students ($M = 4.90$, $SD = 1.21$) was significantly higher than counselor educators ($M = 4.60$, $SD = 1.15$), indicating that doctoral students thought symptoms of depression can be remediated more than counselor educators. For symptoms of another mental health disorder, the mean for doctoral students ($M = 4.44$, $SD = 1.27$) was significantly higher than counselor educators ($M = 4.19$, $SD = 1.16$), indicating that doctoral students thought symptoms of another mental health disorder can be remediated more than counselor educators (see Table 41).

Table 41

Means and Standard Deviations of the Behavioral Indicators Which Can Be Remediated among Counselor Educators and Doctoral Students (n = 577)

Behavioral Indicator	Group	<i>M</i>	<i>SD</i>
Academic honesty	Faculty	5.02	1.29
	Doctoral	5.31	1.32
Academic performance	Faculty	5.25	1.13
	Doctoral	5.70	0.97
Receptivity to feedback	Faculty	4.99	0.96
	Doctoral	5.24	0.98
Integrating feedback	Faculty	5.03	0.98
	Doctoral	5.38	1.00
Ability to deal with conflict	Faculty	5.09	0.98
	Doctoral	5.36	1.01
Boundaries	Faculty	5.12	1.07
	Doctoral	5.46	1.03
Professional responsibility	Faculty	5.40	1.04
	Doctoral	5.62	1.03
Maturity	Faculty	4.21	1.23
	Doctoral	4.53	1.36
Flexibility	Faculty	4.48	1.01
	Doctoral	4.76	1.01
Awareness of impact on others	Faculty	4.92	1.02
	Doctoral	5.12	1.00
Acceptance of personal responsibility	Faculty	4.77	1.07
	Doctoral	5.01	0.97
Symptoms of a personality disorder	Faculty	3.36	1.27
	Doctoral	3.63	1.44
Symptoms of anxiety	Faculty	4.68	1.12
	Doctoral	5.00	1.16
Symptoms of depression	Faculty	4.60	1.15
	Doctoral	4.90	1.21
Symptoms of another mental health disorder	Faculty	4.19	1.16
	Doctoral	4.44	1.27

Note. Faculty *n* = 422, Doctoral *n* = 144.

Research Question 7

Are there differences in professional academic status and perceptions of the terminology associated with counseling graduate student remediation? A Pearson chi-square statistic was used to determine if significant differences exist between professional academic status and perceptions of the terminology associated with counseling graduate student remediation. Data

from participant responses to item 4 from Section I, indicating academic status, and items 18 and 20 from Section III, rank ordering the terminology, were used. For the variable of professional academic status, the professional academic status variable reviewed in Research Question 4 was used, which distinguished counselor educators between administrative and non-administrative faculty. Data for each rank order position are reviewed.

The results of the Pearson chi-square indicated that administrative faculty and non-administrative faculty were significantly different on how they rank ordered the most preferred terminology for the first rank order position ($\chi^2 = 24.83$, $df = 10$, $n = 419$, $p = .006$). In order to determine which variables contributed to the significance of χ^2 , the residuals were examined for scores greater than two (Pett, 1997). Examination of the residuals indicated no variable with a residual greater than two, which implies that no one variable alone contributed to the significance of χ^2 . Phi, which indicates the effect size, was .243, which is considered to be small to medium according to Cohen (1988 as cited in Leech et al., 2008). The results of the Pearson chi-square analysis are displayed in Table 42.

Table 42

Chi-square Analysis of First Rank Order for Most Preferred Terminology among Administrative and Non-Administrative Faculty (n = 419)

Variable	n	Admin. faculty	Non-admin. faculty	χ^2	p
Impairment	43	13	30	24.83	.006
Inability	7	6	1		
Problematic	68	38	30		
Problems with professional competence	90	35	55		
Incompetence	1	0	1		
Unfit	1	1	0		
Challenging	94	36	58		
Unsuitable	5	4	1		
Unsatisfactory	46	26	20		
Deficient	41	22	19		
Other	23	14	9		
Totals	419	195	224		

For the second rank order of preferred terminology, the results of the Pearson chi-square indicated that administrative faculty and non-administrative faculty were not significantly different on how they rank ordered the terminology ($\chi^2 = 10.46$, $df = 10$, $n = 411$, $p = .401$). For the third rank order of preferred terminology, the results of the Pearson chi-square indicated that administrative faculty and non-administrative faculty were not significantly different on how they rank ordered the terminology ($\chi^2 = 5.31$, $df = 10$, $n = 404$, $p = .870$).

Participants also rank ordered the terminology from 1 to 3 in terms of which terminology was least preferred. For the first rank order position of least preferred terminology, the results of the Pearson chi-square indicated that administrative faculty and non-administrative faculty were not significantly different on how they rank ordered the terminology ($\chi^2 = 12.76$, $df = 10$, $n = 415$, $p = .237$). For the second rank order position of least preferred terminology, the results of the Pearson chi-square indicated that administrative faculty and non-administrative faculty were not significantly different on how they rank ordered the terminology ($\chi^2 = 5.11$, $df = 9$, $n = 412$, $p = .825$). For the third rank order position of least preferred terminology, the results of the Pearson chi-square indicated that administrative faculty and non-administrative faculty were not significantly different on how they rank ordered the terminology ($\chi^2 = 10.85$, $df = 10$, $n = 400$, $p = .369$).

Research Question 8

Are there differences in counselor educators' and doctoral students' perceptions of what stage in the program remedial behaviors initially surface with counseling graduate students? A Pearson chi-square statistic was used to determine if significant differences exist between counselor educators' and doctoral students' perceptions of when remedial behaviors originally

surface with counseling graduate students. Data from participant responses to item 4 from Section I, indicating academic status, and item 22 from Section III, indicating when remedial behaviors surface, were used.

The results of the Pearson chi-square statistic indicated that no significant differences were present between counselor educators' and doctoral students' perceptions of when remedial behaviors initially surface with counseling graduate students ($\chi^2 = 8.30$, $df = 6$, $n = 554$, $p = .217$). The results are displayed in Table 43.

Table 43

Chi-square Analysis of When Behaviors Initially Surface among Counselor Educators and Doctoral Students (n = 554)

When Behaviors Surface	<i>n</i>	Faculty	Students	χ^2	<i>p</i>
Admissions	62	45	17	8.30	.217
Entry-level didactic course work	110	89	21		
Entry-level skills/techniques course work	295	220	75		
Advanced course work	11	7	4		
Practicum	57	37	20		
Internship	2	1	1		
Other	17	15	2		
Total	554	414	140		

Research Question 9

What underlying structural factors exist with the behavioral indicators? A principal components factor analysis with varimax rotation was conducted for items 16 and 17, Section III, to determine if underlying structural factors existed with the behavioral indicators. Items 16 and 17, which rated the behavioral indicators on the Likert scale of which *can* be remediated, were chosen over the originally stipulated items, 13 and 14, which rated the behavioral indicators on the Likert scale of what *needs* remediation. Since part of the purpose of this factor analysis was to distinguish which behavioral indicators are associated with remediation rather than student

dismissals and impairment, it was determined that the *can* Likert directly addressed the concept of remediation and corresponded more closely with the purpose of the factor analysis.

Kaiser-Meyer-Olkin (KMO) measure of sample adequacy and Bartlett's Test of Sphericity were examined to determine if the matrix was appropriate for a factor analysis; KMO was high (.95) and Bartlett's Test was significant ($p < .001$), indicating it was appropriate to proceed with a factor analysis. The principal component method of extraction with a varimax rotation was selected as the factor analysis, which reduces the number of observed variables into a smaller number of related factors (Mertler & Vannatta, 2005). The Scree test indicated that five factors were present within the 35 behavioral indicators. The examination of eigenvalues also indicated the presence of five factors, with each of the five factors holding eigenvalues greater than one. The five factors accounted for a combined total of 69.19% of the variance. The threshold for inclusion in a factor was set at a loading of .50 or greater. Variables with multiple loadings greater than .50 were assigned to the factor with the highest loading (Mertler & Vannatta, 2005). One variable, academic performance, did not load into any of the five factors.

Factor I, Personal Competencies, accounted for 22.10% of the variance with a grouping of 13 behavioral indicators related to personal and interpersonal characteristics necessary to navigate the roles of a counselor. Loadings ranged from .53 to .80 (see Table 44). The behavioral indicators included in Factor I were: receptivity to feedback, integrating feedback, ability to deal with conflict, maturity, flexibility, cooperativeness, interpersonal skills, ability to express feelings, awareness of impact on others, acceptance of personal responsibility, expression of empathy, openness to self-examination, and capacity to handle stress.

Factor II, Professionalism, accounted for 16.58% of the variance with a grouping of seven behavioral indicators related to professional behavior and professional identify associated

with the roles of a counselor. Loadings ranged from .52 to .83 (see Table 44). The behavioral indicators included in Factor II were: boundaries with clients, supervisors, and/or colleagues; confidentiality; representation of credentials; professional responsibility; procedural compliance; consultation with other professionals; and documentation and paperwork compliance.

Factor III, Personal Challenges, accounted for 14.96% of the variance with a grouping of eight behavioral indicators related to life challenges and diagnoses of mental illnesses which can possibly interfere with the roles of a counselor. Loadings ranged from .56 to .78 (see Table 44). The behavioral indicators included in Factor III were: substance abuse, symptoms of a personality disorder, symptoms of anxiety, symptoms of depression, symptoms of another mental health disorder, partner relationship concerns, financial concerns, and physical illness.

Factor IV, Honesty, accounted for 8.4% of the variance with a grouping of three behavioral indicators related to veracity and ethical expectations associated with the roles of a counselor. Loadings ranged from .55 to .63 (see Table 44). The behavioral indicators included in Factor IV were: academic honesty, ethical behavior, and integrity.

Factor V, Clinical Competencies, accounted for 7.15% of the variance with a grouping of three behavioral indicators related to skills and techniques associated with the therapeutic helping relationship that counselors must master. Loadings ranged from .57 to .80 (see Table 44). The behavioral indicators included in Factor V were: basic counseling skills, advanced counseling skills, and multicultural competence.

Table 44

Principal Components Factor Analysis of Behavioral Indicators (n = 596)

Behavioral Indicator	Factor I	Factor II	Factor III	Factor IV	Factor V	h ²
Basic counseling skills	.18	.39	.06	.06	.74	.73
Advanced counseling skills	.22	.28	.09	.08	.80	.78
Multicultural competence	.30	.43	.05	.10	.57	.60
Academic honesty	.23	.41	.08	.63	.15	.64
Academic performance	.31	.42	.12	.30	.34	.49
Receptivity to feedback	.57	.35	.01	.35	.32	.67
Integrating feedback	.61	.34	.07	.30	.32	.68
Ability to deal with conflict	.54	.44	.18	.25	.22	.63
Ethical behavior	.33	.50	.14	.60	.06	.73
Boundaries with clients, supervisors, and/or colleagues	.33	.52	.18	.51	.15	.68
Confidentiality	.26	.71	.13	.36	.12	.73
Representation of credentials	.14	.72	.17	.30	.13	.66
Professional responsibility	.40	.68	.17	.22	.12	.72
Procedural compliance	.19	.83	.19	.04	.23	.82
Consultation with other professionals	.27	.79	.18	-.02	.23	.78
Documentation and paperwork compliance	.19	.81	.17	.02	.30	.81
Maturity	.53	.14	.29	.28	.04	.46
Integrity	.51	.14	.20	.55	-.02	.62
Flexibility	.71	.13	.18	.34	.01	.68
Cooperativeness	.73	.22	.20	.29	.03	.70
Interpersonal skills	.75	.17	.22	.09	.14	.66
Ability to express feelings	.80	.14	.24	.01	.18	.75
Awareness of own impact on others	.79	.22	.25	.05	.19	.77
Acceptance of personal responsibility	.75	.24	.28	.17	.11	.74
Expression of empathy	.72	.21	.24	.09	.19	.66
Openness to self-examination	.76	.22	.23	.11	.14	.71
Capacity to handle stress	.57	.35	.46	.03	.09	.67
Substance abuse	.17	.16	.66	.41	.14	.67
Symptoms of a personality disorder	.25	-.09	.56	.48	.09	.62
Symptoms of anxiety	.26	.15	.75	.23	.22	.75
Symptoms of depression	.26	.16	.78	.25	.21	.81
Symptoms of another mental health disorder	.16	.05	.78	.33	.18	.77
Partner relationship concerns	.30	.19	.77	-.05	-.01	.73
Financial concerns	.26	.19	.76	-.11	-.09	.71
Physical illness	.14	.18	.70	-.11	-.13	.58
% of variance	22.10	16.58	14.96	8.40	7.15	

Note. Threshold for inclusion in a factor was set at .50 or greater indicated in boldface.

Summary

The results of the research questions and the corresponding analyses were presented in this chapter. A total of 607 responses to the *CSGRQ* were completed by ACES members. Data analysis for the first three research questions examined frequencies of participant responses. Research Question 1 examined which behavioral indicators counselor educators and doctoral students considered in need of remediation most often. Frequencies for the rank order positions were calculated, which indicated the top overall five behavioral indicators in need of remediation as the following: receptivity to feedback; basic counseling skills; boundaries with clients, supervisors, and/or colleagues; openness to self-examination; and advanced counseling skills. For Research Question 2, frequencies of the rankings for the most preferred terminology were calculated to determine which terminology counselor educators and doctoral students most prefer to use when discussing students in remediation. The top overall three ranked most preferred were the following: challenging, problems with professional competence, and problematic. In Research Question 3, means and standard deviations were analyzed to determine which remedial interventions counselor educators and doctoral students consider to be most effective. Participants perceived that increased supervision was *often* effective as a remedial intervention and that referring or recommending to personal counseling was *occasionally* effective.

Data analysis for Research Questions 4, 5, and 6 examined group differences by conducting MANOVAs. For Research Question 4, the MANOVA indicated significant differences for 14 of the 35 behavioral indicators between counselor educators' and doctoral students' perceptions of what *needs* remediation with counseling graduate students. Eight of the nine significant behavioral indicator means were higher for doctoral students than counselor educators, suggesting that doctoral students perceived those behavioral indicators as needing

remediation more often than counselor educators. For Research Question 5, the MANOVA indicated significant differences for 3 of the 35 behavioral indicators between administrative and non-administrative faculty's perceptions of what *needs* remediation with counseling graduate students. The three behavioral indicator means were significantly higher for non-administrative faculty than administrative faculty, suggesting that non-administrative faculty perceived those behavioral indicators as needing remediation more often than administrative faculty. For Research Question 6, the MANOVA indicated significant differences for 15 of the 35 behavioral indicators between counselor educators' and doctoral students' perceptions of what *can* be remediated with counseling graduate students. The 15 significant behavioral indicator means were higher for doctoral students than counselor educators, suggesting that doctoral students perceived those behavioral indicators can be remediated more than counselor educators.

Research Question 7 indicated chi-square group differences between administrative and non-administrative faculty's perceptions of the terminology associated with counseling graduate student remediation on how they rank ordered the most preferred terminology for the first rank order position, but not for any other rank order position. Research Question 8 examined chi-square group differences between counselor educators' and doctoral students' perceptions of what stage in the program remedial behaviors initially surface with counseling graduate students. The results of the Pearson chi-square indicated that no significant differences existed between counselor educators' and doctoral students' perceptions of when remedial behaviors initially surface.

Research Question 9 investigated the underlying structural factors in the 35 behavioral indicators. A principal components factor analysis with varimax rotation was conducted and indicated the presence of five factors that accounted for 69.19% of the variance. The five factors

were: Factor I, Personal Competencies; Factor II, Professionalism; Factor III, Personal Challenges; Factor IV, Honesty; and Factor V, Clinical Competencies.

Chapter Five

Discussion

The remediation of students in counseling graduate programs is mandated (ACA, 2005; CACREP, 2009); however, the professional literature to-date provides little empirical information or resources to counselor educators and supervisors attempting to remediate students. The purpose of this study was to explore the concept of student remediation in counseling graduate programs by examining empirical data on the following variables associated with remediation: the behavioral indicators remediated with students, the terminology associated with students in remediation, and the most effective interventions used in the remediation of students. The two main research questions which framed this study were: (a) What are the behavioral indicators, terminology, and remedial interventions associated with the remediation of counseling graduate students? and (b) Does academic status impact views on behavioral indicators, terminology, and remedial interventions associated with counseling graduate student remediation? This chapter includes a discussion of the findings, implications for counselor educators and supervisors, limitations of the study, and recommendations for future research.

Discussion of the Findings

A great portion of research on student dismissals and impairment has sampled training directors or other similar faculty in an administrative role, such as program coordinators or chairs (Biaggio et al., 1983; Boxley et al., 1986; Burgess, 1995; Busseri et al., 2005; Fly et al., 1997; Huprich & Rudd, 2004; Koerin & Miller, 1995; Li et al., 2008; Procidano et al., 1995; Russell & Peterson, 2003; Vacha-Haase et al., 2004). This study sampled ACES members, which included a range of faculty at different academic ranks as well as doctoral students, in order to obtain a

broader sample and to gain a more comprehensive perspective on student remediation. The inclusion of both counselor educators and doctoral students in the present study's sample allowed for the analysis of doctoral students' perspectives of remediation in contrast to faculty. The sample size for this national study was relatively large ($n = 607$) in comparison with other existing studies.

Discussion of behavioral indicators.

One goal of this study was to identify the behavioral indicators associated with student remediation independent of dismissal or impairment, the framework that was employed by the majority of previous research (Biaggio et al., 1983; Boxley et al., 1986; Bradey & Post, 1991; Brear et al., 2008; Busseri et al., 2005; Huprich & Rudd, 2004; Mearns & Allen, 1991; Procidano et al., 1995; Vacha-Haase et al., 2004). The behavioral indicator variables used in this study were drawn from the literature on dismissals and impairment; this study delineated if the behavioral indicators associated with dismissals and impairment were also associated with remediation.

Rankings of the behavioral indicators.

The results of this study found that the overall top five ranked behavioral indicators which need remediation most often were: (1) receptivity to feedback; (2) basic counseling skills; (3) boundaries with clients, colleagues, and/or supervisors; (4) openness to self-examination; and (5) advanced counseling skills. Receptivity to feedback was ranked number one overall as the behavioral indicator which needs remediation, and while feedback was indicated as a common concern prominently within previous research, it was not typically found at the very top (Burgess, 1995; Olkin & Gaughen, 1991; Li et al., 2008; Vacha-Haase et al., 2004). Receptivity to feedback also was featured prominently within the conceptual literature as an area to be

evaluated (Frame & Stevens-Smith, 1995; Kerl et al., 2002; McAdams et al., 2007) and as a student behavior to be addressed in remediation plans (Dufrene & Henderson, 2009; Kress & Protivnak, 2009). While this study aligned with the previous research which reported receptivity to feedback as a frequent problem with students, the results of this study appeared to place more emphasis on receptivity to feedback as the key behavioral indicator within the scope of remediation. The fourth ranked top behavioral indicator in this study, openness to self-examination, seems to be related as a necessary element to promote students' receptivity to feedback. Both receptivity to feedback and openness to self-examination fell within Factor I, Personal Competencies, in the factor analysis completed for this study. Openness to self-examination does not appear at all in the previous empirical research on dismissals and impairment and instead was highlighted in the conceptual literature on gatekeeping (Frame & Stevens-Smith, 1995; McAdams et al., 2007) and remediation plans (Dufrene & Henderson, 2008). The absence of openness to self-examination within the previous research suggests that this behavioral indicator is closely related to student remediation independent of dismissals or impairment.

The second top overall ranked behavioral indicator which needs remediation was basic counseling skills, with advanced counseling skills ranked in fifth place. The presence of basic and advanced counseling skills in this study's results is consistent with previous research that found clinical skills as leading problems or concerns with students (Olkin & Gaughen, 1991; Procidano et al., 1995; Rosenberg et al., 2005; Vacha-Hasse et al., 2004), as well within the conceptual literature, which identified counseling skills as an area for student evaluation (Kerl et al., 2002) and inclusion in remediation plans (Dufrene & Henderson, 2009; Kress & Protivnak, 2009). Counseling skills are featured within the CACPEP (2009) curriculum for accredited

programs, both as a core knowledge and skill area addressed in didactic course work and at the focus of clinical fieldwork during practicum and internship. Given the prominent role that counseling skills have within counseling graduate curricula, it naturally follows that basic and advanced counseling skills would be areas addressed in remediation as behavioral indicators that students struggle with. The results of this study have confirmed that basic and advanced counseling skills are behavioral indicators perceived by participants as frequently needing remediation. Both basic counseling skills and advanced counseling skills fell within Factor V, Clinical Competencies, in the factor analysis completed for this study.

The third overall ranked behavioral indicator in this study which needs remediation was boundaries with clients, colleagues, and/or supervisors, which fell within Factor II, Professionalism. The previous empirical research on dismissals and impairment was somewhat inconsistent on the frequency of boundaries as a behavioral indicator, with two studies indicating boundaries as a less frequently reported problem with students (Fly et al., 1997; Mearns & Allen, 1991) and one study reporting boundaries as a more frequent concern (Li et al., 2008). The recent conceptual literature on remediation plans included boundaries as an area possibly requiring remediation (Dufrene & Henderson, 2009; Kress & Protivnak, 2009). The ranking of boundaries with clients, colleagues, and/or supervisors within this study's results, third overall, indicated that boundaries are perceived as frequently requiring remediation, which is not consistently suggested by the previous research on dismissals and impairment.

Factor analysis of the behavioral indicators.

The factor analysis conducted for this study resulted in a total of five factors within the behavioral indicators which *can* be remediated. Each of the factors contained behavioral indicators with clear conceptual relationships to the other indicators within the factor. The

overall top five ranked behavioral indicators which *need* remediation fell within three factors, which were reviewed in the previous section. The presence of the top five ranked behavioral indicators within Factor I, Personal Competencies; Factor II, Professionalism; and Factor V, Clinical Competencies suggested that these three factors have a similar association with the concept of student remediation. The remaining factors, Factor III, Personal Challenges and Factor IV, Honesty, possibly have different associations with remediation.

For instance, Factor III, Personal Challenges, contains behavioral indicators that are frequently mentioned in connection with what has previously been called impairment, such as substance abuse and symptoms of depression or anxiety. The role of graduate programs in remediating behavioral indicators contained in Factor III should be different than other factors. This difference in the role of graduate programs relates to the role of counselor educators as faculty rather than clinicians. Gilfoye (2008) recommended that faculty should avoid diagnosing students and instead focus on observed behaviors rather than interpreting the behaviors. Applying this perspective to Factor III might entail a remediation plan that addresses observed behaviors associated with substance abuse and includes a remedial intervention of recommending personal counseling to address the behaviors associated with substance abuse rather than faculty setting therapeutic goals in remediation related to recovery from substance abuse that are more appropriate for a clinical setting. Faculty will have less of a direct role in the remedial work involved with the behavioral indicators in Factor III.

Factor IV, Honesty, contains three behavioral indicators: academic honesty, ethical behavior, and integrity. Ethical practice represents a cornerstone of the counseling profession and would therefore be an important element in remediation. The three behavioral indicators in Factor IV are more macro in perspective than the remaining 32 behavioral indicators and could

be considered to be general expectations of students. As such, remediation might not individually address the behavioral indicators in Factor IV and instead include them in conjunction with behavioral indicators in other factors. One variable out of the 35 behavioral indicators, academic performance, did not load into a factor. This may be due to the fact that academic performance is assessed by traditional evaluation practices and, hence, is not necessary to address in remediation.

In sum, Factor I, Personal Competencies; Factor II, Professionalism; and Factor V, Clinical Competencies contain behavioral indicators directly related to the concept of remediation, while Factor IV, Honesty, contains behavioral indicators which infuse the concept of remediation from a macro perspective, and Factor III, Personal Challenges, contains behavioral indicators which faculty will have less of a direct role in remediating. The five factors identified through the factor analysis bear a strong resemblance to the three categories established in this present study to organize the behavioral indicators for discussion in Chapter 2. The categories used in this study, academic, professional, and personal, were based on the areas of student evaluation outlined in the CACREP standards for accreditation (2009). The factor analysis divided the personal category into two separate factors (I and III) and identified honesty as an independent factor, which was included as specific behavioral indicators in each of the three original categories (i.e., academic honesty, ethical behavior, and integrity).

Group differences.

The behavioral indicators were analyzed for differences between groups within the sample. Differences were analyzed between two different sets of groups: (a) counselor educators and doctoral students and (b) administrative faculty and non-administrative faculty. Differences were found among doctoral students and counselor educators based on participants' ratings of

which behavioral indicators *need* remediation most often. In general, doctoral students consistently rated the behavioral indicators higher than counselor educators as needing remediation more often; only one behavioral indicator, academic performance, had a lower mean for doctoral students than counselor educators out of 14 significant variables. As discussed previously, academic performance also did not load into a factor during the factor analysis, and might represent a behavioral indicator not associated with remediation. Doctoral students' ratings of the behavioral indicators are similar to the results of Gaubatz and Vera (2006), who found that students reported greater frequencies of competency problems with student peers than faculty members reported. The authors suggested that their results could be interpreted as gateslipping, as students with possible competency problems recognized by their peers go unrecognized and unaddressed by faculty. Gaubatz and Vera suggested that students were exposed more frequently to other students and might possess a greater awareness of competencies and problems as compared to faculty. The results of this study could be interpreted in the same vein, that doctoral students recognize greater frequencies of competency problems due to more exposure to other students and so rated the behavioral indicators as more in need of remediation than faculty. The behavioral indicators rated higher by doctoral students could then represent the behavioral indicators in need of remediation that faculty are not recognizing. A different interpretation could be that doctoral students are not as experienced with assessment and evaluation as faculty and are possibly overgeneralizing the need for remediation without the context and perspective of experience as faculty or seasoned supervisors.

Differences also were found among doctoral students and counselor educators based on participants' ratings of which behavioral indicators *can* be remediated. Doctoral students rated

the behavioral indicators higher than faculty as capable of being remediated on each of the 15 significant variables. Considering the results of the *can* rating results with the *needs* rating results, doctoral students appeared to establish a pattern of rating items higher than counselor educators on both Likert scale sets of items related to the behavioral indicators. This could be due to doctoral students perceiving that the behavioral indicators in fact need remediation more often and perceiving that the behavioral indicators can be remediated. Another possible interpretation could be that doctoral students skew slightly higher as a group on these items with Likert ratings due to overgeneralizing and lack of experience.

Group differences also were examined between administrative faculty and non-administrative faculty. Differences were found among administrative and non-administrative faculty based on participants' ratings of which behavioral indicators *need* remediation most often. Non-administrative faculty rated the three significant variables higher than administrative faculty. The difference between non-administrative faculty and administrative faculty may be interpreted similarly to the difference between counselor educators and doctoral students. For instance, non-administrative faculty possibly are more exposed to students since they do not have administrative duties, and, hence, probably more teaching duties than their administrative counterparts. This greater exposure may lead to greater awareness of problematic behaviors, similar to what Gaubatz and Vera (2002) suggested for students. Another interpretation could be that non-administrative faculty are more willing to recognize behaviors which need remediation since they do not hold the administrative role, a role which possibly includes greater institutional pressure to avoid conflict with students, which has been noted as an element contributing to faculty reluctance to assume the gatekeeping role (Gaubatz & Vera, 2002).

Overlap is present between the behavioral indicators that were rated higher by doctoral students than counselor educators and by non-administrative faculty than administrative faculty in the two separate MANOVAs. Both the ability to deal with conflict and representation of credentials were rated higher by doctoral students and by non-administrative faculty as behavioral indicators which *need* remediation more often. This overlap might represent behavioral indicators not recognized as commonly requiring remediation that doctoral students and non-administrative faculty have identified as areas of potential struggle for students.

This study also examined what stage in the program remedial behaviors initially surface with counseling graduate students. The results indicated no differences between counselor educators' and doctoral students' perceptions of when the behaviors initially surfaced. The most frequent response overall was that remedial behaviors initially surface during entry-level techniques/skills course work. Previous empirical studies identified *how* students with problematic behaviors were identified (Olkin & Gaughen, 1991; Russell & Peterson, 2003), but these studies did not identify *when* the problematic behaviors were identified. The conceptual literature has noted that students with problematic behaviors are often addressed during the clinical component of students' course work (Gizara & Forrest, 2004; Kerl et al., 2002; Lamb et al., 1987; McAdams & Foster, 2007; McAdams et al., 2007; Schwartz-Mette, 2009; Woodyard, 1992), which is traditionally near the end of students' programs of study. The results of this study indicate an apparent gap in time between when the behavioral indicators are recognized during entry-level techniques/skills course work at the beginning of programs and when interventions are initiated, customarily in fieldwork at the end of programs. A possible reason for this gap in time between recognition and intervention might be the role of evaluation. Bernard and Goodyear (2004) suggested that the evaluative role is juxtaposed to the

nonjudgmental clinician's role and that faculty may be uncomfortable with evaluation in general. This discomfort with evaluation may be responsible for the gap in time between recognition of problematic behavior and intervention. The gap in time may also be explained by faculty's hope that students will improve over time (McAdams et al., 2007) or the hope that someone else will address the problem (Wester et al., 2008).

Overall, the results of this study identified the behavioral indicators associated with student remediation. Two indicators, receptivity to feedback and openness to self-examination were found to be closely associated with student remediation that previous research had not emphasized. The results of a factor analysis found a total of five factors within the behavioral indicators: Factor I, Personal Competencies; Factor II, Professionalism; Factor III, Personal Challenges; Factor IV, Honesty; and Factor V, Clinical Competencies.

Discussion of terminology.

This study sought to determine which terminology is most preferred by counselor educators and doctoral students when discussing students in remediation. A wide variety of terms have populated scholarly work, with the term 'impairment' historically dominating the dialogue, such as the seminal definition offered by Lamb et al. (1987) that has been used throughout the mental health professional literature. The results of this study found that the overall top three terms most preferred by participants were the following: 'challenging' was the most preferred term, 'problems with professional competence' was the second most preferred term, and 'problematic' was the third most preferred term.

The most preferred terminology, challenging, is a term which has not been utilized in the scholarly literature to-date. The ranking of challenging as the overall top most preferred term represents a philosophical shift within the field away from more pejorative terminology that has

been used in the past associated with student dismissals and gatekeeping, with more than half of the participants ranking challenging within the top three preferred terms. The second most preferred terminology, problems with professional competence, was ranked by nearly half of participants within the top three preferred terms. The phrase ‘problems with professional competence’ was developed by Elman and Forrest (2007) as a replacement to the term impairment, which they argued was inappropriate within the scholarly dialogue on competency concerns with students. The presence of Elman and Forrest’s terminology within the top three most preferred terms seems indicative of the term successfully representing participants’ perspective of terminology associated with remediation. The third most preferred terminology, problematic, also was ranked by nearly half of participants within the top three terms and has appeared in the literature in association with gatekeeping (Olkin & Gaughen, 1991; Kerl et al., 2002), student problems (Rosenberg et al., 2005), and remediation plans (Kress & Protivnak, 2009). Problematic also appears in stem form (problem) in the second ranked terminology (problems with professional competence). Compared with the other terminology previously employed in the literature, such as unfit, unsuitable, unsatisfactory, incompetence, and deficient, the term problematic seems to hold less of a negative connotation or personal judgment. The lack of a negative connotation appears to be a theme among the overall top three ranked terms. The failure of impairment to appear in the top three ranked terms suggests that participants did not perceive the term to be closely associated with remediation; impairment was ranked sixth overall. The results of this study also are in keeping with the call from scholars to cease using the term impairment due to its relationship with the American with Disabilities Act of 1990 (Elman & Forrest, 2007; Gilfoyle, 2008). The three top ranked terms seem indicative of the

evolving nature of the terminology away from the use of impairment and represent alternative terminology best associated with the concept of remediation.

Group differences were examined among administrative and non-administrative faculty on the terminology used to discuss students in remediation. Only one group difference was found between administrative and non-administrative faculty for the first ranked position of most preferred terminology, without any variable alone accounting for the difference. The second and third ranked positions did not have differences between the groups, nor did the terminology ranked as the least preferred. The relative lack of differences between groups suggests that perceptions of the terminology are widely varied among faculty, which supports the interpretation of the evolving nature of the terminology associated with remediation.

The results of this study identified the most preferred terminology to discuss students in remediation and appear to indicate a shift away from use of the term impairment, representing a broadening in how this issue is seen. The top three overall rated terms represent the terminology associated with the concept of remediation: challenging, problems with professional competence, and problematic.

Discussion of remedial interventions.

Another variable examined in this study were the interventions used with students in remediation and perceptions of their effectiveness. Previous research examined the frequencies of interventions used by programs; however, perceptions of the interventions' effectiveness had not been studied. The results of this study found that the ratings of the remedial interventions' effectiveness ranged from *often* to *occasionally* to *sometimes*. The remedial interventions with the two highest means were increased supervision and referred or recommended to personal counseling. Increased supervision was rated the highest as *often* effective and was used by a

total of 78% of participants. In previous research, the frequency of the use of increased supervision was somewhat inconsistent, with one study that reported increased supervision as a frequent intervention (Burgess, 1995) and three studies that reported increased supervision as a less frequent intervention used with students (Olkin & Gaughen, 1991; Procidano et al., 1995; Russell & Peterson, 2003). This study's results demonstrate that increased supervision has been widely used by participants and was regarded as an *often* effective tool in student remediation.

The second highest rated remedial intervention in this study was referred or recommended to personal counseling, which was used by a total of 79% of participants and rated as *occasionally* effective. The use of personal therapy as a remedial intervention has been debated by scholars, with a wide assortment of criticisms and suggestions regarding its use. Despite criticism, previous research has confirmed the common use of recommending personal counseling by programs as an intervention with students (Brady & Post, 1991; Burgess, 1995; Olkin & Gaughen, 1991; Procidano et al., 1995; Russell & Peterson, 2003), with which the results of this study align.

The next eight interventions were rated as *occasionally* effective, which included the following: counseled out of the program, termination/dismissal, repeating academic course work, repeating practicum or internship, mandatory counseling as a condition of remaining in the program, tutoring, student left field altogether, and leave of absence. Even though these eight interventions were used by participants and rated the same, these interventions appear to have been perceived differently by participants. For instance, in the write-in responses for the Other category of remedial interventions, a theme was noted that participants did not consider counseled out of the program, termination/dismissal, and student left field altogether to be remedial interventions. This could be a further implication of the evolving philosophical shift as

faculty move away from a negative perspective to a less pejorative approach. Meanwhile, other interventions in this rating, such as repeating academic course work and repeating practicum and internship, did not have the same theme within the write-in responses. In all, the results for the remedial interventions within this rating are difficult to interpret due to the variability of some of the interventions considered as remedial and some as not.

The two interventions rated the lowest in this study as *sometimes* effective were additional academic work (i.e., writing a paper or reflecting journal) and counseled into a different program in the same department. Additional academic work appeared as a remedial intervention discussed by Kress and Protivnak (2009) in their recent article on remediation plans. The rating of this intervention as *sometimes* effective may be due to its relatively new presence within remediation. Another possible interpretation for the rating could be that despite its relatively recent mention in the literature, faculty already have been using it as an intervention and have found it lacking. As for the remedial intervention of counseled into a different program in the same department, participants indicated using this intervention the least. This may be due to the scenario that students who were unable to find success in one program might be challenged to find success in a similar program in the same department.

In sum, the results of this study regarding the remedial interventions can be regarded as establishing perceptions of the interventions' effectiveness by the counselor educators and doctoral students sampled. Increased supervision and referred or recommended to personal counseling were the highest rated interventions and the interventions used the most frequently in remediation. A consideration that merits attention is the fact that the interventions included in this study were drawn from the existing literature, so the breadth of the interventions was limited by what has previously been reported. The pool of interventions appears to be in the early stages

of development as faculty and supervisors begin to implement remediation, which is a relatively new topic in the literature. It stands to reason that the pool of remedial interventions will expand over time, and while this study examined the remedial interventions discussed in the literature to-date, interventions may be absent from this study that have yet to appear within the literature.

Limitations

Previously established limitations reviewed in Chapter 1 were related to data collection and the design of the *CGSRQ*. The nature of online data collection has several associated limitations that impacted this study. For example, email addresses used for the sample included approximately 16 addresses that did not work and were returned, which limited the sample size. Potential participants also were required to have access to the internet since data were collected electronically. In addition to the limitations associated with online data collection previously discussed, an unanticipated limitation arose during data collection. The SurveyMonkey™ servers went down a day after the second request for participation was distributed. Several emails were received from potential participants which reported the survey crashed when they attempted to advance to the next page or click the submit button. SurveyMonkey™ was contacted regarding the problem and replied that their internal servers were experiencing outages which they would attempt to remedy as soon as possible. The failure of the SurveyMonkey™ servers immediately after the second request for participation was distributed negatively impacted final sample size and response rate, with an unknown number of participants unable to submit their responses. Online data collection in general is associated with lower response rates; this study's response rate was 28.8%, which is near the norm of 30% for online research (McMillan & Schumacher, 2006).

Limitations associated with the design of the *CGSRQ* involve the relative lack of reliability or validity data. While the *CGSRQ* was scrutinized during an expert panel review and pilot study, only preliminary validity and reliability data analysis were possible. Another limitation associated with the design of the *CGSRQ* involved the necessity of self-report by the participants, which may be impacted by social desirability bias (McMillan & Schumacher, 2006). Additionally, the definitions provided to participants may not have accurately represented the concepts and created unaccounted variability in the results. Item construction also may have been ambiguous or unclear, leading to different interpretations by participants of the same item.

Implications for Counselor Educators and Supervisors

This study was devised to explore the concept of student remediation in counseling graduate programs by providing empirical data on elements associated with remediation. The results of this study examined the behavioral indicators associated with remediation, the terminology most preferred to discuss students in remediation, and remedial interventions and their effectiveness, providing counselor educators and supervisors with new information for consideration in policy and procedure development and the practice of remediation. This study represents new exploratory research within a topic that is currently in the early stages of development within the field.

Implications of the behavioral indicators associated with remediation.

Several implications surround the behavioral indicators examined in this study that are associated with student remediation in counseling graduate programs. The differences that were present between counselor educators' and doctoral students' perceptions of the behavioral indicators raise awareness that doctoral students hold different perceptions than faculty. Counselor educators could use this information to initiate dialoguing more with doctoral students

regarding the behavioral indicators associated with remediation and to grant more awareness to doctoral students' opinions and explore the reasons for these opinions.

This study also asked participants to consider the behavioral indicators from two different perspectives, that of which behavioral indicators *need* remediation and which *can* be remediated. Differentiating between the two perspectives of need and can might assist counselor educators and supervisors as circumstances arise with students where remediation is considered as an option. The results of the factor analysis also bear weight in differentiating which behavioral indicators can be remediated. Factor III, Personal Challenges, distinctly contained behavioral indicators that were different and might represent behavioral indicators that faculty will struggle with remediating.

Another implication of the results for the behavioral indicators is illustrating which behavioral indicators faculty can anticipate to address in remediation with students. The behavioral indicators contained in Factor I, Personal Competencies; Factor II, Professionalism; and Factor V, Clinical Competencies overlap with the overall top five ranked behavioral indicators and represent the behavioral indicators considered by participants to be closely associated with remediation. Faculty can use this information to develop preventative policies and procedures with knowledge of the behavioral indicators most likely to be addressed in remediation. The results also can be used by faculty to develop remediation plans tailored to specific behavioral indicators anticipated to be addressed with students.

The results of this study also discerned that entry-level techniques/skills courses are the stage in the program perceived by participants to be when remedial behaviors initially surface with counseling graduate students. An implication for counselor educators and supervisors is to consider the reasons that remediation is often initiated during practicum and internship at the end

of students' programs of study when faculty had prior knowledge of the remedial behaviors. The role of evaluation for counselor educators and supervisors appears to be closely related to student remediation and the related issue of when remedial behaviors are initially recognized versus when the behaviors are addressed.

Implications of the most preferred terminology.

The results of this study have one main implication for the terminology used to discuss students in remediation: to cease using the term impaired in association with remediation. Participants clearly preferred alternative terminology, such as challenging and problems with professional competence, which conveys a less negative connotation than impaired. This preference seems indicative of the philosophical shift present within the recent conceptual literature as scholars seek a broader response to students with problem behaviors than the historical perspective of termination and dismissal, such as developing remediation plans and assisting students to achieve success. The most preferred terminology appears to be more closely associated with the concept of remediation and presents alternatives to counselor educators and supervisors as they dialogue about students in remediation.

Implications of the remedial interventions.

An aspect of remediation that warrants further consideration are the interventions used to remediate students. The results of this study indicated that increased supervision and referring or recommending to personal counseling are the two most frequently used interventions that are considered to be effective. An implication of the results for counselor educators and supervisors is to incorporate these two interventions into practice when remediating students. Faculty also could incorporate this information into the admissions process, discerning applicants' openness in general to the remedial interventions as a gauge of fitness to the profession. Another

implication is to reconsider the use of interventions that limit students' participation in programs, such as leave of absence or termination/dismissal, which do not seem aligned with the concept of remediation. Participants commented in the write-in responses that termination/dismissal, counseled out of program, and student left field altogether were not considered remedial interventions. While these interventions might prove necessary, they are more appropriate for use after remediation attempts have been considered unsuccessful.

Recommendations for Future Research

Given the relative novelty of the topic of remediation, several lines of inquiry bear examination in future research. Foremost, future research is necessary to develop a clear and distinct definition of remediation within counseling graduate programs. Additionally, while the results of this study have provided empirical data on the behavioral indicators associated with remediation and the effectiveness of remedial interventions, future research is necessary to determine which interventions are effective with which behavioral indicators. A review of documentation used in graduate programs associated with remediation might determine which remedial interventions are being used to address which behavioral indicators. This line of research also might identify additional remedial interventions than those already identified in the literature. Scholarly work expanding the number and types of remedial interventions would provide counselor educators and supervisors with further tools to use when devising remediation plans. Also, a qualitative line of inquiry would be useful to explore the experiences of students who are remediated as well as the faculty and supervisors implementing remediation.

Another perspective useful to consider would be analyzing any relationships between admissions standards and procedures and the frequencies of remediation in counseling graduate programs. Examining admissions standards and procedures might be an avenue to identifying

individuals who may evolve into students who need remediation. Also, differentiating gatekeeping policies and procedures from remediation policies and procedures would assist in clarifying the concept and purpose of remediation and might prove helpful in facilitating remediation with students. An additional topic for future research is investigating the role of evaluation for counselor educators and supervisors, both in general and in association with remediation, which could impact perceptions of which behavioral indicators need remediation and when remedial interventions are initiated. Future research also could investigate a comparison between the outcomes defined in the CACREP (2009) standards for accreditation and the behavioral indicators associated with remediation, seeking consistencies and inconsistencies.

Conclusion

The results of this study support the conclusion that the concept of remediation is actively developing and evolving within the field. This is evident through the perceptions of participants of the behavioral indicators, with five distinct factors indicated within the behavioral indicators associated with remediation: Factor I, Personal Competencies; Factor II, Professionalism; Factor III, Personal Problems/Challenges; Factor IV, Honesty; and Factor V, Clinical Competencies. The terminology most preferred by participants to discuss students in remediation also seemed indicative of a broadening perspective, with participants preferring terminology with neutral or positive connotations, such as challenging and problems with professional competence, over other terminology with more negative connotations. Participants' perceptions of the remedial interventions additionally showed signs of shifting to a positive framework, with increased supervision and referred or recommended to personal counseling considered the most effective interventions rather than more pejorative approaches. Overall, this study concluded that student

remediation is currently developing within the field as a distinct concept with associated behavioral indicators, terminology, and interventions.

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Appendix A

Counseling Graduate Student Remediation Questionnaire (*CGSRQ*)

Counseling Graduate Student Remediation Questionnaire (CGSRQ)

SECTION I: DEMOGRAPHIC INFORMATION

Please indicate the following information:

1. Sex:

- ☐ female
- ☐ male

2. Age: _____

3. Ethnicity:

- ☐ African American
- ☐ Asian/Pacific Islander
- ☐ Caucasian
- ☐ Hispanic/Latino/a
- ☐ Middle Eastern
- ☐ Native American
- ☐ Bi/Multiracial
- ☐ Other _____

4. Current counseling professional position (please check all that apply):

- ☐ Practicum/Internship Faculty Coordinator
- ☐ Program Coordinator/Head/Director
- ☐ Department Chair
- ☐ Tenured faculty member
- ☐ Non-tenured faculty member
- ☐ Non-tenure track faculty member
- ☐ Retired faculty member
- ☐ Adjunct faculty member
- ☐ Doctoral student
- ☐ Other: _____

5. Type of counseling graduate program your current position is with:

- ☐ master's-level program
- ☐ master's-level program and doctoral program
- ☐ other: _____

6. Current graduate program accreditation:

- ☐ Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- ☐ Council on Rehabilitation Education (CORE)
- ☐ American Psychological Association (APA)
- ☐ Council on Accreditation of Marriage and Family Therapy Education (COAMFTE)
- ☐ Not accredited by any of the above
- ☐ Other: _____

7. Highest degree held:

- bachelor's degree
- master's degree
- doctoral degree

SECTION II: PAST SUPERVISION EXPERIENCE

When indicating the following supervision information, please consider the following general definitions:

Student **dismissal** is defined as any official action by the counseling graduate program faculty to end a student's participation in the program, such as a suspension, mandatory leave of absence, or permanent dismissal.

Student **remediation** is defined as a documented, procedural process that addresses observed inabilities in students' performance with the intent to provide students with specific means to remedy their inabilities.

8. How many years of experience as a counseling supervisor do you have (including experience as a doctoral student and as a faculty supervisor)?

_____ years (0-1, 1-5, 6-10, 11-15, 16-20, 21-25, 26-30, 30+)

9. How many counseling graduate student **dismissals** have you been involved with during your entire counseling career?

Master's student _____ (0-1, 1-5, 6-10, 11-15, 16-20, 21-25, 26-30, 30+)

Doctoral student _____ (0-1, 1-5, 6-10, 11-15, 16-20, 21-25, 26-30, 30+)

10. What was your role(s) in the **dismissal(s)**? (Please check all that apply)

- faculty advisor of dismissed student(s)
- instructor/professor of dismissed student(s)
- supervisor of dismissed student(s)
- official administrator (i.e., program coordinator, practicum/internship coordinator)
- observer (i.e., faculty in program, in group supervision)
- peer consultant
- ombudsman for student
- none
- other: _____

11. How many counseling graduate student **remediations** have you been involved with during your entire counseling career?

Master's student _____ (0-1, 1-5, 6-10, 11-15, 16-20, 21-25, 26-30, 30+)

Doctoral student _____ (0-1, 1-5, 6-10, 11-15, 16-20, 21-25, 26-30, 30+)

12. What was your role(s) in the **remediation(s)**? (Please check all that apply)
- ☐ faculty advisor of remediated student(s)
 - ☐ instructor/professor of remediated student(s)
 - ☐ supervisor of remediated student(s)
 - ☐ official administrator (i.e., program coordinator, practicum/internship coordinator)
 - ☐ observer (i.e., faculty in program, in group supervision)
 - ☐ peer consultant
 - ☐ ombudsman for student
 - ☐ none
 - ☐ other: _____

SECTION III: ASPECTS OF REMEDIATION

13. What do you think **needs** to be remediated most often with counseling graduate students?
Please use the Likert scale to rate the behavioral indicators using your first reaction.

1	2	3	4	5	6	7
Never	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently	Always

1. basic counseling skills
2. advanced counseling skills
3. multicultural competence
4. academic honesty
5. academic performance
6. receptivity to feedback
7. integrating feedback
8. ability to deal with conflict
9. ethical behavior
10. boundaries with clients, supervisors, and/or colleagues
11. confidentiality
12. representation of credentials
13. professional responsibility
14. procedural compliance
15. consultation with other professionals
16. documentation and paperwork compliance
17. maturity

14. Continued from above: What do you think **needs** to be remediated most often with counseling graduate students? Please use the Likert scale to rate the behavioral indicators using your first reaction.

1	2	3	4	5	6	7
Never	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently	Always

18. integrity
19. flexibility
20. cooperativeness
21. interpersonal skills
22. ability to express feelings
23. awareness of own impact on others
24. acceptance of personal responsibility
25. expression of empathy
26. openness to self-examination
27. capacity to handle stress
28. substance abuse
29. symptoms of a personality disorder
30. symptoms of anxiety
31. symptoms of depression
32. symptoms of another mental health disorder
33. partner relationship concerns
34. financial concerns
35. physical illness
36. other: _____

15. Please rank order the above listed indicators in terms of what you believe **most often needs** remediation with counseling graduate students, using the drop down boxes. If there are more than five choices, please choose **only the five** you feel the strongest about.

- 1 - most often: _____ (drop down box of the 35 indicators)
- 2 - next most often: _____ (drop down box of the 35 indicators)
- 3 - next most often: _____ (drop down box of the 35 indicators)
- 4 - next most often: _____ (drop down box of the 35 indicators)
- 5 - next most often: _____ (drop down box of the 35 indicators)

16. To what extent do you think each indicator **can** be remediated with counseling graduate students? Please use the Likert scale to rate the behavioral indicators using your first reaction.

1	2	3	4	5	6	7
Cannot be remediated	Very Probably Not	Probably Not	Possibly	Probably Can	Very Probably Can	Can be remediated

1. basic counseling skills
2. advanced counseling skills
3. multicultural competence
4. academic honesty
5. academic performance
6. receptivity to feedback
7. integrating feedback
8. ability to deal with conflict

9. ethical behavior
10. boundaries with clients, supervisors, and/or colleagues
11. confidentiality
12. representation of credentials
13. professional responsibility
14. procedural compliance
15. consultation with other professionals
16. documentation and paperwork compliance
17. maturity

17. Continued from above: To what extent do you think each indicator **can** be remediated with counseling graduate students? Please use the Likert scale to rate the behavioral indicators using your first reaction.

1	2	3	4	5	6	7
Cannot be remediated	Very Probably Not	Probably Not	Possibly	Probably Can	Very Probably Can	Can be remediated

18. integrity
19. flexibility
20. cooperativeness
21. interpersonal skills
22. ability to express feelings
23. awareness of own impact on others
24. acceptance of personal responsibility
25. expression of empathy
26. openness to self-examination
27. capacity to handle stress
28. substance abuse
29. symptoms of a personality disorder
30. symptoms of anxiety
31. symptoms of depression
32. symptoms of another mental health disorder
33. partner relationship concerns
34. financial concerns
35. physical illness
36. other: _____

18. Rank order the following terminology you **most prefer** to use when discussing students in remediation.

Most preferred terminology: _____ (drop down menu of terminology)
 2nd most preferred terminology: _____ (drop down menu of terminology)
 3rd most preferred terminology: _____ (drop down menu of terminology)

- ☐ impairment
- ☐ inability

- problematic
- problems with professional competence
- incompetence
- unfit
- challenging
- unsuitable
- unsatisfactory
- deficient
- other: _____

19. In the preceding question, what were your reasons for ranking your first choice as the terminology you **most prefer** to use when discussing students in remediation?

20. Rank order the following terminology you **least prefer** to use when discussing students in remediation.

Least preferred terminology: _____ (drop down menu of terminology)

2nd least preferred terminology: _____ (drop down menu of terminology)

3rd least preferred terminology: _____ (drop down menu of terminology)

1. impairment
2. inability
3. problematic
4. problems with professional competence
5. incompetence
6. unfit
7. challenging
8. unsuitable
9. unsatisfactory
10. deficient
11. other: _____

21. In the preceding question, what were your reasons for ranking your choice as the terminology you **least prefer** to use when discussing students in remediation?

22. During what stage of the program do you believe counseling graduate students **initially** demonstrate behavior that needs to be remediated?

- Admissions
- Entry-level didactic course work
- Entry-level skills/techniques course work
- Advanced course work
- Practicum
- Internship
- Other: _____

23. Does your program have a student retention policy? (per CACREP, procedures for student remediation and/or dismissal from the program)

- ☐ yes
- ☐ no
- ☐ don't know

If yes, what makes you decide to implement the policy with a student?

24. Rate the effectiveness of following remedial interventions you have used with counseling graduate students. If you have not used the remedial intervention, please indicate 'N/A'.

N/A	1	2	3	4	5	6	7
Have Not Used	Never Effective	Usually not	Sometimes	Occasionally	Often	Usually	Always Effective

1. tutoring
2. termination/dismissal
3. counseled out of program
4. student left field altogether
5. counseled into another program in the same department
6. referred/recommended to personal counseling
7. mandatory counseling as a condition of remaining in the program
8. leave of absence
9. increased supervision
10. repeating academic course
11. repeating practicum or internship
12. additional academic work (i.e., writing a paper or reflective journal)
13. other: _____

Appendix B

Pilot Study First Electronic Message

Dear UNO Counseling Doctoral Student:

I am a graduate student under the direction of Dr. Roxane L. Dufrene in the Department of Educational Leadership, Counseling, and Development in the College of Education at the University of New Orleans. I am conducting a pilot study for my dissertation on *The Remediation of Students in Counseling Graduate Programs: Behavioral Indicators, Terminology, and Interventions*. Your participation in this study has the potential to assist in further defining the concept of remediation.

I am requesting your participation, which will involve completing an electronic survey entitled the *Counseling Graduate Student Remediation Questionnaire (CGSRQ)*. Please complete the instrument when you have the time to devote to finishing it in one sitting, which will assist in confirming the length of time necessary to complete the instrument; it is anticipated the *CGSRQ* will take approximately 15 – 20 minutes to complete. Your response will be coded to allow for matching your response on the pilot study with your response on the main study, should you participate in both. The results of the study may be published but your name will not be known. Participants' responses will be reported only as groups. As in most internet communication, there may be some record of exchange in your cache somewhere on your computer system or internet service provider's log file. As a precaution, I suggest that you clean out your temporary internet files and close your browser after submitting your survey. Although there may be no direct benefit to you, the possible benefit of your participation will contribute to assisting counselor educators in the practice of student remediation and the development of policies and procedures.

If you are willing to assist me with this important part of my study, please click the following link to connect to the *CGSRQ*: <http://www.surveymonkey.com>.

Please enter the following two digit code when prompted: ____.

If you are not connected automatically, then you can cut and paste the link into the address box on your web browser and press enter.

Completion of the electronic submission of the *CGSRQ* will indicate your consent for participation in this study. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. Please contact Dr. Ann O'Hanlon (504-280-3990) at the University of New Orleans for answers to questions about this research, your rights as a human subject, and your concerns regarding a research-related injury. This study has been approved by the Institutional Review Board at the University of New Orleans and is supported by an ACES Research Grant Award.

If you have any questions concerning the research study, please contact me at klhender@uno.edu. You may also contact my faculty advisor, Dr. Roxane L. Dr. Dufrene, by email at rdufren1@uno.edu or by telephone at (504) 280-7434.

Thank you for your consideration and participation.

Sincerely,

Kathryn L. Henderson, M.Ed., NCC, Counselor Intern
Doctoral Candidate
University of New Orleans
Bicentennial Education Building, 348-O
2000 Lakeshore Drive
New Orleans, LA 70148

Appendix C

Pilot Study Second Electronic Message

Dear Pilot Study Participant:

I am requesting your participation in the main study of my dissertation on *The Remediation of Students in Counseling Graduate Programs: Behavioral Indicators, Terminology, and Interventions*. I am a graduate student under the direction of Dr. Roxane L. Dufrene in the Department of Educational Leadership, Counseling, and Development in the College of Education at the University of New Orleans. Your participation in this study has the potential to assist in further defining the concept of remediation. This study has been approved by the Institutional Review Board at the University of New Orleans and is supported by an ACES Research Grant Award.

Your participation will involve completing an electronic survey entitled the *Counseling Graduate Student Remediation Questionnaire (CGSRQ)*. Your response will be coded to allow for matching your response from the pilot study with your response on the main study. The *CGSRQ* will take approximately 10 – 15 minutes to complete. The results of the study may be published but your name will not be known. Participants' responses will be reported only as groups. As in most internet communication, there may be some record of exchange in your cache somewhere on your computer system or internet service provider's log file. As a precaution, I suggest that you clean out your temporary internet files and close your browser after submitting your survey. Although there may be no direct benefit to you, the possible benefit of your participation will contribute to assisting counselor educators in the practice of student remediation and the development of policies and procedures.

If you are willing to assist me with this important part of my study, please click the following link to connect to the *CGSRQ*: <http://www.surveymonkey.com/s/PGQRKQX>
Please enter the following two digit code when prompted:___.

If you are not connected automatically, then you can cut and paste the link into the address box on your web browser and press enter.

Completing the electronic submission of the *CGSRQ* will indicate your consent for participation in this study. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. Please contact Dr. Ann O'Hanlon (504-280-3990) at the University of New Orleans for answers to questions about this research, your rights as a human subject, and your concerns regarding a research-related injury.

If you have any questions concerning the research study, please contact me at klhender@uno.edu. You may also contact my faculty advisor, Dr. Roxane L. Dr. Dufrene, by email at rdufren1@uno.edu or by telephone at (504) 280-7434.

Thank you for your consideration and participation.

Sincerely,

Kathryn L. Henderson, M.Ed., NCC, Counselor Intern
Doctoral Candidate
University of New Orleans
Bicentennial Education Building, 348-O
2000 Lakeshore Drive
New Orleans, LA 70148

Appendix D

Pilot Study Third Electronic Message

Dear Pilot Study Participant:

This is a second request for participation. If you have already completed the survey, please accept my thanks and please do not complete it again.

I am requesting your participation in the main study of my dissertation on *The Remediation of Students in Counseling Graduate Programs: Behavioral Indicators, Terminology, and Interventions*. I am a graduate student under the direction of Dr. Roxane L. Dufrene in the Department of Educational Leadership, Counseling, and Development in the College of Education at the University of New Orleans. Your participation in this study has the potential to assist in further defining the concept of remediation. This study has been approved by the Institutional Review Board at the University of New Orleans and is supported by an ACES Research Grant Award.

Your participation will involve completing an electronic survey entitled the *Counseling Graduate Student Remediation Questionnaire (CGSRQ)*. Your response will be coded to allow for matching your response from the pilot study with your response on the main study. The *CGSRQ* will take approximately 10 – 15 minutes to complete. The results of the study may be published but your name will not be known. Participants' responses will be reported only as groups. As in most internet communication, there may be some record of exchange in your cache somewhere on your computer system or internet service provider's log file. As a precaution, I suggest that you clean out your temporary internet files and close your browser after submitting your survey. Although there may be no direct benefit to you, the possible benefit of your participation will contribute to assisting counselor educators in the practice of student remediation and the development of policies and procedures.

If you are willing to assist me with this important part of my study, please click the following link to connect to the *CGSRQ*: <http://www.surveymonkey.com/s/PGQRKQX>
Please enter the following two digit code when prompted:___.

If you are not connected automatically, then you can cut and paste the link into the address box on your web browser and press enter.

Completing the electronic submission of the *CGSRQ* will indicate your consent for participation in this study. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. Please contact Dr. Ann O'Hanlon (504-280-3990) at the University of New Orleans for answers to questions about this research, your rights as a human subject, and your concerns regarding a research-related injury.

If you have any questions concerning the research study, please contact me at klhender@uno.edu. You may also contact my faculty advisor, Dr. Roxane L. Dr. Dufrene, by email at rdufren1@uno.edu or by telephone at (504) 280-7434.

Thank you for your consideration and participation.

Sincerely,

Kathryn L. Henderson, M.Ed., NCC, Counselor Intern
Doctoral Candidate
University of New Orleans
Bicentennial Education Building, 348-O
2000 Lakeshore Drive
New Orleans, LA 70148

Appendix E
IRB Approval Letter

**University Committee for the Protection
of Human Subjects in Research
University of New Orleans**

Campus Correspondence

Principal Investigator: Roxane Dufrene
Co-Investigator: Kathryn Henderson
Date: November 16, 2009
Protocol Title: "The Remediation of Students in Counseling Graduate
Programs: Behavioral Indicators, Terminology, and
Interventions"
IRB#: 20Dec09

The IRB has deemed that the research and procedures described in this protocol application are exempt from federal regulations under 45 CFR 46.101 category 2 due to fact that any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Exempt protocols do not have an expiration date; however, if there are any changes made to this protocol that may cause it to be no longer exempt from CFR 46, the IRB requires another standard application from the investigator(s) which should provide the same information that is in this application with changes that may have changed the exempt status.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

Best wishes on your project.
Sincerely,

Robert D. Laird, Chair
UNO Committee for the Protection of Human Subjects in Research

Appendix F

ACES Research Grant Award Letter

Kathryn L. Henderson

Dear Kathryn L. Henderson,

Congratulations! Your ACES research proposal entitled the Remediation of Students in Counseling Graduate Programs: Behavioral Indicators, Terminology, and Interventions has been funded in the amount of \$1,050.00. Your award will be announced at the ACES luncheon on October 17th, 2009 at the ACES Conference in San Diego. Your name and address have been forwarded to the ACES Treasurer, Dr. Brian Dew. At your earliest convenience, please provide your Social Security number to Dr. Dew [bdew@gsu.edu] and the grant check will be mailed to the principle investigator directly from ACA.

We would be most pleased if you would attend the ACES Luncheon on October 17th to receive recognition for your award. Please call me or email me and let me know by October 2, 2009 whether you will be attending. You can contact me at (208) 373-1717 or crewj@isu.edu.

As you may recall, as a condition of the acceptance of the grant award, you are required to complete one of the following by February first of 2011:

- 1) Provide a copy of the proposal to present the research results as a poster or education session at the 2011 ACA World Conference, or the next ACES Conference. OR
- 2) Provide to the Research Grant Committee Chair a copy of the manuscript of the research results that has been submitted to a refereed journal for publication

To arrange for the ACA 2011 poster or education session proposal, please contact the ACES President by the ACA 2011 proposal deadline (usually May immediately following the ACA convention). If you opt to present your results in a refereed journal, please provide a brief synopsis of your research results to the Research Grant Award Committee before the February 1, 20011 deadline.

Again, congratulations and good luck.

Sincerely,

Judith A. Crews
Interim Chair
ACES Research Grant Award Committee

Judith A. Crews, Ph.D., LCPC, LMFT
Associate Professor
Department of Counseling
ISU- Meridian Health Science Center
1311 E. Central Drive
Meridian, ID 83642
Phone: 208-373-1717
FAX: 208-327-7430
email: crewj@isu.edu

Appendix G
First Electronic Message

Dear (FirstName or Dr. LastName):

I am a graduate student under the direction of Dr. Roxane L. Dufrene in the Department of Educational Leadership, Counseling, and Development in the College of Education at the University of New Orleans. I am conducting my dissertation study on *The Remediation of Students in Counseling Graduate Programs: Behavioral Indicators, Terminology, and Interventions*. I am requesting your participation because you are a member of the Association for Counselor Education and Supervision (ACES), a national sample of current and future counselor educators. Your participation in this study has the potential to assist in further defining the concept of remediation. This study has been approved by the Institutional Review Board at the University of New Orleans and is supported by an ACES Research Grant Award.

Your participation will involve completing an electronic survey entitled the *Counseling Graduate Student Remediation Questionnaire (CGSRQ)*. The *CGSRQ* will take approximately 10 – 15 minutes to complete. All information that you provide is anonymous; there will be no way to identify you. The results of the study may be published but your name will not be known. Although there may be no direct benefit to you, the possible benefit of your participation will contribute in assisting counselor educators in the practice of student remediation and the development of policies and procedures. As in most internet communication, there may be some record of exchange in your cache somewhere on your computer system or internet service provider's log file. As a precaution, I suggest that you clean out your temporary internet files and close your browser after submitting your survey.

If you are willing to assist me with this important part of my study, please click the following link to connect to the *CGSRQ*:

<http://www.surveymonkey.com/s/BZ8WXP3>

If you are not connected automatically, then you can cut and paste the link into the address box on your web browser and press enter.

Completing the electronic submission of the *CGSRQ* will indicate your consent for participation in this study. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. Please contact Dr. Ann O'Hanlon (504-280-3990) at the University of New Orleans for answers to questions about this research, your rights as a human subject, and your concerns regarding a research-related injury.

If you have any questions concerning the research study, please contact me at klhender@uno.edu. You may also contact my faculty advisor, Dr. Roxane L. Dufrene, by email at rdufren1@uno.edu or by telephone at (504) 280-7434.

Thank you for your consideration and participation.

Sincerely,

Kathryn L. Henderson, M.Ed., NCC, Counselor Intern
Doctoral Candidate
University of New Orleans
Bicentennial Education Building, 348-O
2000 Lakeshore Drive
New Orleans, LA 70148

Appendix H
Second Electronic Message

Dear (FirstName or Dr. LastName):

This is a second request for participation. If you have already completed the survey, please accept my thanks.

I am a graduate student under the direction of Dr. Roxane L. Dufrene in the Department of Educational Leadership, Counseling, and Development in the College of Education at the University of New Orleans. I am conducting my dissertation study on *The Remediation of Students in Counseling Graduate Programs: Behavioral Indicators, Terminology, and Interventions*. I am requesting your participation because you are a member of the Association for Counselor Education and Supervision (ACES), a national sample of current and future counselor educators. Your participation in this study has the potential to assist in further defining the concept of remediation. This study has been approved by the Institutional Review Board at the University of New Orleans and is supported by an ACES Research Grant Award.

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If you are willing to assist me with this important part of my study, please click the following link to connect to the *CGSRQ*:

<http://www.surveymonkey.com/s/BZ8WXP3>

If you are not connected automatically, then you can cut and paste the link into the address box on your web browser and press enter.

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If you have any questions concerning the research study, please contact me at klhender@uno.edu. You may also contact my faculty advisor, Dr. Roxane L. Dufrene, by email at rdufren1@uno.edu or by telephone at (504) 280-7434.

Thank you for your consideration and participation.

Sincerely,

Kathryn L. Henderson, M.Ed., NCC, Counselor Intern
Doctoral Candidate
University of New Orleans
Bicentennial Education Building, 348-O
2000 Lakeshore Drive
New Orleans, LA 70148

Vita

Kathryn L. Henderson was born in Metairie, Louisiana and raised in Slidell, Louisiana, a suburban community outside metropolitan New Orleans. Kathryn attended the University of South Carolina at Columbia and graduated from the Honors College in May 2000 with the *Baccalaureus Artium et Scientiae* degree with concentrations in History, English, and Political Science. She earned her Master of Education in Counselor Education from the University of New Orleans in May 2007 and her Doctorate of Philosophy in Counselor Education from UNO in May 2010. Kathryn is a National Certified Counselor (NCC), a certified school counselor, and is currently pursuing her professional license with the Louisiana Board of Examiners. She has professional clinical experience in a community setting and a school setting. Kathryn will be joining the faculty at the University of Texas at San Antonio in the Fall of 2010 as an Assistant Professor.