

Graduate Student Impairment: The Impact on Counselor Training Programs

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This article focuses on the issue of student impairment in graduate level counselor training programs and the factors that affect it, including: A definition of graduate student impairment; the prevalence of student impairment in counselor training programs; an explanation of the legal consequences when addressing student impairment; organizational issues in universities dealing with this issue; and, the impact of graduate student impairment on the counseling professions.

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Counselor training programs have a duality of concern for students with impairments, in that not only are educators concerned with how students will fare during their education, but also present is the concern that after graduation from the program, the counselor's impairment will negatively affect client well-being (Bemak, Epp, & Keys, 1999). Furthermore, there is a lack of uniform evaluation techniques for assessing the suitability of counseling graduate students for the counseling professions (Brear, Dorrian, & Luscri, 2008). Graduate programs tend to rely predominantly on academic performance as a means of evaluation. The traditional admission criteria may not be enough to screen out unsuitable applicants unless those criteria are accompanied by other screening criteria (Bemak et al., 1999; Duba, Paez, & Kindsvatter, 2010; Swank & Smith-Adcock, 2013).

Definition of Graduate Student Impairment

A review of the literature shows that no one definition has been used exclusively to describe student impairment. As a matter of fact, many words have been used to describe the student with impairments, such as 'unsuitable', 'problem students', 'inadequate', 'unsatisfactory', 'deficient', and 'substandard' (Wilkerson, 2006). Trainee impairment is not a single event, but rather a state that is shown throughout the training period (Forrest,

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Elman, Gizara, Vacha-Haase, 1999). Forrest, Elman, and Miller (2008) recommend changing the nomenclature to “trainees identified with problems of professional competence” (p.183), which makes use of person-first language.

A definition of impairment used by Lamb, Presser, Pfof, Baum, Jackson, and Jarvis (1987), was later amended by Bemak et al. (1999) to include students. The definition used by Lamb et al. (1987) is:

An interference in professional functioning that is reflected in one or more of the following ways: (a) an inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior, (b) an inability to acquire professional skills 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)

Bemak et al. (1999) amended this definition by adding that “impaired graduate students may incorporate personal agendas into their counseling philosophy involving dogmatic religious teachings, harmful directive techniques, or antipathy towards members of a different gender, ethnicity, race, sexual orientation, or age-group” (p.21). They note that what may distinguish impaired counselor trainees from their non-impaired counterparts is their “inability to insightfully understand and resolve their own issues so that these issues do not interfere with the therapeutic process” (p. 21). We suggest further amending this definition to include the use, dependence, and/or abuse of substances (i.e., drugs, alcohol, etc.). Substance use/abuse is a common problem amongst impaired graduate students, and is sometimes the very cause of the impairment itself (Russell & Peterson, 2003).

Scope of the Problem

It is evident that graduate student impairment can pose serious problems for master’s level programs across the country. The most commonly encountered types of impairment in university settings are clinical deficiencies, interpersonal problems, problems in supervision, and personality disorders (Bemak et al., 1999; Brear et al., 2008). There is a strong possibility that counseling programs tend to attract students with impairment issues (such as those described above) that might impede their work with clients (Brear et al., 2008; Foster & McAdams, 2009). It has been established that there are higher levels of psychological problems among master’s level counseling students than the general population (Brear et al., 2008; White & Franzoni, 1990). Research also shows that there is a nationwide problem of universities graduating impaired students (Brear et al., 2008; Gizara & Forrest, 2004). Although in one study, master’s and doctoral level counseling students scored high on a measure of wellness (with subscales for “spirituality, self-direction, work and leisure, friendship, and love”; Myers, Mobley, & Booth, 2003, p. 266), it is apparent that these measures do not coincide with measurements of impairment.

Literature Review

Twenty-eight studies have been executed to determine the ways that the various universities in the country have dealt with problems of professional competence in students (Brear et al., 2008; Gizara & Forrest, 2004; Huprich & Rudd, 2004; Procidano et al., 1995; Russell & Peterson, 2003; Vacha-Haase et al., 2004). Most studies have comparable results. At least half of the universities are dealing with the issue of impairment retrospectively on a case by case basis, rather than dealing with the issue proactively through a policy beforehand. The evidence suggests that universities are not totally effective at weeding out impaired students in counseling programs (Brear et al., 2008; Gaubatz & Vera, 2002; Lumadue & Duffey, 1999).

The most common types of student impairment encountered in counseling programs are intrapersonal difficulties, clinical abilities, ethical breaches, and professionalism (Brear et al., 2008). In their review of studies, Vacha-Haase, Davenport, and Kerewsky (2004) found that over half of graduate level counseling programs had no written policies to cover impaired students. Huprich and Rudd (2004) advise that “doctoral programs need to critically evaluate how they assess potential students’ psychological well-being prior to admission to graduate training” (p.50).

Procidano et al. (1995) found that programs that used interviews were more likely to report impaired students, whereas programs that did not employ interviews were not likely to report such instances in their programs. When dealing with impaired students, programs handle students with impairments by terminating the student(s) from the program, referring them to counseling, transferring them to other programs, counseling them out of the university, increasing their supervision, and/or putting them on leave of absence (Gizara & Forrest, 2004; Huprich & Rudd, 2004; Procidano et al., 1995; Russell & Peterson, 2003; Vacha-Haase et al., 2004). Wilkerson (2006) advises the use of a humanist approach to the issue of graduate student impairment, and advocated treating the student in much the same way that a professional counselor treated a client. This approach inherently treats the student with respect and dignity.

Case Law and Legal Issues

The vast majority of cases brought against universities for dismissal are for denial of due process (Forrest et al., 1999; Hutchens, Block, & Young, 2013), which is a guaranteed constitutional right under the Fourteenth Amendment to the United States Constitution (U.S. Const. amend. XIV). There are two kinds of due process: Substantive and procedural. Substantive due process implies that the dismissal was not arbitrary or prejudicial. Procedural due process refers to adequate notice to the student for dismissal from the program. The most salient issue to know from a legal standpoint is that courts tend to side with universities in dismissal cases when universities have consistently protected students’ due process rights (Hutchens, Block, & Young, 2013; McAdams, Foster, & Ward, 2007).

The courts have consistently demonstrated their “reluctance to overturn professional decisions made by qualified faculty in specialization programs” (Knoff & Prout, 1985, p. 791). In other words, the courts have consistently been reluctant to side with students

when they have contested their dismissals, because the court holds that the world of academia is comprised of experts in their field (Hutchens, Block, & Young, 2013). If the experts in a particular field deem a student as professionally incompetent in that field, then the courts have generally agreed with the university's stance on the matter (Forrest et al., 1999; Hutchens et al., 2013). However, in order to protect due process rights, the courts tend to especially favor universities that make their policies very clear to students (Forrest et al., 1999).

As noted in Cole and Lewis (1993), the first case of this nature was *Board of Curators of University of Missouri v. Horowitz* (1978) was about a medical student (Horowitz) who was dismissed from medical school for "deficiencies in clinical performance, peer and patient relations, and in personal hygiene" (p. 152). The court decided that all of these abilities (or deficiencies, in this case) could be considered to be 'clinical skills', and thus the University of Missouri was fair in deeming these clinical skills to be part of the academic requirements of staying within the program. The Supreme Court decided that it is the University's role to observe and supervise her "skills and techniques in actual conditions of practice" (p. 152). In this way, the court decided that subjective judgments of students' clinical behaviors are necessary, as long as these judgments are based on "professionally accepted standards of behavior" (p. 152).

The landmark case of graduate student impairment in the counseling field was *Harris v Blake and the Board of Trustees of the University of Northern Colorado* (1986). Blake was Harris's professor in a graduate psychology program, and Blake found Harris to be "incompetent and unethical" (Frame & Stevens-Smith, 1995, p.123). Incompetence was explained by Blake as "an inability to verbalize his own or others' perceptions, a lack of attentive behavior, paucity of listening skills, a lack of warmth, genuineness, respect, or empathy in his interactions with clients or fellow classmates" (Frame & Stevens-Smith, 1995, p.123). As with their earlier decisions, the high court sided with the academic institution. This case paved the way for universities to create policies dealing with graduate student impairment, because the court decided that academic performance included non-academic entities, such as interpersonal skills, attitude, and character.

A more recent example of a student impairment case came out of Augusta State University, and the case was *Keeton v Anderson-Wiley* (2011). Jennifer Keeton was a counselor education student, and her religious beliefs held that homosexuality is a sin. As such, the university put her on probation and asked her to follow a remediation program so that she could learn how to counsel homosexual clients in a supportive manner. The plan included sensitivity training, written assignments about oppression and tolerance, and attendance at gay pride events. Instead of being involved in the remediation program, Keeton brought suit against the university for violating her religious beliefs. As with past cases, the university won the case.

The Americans with Disabilities Act (ADA) of 1990

The *Americans with Disabilities Act* (ADA) of 1990 uses the words "impaired" and "disabled" interchangeably, which can lead to confusion if universities are not careful in their wording of policies towards impaired students. The exact wording of the act is as

follows: "(A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment" (Frame & Stevens-Smith, 1995, p.121). The importance of this notation is that if student impairments are covered under the ADA, such students have a legal umbrella with which to claim psychological disability.

The Impact on Counselor Training Programs

Research suggests that one reason faculty members ignore cases of student impairment is due to the fear of litigation resulting from terminating a student (Cole & Lewis, 1993; Forrest et al., 1999). However, research also suggests that 80% of the terminations are not contested (Vacha-Haase et al., 2004). Making faculty aware of recent court decisions concerning impaired students and having written policies in place to handle these individuals might help decrease faculty anxiety concerning academic discipline of students. With clear policy regarding graduate student impairment, faculty members would not need to be as fearful of possible litigation resulting from the termination of impaired students.

Wheeler (1995) astutely notes, "Assessment systems must be highly complex in order to take account of psychological development of trainees without being persecutory, perceived as being biased with judgments based on personal opinion, or infringing on rights of confidentiality" (p.186). One issue with assessment of trainees is that it is much easier to grade students' coursework than it is to assess for behaviors suitable for the profession. Wheeler suggests that programs need to include self-assessment and peer-assessment as part of their training regimen. While self-assessment is certainly a wise suggestion, having peers assess one another in a counseling program might not hold up to the high ethical standards of most counseling professions. However, it would be beneficial for a university to have an atmosphere where students can speak confidentially about a colleague's impaired status to university faculty. At the same time, it has been suggested that reliance on self-assessment and peer-assessment methods alone is not enough to repair the problem of graduate student impairment within counseling programs (Schwartz-Mette, 2009).

Studies suggest that 85% to 95% of students are aware of peers that they considered to be impaired in future professional work (Gaubatz & Vera, 2002; Mearns & Allen, 1991; Rosenberg, Getzelmen, Arcinue, & Oren, 2005). If the students are aware of peer impairment, and the university faculty is not, then it would behoove the university faculty to work together with their students towards an open-door policy regarding impairment. Gizara and Forrest (2004) found that organizations that fostered an open-door policy were more likely to address student impairment. In addition, internship programs that fully committed themselves to the training process for new interns were more likely to have successful graduates. A possible implication of this finding is that an organization that has a culture of closed doors and non-committal internship training sites is more likely to ignore the problem of student impairment in their schools.

Lamb, Cochran, and Jackson (1991) advise that all programs "have the responsibility to continually assess the progress of each of their interns" (p.291). The authors note that

this could be accomplished through the use of a set of guidelines, and also a working definition of the term 'impairment'. The authors, based on their literature review and case law review, came up with four processes for the identification of and response to student impairment. These four processes are identification, discussion, implementation, and response. The more recent articles on this topic appear to base their recommendations on this article (Forrest et al., 1999; Vacha-Haase et al., 2004; Wilkerson, 2006). Also, these authors recommend that faculty have discussion surrounding the issue of graduate students with problems of professional competency, such that all parties can benefit from others' experiences.

In a subsequent article, Lamb (1999) emphasizes the importance of communication among faculty members. Research suggests that one of the reasons that faculty members do not act on suspected cases of student impairment is because they fear reprisal from their fellow faculty members as well as their departmental heads (Lamb, 1999). It is precisely because of this fear of reprisal that open discussion is recommended among faculty members. If the issue is discussed on a regular basis, perhaps that fear could be alleviated.

Russell and Peterson (2003) asked faculty how much time was devoted to students with impairments. The results showed that when there are no problem students, faculty members spent up to a half-hour a month with any student. When there was a problem of student impairment, the involved faculty member could spend upwards of three to five hours a month dealing with that particular student and issues specific to that student. That is a great deal of time for one faculty member to spend with one student. If a faculty member is already overburdened by the responsibilities of the job, this addition in hours could seem completely overwhelming. Without the backup of peers and superiors, this could very well lead to burnout on the job. In the same study by Russell & Peterson, 32% of respondents advised that they perceived support from the university one-half of the time or less. This problem could be yet another contributor to the university's ineffectiveness in dealing with impaired students.

A study done by Wheeler (1995) confirms that students with problems of professional competence have successfully completed counselor education programs simply because they met the academic criteria. Baldo, Softas-Nall, and Shaw (1997) state that one reason faculty members don't proactively deal with the issue of student impairment may be because it places faculty members "under unmerited hardship" (p. 247), as students might perceive certain faculty members as the sole reason for their negative reviews. The research suggests that faculty members might feel more comfortable with the use of a policy that encompasses the use of the entire department so as to not single out any one educator (Baldo et al., 1997; Koerin & Miller, 1995). Another reason cited that identifying impaired graduate students is challenging is that a student is a 'work-in-progress' (Schwartz-Mette, 2009). It is entirely possible that while the graduate student is currently impaired, the schooling process will help the student identify his/her own impairment and remediate.

The commonality of all studies cited is the fact that it is difficult to terminate a graduate counseling student's education simply on the basis of impairment, especially when there is no policy dealing specifically with this issue. Even if there is a policy for

handling student impairment, faculty employees remain somewhat ambivalent in their actions (Bradey & Post, 1991; Gaubatz & Vera, 2002). In the study done by Bradey and Post (1991), the evidence suggests that “many counselor educators seem reluctant to screen out students solely on the basis of mental health problems” (p.107).

Future Directions

Perhaps the university settings need to adopt the mindset of ‘first do no harm’ when formulating policies and procedures dealing with this issue. Wilkerson (2006) suggests that university staff and faculty employ a therapeutic framework for treating the impaired graduate student. This framework suggests that the impaired graduate student should be treated the way a client would be treated. This strategy is an empathetic answer to a difficult problem, and it would be interesting to see a policy that operationalizes an empathetic approach to student impairment. On the other hand, if taken to an extreme, it would be a disservice to the trainee as well as the future clientele to keep training a person in a profession for which they are not well-suited. Thus, even the most empathetic policy would need to keep to some sort of standard by which termination from the program is an option. As such, Kress and Protivnak (2009) recommend the use of professional development plans (PDP) that act as a contract between the student and faculty, and are signed by both parties. These PDP’s detail what is expected of the student in order to successfully complete the educational program set forth by the academic institution.

While most universities ask for references to be included with applications to the program, Russell and Peterson (2003) advises that “programs should directly inquire about previous training experiences and ask for a release to talk with any prior supervisors” (p.335). This speaks to the need for a well-thought out policy, such that this practice is standard procedure for every university. In order for a university to have a well-thought out policy, there must be discussion at every level of the program, as well as a commitment to the process itself. That can be difficult in an environment where faculty members are busy trying to keep up with even the most basic requirements of the job (such as teaching, service, supervision, and scholarship). One idea might be to have specific criteria to assess for professional behaviors in and out of the classroom, such as grading a student for exhibiting “progress in therapeutic behavior and conceptualization” or being “non-disruptive” and “respectful of others” (Duba, Paez, Kindsvatter, 2010, p.157). Another idea might be to utilize group interviews of applicants during the admissions process, and use specific criteria to assess for suitability (Swank & Smith-Adcock, 2013).

It has become increasingly clear that school policies must veer away from the attitude that certain standards are academic (such as standards governing writing skills, reading comprehension, etc.) and non-academic (such as empathic skills, which are needed for effective counseling). As in other professions such as medicine and psychology, since both “academic” and “non-academic” skills are necessary for students to become effective practitioners, it is important for universities to begin using the word “professional” instead of “academic/non-academic” in all written policies (Forrest et al., 1999). In addition, remediation strategies must take into account the non-academic nature of student impairment issues. For instance, Boxley et al. (1986) recommends personal therapy as an

effective remediation strategy, though other scholars have discussed the ethical challenges of such a directive (Vacha-Haase et al. 2004).

One could also compare the trainer/trainee relationship in a university counselor training program to that of a supervisor/supervisee relationship in a human services organization. Certainly, if a supervisor notes some serious issues of impairment in his/her supervisee, and those issues cannot be worked out, it would be incumbent upon the supervisor to terminate that supervisee's employment with the agency. While the supervisor might have some hard feelings to deal with personally, he/she must first do right by the clientele.

The sum and substance of the studies cited suggest the same thing: universities would be better equipped to handle this issue of graduate student impairment if several improvements were made in general. These improvements include: 1) a uniform policy by the accreditation boards as well as the university programs to explicitly address graduate student impairment, 2) a willingness to address the issue of graduate student impairment, which might mean program-wide organizational change, and 3) an organizational culture based on open-door communication, such that faculty members would be more comfortable identifying cases of student impairment and then working together with other faculty to deal with it. This would ensure that impaired graduate students are handled in a way that protects the student from harming future clients, the university from due process lawsuits, and future clients from impaired counselors.

Policy Example on Graduate Student Impairment

Definition of Impairment

This policy adheres to the following definitions of impairment: "Impaired graduate students show an inability to insightfully understand and resolve their own issues so that these issues do not interfere with the therapeutic process" (Bemak, Epp, & Keys, 1999, p. 21). This can be 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" (Lamb, Presser, Pfof, Baum, Jackson, & Jarvis, 1987, p. 598).

This definition of impairment is in sync with the American Counseling Association Code of Ethics, Section C.2G definition of impairment, which states: Counselors are alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until such time it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with

colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.

Identification of Student Impairment

The identification of impairment is a necessary entity in order to maintain the integrity of the school's program. This identification can happen in one of these ways:

1. A student may self-identify for issues regarding impairment.
2. A student may observe impairment in a fellow student, and can report (see below).
3. A faculty member may observe impairment in a student, and can report (see below).
4. A field educator may observe impairment in a student, and can report (see below).
5. A staff person may observe impairment in a student, and can report (see below).

Procedures

Step 1

If a faculty member or field educator has cause for concern for issues of student impairment, the faculty member/field educator is to meet with the student privately to discuss the matter. If a student self-identifies issues of impairment, or if a student or staff member observes impairment in a student, the student or staff member is to take the issue to the Student Services Coordinator, who will then be in consultation with the Associate Dean for Academic Affairs and the appropriate *Academic Program Director*.

Step 2

If the meeting between student and faculty member/field educator has not resolved the issue, then either/both parties are free to bring the issue to the Student Services Coordinator. At this point, the faculty member/field educator, Student Services Coordinator, the student's advisor, and one other faculty member from the Department (as appointed by the Dean of the Department) will form an Ad Hoc Committee for Student Impairment. The Associate Dean for Academic Affairs will be contacted in an ex-officio capacity, as well as the appropriate Academic Program Director.

Ideally, within two weeks (but up to thirty days) of notification to the Student Services Coordinator: The Ad Hoc Committee will have a formal meeting with the student. Documentation, from written notice of the meeting to written notice of the allegations will be made available to all parties.

All parties present will discuss the student's problematic behavior, and all parties present will agree on time-based/outcome-focused goals. Possible methods that could be recommended by the Ad Hoc Committee for the attainment of these goals could include, but are not limited to: personal counseling, group growth work

experiences, self-structured behavioral change, additional course work, field experiences, etc.

The methods and goals discussed at the meeting will be written on the Plan of Action Form, and all pertinent parties will sign the document. This document will be presented to the Associate Dean for Academic Affairs as a suggested course of action, and will be implemented upon approval of same. If the Associate Dean for Academic Affairs is not in approval of the suggested course of action, the Associate Dean for Academic Affairs will meet with the Ad Hoc Committee and the student to resolve concerns with the plan.

The Student Services Coordinator will monitor the plan of action and consult as needed with the Associate Dean for Academic Affairs for two weeks following meeting.

Step 3

If sufficient student progress is not made in the time that was set forth in the Plan of Action, the Ad Hoc Committee and the student will meet again to institute a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences for not rectifying the inadequacies. The student may bring witnesses in his/her own defense. Students may not bring an attorney to represent them, and if they do so, the meeting will be cancelled and the student and attorney will be referred to counsel. The possibility of termination or extended probation for the student will be discussed at this time. The student is free to voluntarily resign from the program at any time. All parties present will agree on time-based/outcome-focused goals. These goals will be written on the Plan of Action Form and all pertinent parties will sign the document. This document will be presented to the Associate Dean for Academic Affairs as a recommended course of action for approval. If the Associate Dean for Academic Affairs is not in approval of the recommended course of action, the Associate Dean for Academic Affairs will meet with the Ad Hoc Committee and the student to resolve concerns with the plan. The revised remediation plan will be instituted including a time frame for expected remediation and consequences for not rectifying the inadequacies.

Step 4

If sufficient student progress is not made in the time that was set forth in the remediation plan at the meeting, the Ad Hoc Committee and the student will meet again. Academic decisions or decisions of clinical insufficiency will be made in good faith by the members of the Ad Hoc Committee. The decision at this time may include recommendation for dismissal from the program. All decisions/proceedings will be documented, and all documentation will be signed by the student and the Student Services Coordinator. This documentation will be presented as a suggested course of action to the Associate Dean for Academic Affairs. Upon receipt of the written recommendations from the Ad Hoc Committee, the Associate Dean for

Academic Affairs will consult with the Dean of the Department. The decision including recommendations will be determined by the Associate Dean for Academic Affairs. A letter detailing the decision made by the Associate Dean will be sent to the student, ideally within two weeks but up to thirty days of the Associate Dean's receipt of the Committee's recommendations.

Step 5

The student will be given 14 days from the date of receipt of the letter of written notification from the Associate Dean to appeal the decision of the Associate Dean for Academic Affairs in writing.

Step 6

A meeting will be set for the student with the Associate Dean for Academic Affairs and the Ad Hoc Committee to present his/her case. The student may bring a witness with him/her. Students may not bring an attorney to represent them, and if they do so, the meeting will be cancelled and the student and attorney will be referred to counsel. The Ad Hoc Committee will make a final decision as to whether the dismissal recommendation will be upheld. All decisions will be documented, and will be signed by the student and the Student Services Coordinator. This documentation will be presented to the Dean of the Department as a suggested course of action. The final decision and suggestion will be determined by the Dean. A letter detailing the final decision made by the Dean will be sent to the student, ideally within two weeks but up to thirty days of the Dean's receipt of the Committee's recommendations.

Step 7

If the student is not satisfied with the decision made by the Dean of the Department, then the appeals procedures of the Graduate School of the University are available to the student.

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