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Ethical Accountability of Licensed Professional Counselors: A Comparative Study of State Regulations and the Effects on Ethical Behavior

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**Ethical Accountability of Licensed Professional Counselors:
A Comparative Study of State Regulations and the Effects on Ethical Behavior**

by

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Abstract

ETHICAL ACCOUNTABILITY OF LICENSED PROFESSIONAL COUNSELORS: A COMPARATIVE STUDY OF STATE REGULATIONS AND THE EFFECTS ON ETHICAL BEHAVIOR

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Old Dominion University, August 2018
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Accountability is an integral aspect of occupational regulation and professional licensure and helps to promote ethical behavior within professional occupations. States have the autonomy to implement laws and enact sanctions against professionals who are in violation of the regulations and professional norms of the field. This research explores accountability and ethical behavior in the licensed professional counselor occupation. The purpose is twofold, it examines how states vary in their approach to setting legal and professional accountability measures as defined by minimum requirements for education and practice and it explores the relationship between ethical outcomes as defined by disciplinary violations and disciplinary actions taken by the state board of counseling. Based on accountability and ethics literature, using a state comparative study, state licensure experience and practice requirements are examined, including how states vary in their approach to setting accountability measures including education and practice standards, and how state licensing board regulations affect the ethical behavior of licensed professional counselors.

Data utilized for the study comes from pre-existing sources, including the American Counseling Association, the Center for Public Integrity, and government databases of the 50 states. States were ranked according to how they score overall on the education and experience requirements and grouped according to similarities and differences. The results of the study indicated that most of the identified educational and experience requirements were not significantly associated with lower levels of discipline violations and discipline actions. However,

one statistically significant association was indicated, but it was in the opposite direction as expected. CACREP accreditation of graduate degree counseling programs was found to be positively associated with discipline violations and discipline actions, suggesting states that require CACREP accreditation of counseling programs report more incidents of discipline violations and discipline actions taken against professional counselors. This study indicates that there may be unidentified contributing factors affecting the ethical behaviors of professional counselors as well as raises the question if the rules and regulations currently in place are adequate to ensure proper oversight. Further exploration in this topic area is needed to fully understand how licensure board regulations can be improved to provide oversight and guidance to professionals in the field.

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This dissertation is dedicated to my husband Mark, who has always supported my educational aspirations. To my daughters Shenan and Erin, who have grown up during this program, from little girls playing softball, soccer and Irish dancing to beautiful young ladies, one getting ready to experience her own higher education aspirations and the other in the midst of her high school years. I hope my perseverance in the completion of this program will serve as a guide for them as they pursue their own educational goals.

I also want to remember my fellow classmate, Calvin Evans, who passed away in 2017.

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CHAPTER I

INTRODUCTION

Public administration and social science literature contain a profusion of information regarding ethical behavior and accountability in a variety of settings including both the public and private sectors. The nature of ethical decision-making has been a focus of scholars since the dawning of public administrative theory as evidenced by the familiar quote of James Madison in Federalist No. 51 “If men were angels, no government would be necessary. If angels were to govern men, neither external nor internal controls on government would be necessary” (Madison, 1788). The concept of accountability is at the heart of occupational licensing and occupational regulation. Dubnick (2003) describes accountability as traditionally being regarded a way to control and direct behaviors by requiring answerability to an external authority; ethical behavior is shaped by role expectations, as well as an individual’s professional identity. Legal, political, social, cultural, and economic forces all play a part in the accountability environment through pressures placed on organizations and on the individuals within those organizations to carry out certain activities or refrain from engaging in others (Kearns, 1996). Accountability holds the promise of justice and provides desired performance through the promotion of ethical behavior (Dubnick, 2002).

Accountability can be viewed from two perspectives, the accountability holder - those who hold others accountable for actions and behaviors, and the accountability holdee – those who are subject to giving account or being answerable (Behn, 2001). Definitions of accountability are comprised of several components including: answerability to a higher authority in a formal chain of command, having clear mandates and performance criterion, having clear and objectively defined mechanisms for reporting actions or the performance of organizations or individuals, and

holding individuals or organizations responsible for their performance (Kearns, 1996; Paul, 1991; White, 1926). Accountability is often referred to as an instrument of control in a democratic society and a central objective of democratic government (Gruber, 1987; Kearns, 1996). Kearns notes that often these precise conditions do not exist, or if they do exist they may be “vague, idiosyncratic, and constantly in flux” (Kearns, 1996, p. 2). The notion of boundaries influences accountability within the administrative system. Kettl (2006) refers to managing the boundaries between bureaucracies and the political institutions; politics and administration have struggled to determine where the boundaries should be and how to manage boundaries.

Dubnick (2002) contends that despite the history of the debate between accountability and ethical behavior in public administration literature, the nature of the relationship has not been clearly articulated or examined. It is the intention of this research to examine the accountability mechanisms of licensed professional counselor regulation and the resulting relationship with the ethical behavior of licensed professional counselors.

The counseling profession covers a wide range of professionals including mental health, couples, child and family, school, rehabilitation, and substance abuse counselors. Training programs include masters and doctorate level counseling, and related programs. Additionally, it includes counseling related professionals such as psychologist, social workers, pastoral counselors, career counselors, and psychiatrists (Wheeler, 2015). All these professions engage in the practice of counseling, some require licenses, others require specific training curriculums and special certifications. For this study, the focus is only the Licensed Professional Counselor (LPC).

Licensed professional counselors, also termed in some states as “licensed clinical professional counselors” or “licensed mental health counselors,” provide mental health and substance abuse counseling. Licensed professional counselors hold a master’s degree and are

trained to work with individuals, families, and groups in the treatment of mental, behavioral, and emotional problems and disorders. LPCs make up a large percentage of the workforce employed in community mental health centers, agencies, and organizations. LPCs are employed within and are covered by managed care organizations and health plans, they work with active duty military personnel and their families, as well as veterans (American Counseling Association, 2011).

In a delegation at the ACA Conference in Pittsburgh, Pennsylvania in March, 2010, a unified definition of counseling was agreed upon “counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (American Counseling Association, 2014a). Currently, there are more than 120,000 professional counselors licensed across the country, under licensure laws enacted in all 50 states, the District of Columbia, and Puerto Rico. LPC education and training standards for licensure are equivalent to the other master’s level mental health providers, including clinical social workers and marriage and family therapists (American Counseling Association, 2011).

Purpose of Study and Research Question

Individual states can set licensure laws to establish minimum regulatory standards in the areas of education, examination, and experience requirements. The purpose of this study is to examine how states vary in their approach to setting accountability measures as defined by the minimum requirements for education and practice. Additionally, it is the purpose to determine whether an accountability relationship exists between the education and experience requirements and ethical outcome measures in the field of professional counseling.

Do state regulations, standards, and requirements promote regulatory accountability mechanisms to influence disciplinary violations and actions? Based on occupational regulatory

literature, accountability literature and ethics literature, I will explore the different areas of licensure requirements and examine the outcome of accountability mechanisms, and the related ethical considerations within the professional counseling regulation process. Therefore, the proposed state comparative study will aim to answer two broad research questions: How do states vary in their approach to setting regulatory accountability measures including education and practice standards, and how do state licensing board regulations affect the ethical behavior of licensed professional counselors?

Significance of the Study

A search of the current literature pertaining to occupational licensing and regulation of the counseling field indicates an abundance of research pertaining to the supervision process and practice, professional identity, and supervisor qualifications, but very little research addresses accountability of regulation enforcement and related public policy. Most of counseling regulation literature is published in counseling journals, written over the span of 1970 to 1990 when regulations governing counseling first emerged with the establishment of licensure regulations in many of the states. Research that focuses on occupational regulation tends to be concentrated in the economic, and business journals and dates from 1960 through the early 1980's. Additionally, only a handful of studies examine the effects of regulation and licensure on professional counseling outcomes. The lack of research in the literature focusing on regulatory and professional licensure implementation and the relationship between professional counselor licensure accountability and ethical behavior points to a need for further research.

The proposed research has multiple implications for individual practitioners, public and non-profit agencies, and for the public institutions tasked with the responsibility of providing

oversight of occupational practices. Organizations within the counseling and mental health field, such as public agencies tasked with providing community mental health, depend on regulatory boards both for guidance and accountability structures and handling consumer and ethical complaints. Additionally, there is the implication of accountability to the public who are beneficiaries of the service. Although there have been studies that examine regulatory discipline measures, the health professions that have typically received the focus of research include the medical, dental, and optometry fields (Carroll & Gaston, 1981, 1983; Strong, 2005). Thus, the focus of this study is the board of professional counseling.

The accountability literature in relation to regulatory boards' enforcement and disciplinary actions has received little scholarly attention, and less so when looking specifically at the professional counseling field. Strong (2005) speculates that there are three basic reasons related to the paucity of empirical studies in the literature. First, there has not been readily available data on regulatory board discipline for analysis; second, scholarly literature on health profession regulations has mainly studied the relationship between licensure and the economic effects; and third, studies related to disciplinary issues have focused on the explanation of the variance in the rate of discipline among boards (mainly looking at optometry and dentistry).

A limitation of the current accountability literature is the lack of actionable knowledge (Yang, 2012). Actionable knowledge is the knowledge that is required to have the most relevance in the real world, because it helps to prescribe how individuals should act (Argyris, 1996). Yang (2012) suggests academicians begin to rethink the ontological, epistemological, and methodological assumptions about accountability, and concludes that from the search of the accountability literature much of the focus is on accountability problems and not how actors should deal with the problems or how to build effective accountability arrangements. This research

will contribute to the base of actionable knowledge by studying the relationship between the varying levels of education and experience requirements by state to determine if it does in fact contribute to the ethical behavior of counselors. If this relationship is determined to contribute to the ethical behavior of counselors, the field and state boards will be in a better place to address ethics in a proactive manner.

Definition of Terms

Accountability: Accountability is the answerability to a higher authority in a formal chain of command with clear mandates and performance criteria, and clear and objectively defined mechanisms for reporting actions or the performance of organizations or individuals, as well as holding organizations or individuals responsible for their performance (Kearns, 1996; Paul 1991; White, 1926).

American Counseling Association (ACA): The ACA is a not-for-profit, professional and educational organization founded in 1952. It is dedicated to the growth and enhancement of the counseling profession.

ACA Code of Ethics: The Code of Ethics is an ethical guide designed to assist professional members. The code identifies core professional values of the counseling professional and provides a conceptual basis for ethical principles and the foundation for ethical behavior and decision making. The fundamental principles as outline include autonomy, nonmaleficence, beneficence, justice, fidelity, and veracity.

Council for Accreditation of Counseling and Related Educational Programs (CACREP): An independent agency that accredits master's degree programs in mental health counseling and other counseling specialties.

Disciplinary Sanction: Disciplinary sanction, also referred as disciplinary action is an official action taken against an individual designed to secure enforcement by imposing a penalty for violation of a state licensure board rule or law.

Jurisprudence Exam: A state examination that tests an applicant's knowledge of licensing board rules and operating procedures, and the state laws affecting the counselor's practice.

Licensed Professional Counselor (LPC): A licensed practitioner, educated and trained at the graduate level who is a member of the counseling professional. Licensed professional counselors are also identified as licensed clinical professional counselor (LCPC), licensed mental health counselor (LMHC), licensed clinical mental health counselor (LCMHC), licensed professional clinical counselor of mental health (LPCC), and licensed mental health practitioner (LMHP).

Practice Act: A practice act is a licensure law that stipulates licensure to practice an occupation in addition to specific education, training, and examination standards (American Counseling Association, 2014).

Title Act: A title act is a licensure law that restricts the use of a specific title to individuals who meet specific education, training, and examination standards. Also known as certifications laws (Remley & Herlihy, 2014).

Theoretical Framework

The theoretical framework for this study is based on Romzek and Dubnick's (Romzek & Dubnick, 1987) research on accountability relationships and Dubnick's (Dubnick, 2003, 2005) research on account-giving mechanisms utilizing the concepts as a basis for ethical behavior and ethical outcomes. Accountability is a fundamental concept in public administration. Public

accountability as described by Bovens (2005) relates to openness and account giving done within the public and as accessible to citizens.

In the public administration discourse accountability seems to have taken on an iconic role. Dubnick (2002) distinguishes between accountability-the-word and accountability-the-concept. Accountability-the-word is contingent on cultural and contextual factors “...*accountability* [sic] holds the promise of bringing someone to justice, of generating desired performance through control and oversight, of promoting democracy through institutional forms, and of facilitating ethical behavior.” (Dubnick, 2002, p. 2). Accountability-the-concept, according to Dubnick (2002), takes on a broader perspective, it is related to governance and emerges as being meaningful in several contexts including: institutional frame - rules and roles that pertain to individuals, social transactions - how individuals may relate to one another in the account giving or account taking relationship, the organizational frame – formal and informal rules and mechanisms for dealing with expectations within complex environments of multiple, diverse and conflicting expectations.

This research explores the accountability relationship and account-giving mechanisms in relation to professionalism and ethical behavior within the counseling profession and specifically, licensed professional counselors. It examines accountability in relation to state regulations that govern the profession of counseling and explores the effects of varying regulations on the professional behavior of counselors. Figure 1 provides a conceptual model for the accountability-ethics relationship based on the accountability relationship types as proposed by Romzek and Dubnick (2003), and Dubnick’s (1987) account-giving mechanisms.

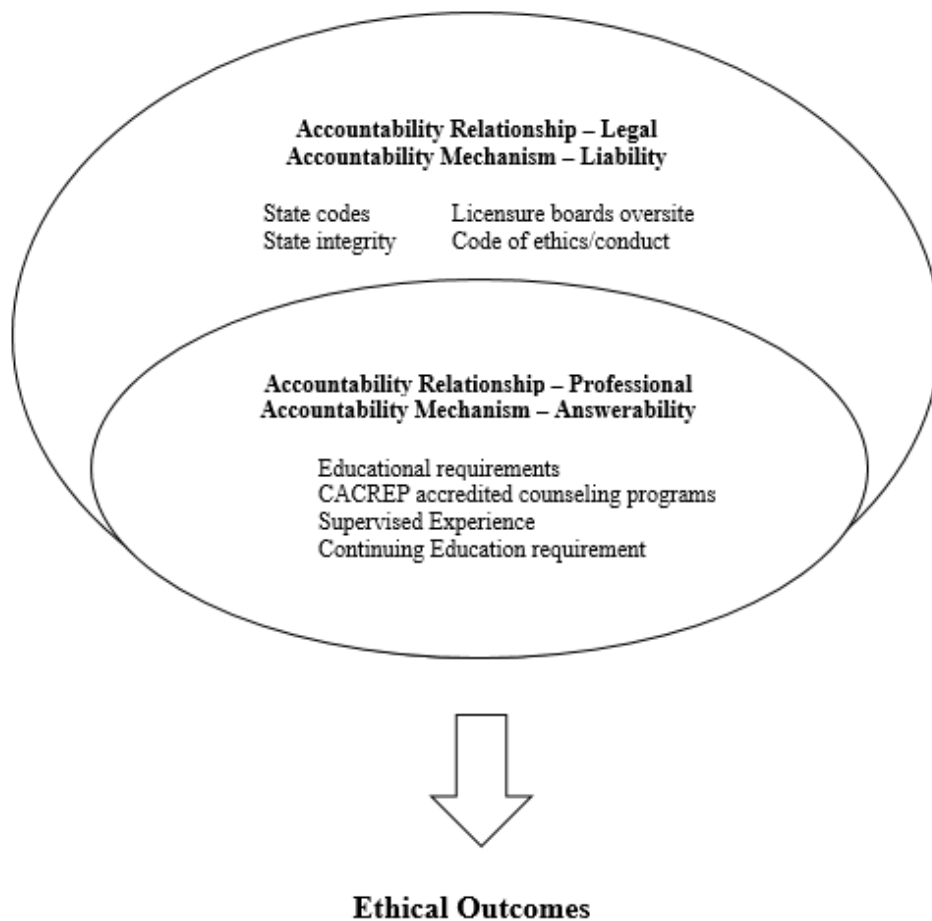


Figure 1. Conceptual model for the accountability-ethics relationship based on the Accountability Relationship types and Account-giving mechanisms (Dubnick, 2003, Romzek & Dubnick, 1987)

Delimitations and Limitations

This study focuses on the differences that exist between individual state board of counseling rules and regulations, the potential effects on ethical behavior, and the consequences for accountability. Specifically, it addresses differences in the requirements pertaining to minimum education level, the requirement for additional or specific coursework, the accreditation of training

programs, hours of experience, continuing education credits, the adoption of the ACA Code of Ethics, the requirement of a jurisprudence exam, and licensure laws that include practice acts.

A potential delimitation of this study and possible source of systematic error is the fact that portions of the data are collected from an existing source and the accuracy is not thoroughly vetted. However, the use of the secondary data allows access of information from one source for each of the fifty states. Otherwise this research may not be feasible due to time limitations. A delimitation of using data drawn from the state-by-state report as compiled by the American Counseling Association (American Counseling Association, 2014c) is that it is not the current licensure requirements. However, this limitation is not considered to affect the outcome of this study because any changes to licensure requirements since the 2014 report would not be seen in the data collection for discipline violations and the actions taken against individuals. Those individuals under the new requirements are not expected to be licensed to practice counseling sooner than 2018. An additional delimitation of the study is the data drawn from state boards for violations and disciplinary sanctions. The data were transcribed and hand counted by the researcher; which introduces the potential for systematic error in data collection. Because each board reports violations in terminology written in their state regulations, it was necessary to cross walk the data into like categories.

A further delimitation and potential threat to validity is the choice for the measurement of ethical behavior. Complaints, code violations, and associated disciplinary sanctions are used as a measure of unethical behavior. A limitation to this study is the probability of underreported ethical violations. There are likely more violations of ethical behavior that occur than for what is accounted. To accurately measure unethical behavior, violations of ethics must be reported to the board.

The variation in the names of licensed professional counselors across the states is another limitation to this study. Because the profession is individually regulated by each state and does not have national requirements each state has the latitude in determining the license name. An assumption is made that the education and experience requirements are similar enough between all states so that comparisons can be made. Furthermore, this study utilizes data collected from the American Counseling Association, which is a nationally recognized entity within the counseling field.

A final limitation addresses generalization of the results. Because this study focuses on one profession in the counseling field, it can only be generalized to the field of professional counseling within the United States. It cannot be generalized to other counseling professions such as licensed clinical social workers or licensed clinical psychologists due to the different educational and licensure requirement required by each specific board.

Organization of the Study

Chapter I provides the background of the study, statement of the problem, purpose of the study and research questions, significance of the study, theoretical framework, limitations, delimitations, and the assumptions of the study. Chapter II provides a comprehensive review of the literature, which includes a review of the professional licensure and regulation literature, professional counseling laws and regulations, including legal and professional accountability structures, a theoretical overview of the accountability-ethics relationship and account-giving mechanisms, and a detailed review of the research questions and hypotheses.

Chapter III describes the methodology used, including information regarding data sources and case study design. It includes a detailed description of the variables, a description of data

definitions and measures, detailed description of the data collection, and the procedures for the data analysis. Chapter IV provides the results from the study which consists of answering the research questions by examining the results of the data analysis. Chapter V provides a summary of the entire study, discussion of the findings, and explains the dissertation's implications of the findings for theory and practice, recommendations for further research.

CHAPTER II

REVIEW OF THE LITERATURE

Professionalism

To be considered a professional within an occupation an individual must possess the knowledge, skills and abilities generally achieved through formal education and training. Greenwood (1957) identifies five elements that lends themselves to the distinguishing attributes that all professions seem to possess, these include a systematic theory, an authority, community sanction, ethical codes (Herlihy & Remley, 1995), and a culture. A profession can be viewed as a moral community whose members can be distinguished as both individuals, and as a group with shared values, beliefs, and goals with the appropriate means for achieving those goals; the profession becomes a normative reference group whose norms, values, and definitions for professional conduct serves as a guide for the individual practitioner (Camenisch, 1983; Frankel, 1989; Pavalko, 1971).

Early sociological studies of professions mainly attempt to identify the differences between professions and non-professions. Klegon (1978) studied the growth of professional occupations through the lens of a professions ability to obtain and maintain professional status. He argued that the growth of occupational professions was more closely related to concrete occupational strategies and the wider social forces and arrangements of power. Occupational professionalism has both internal and external forces that have contributed to the growth of professions. The internal dynamic focuses on the efforts of professionals to advance their status, define the services that only they can perform properly, and to achieve and maintain autonomy and influence and claim professional status "...by announcing that they are trustworthy, have a code of ethics, a

professional association, and perform important services which only they are qualified to do, and, therefore, are deserving of autonomy and prestige” (Klegon, 1978, p. 268). The external dynamic relates to professional organizations and control and the institutional forces and arrangements of power “From the perspective of the external dynamic, it is the relationship of an occupation to societal arrangements of power, and the way in which those relationships affect the social meaning of an occupation, that affect the ability of an occupation to obtain and maintain professional occupational control” (Klegon, 1978, p. 273).

Gargan (2007) argues that professional communities are concerned with three types of behaviors related to the membership of the profession, these include legal, ethical, and moral behaviors. From a legalistic perspective, professionals must conform to civil and criminal codes, as well as laws relating to a specific profession in which one practices. From a professional prospective, professionals are expected to follow standards of practice and conduct, and often must follow the specific criteria as outlined in a professional code of ethics. Lastly, from the moral perspective, professionals should be guided by a ‘moral structure’ where the professionals hold widely shared goals and beliefs about the values of goals and how to achieve said goals (Frankel, 1989; Gargan, 2007). “Demonstrating acceptable behavior of all three types is integral to a profession’s long term interests and the well-being of the society beyond the profession’s membership” (Gargan, 2007, p. 1184).

Regulation and Professional Licensure

Regulation, a core element of government’s work and policy, defines how public administrators strive to balance individual freedom and government control. This power holds that the state has the right and obligation to pass laws and take actions as it may deem necessary to

protect the health, safety, and welfare of its citizens (American Counseling Association, 2015b). Regulation has two primary objectives, to change the behavior of individuals and organizations that if left unchecked could cause harm to others, and to control how government agencies and its employees conduct the administrative tasks they perform (Kettl & Fesler, 2009). The regulation of professional licensure is the primary function of the state, and by regulating professions and occupations directly affect the daily lives of individual citizens (Schneider, 1987). The passage of a state licensure law for a given profession restricts or prohibits the practice of that profession by individuals who do not meet the state-determined qualification standards. Violators may be subject to legal sanctions such as fines, loss of license to practice, or imprisonment (American Counseling Association, 2015b).

Regulation and licensing laws provide restrictions for entry into professions and occupations, and often this is a result of lobbying professional associations who seek to keep competition down and prices up (Kettl & Fesler, 2009). Entry into a profession is restricted by establishing minimum levels of education and experience for practice in the profession, and by legally setting permissible boundaries that covers the scope of practice, including what can and cannot be done in the provision of the service (Haas-Wilson, 1992).

Fretz and Mills (1980) provide an outline of the five major premises for professional licensing as found in their review of the literature, each having arguments for and against licensing:

- Licensure protects the public by setting minimum standards for service providers.
- Licensure protects the public from its own ignorance.
- Licensure makes practitioners more competent and better distributed.
- Licensure upgrades the profession.

- Licensure helps to define the profession.

To provide the scope of current regulation and licensure trends, approximately 1000 occupations are regulated at the state level (Summers, 2007) and licenses are required for many of these professions, including, but not limited to lawyers, dentists and counselors (Kettl & Fesler, 2009; Summers, 2007).

Regulatory laws are one type of accountability measure. States create, implement, and govern licensure laws and regulations, and states have the autonomy to create the regulation legislation as deemed pertinent to their specific needs. Regulation can be defined as the use of legal means for the implementation of social-economic policy objectives with an aim to compel individuals or organizations to comply with prescribed behavior under penalty of sanctions (Den Hertog, 1999). Licensure is an example of government control through administrative regulation that requires regulatory agencies to carry out its functions (Hogan, 1983).

Research has found that occupational licensing is often arbitrary, as noted by the inconsistency in which some occupations are licensed and the how onerous the process can be from state to state (Summers, 2007). Licensure laws are a type of accountability viewed through an institutional perspective and closely associated with the legalistic view of the world; actions are guided and assessed according to rules and sanctions for noncompliance, and are a formalized means of feedback and control established by the government structures of the states (Dubnick, 2003; Schedler, 1999).

Occupational regulation within the field of mental health materialized with the licensure and certification of psychologists in 1946 followed by the counseling profession in 1975 (Fretz & Mills, 1980). The proliferation of state legislation for counselors emerged in the mid to late 1980's with the assistance of model legislation proposed by the American Counseling Association. The

goal of the legislation was to facilitate consistency in counselor licensure laws across the nation and to promote the use of the most currently accepted standards (Glossoff, Benschhoff, Hosie, & Maki, 1995). State legislatures were deemed responsible for the establishment of general statutory guidelines for occupational regulation, and the interpretation and administration were then overseen and implemented by specialty boards (Schneider, 1987).

Professional Counseling

Professional counseling regulation entails both legal accountability and professional accountability structures (Romzek & Dubnick, 1987). Although accountability can entail a multitude of definitions it has traditionally been regarded to control and direct behavior (Dubnick, 2003), and individuals can be held accountable using laws, rules, and expectations, as well as mechanisms of social control (Beu & Buckley, 2001). There are specific laws that affect how the professional counseling field operates, including but not limited to federal laws such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Health Information Technology for Economic and Clinical Health (HITECH) Act. Additionally, state licensure laws including counselor licensure laws and local laws affecting who, when, and where counseling can occur (Wheeler & Bertram, 2015). These laws affect how a counselor functions within the field and undoubtedly, a relationship exists between ethics and accountability. However, the existence and effectiveness of the relationship has not been subjected to systematic examination (Dubnick, 2003).

The field of professional counseling has implications for ethical violations and concerns for public welfare. In general, ethics is a system of moral principles that include rules of conduct recognized in respect to certain actions being right or wrong and the good or bad of an individual's

motives, as well as the ends to such actions. Ethics are principles by which an individual is guided in relation with another individual and becomes the rules of interpersonal conduct (Van Hook, 1998). Menzel (2010) notes that ethics concerns behavior and its consequences; one can think unethical thoughts, but until the thought is translated into behavior there is no consequence to define it as right or wrong. Wheeler and Bertram (2015) stress that ethical decisions involving a choice between a purely right and a purely wrong action is not difficult for most individuals. However, individuals, whether it be the average citizen, public official or any professional can find themselves in a situation where they must make a decision that involve “right versus right” choices (Kidder, 1995 as cited in Wheeler and Bertram, 2015). Such situations have many available options, but where only one option can be chosen. Professional counselors are faced with such ethical challenges.

The legal accountability structure of professional counseling. Accountability in the professional counseling field is established through the governmentally sanctioned credentialing process of licensure. Licensure is based in the legal concept of regulation and the regulatory power of the state in which rules or other directives are issued by administrative agencies (Gifis, 2010). The regulatory power of the state grants the state the right and obligation to pass laws and take other actions it deems necessary for the protection of the health, safety, and welfare of its citizens. The passage of state licensure laws for a profession restricts and/or prohibits the practice of the profession by those individuals who do not meet the state-determined qualification standards and renders the violators subject to legal sanctions (American Counseling Association, 2014c). Individuals in the field of professional counseling are expected to understand the laws that govern the field, and many states require passage of a jurisprudence exam that includes knowledge of licensing board rules and operating procedures, and the state laws that affect counselor’s practice.

The titles of licensed counselors vary from state to state, with the most common title being professional counselor. Other titles include mental health counselor, professional clinical counselor, professional counselor of mental health, clinical mental health counselor, professional clinical mental health counselor, professional counselor-mental health, and professional counselor-mental health service provider. Individuals from the states who proposed the counseling licensing laws decided on which title to use, sometimes to satisfy political compromises to obtain support for the legislation (Remley & Herlihy, 2014). Counseling licensing laws resulted from the negotiations among many perspectives and interest groups within each state, resulting in significant variability across the country (Wheeler & Bertram, 2015). The American Counseling Association recognizes the above cited titles under the umbrella of the professional counselor. For the purposes of this study, any reference to *professional counselor* includes these titles.

Practice acts vs. title acts. The laws that govern professional counselor licensure are divided into the categories of practice acts and title acts. Title acts are licensure laws that restrict the use of a specific title to individuals who meet specific education, training, and examination standards, and are referred to as certification laws (Remley & Herlihy, 2014). Under title acts an individual does not need to be licensed to engage in the practice of a profession but does need to be registered within the state of practice. Remley and Herlihy (2014) note that the terms certification, registration, and license are used interchangeably from state to state and profession to profession. Practice acts are licensure laws that stipulate licensure to practice as a professional counselor. It would hold that practice acts are more protective of consumers than title acts. (American Counseling Association, 2014c). It is noted that most states have adopted practice acts for licensure of professional counselors.

Licensure board oversight. The state licensing board is given the authority to oversee the administration and enforcement of regulatory functions for counseling legislation. Licensure boards establish the minimum standards for education, examination, and experience as well as handling consumer and ethical complaints in relation to a counselors' practice (American Counseling Association, 2014c). Licensure boards have powers and duties including election of board members, adoption and revision of the rules and regulations, adoption of a code of ethics, establishment of fees, verification of credentials, issuances of licenses, establish requirements for verification of completion of continuing education, and the investigation of complaints based on alleged violations of regulations and statutes, and can revoke, suspend, or fail to renew licenses. State licensing boards create committees to advise the Board on special issues and submit an annual report to the Governor and Secretary.

Ethical codes. A code of ethics entails obligations that are beyond the legal requirements and ethical concerns of the ordinary citizen (Nanda, 2003). All states require professional counselors conduct themselves in an ethical manner and in accordance with generally accepted standards of practice, and some states require professional counselors to abide by the American Counseling Association's *Code of Ethics* (American Counseling Association, 2014b, 2014c). The *ACA Code of Ethics* identifies the core professional values of the counseling profession. These values provide a conceptual basis for the ethical principles and are the foundation for ethical behavior and decision-making. The fundamental principles as outlined by the ACA Code of Ethics include autonomy, nonmaleficence, beneficence, justice, fidelity, and veracity.

“A profession's code of ethics is perhaps its most visible and explicit enunciation of its professional norms. A code of ethics embodies the collective conscience of a profession and is testimony to the group's recognition of its moral dimension” (Frankel, 1989, p. 110). These

professional oaths and codes collectively pledge to the clients they serve that the professionals will manage conflict between personal and client interests (Nanda, 2003). The ACA Code of Ethics serves six main purposes. The Code sets forth the ethical obligations and provides guidance intended to inform the ethical practice of professional counselors. It identifies ethical considerations relevant to professional counselors and counselors-in-training and enables the association to clarify for both professionals and for those served by professional counselors, the nature of the ethical responsibilities held in common by professionals.

The Code serves as an ethical guide designed to assist professional members in constructing a course of action that best serves those utilizing counseling services and it establishes expectations of conduct with a primary emphasis on the role of the professional counselor. It helps to support the mission of ACA and the standards contained serve as the basis for processing inquiries and ethics complaints concerning ACA members/professional counselors. The ACA Code of Ethics outlines nine distinct areas: the counseling relationship; confidentiality and privacy; professional responsibility; relationships with other professionals; evaluation, assessment, and interpretation; supervision, training, and teaching; research and publication; distance counseling, technology, and social media; and resolving ethical issues (American Counseling Association, 2014b).

Professional accountability structure. In addition to accountability via the legal structure, accountability in the professional counseling field is established by setting professional standards of practice. Ethical standards of a profession are generally enforced through internal procedures of the professional association and not specifically through the court of law (Wheeler & Bertram, 2015). The professional code of ethics is a visible expression of professional norms, it embodies the collectiveness of the profession and is a testimony to the group's recognition of its moral

dimension (Frankel, 1989). These standards are articulated and formalized based on a set of structured standards dominated by rules and institutional norms that help guide the professional counselor's behavior. Frankel (1989) identifies specific functions of an ethics code: it is an enabling document that provides a moral anchor, it is a source of public evaluation and the basis for public expectations and evaluation of professional performance, it provides professional socialization, helps to foster pride in the profession and strengthen professional identity, it enhances the professionals reputation and public trust, it preserves entrenched professional biases, it is a deterrent to unethical behavior such as by linking the codes to threats of sanction and making it an affirmative duty to report errant colleagues, it provides a support system for professionals and strengthens a profession's collectiveness, and serves as a basis for adjudicating disputes among members of the profession or members and outsiders.

“Professional affiliation concerns ethical propriety, professional advocacy, and service, whereas licensure concerns legal status and governmental oversight” (Wilcoxon, Remley, & Gladding, 2012, p. 296). The regulatory board is responsible for overseeing the practice of counseling and has the authority to make and carry out the statutory rules. Non-profit professional and educational organizations, such as the American Counseling Association (ACA), and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) play a significant role in the regulation and implementation of licensure laws by providing guidance to state regulatory bodies (American Counseling Association, 2015a).

Professional requirements. Professional counselors must meet specific requirements for professional/educational training, including minimum education level that contains study in specific specialty areas, completion of practicum/internship hours, completion of post-education

experience, declaration of agreement to engage in continuing areas of professional competency education, passage of written examination and often passage of a jurisprudence examination.

Many states require that counseling graduate degree programs include a curriculum recognized by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) which requires coursework in eight core areas and a supervised practicum and internship. The mission of CACREP is to promote the professional competence of counseling and related practitioners through development of preparation standards, encouragement of excellence in program development and the accreditation of professional preparation programs (Council for Accreditation of Counseling & Related Educational Programs, 2017). CACREP has influenced counselor education programs throughout the states by raising the accreditation standards from 48 semester hours to 60 semester hour requirement, and many counselor education programs have adopted these standards (Wheeler & Bertram, 2015). Wheeler and Bertram (2015) stress that although there is currently no legally recognized or accepted national licensing standard for the counseling field, they find promise in the establishment of national standards for the accreditation of counselor education programs which has been significantly enhanced by CACREP.

The Accountability - Ethics Relationship Framework.

Dubnick (2003) emphasizes that despite the amount of research devoted to the examination of the effort to control bureaucracy through various accountability mechanisms, the effectiveness of accountability-ethics relationship had not been systematically examined mainly due to conceptual and methodological barriers. The barriers noted include the lack of clarity required for analytic purposes due to the expansiveness of both subjects. Just as there are many ways to view accountability, the concept of ethics is ambiguous.

The theoretical framework for this study is based on Romzek and Dubnick's (1987) accountability relationships and Dubnick's (2003, 2005) forms of account-giving mechanisms. The regulation of professional licensure is described by professional and legal accountability relationships where the expectations of the counselor are viewed according to answerability and liability for their associated behavior thus fits well within the Romzek and Dubnick/Dubnick framework of accountability and account-giving mechanisms.

Bovens (2005) provides an aggregated definition of accountability and describes it as a social relationship in which an actor feels an obligation to explain and to justify his or her conduct to some significant other. Professional accountability entails answerability to a higher authority in an interorganizational chain of command and deals primarily with mechanisms of supervision and oversight (Kearns, 1996), and specifically, as adherence to the rules and regulations as outlined by state regulatory boards and the code of ethics. Bovens (2005) distinguishes the actor as being either an individual or an agency, and the significant other as the 'accountability forum' or 'accountee' which can also be a specific person or agency, but also could be the public.

Accountability relationships. The accountability relationship includes internal and external sources of expectations and control, and it distinguishes differing degrees of autonomy (Johnston & Romzek, 1999; Romzek & Dubnick, 1987). Figure 1 presents the four types of accountability relationships as described by Romzek and Dubnick.

		Source of Expectations and/or Control	
		Internal	External
Degrees of Autonomy	Low	Hierarchical	Legal*
	High	Professional*	Political

Figure 2: Types of Accountability Relationships. Adapted from “Accountability in the Public Sector: Lessons from the Challenger Tragedy.” by Romzek & Dubnick, 1987. Reprinted with permission from authors. * denotes the accountability relationship specific to this study

The accountability relationships describe the degree of autonomy allowed in the relationship and influenced by the source of expectations or control exercised over the individual by an outside force. It involves the relationship of how the individual or agency answers for its performance and the delegation of authority to act (Johnston & Romzek, 1999). The accountability relationship is a function of autonomy, measured from low to high and influenced by some expectation of control, either internally or externally exercised. The four types of accountability relationships are hierarchical, legal, professional, and political (Romzek & Dubnick, 1987).

A low level of autonomy and internal sources of control or expectations characterize hierarchical accountability as indicated in the upper left corner of Figure 1. Typically, there is obedience to a higher authority where the individual carries out performance expectations in terms of inputs and tasks are routine. Hierarchical authority utilizes close supervision and has limited discretion (Johnston & Romzek, 1999; Romzek & Johnston, 2005). Legal accountability relationships, noted in the upper right corner of Figure 1, characterized by low degrees of autonomy, and have external sources of control or expectations. The focus is typically on compliance and entails process oriented, detailed work that requires external oversight, such as with contracts, audits, or oversight hearings.

Political accountability relationships described in the lower, right corner of Figure 1 emphasize an external source of control or expectation but offer high degrees of autonomy; the answerable party has more discretion and is monitored by an external source. The final relationship is professional accountability as noted in the lower, left corner. Professional accountability, characterized by high degrees of autonomy, has internal sources of control and expectations. It emphasizes the level of expertise of the individual and performance standards are generally based on professional norms (Johnston & Romzek, 1999; Romzek & Dubnick, 1987).

Account-giving mechanisms. The typology of account-giving mechanism as proposed by Dubnick (2003) in relation to ethical behavior is noted in Figure 2. Dubnick's typology involves the accountability relationship and the expectations as related to individual persons or to situations or events. The expectation setting or environment can be highly structured and stable, or emergent and subject to fluctuation.

Expectations are:	Structured	Emergent
Related to Persons	Answerability*	Blameworthiness
Related to Situations/Events	Liability*	Attributability

*Figure 3: Types of Accountability and Account-Giving Mechanisms. Adapted from "Accountability and Ethics: Reconsidering the Relationships" by Dubnick, 1987. Reprinted with permission from author. * denotes the accountability relationship specific to this study*

Accountability-as-answerability, noted in the upper, left corner of Figure 2 describes social relationships where the expectations for account giving of tasks and obligations of the individual and performed in a formalized or institutionalized setting that is highly structured. Ethical behavior associated with answerability is shaped by individual role expectations and the individuals' social

identity- where the individual selects the most appropriate action among alternatives based on the consideration of how it best fits the identify and set of expectations (Dubnick, 2003).

Accountability-as-blameworthiness, indicated in the upper right corner of Figure 2, suggests a form of accountability that involves a shift in focus from specific roles and obligations as an agent to the individuals' perceived social status and membership in a group that has status (Dubnick, 2003). Dubnick (2003) maintains that an individual is held accountable not because of their formal responsibilities, but because of their relative social position within a certain group. Dubnick points to examples of this type of accountability mechanism, often found in the military culture, and traditionally termed moral responsibility. "We are blameworthy as a result of our status within a community (e.g., the mayor) or organization (e.g., the general), and not due to any specific task responsibilities or actual authority..." (Dubnick, 2003, p. 415).

Accountability-as-liability and accountability-as-attributability, shown in Figure 2 in the lower, half section, can be described as relating to situations or events that occur at opposite ends of a continuum from highly structured environments or situations to those that are vaguely defined and lacking stable expectations (Dubnick, 2003). Accountability-as-liability stresses the requirements of the structured situation and is associated with legal situations, such as those backed by state sanctions or contracts between parties that carry sanctions as a part of the compliance measures. Accountability-as-attributability entails individuals in the domain that involves their behaviors in the non-workplace setting as related to the position that they might hold. This is often associated with public-sector workers. Dubnick (2003) describes this type of accountability as attributed to the work position held and may spill over into the private lives of the employee. "An individual whose actions in private life are found to be questionable or potentially embarrassing to his employer is likely to find him or herself being held accountable for those

actions – despite their irrelevance to the employee’s task or functions.” (Dubnick, 2003, p. 422).

The professional and legal accountability relationships and the forms of account-giving mechanisms of enforcement - answerability and liability are the focus of this study.

Professional and Legal Accountability through Liability and Answerability

Individuals within the professional counselor field function with high degrees of autonomy as described by Romzek and Dubnick’s (1987) *professional accountability relationship*. They work in various settings that can range from highly structured environments such as a hospital or community mental health center, or in settings with limited structure and having little oversight, such as private practices. The counseling profession is based on the expertise of the individual and his or her performance and rooted within the professional norms of the field. Because professionals have more knowledge and skills beyond the regular citizen the state extends privileges to professionals (Remley & Herlihy, 2014). This expertise lends a certain amount of power by the professional counselor over the client.

The account-giving mechanism of enforcement associated with this role is *answerability*. Described as being related to persons or social relationships “the expectation comes with their role” (Dubnick, 2003, p. 411). State licensure boards require that professional counselors’ practice in accordance within an ethical code of conduct. Many states have adopted the American Counseling Association’s Code of Ethics (American Counseling Association, 2014b) to provide a guide for professional practice.

Professional counselors are subject to external sources of control as described in the *legal accountability relationship* (Romzek & Dubnick, 1987). The account-giving mechanism described as *liability* by Dubnick (2003) focuses on enforcement procedures that are structured and related to

situations or events in which an individual operates. Professional counselors engage in social relationships where they have tasks and obligations to those they serve, both on an individual level (to the client) and at the organizational level where there are specific tasks for which counselors are accountable to ensure the organization or agency is represented accordingly.

Accountability-as-liability is best described by the requirements specific to the structured situation and is associated with legal situations, examples may include regulations set by both state licensing departments and potential pay sources backed by state sanctions or contracts between parties that carry sanctions as a part of the compliance measures. A main source of law is statutes passed by federal and state legislatures, and governmental regulations contain procedures adopted by agencies to carry out the laws created by statutes (Remley & Herlihy, 2014). State legislatures can enact “practice act” and/or “title act” licensing statutes. Practice acts refers to licensure laws that prohibit the practice of professional counseling without obtaining licensure, whereas a title act restricts the use of a specific title to only those individuals meeting education, training, and examination standards (American Counseling Association, 2014c). The practice act includes specific definitions of the practice of counseling and from a legal perspective, is considered the driving force for what a professional counselor can do (Wheeler & Bertram, 2015). Practice acts are considered more protective of consumers than are title acts.

External sources of expectations or control including regulatory agencies such as the board of professions or state agencies provide governmental oversight. This includes licensing agencies that provide licenses and oversight of public and private providers of community-based services (Virginia Department of Behavioral Health and Developmental Services, 2016).

Educational and supervised experience promotes both professional and legal accountability by increasing an individual’s knowledge in a given subject(s) area. Crane et al. (2010) notes that

state legislatures establish competency and accountability measures for mental health service providers as means to protect consumers from individuals who practice outside their area of competence and is accomplished by setting minimum qualifications. However, the minimum level of competence does not always extend to specific areas of mental health service, such as family therapy. Therefore, it is proposed in the study that states that require higher educational requirements, required a master's degree counseling curriculum based on the CACREP model or fully CACREP accredited, longer durations of supervised experience, and a greater amount of continuing education hours will thereby promote higher standards of accountability and greater ethical outcomes. Figure 4 reviews the conceptual model of the accountability-ethics relationship.

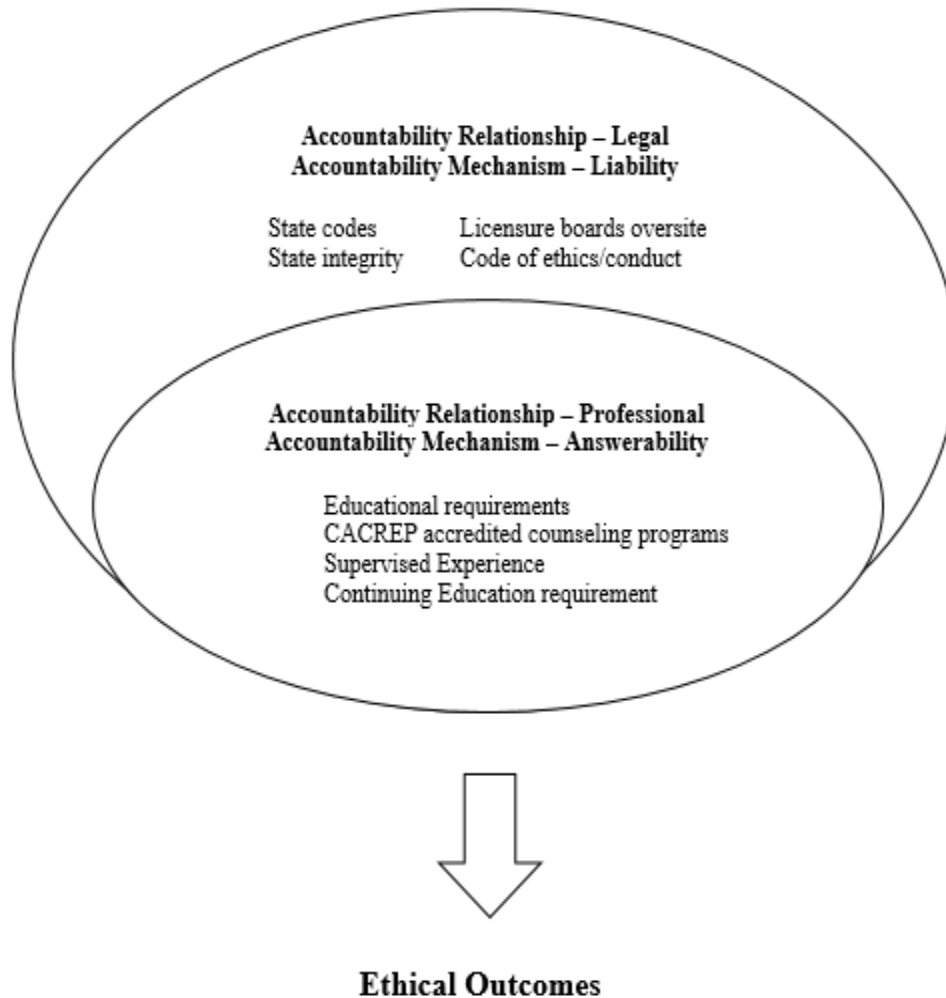


Figure 4. Conceptual model for the accountability-ethics relationship based on the Accountability Relationship types and Account-giving mechanisms (Dubnick, 2003, Romzek & Dubnick, 1987)

Professional Licensure in Counseling

Virginia was the first state to pass the counselor regulatory act in 1975 which established counseling as a profession separate from psychology. Legislation was revised in 1976 to provide licensure for counselors (Hosie, 1991). Currently all 50 states, including the District of Columbia and Puerto Rico have licensure laws and regulatory boards (American Counseling Association,

2015a). Appendix A provides a descriptive listing of state boards, their original year of certification/licensure, and state counselor counts as of 2014.

State boards describe accountability in various ways. The Department of Health Professions in the state of Virginia describes this process as “enforcement” and outlines the disciplinary process, including the complaint forms on the board website (Virginia Board of Health Professions, 2015). In contrast, the Alabama Board of Examiners in Counseling has less description of the process but has the availability of the complaint form (Alabama Board of Examiners in Counseling, 2015). Michigan’s Board of Counseling, like Virginia, discipline and enforcement is located under a Regulatory and Compliance Division, and clearly outlines the process (Michigan Department of Licensing and Legislative Affairs (LARA), 2015).

An example of the complaint process is described in detail utilizing the Wisconsin Examining Board of Marriage and Family Therapists, Professional Counselors and Social Workers (Wisconsin Examining Board of Marriage & Family Therapists, Professional Counselors, and Social Workers, 2017). The complaint procedure is located under the Complaint and Inspections link and allows the complainant to choose between making a complaint against a professional or professionally licensed business. By selecting the link *complaint against a professional* the site provides direction to the *Division of Legal Services and Compliance* as well as a brief description of the division’s staffing and procedures. To proceed with a complaint, the individual fills out the complaint form (Attachment C provides an example of the document) including complainants’ demographic information, patient information, and the individual the complaint is against as well as information regarding the incident in question. The complainant is requested to sign an authorization form for release of records giving permission for the agency to obtain copies of treatment records, discuss the treatment with the persons who provided the treatment, and use the

records as part of the inquiry and investigation of the complaint and, if necessary, used during any hearing that may follow. The completed form is mailed to the Wisconsin Department of Safety and Professional Services. If the complaint is opened for investigation the case could take more than a year to reach a conclusion due to the time required to screen, investigate, and if appropriate, prosecute. Individuals are informed of alternatives to a formal complaint, including discussing complaint with credential holder and/or his or her supervisor, pursuing claim in Small Claims court (however this generally entails' claims that are financial in nature, individual legal action, and/or resolving through a professional organization/society).

The Impact of Enforcement on Disciplinary Sanctions

Where ethics addresses the personal or organizational responsibility of making decisions according to a moral code that separates right from wrong, conversely, accountability is the means used to control and direct an individual or organizations behavior. The task of accountability is to protect public interest and preserve public trust, and to ensure that organizations or administrators make ethical decisions (Callahan, 2006). As noted earlier, there are multiple and competing expectations of accountability within the public sector, often priorities and expectations can be at odds with one another (Romzek & Dubnick, 1987).

The accountability environment of the professional counseling field is a complex system composed of multiple participants and stakeholders including the state regulatory board, the professional, the consumer, as well as state agencies or insurance companies contracting for services. The accountability environment contains two dimensions that includes accountability standards that are either implicit or explicit, generated by an organizations or states' environment and a response to a standard that is tactical or strategic (Kearns, 1996). Explicit standards are those

codified by law, including regulations, such as education and experience requirements. The reporting mechanism is some type of audit or reporting mechanism of enforcement, such as documentation of the necessary requirements to be approved for licensure status or being subject to audit for completed continuing educational requirements.

Implicit accountability standards are those "...ill-defined and, perhaps, shifting notions of what constitutes responsible or appropriate behavior...rooted in professional norms and social values, beliefs, and assumptions about the public interest, the public trust..." (Kearns, 1996, p. 66). Explicit standards of accountability such as those easily overseen and enforced by the board are enforced through compliance measures. Conversely, implicit standards of accountability, such as professional norms and abiding by the code of ethics in relation to professional behavior are more difficult to monitor and subject to more limited control. The investigation of unethical behavior needs to be reported to a board, hence enforcement becomes subject to knowledge of the behavior.

Other factors affecting the accountability environment could include any political, economic, or social forces. Any of these either together or separate are likely to affect the board's ability to monitor and enforce unethical behaviors. Economic forces may affect the ability of the board to respond to complaints in a timely manner due to board staffing concerns or situational demands, such as an increase in number of professional counselors applying for licensure. Furthermore, changes in regulations and standards in state agencies can impinge on professionals working in the field who then are forced to meet increased standards of regulation, thereby creating a domino effect. The culture of the state can have an influence on effectiveness and accessibility of key governance mechanisms. According to a report by the Safra Center for Ethics (Dincer & Johnston, 2014) more than 20,000 public officials and private individuals contracted by the government were convicted of crimes related to corruption over the last two decades.

Performance accountability can be conceived in terms of measurement of outputs, such as targets or benchmarks that use standards and indicators to provide a basis for monitoring the performance of public agencies (Bevir, 2010). Performance measurement can be used to influence decisions, increase government performance and organizational effectiveness, and helps promote an environment of trust. The past several decades have seen a transformation in the expectation of performance management and accountability of government agencies and organizations. Osborne and Gaebler (1993) ushered in the start of “results-oriented government” with their book *Reinventing Government*, whose major premise is that the government should be transformed in a similar fashion as private companies with an emphasis on customer needs, flexibility, and innovation with concepts such as “steer, not row,” inject competition into service delivery, and fund outcomes, not inputs to get results oriented government (Callahan, 2006, p. 10). New Public Management (NPM) emerged as an approach to running public service organizations and government organizations at both the national and subnational level. Again, the focus was to improve efficiency by using private sector management models where public managers have incentive-based motivation, such as pay-for-performance and clear performance targets (Callahan, 2006).

NPM was criticized for encouraging the disengaged citizen it “promoted a passive and disconnected citizenry where people began to only think of themselves, rather than the community as a whole” (Callahan, 2006, p. 199). As a result, New Public Service (NPS) emerged as a new model of management where the public manager is focused on the responsibility to serve and empower citizens, and governance is built on a democratic citizenship for the management of public organizations (Callahan, 2006; Denhardt & Denhardt, 2000). Kettl (2002) stresses a transformation of governance to include a citizen governance. Public organizations face a

challenge in making this transformation. An area of importance in promoting a citizen governance includes ensuring transparency as a foundation for trust and confidence in government operations (Callahan, 2006; Kettl, 2002).

The Center for Public Integrity (2017), a nonprofit, non-partisan investigative news organization whose goal is to investigate abuses of power and corruption in public and private institutions, conducted a comprehensive assessment of state government accountability and transparency. The data-driven assessment evaluated the existence, effectiveness and accessibility of key governance and anti-corruption mechanisms that resulted in a state ranking and letter grade based on the existing laws and how well the laws were implemented (Center for Public Integrity, 2015b). The indicators are comprised of 13 sections and include: public access to information, political finance, electoral oversight, executive accountability, legislative accountability, judicial accountability, state budget processes, state civil service management, procurement, internal auditing, lobbying disclosure, ethics enforcement agencies, and state pension fund management.

The State *Integrity Investigation* outcome data is utilized for the purpose in this study to provide a ranking of state integrity and provides an ethical landscape of individual state culture, transparency, and accountability. In the category of ethics enforcement agencies, the State Integrity Investigation indicated 58% of the states received a failing grade and noted that two-thirds of all the states, the ethics agencies or committees failed to initiate investigations or impose sanctions when necessary (Kusnetz, 2015). According to the evaluation, the overall best score received was a C (Alaska), while eleven states received failing grades (Kusnetz, 2016).

Hypotheses

The purpose of this research is to determine how states vary in their approach to setting regulatory accountability measures for professional counselors as defined by the minimum requirements for licensure including education and practice standards and if the variation in licensing requirements between states' board regulations affect the ethical behavior of licensed professional counselors.

The theoretical framework utilized for this study is based on two of the four types of accountability relationships as developed by Romzek and Dubnick (1987) – professional and legal, and two of the four methods of account-giving mechanisms developed by Dubnick (2003) – answerability and liability. Accountability and ethical behavior pertaining to licensed professional counselors can be studied in terms of Romzek and Dubnick's (1987) accountability typology, and Dubnick's (2003) account-giving mechanisms. The role of professional counselor falls on a continuum between two categories – the legal accountability relationship with liability as the account-giving mechanism, and the professional accountability relationship with answerability as the account-giving mechanism. Professional counselors are subject to external sources of control through the state regulation of the profession (legal accountability) where the counselor is subject to the rules and regulations as set by the state in which they reside (liability as mechanism of enforcement). Counselors who chose to work within a public agency or other public setting may also be subject to sources of hierarchical and legal accountability, subject to liability through explicit rules and standard operating procedures. The legal accountability relationship emphasizes compliance and external oversight of performance (Dubnick, 2003).

Licensed professional counselors often experience high degrees of autonomy and internal sources of expectation/control as exhibited in most professional relationships where the role of the

individual emphasizes their expertise in the field. As noted earlier, the focus of this study is on the legal and professional accountability relationship and the account-giving mechanisms of answerability and liability. To legally practice as a professional counselor in every state, including the District of Columbia and Puerto Rico, the professional counselor must obtain and maintain licensure status. Licensure laws establish minimum standards in the areas of education, examination, and experience. Each state has a board that is responsible for issuing licenses, handling consumer and ethical complaints of counselors' practice, as well as issuing and enforcing the regulations necessary to oversee the profession (American Counseling Association, 2014c).

Romzek and Dubnick, and Dubnick's (1987, 2003) typologies of the accountability relationships and account-giving mechanisms provide a useful tool for examining the relationship between accountability and ethics. Depending on the role of the licensed professional counselor, the typology can aid in examining ethical decision-making. Ethical behavior can be viewed as organized behavior dominated by the rules and institutional norms where being liable and answerable is treated as a part of the rule-structure (Dubnick, 2003; March & Olsen, 2011). The professional counselor may practice in a highly structured setting where expectations are based on legal requirements, such that the nature of the structure varies from the legal requirements backed by state sanctions – this contributes to ethical decision making as accounting by liability. Ethical behavior of the professional counselor is shaped by the enforcement mechanism of answerability because the role expectation of the profession shapes the counselor's behavior, as well as his or her social identity. Hence, the licensed counselor in their professional role selects the most appropriate action among alternatives based on the consideration of how it best fits his or her identify and set of expectations.

Legal Accountability by Liability

The concept of legal accountability rests on the basis that the accountability relationship is derived from external sources that exercise high degrees of control and is often manifested in oversight and monitoring activities (Radin, 2011, Dubnick, 2003). Dubnick (2003) also suggests that there is a relationship between accountability and ethics, and accountability enforcement mechanisms, such as liability promotes ethical behavior. Professional counselors are expected to have a knowledge and understanding of the laws and regulations that govern the state in which they practice, as well as knowledge and understanding of state-adopted Code of Ethics. It is expected that that professional counselors conduct themselves in an ethical manner, in accordance with generally accepted standards of practice, and most states require a minimum number of continuing education hours focusing on ethics completed annually. Twenty states require counselors to abide by the American Counseling Association's Code of Ethics, and eleven states require licensees to pass a jurisprudence exam (American Counseling Association, 2014c). The practice act includes specific definitions of the practice of counseling and is considered more protective of consumers than are title acts. It would be expected that states that enact practice acts would promote higher accountability. Therefore, it is hypothesized:

H1: States that require a jurisprudence exam will have lower numbers of disciplinary violations and actions reported.

H2: States where the board has adopted the ACA Code of Ethics into their Rules and Regulations will have lower numbers of disciplinary violations and actions reported.

H3: State legislatures that enact the practice act counselor licensing statute will have lower numbers of disciplinary violations and actions reported.

Professional Accountability by Answerability

Legislation for state licensure is based on the theme of the American Association for Counseling and Development's (AACD) Mission Statement and Common Values which "...seeks to advance the counseling and human development profession and to protect the public from incompetent and unethical counseling practices" (Bloom et al., 1990). States seek to accomplish this through the demand for high standards of professional conduct that promotes responsible professional practice, in addition to strong and uniform education and experience standards. State boards in collaboration with the American Counseling Association (ACA) have established educational standards for licensing that require a minimum of a master's degree. Forty-four states and the District of Columbia require a minimum of 48-60 graduate semester hours for licensure as a professional counselor. States vary in the number of post-masters supervised experience most ranging from 1,000 to 4,000 hours completed in no less than two years. The exceptions are Illinois which does not specify hours, but requires two years of full-time experience, and Puerto Rico which requires 500 hours of experience (American Counseling Association, 2014c). Twenty states require a minimum of a master's degree in mental health counseling (professional counseling/counseling) from a CACREP accredited program or equivalent curriculum from an accredited institution. The professional accountability relationship and account-giving enforcement mechanism of answerability as described by Romzek and Dubnick (1987, 2003) provide a means of exploring the relationship between a state's requirements of minimum standards to legally practice as a licensed professional counselor and ethical outcomes. Based on the differences of required experience and education proposed by the various state boards and model licensure legislation, the following hypotheses are proposed:

- H4: States that have a higher minimum educational requirement to obtain licensure will have lower numbers of disciplinary violations and actions reported.
- H5: States that require additional educational training on specific topic areas that is beyond the minimum education requirement will have lower numbers of disciplinary violations and actions reported.
- H6: States that require counseling graduate degrees that include a CACREP accreditation or curriculum equivalent to CACREP accreditation will have lower numbers of disciplinary violations and actions reported.
- H7: States that have a higher minimum standard for supervised experience requirements to obtain licensure will have lower numbers of disciplinary violations and actions reported.
- H8: States that require counselors to obtain a greater number of continuing educational credits or are required more frequently for licensure renewal will have lower numbers of disciplinary violations and actions reported.

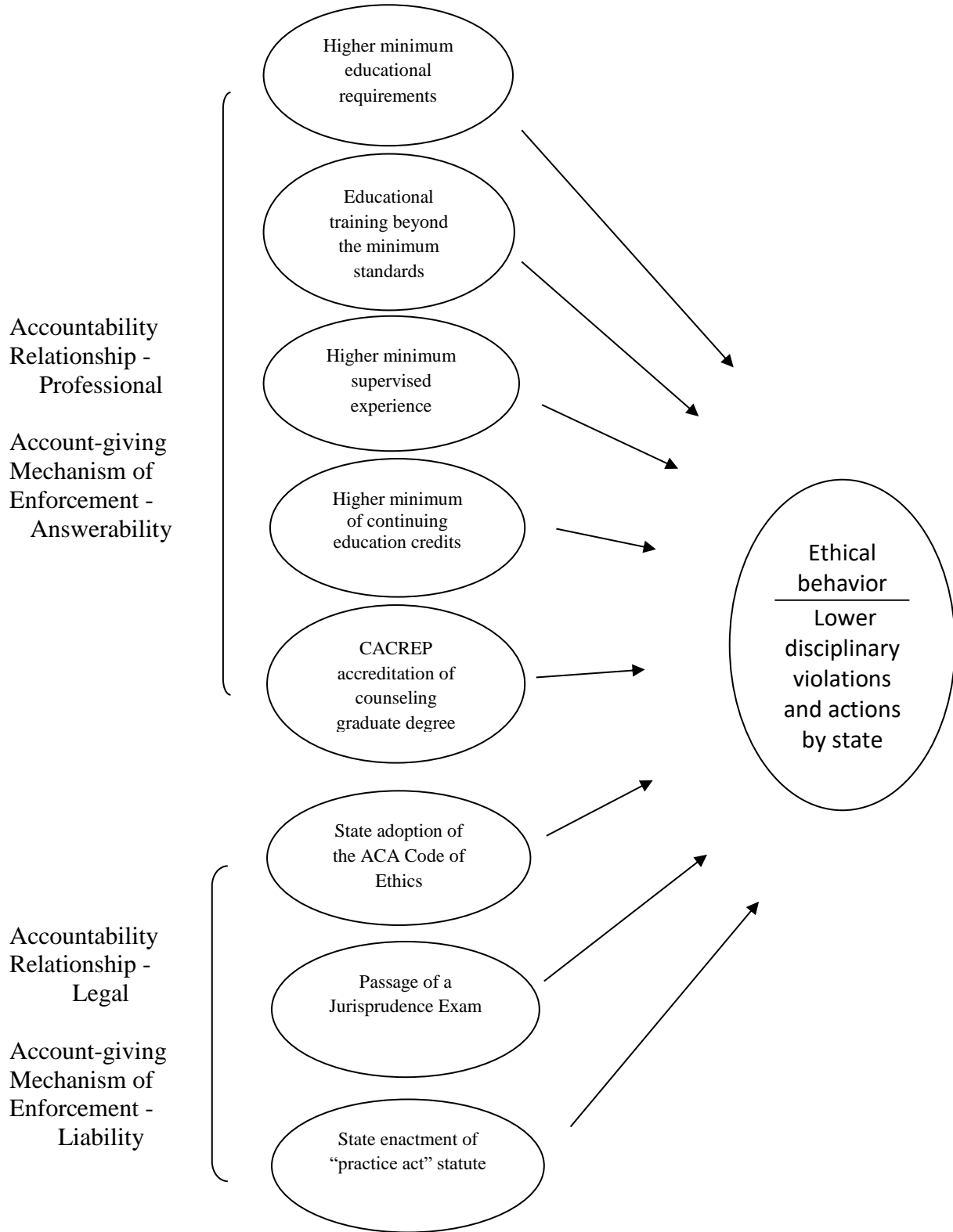


Figure 5. The accountability and account-giving relationship and proposed effect on ethical behavior.

CHAPTER III

METHODOLOGY

This is a state comparative study of American counselor licensure boards examining the differences in licensure regulations among the United States, focusing on the educational and experience requirements, the utilization of ACA Code of Ethics, and the effect on ethical outcomes as defined as disciplinary violations and actions measured over an eight-year time frame. Comparative case study research allows for systematic in-depth investigation of a small number of instances of a phenomenon to draw conclusions about the phenomenon (Vogt, Gardner, & Haefele, 2012). A comparative case study is appropriate for this research because it allows for cross-case analysis to uncover influential factors or explanations (Remler & Van Ryzin, 2010). Comparison between cases plays a central role in concept-formation and is a fundamental tool of analysis by focusing the similarities and contrasts among cases (Collier, 1993). This study is designed to answer the research question: How do states vary in their approach to setting regulatory accountability measures including education and practice standards, and how do state licensing board regulations affect the ethical behavior of licensed professional counselors? The unit of analysis in this state comparative study is the individual state, and for purposes of this study the board of counseling from each of the 50 states.

To answer the research question, this study will begin with an analysis of any similarities or differences that exist between state licensing board's licensure laws, ethical code requirements, as well as educational and experience requirements. This will be followed up by examining the relationship between the differences found among the states and ethical violations as defined by disciplinary violations and actions as reported by each state board.

Variable Definition and Measurement

Dependent variables. Disciplinary sanction is used as a measure of unethical behavior for professional counselors. Hence, unethical behavior is operationalized as the number of finalized disciplinary actions conducted by each state board that oversees the field of professional counseling. For purposes of this study the following titles are considered equivalent to “professional counselor” including mental health counselor, clinical professional counselor, professional clinical counselor, professional counselor of mental health, clinical mental health counselor, professional clinical mental health counselor, professional counselor-mental health, professional counselor-mental health service provider and mental health practitioner-certified professional counselor.

There are two dependent variable categories examined in the study. The first category includes violations committed by a licensed professional counselor as reported to the state licensure board or similar entity. There are seven dependent variables in the category of reported violations and are grouped into common areas including: failure to adhere to standards of practice, failure/unable to practice professional counseling with reasonable skill and safety to clients, plea or conviction of crime or legal incident, boundary violation/dual relationship, failure to respond to board summons or uncooperative with board request or investigation, unethical or unprofessional conduct or misconduct, and continuing education violation. It is typical for an individual to be in violation of multiple codes resulting from one or more behaviors such as an individual could engage in dual relationship, this violates ethical standards of conduct as well as failing to adhere to the standards of practice. Appendix G provides the listing of the seven common areas and the original violations as reported by state boards.

The second category includes disciplinary sanctions or actions taken against licensed professional counselors by state licensure boards. It is noted that the terms sanctions and actions are used interchangeably. There are nine dependent variables in the disciplinary action category and are grouped by common areas, these include: license revoked/surrendered, reprimand/censure, completion of training or continuing education, civil penalty/fine, undergo clinical supervision, practice restriction, probation, suspension of license, and undergo therapeutic services. Similar to discipline violations, it is typical for a disciplinary case to receive multiple disciplinary sanctions, for example, an individual receives a reprimand, is ordered to complete a specified number of continuing education hours in specific topic area(s), and ordered to engage in personal therapy, or an individual may have their license suspended for a specified amount of time and be ordered to remain on probation after the suspension is lifted. Each variable is averaged over eight-years and standardized as a percentage of the total number of licensed counselors per state. Appendix H provides a listing of the nine common areas and the original discipline actions as reported by state boards.

Independent variables. There are eleven independent variables and control variables examined in this study based on the state licensure board's rules, regulations, and guidelines for professional counseling. This information is drawn from a state-by-state report of licensure requirements conducted by the American Counselor Association (2014c). These include minimum educational requirements, requirement of additional/specific coursework, master's degree counseling curriculum based on the CACREP model or fully CACREP accreditation, minimum hours of supervised experience, minimum hours of continuing education, adoption of ACA Code of Ethics, the passage of a jurisprudence exam, and state licensure laws that include practice act.

Minimum educational requirement. All 50 states require at least a master's degree in the counseling field to be licensed as a professional counselor. Differences in requirements among states exist in the number of credit hours required for the degree, therefore to examine the difference between the states requirements, and its impact on ethical behavior this study examines the difference in the required graduate semester hours required for each state as well as any additional or specific coursework required by individual states.

Requirement of additional/specific coursework. Differences exist between the 50 states in the requirement of additional training or specific coursework beyond the minimum number of credit hours required through the Master's degree program/curriculum.

CACREP or CACREP-based master's degree counseling curriculum. Differences exist between the 50 states for the requirement for a master's level graduate educational program to be either fully CACREP accredited or include a curriculum based on the CACREP model. CACREP accreditation and CACREP-based curriculum will be considered equivalent.

Minimum hours of supervised experience. Differences exist between the 50 states ranging from as little as 400 hours of direct client contact hours of post-master's supervised experience to 4,000 hours of supervised experience. Experience is measured as the minimum hours of post-master's supervised experience required by each board. Several boards report only direct client contact hours, while others report total supervised hours, these will be considered equivalent.

Minimum hours of continuing education. Forty-seven states require continuing education credits for licensure renewal. The frequency of renewal and the minimum number of continuing education credits vary, and some states require specific continuing education topic areas including ethics. For consistency in measurement continuing education credits are measured

per year, such as when a state requires 40 hours of continuing education every two years it will be counted as 20 hours of continuing education per year.

Adoption of ACA Code of Ethics. All states require that counselors conduct themselves in an ethical manner and in accordance with generally accepted standards of practice. Adoption of the ACA's Code of Ethics is measured as whether a state requires counselors to abide by the ACA's Code of Ethics standards.

Jurisprudence exam. Several states require applicants pass a jurisprudence exam to determine adequate knowledge of a particular boards rules and operating procedures, as well as the state laws that affect a counselor' practice.

Practice vs. title acts. Counselor laws are divided into the categories of practice vs. title acts. Title acts refer to licensure laws that restrict the use of a specific title to those who meet education, training, and examination standards. Practice acts refer to those licensure laws that prohibit the practice of professional counseling without obtaining licensure. Practice acts are considered more strongly protective of consumers than are title acts (American Counseling Association, 2014c).

Population Density. State population density is used as a control to account for the difference in population size in relation to the amount of land mass as well as rural versus urban area in the state and the potential effect on the number of discipline actions per state.

Licensed counselor population. The number of licensed counselors per state is controlled for to account for the difference in the number of licensed counselors in each state (larger states may have more counselors) and for the population density. States with more cities or larger cities vs. states with more rural areas may have more counselors.

State integrity ranking. State integrity ranking is based on an assessment of state government accountability and transparency. It utilizes an aggregated score based on indicators that diagnose the strengths and weaknesses of a state's institutional safeguard against corruption. These include mechanisms of openness, transparency, and accountability (Center for Public Integrity, 2015a). The state integrity ranking may provide a measure of the ethical environment of the state and is used as a proxy for enforcement levels of disciplinary actions.

Data Collection

The data utilized for this study are drawn from a state-by-state report conducted and compiled by the American Counseling Association (American Counseling Association, 2014c) and state regulatory boards available online from official state websites. The data for discipline violations and actions is obtained online from state boards, through written request directed to the counseling board of each state, and by utilizing the Freedom of Information Act where required. The data is collected retrospectively between the dates of January 1, 2009 and December 31, 2016. This time frame is chosen on a multiple rationale, first and foremost, 2009 is the final year that a state implemented its licensure laws (California). The final date of collection December 31, 2016 provides ample time for states to complete an investigation and upload data to its site. The review of data was completed in the fall of 2017. Additionally, an eight-year range improves the amount of data available for states, as well as minimizes potential variations in discipline reporting that may occur for any given year during the data collection time frame.

To avoid selection bias, where information was not readily available on line, requests for data were sent to state boards using multiple methods including email and letters sent through the U.S. Postal Service to states or where boards required written requests. Disciplinary data were

states that have made regulatory changes include the North Carolina board, which increased minimum educational requirements to 60 graduate semester hours, up from 54 in 2009 and 48 hours prior to 2009. California and Iowa require 60 graduate semester hours for individuals enrolled after 2012.

The data obtained to describe the population density of each state are drawn from the U.S. Census Bureau (U.S.Census Bureau, 2010) and Statista, a statistics portal (Statista, 2018). Population density for this study is an estimate based on the census population estimates using 2010 census land area (Statista, 2018; U.S.Census Bureau, 2010). The population of licensed professional counselors per state comes from a state-by-state report conducted and compiled by the American Counseling Association (American Counseling Association, 2014c). It is noted that the counselor license population did not change between the 2014 ACA publication and the 2016 ACA publication (American Counseling Association & The Center for Counseling Practice Policy and Research, 2016).

Information utilized for the state integrity ranking is secondary data drawn from a study conducted by the Center for Public Integrity in partnership with Global Integrity (Center for Public Integrity, 2015a; Tonn, 2105). The State Integrity Investigation assesses the existence, effectiveness, and citizen accessibility of key governance and anti-corruption mechanisms using qualitative and indicator-based research to diagnose strengths and weaknesses of institutional safeguards applied against corruption among states (Kusnetz, 2015). The study reviewed mechanism of openness, transparency, and accountability comprised of 13 areas including public access to information, political finance, electoral oversight, executive, legislative and judicial accountability, state budget processes, state civil service management, procurement, internal auditing, lobbying disclosure, ethics enforcement agencies, and state pension fund management.

The researchers aggregated the data in the study to produce subcategory scores and averaged into a parent category score that produced an overall state score (Kusnetz, 2015). Table 1 provides a summary of the variables, how they are conceptualized and operationalized.

Table 1

Variable Definitions and Measurements

Variable	Conceptualization	Operationalized	Level of measure
Dependent Variables			
Violations			
Failure to adhere to standards of practice	Failure to adhere to a standard of care that is consistent with the degree of learning, skill, and ethics ordinarily possessed and expected by reputable counselors practicing under similar circumstances (Wheeler & Bertram, 2015)	The average number of licensed professional counselors who fail to adhere to standards of practice per State Board of Counseling or equivalent entity's report, divided by the total number of licensed counselors per state.	Continuous
Failure or unable to practice professional counseling with reasonable skill and safety to clients	Failure to adhere to both the duty (legal obligation) to act in the best interest of a client and a standard of care that is consistent with the degree of learning, skill, and ethics ordinarily possessed and expected by reputable counselors practicing under similar circumstances (Wheeler & Bertram, 2015)	The average number of licensed professional counselors who fail to adhere to both the legal obligation and standards of practice per State Board of Counseling or equivalent entity's report, divided by the total number of licensed counselors per state.	Continuous

Table 1 Continued

Variable	Conceptualization	Operationalized	Level of measure
Plea or conviction of crime or legal incident	Conviction of or plea to a crime related to the profession of the licensee or conviction of any crime that would affect the licensee's ability to practice within the profession.	The average number of licensed professional counselors convicted of or plead to crime or legal incident as reported by State Board of Counseling or equivalent entity, divided by the total number of licensed counselors per state	Continuous
Boundary violation/dual relationship	Violation of professional boundaries, or engaged in multiple relationships that have the potential to blur the boundaries between a counselor and a client, create a conflict of interest, enhance the potential for exploitation and abuse of power, and/or cause the counselor and client to have different expectations of therapy (Herman & Robinson-Kurpius, 2006)	The average number of licensed professional counselors who are accused of boundary violations or have engaged in dual relationship(s) as reported by State Board of Counseling or equivalent entity, divided by the total number of licensed counselors per state	Continuous

Table 1 Continued

Variable	Conceptualization	Operationalized	Level of measure
Failure to respond to board summons or uncooperative with board request or investigation	Failure to respond to written communication from the state board concerning any investigation by the board or failure to make available any relevant records regarding the investigation about the licensee.	The average number of licensed professional counselors who have failed to respond to a board summons or were uncooperative with board request or investigation as reported by State Board of Counseling or equivalent entity, divided by the total number of licensed counselors per state	Continuous
Unethical or unprofessional conduct or misconduct	Behavior that falls below or violates the professional standards of professional counseling	The average number of licensed professional counselors whose behavior has violated the professional standards of the counseling profession as reported by State Board of Counseling or equivalent entity, divided by the total number of licensed counselors per state	Continuous
Continuing education violation	Failure to adequately complete and/or submit the required continuing education hours as set by the state board.	The average number of licensed professional counselors that failed to complete or submit the required continuing education hours as reported by State Board of Counseling or equivalent entity, divided by the total number of licensed counselors per state	Continuous

Table 1 Continued

Variable	Conceptualization	Operationalized	Level of measure
Disciplinary Actions			
License revoked or surrendered	A discipline action taken by the board to revoke or deny renewal of a professional counselor license in response to a violation(s) committed	The average number of licensed professional counselors who had their professional license revoked by or surrendered to the State Board of Counseling or equivalent entity and divided by the total number of licensed counselors per state	Continuous
License reprimanded or censured	A discipline action taken by the board to formally reprimand or censure a professional counselor licensee in response to a violation(s) committed	The average number of licensed professional counselors who received a reprimand or censure as reported by the State Board of Counseling or equivalent entity and divided by the total number of licensed counselors per state	Continuous
Training or continuing education	A discipline action taken by the board that requires the professional counselor to complete a specific type and/or amount of training or continuing education in response to a violation(s) committed	The average number of licensed professional counselors who were ordered to complete a specific amount and type of training or continuing education as reported by the State Board of Counseling or equivalent entity and divided by the total number of licensed counselors per state	Continuous

Table 1 Continued

Variable	Conceptualization	Operationalized	Level of measure
Civil penalty or fine	A discipline action taken by the board imposing a financial <i>penalty</i> on a professional counselor in response to a violation(s) committed	The average number of licensed professional counselors who were ordered to pay a financial penalty as reported by the State Board of Counseling or equivalent entity and divided by the total number of licensed counselors per state	Continuous
Undergo clinical supervision	A discipline action taken by the board that requires the professional counselor to receive a specific amount of clinical supervision under a board approved licensed professional counselor supervisor in response to a violation(s) committed	The average number of licensed professional counselors who were ordered to receive clinical supervision by the State Board of Counseling or equivalent entity and divided by the total number of licensed counselors per state	Continuous
Practice restriction	A discipline action taken by the board that restricts the scope of practice of which a professional counselor can engage while practicing under the professional license in response to a violation(s) committed	The average number of licensed professional counselors who had restrictions placed upon their license by the State Board of Counseling or equivalent entity and divided by the total number of licensed counselors per state	Continuous

Table 1 Continued

Variable	Conceptualization	Operationalized	Level of measure
Probation	A discipline action taken by the board to place a professional counselor on probation for a specified length of time in response to a violation(s) committed, during which time the professional must adhere to the standards of practice of the field	The average number of licensed professional counselors who were placed on probation by the State Board of Counseling or equivalent entity and divided by the total number of licensed counselors per state	Continuous
Suspension of license	A discipline action taken by the board to suspend the license of a professional counselor for a specified length of time in response to a violation(s) committed	The average number of licensed professional counselors who had their license suspended by the State Board of Counseling or equivalent entity and divided by the total number of licensed counselors per state	Continuous
Undergo therapeutic services	A discipline action taken by the board that requires the professional counselor to receive specific therapeutic services in response to a violation(s) committed	The average number of licensed professional counselors who were ordered to receive therapeutic services as reported by the State Board of Counseling or equivalent entity and divided by the total number of licensed counselors per state	Continuous

Table 1 Continued

Variable	Conceptualization	Operationalized	Level of measure
Independent Variables			
Educational requirements	Range of educational credit hour requirements required by each state board	State Board of Counseling or equivalent entity's report of the minimum educational credit hour (CH) requirements necessary to obtain licensure as a professional counselor	Dichotomous 0 < 48 hours 1 = 60 hours
Additional/specific educational training or coursework	Requirement for additional training beyond the minimum number of credit hours	State Board of Counseling or equivalent entity's report requiring specific additional coursework to obtain licensure as a professional counselor	Dichotomous 0 No 1 Yes
CACREP accreditation of counseling degree	CACREP accreditation of Master's degree counseling program	State Board of Counseling or equivalent entity's report of the master's degree counseling program include a curriculum based on the CACREP model or be fully CACREP accredited.	Dichotomous 0 No 1 Yes

Table 1 Continued

Variable	Conceptualization	Operationalized	Level of measure
Hours of supervised experience	Post master's supervised counseling experience	State Board of Counseling or equivalent entity's report of the minimum number of supervised experience (in hours) necessary to obtain licensure as a professional counselor, entered as a set of variables, each of the categories have its own reference category	Dichotomous/ Dummy Category less than 3000 hours equal to 3000 hours greater than 3000 hours
Hours of continuing education	Continuing education credits for licensure renewal is measured by the amount of continuing credits needed for renewal	State Board of Counseling or equivalent entity's report of the minimum number of continuing education credits required	Continuous
Adoption of ACA Code of Ethics	States use of the American Counseling Association's <i>Code of Ethics</i> to promote professional values to ensure that counselors conduct themselves in accordance with generally accepted standards of practice	State Board of Counseling or equivalent entity's use of the ACA's Code of Ethics	Dichotomous 0 No 1 Yes
Jurisprudence exam	Jurisprudence exam testing the applicants' knowledge of licensing board rules and operating procedures, and state laws affecting counselors' practice	State Board of Counseling or equivalent entity's requirement to pass a jurisprudence exam, coded 1 if required, 0 if not	Dichotomous 0 No 1 Yes

Table 1 Continued

Variable	Conceptualization	Operationalized	Level of measure
Practice Act	Counselor licensure laws are divided into two categories – Practice and Title Acts which describe the level of restriction on the use of a specific title based on specific standards. Practice acts are considered more protective of consumers	States who have adopted licensure laws that include practice acts, coded 1 if state is practice act, 0 if title act only	Dichotomous 0 No 1 Yes
Control Variables			
Population density	Population of a state in relation to the amount of land mass	State population density calculated as resident population divided by total land area.	Continuous
Licensed counselor population	The total number of licensed professional counselors per state	Number of LPCs per state as of the 2014 ACA State by State Report and standardized as a percent of the state population	Continuous
State integrity ranking	State integrity ranking is used as a proxy for a state's ethical climate. The ranking is based on an assessment of state government accountability and transparency	Aggregated score drawn from a study conducted by the Center for Public Integrity. Scores are based on indicators that diagnose the strengths and weaknesses of a state's institutional safeguard against corruption.	Continuous

The data were collected for each group of dependent, independent, and control variables using the methods described above. The data for the dependent variables, disciplinary violations

and disciplinary actions, were tallied to obtain a total in each group; and the data from the independent and control variables that include education, supervised experience, jurisprudence examination, practice act, counselor population, state population and state integrity rankings, were transferred to tables that are further utilized in the data analysis. Appendices I, J, K, and L provide the tallied data tables.

Data Analysis

The analysis begins with basic univariate analysis for preliminary examination of all variables described in the previous section. The univariate analysis will consist of basic measures of central tendency including frequencies and means. Measures of dispersion for preliminary data analysis will examine the data via the frequency distributions and standard deviations. These measures provide a description the states in terms of their licensure requirements, counselor population, population density and overall ethical integrity.

An index score is developed to measure the stringency of the state board licensure requirements utilizing the identified independent variables. These requirements include minimum level of education for licensure, master's degree counseling curriculum based on the CACREP model or fully CACREP accreditation, the requirement for additional or specific training/coursework outside of the minimum requirements, minimum number of post-masters supervised counseling experience, minimum number of continuing education credit hours, adoption of ACA Code of Ethics, requirement of jurisprudence exam, and state licensure laws that include practice acts. The value for each variable is standardized into a z-score. The use of the standardized score allows for comparison between variables that otherwise would have different normal distributions, it takes into account the spread in the sample (Miller, 2005) and to ensure all

variables contribute evenly (UCLA Institute for Digital Research and Education, 2017). The standardized scores are summed across all the independent variables to create a standardized index score. Using the resulting standardized index score, the state licensure boards are ranked for their stringency according to how the state boards perform overall on the requirements. The ranking will provide a measure for further comparison of the effects of requirements on ethical outcomes.

Cluster analysis is used as an exploratory tool to identify any similarities that may exist among the states in accordance to how each state stands among the identified clustering variables and to sort the states into similar groupings. The same standardized variables will be used for the cluster analysis including minimum level of education for licensure, master's degree counseling curriculum based on the CACREP model or fully CACREP accreditation, the requirement for additional or specific training/course outside of the minimum requirements, minimum number of post-masters supervised counseling experience, minimum number of continuing education credit hours, adoption of ACA Code of Ethics, requirement of jurisprudence exam, and state licensure laws that include practice acts. Cluster analysis will also help to identify patterns that may exist among the states.

Following the cluster analysis, multiple regression is employed utilizing the seemingly unrelated regression model (SUR Model) to examine the relationship between dependent variables (disciplinary violations and actions) that are continuous in nature and multiple independent variables (minimum level of education for licensure, the requirement for additional or specific training/course outside of the minimum requirements, minimum number of post-masters supervised counseling experience, minimum number of continuing education credit hours, adoption of ACA Code of Ethics, requirement of jurisprudence exam, and state licensure laws that include practice acts) measured as continuous, ordinal and dichotomous.

The SUR model is appropriate because of its ability to include, within a single model, multiple linear equations each having its own dependent variable and potentially different sets of explanatory variables (Zellner, 1962). SUR models are often applied when there are several equations that may have contemporaneous cross-equation error correlation (Katchova, 2013). This study uses the SUR model because of the potential relationship between the dependent variables and resulting related error terms.

Summary

This is a state comparative study of American counselor licensure boards examining the differences in licensure regulations among the United States, focusing on the educational and experience requirements, the utilization of ACA Code of Ethics, practice act licensure laws, and the effect on ethical violations defined as disciplinary violations and actions taken over an eight-year time frame. The data utilized for this study are drawn from a state-by-state report conducted and compiled by the American Counseling Association (American Counseling Association, 2014c) and state regulatory boards available online from official state websites. The data obtained to describe the population density of each state are drawn from the U.S. Census Bureau (U.S. Census Bureau, 2010) and Statista, a statistics portal (Statista, 2018). The data utilized to describe state integrity are from a study conducted by the Center for Public Integrity in partnership with Global Integrity (Center for Public Integrity, 2015a; Tonn, 2105). Data analysis includes univariate analysis for preliminary examination of the variables. An index score is developed to measure the stringency of the state board licensure requirements utilizing the independent variables and states are ranked according to how the licensing boards perform overall on the requirements. Cluster analysis is used as an exploratory tool to identify similarities that exist among the states in accordance to how each state stands among the identified clustering variables and to sort the states

into similar groupings and to identify patterns that may exist. Lastly, the seemingly unrelated regression model (SUR Model) is utilized to examine the relationship between dependent variables (disciplinary sanctions and complaint/violation) that are continuous in nature and the multiple independent variables. Results of the data analysis are presented in the following chapter.

CHAPTER IV

RESULTS

This study intended to examine how states vary in their approach to setting accountability measures as defined by the minimum requirements for education and practice in the professional counseling field, and to determine whether an accountability relationship exists between the education and experience requirements and ethical outcome measures as defined by ethical violations and associated state discipline sanctions. The purpose of this study was achieved in a twofold manner, first by examining the stringency of state board licensure requirements and exploring how states cluster around similarities among the licensure requirements and state licensure laws. Second, the purpose of the study was achieved by examining the explanatory power of the effects of licensure requirements on reported ethical violations and state discipline sanctions.

This chapter presents the results of the data analysis for the two research questions and eight hypotheses. To clearly present the findings, this chapter will be organized into three parts. The first section will provide the descriptive statistics including univariate and bivariate statistics that will provide a discussion of the basic means, standard deviations, minimum and maximum scores, as well as examines the correlation and significance level between the independent variables. The second section will address the first research question of this study and will present the results of the state's stringency index scores, examine how states rank according to the stringency of licensure requirements and present the results of the cluster analysis to examine any similarities that may exist among the states in similar groupings. The third section will address the

second research question and present the results from the seemingly unrelated regression models and provide the findings for the eight hypotheses, as well as the research propositions.

Descriptive Statistics

The results from the univariate analysis for the independent variables are provided in Tables 2. Educational credit hours for required for graduate programs ranges from 42 credit hours to 60 credit hours. The variable was broken down into categories and transformed into a dummy variable (0 = less than 60 credit hours, 1 = 60 credit hours). Only three states required 42 credit hours and was grouped with the states that required 48 categories to account for outliers. Eighteen states required 48 credit hours and 29 states required 60 credit hours. Additional education or training above the required credit hours is required by only five states, California, Florida, New York, Washington, and West Virginia. Sixteen percent of the states require educational programs to be CACREP accredited or based on the CACREP model.

Hours required for post degree supervised experience ranged from 1000 hours to 4500 hours. Hours of experience was grouped together into categories for ease of measuring and consistency and transformed into dummy variables (less than 3000 hours of supervised experience, 3000 hours of supervised experience and greater than 3000 hours of supervised experience). The median category was 3000 hours and the mean hours were 2,998 with 31 out of the 50 states required 3000 hours of post degree supervised experience. States that required supervised experience less than 3000 hours include Colorado, Georgia, Minnesota, North Dakota, Rhode Island, and South Dakota. States that required less than 2000 hours are Idaho, Illinois. Seven states required between 3600 and 4500 hours these include Kansas, Kentucky, New Jersey, Oregon, Pennsylvania, Utah, and Washington.

The mean number of hours of continuing education is 16.92. States vary on how frequently continuing education is required between annually and bi-annually. For purposes of this study, hours of continuing education are reported annually. For the states which continuing education is required on a bi-annual basis, the number of hours is divided by two. Two states do not require any continuing education, Hawaii, and Michigan. Approximately forty percent of the states have adopted the American Counseling Association's Code of Ethics. Twelve states require a licensure candidate to pass a jurisprudence exam and 44 of the 50 states have adopted licensure laws that include practice acts.

The same variables were standardized into a z-score as means to provide a comparison between the variables with similar distributions. The z-score variables were then utilized in the remainder of the analysis.

Table 2

Description of independent variables

Variable		Categorized for analysis	Mean	Std. Dev.	Min.	Max.
educrhr_n	Educational credit hours required 42 credit hours 48 credit hours 60 credit hours	0 = <60 hours 1 = 60 hours	54.6	6.553	42	60
addled	Additional education/specific training beyond credit hours	0=no 1=yes	.1	.303	0	1
cacrep	CACREP accreditation of graduate program	0=no 1=yes	.38	.490	0	1
hrsexpcollp	Hours of supervised experience ranges between 1000-4500 hours	<3000 =3000 >3000	2,998	645.580	1000	4500
hrsconedu	Hours of continuing education per year to maintain license	continuous	16.92	5.397808	0	27.5

Table 2 Continued

Variable		Categorized for analysis	Mean	Std. Dev.	Min.	Max.
acacodeethics	State utilizes ACA Code of Ethics	0=no 1=yes	.42	.498	0	1
jurispexam	Jurisprudence exam required	0=no 1=yes	.24	.431	0	1
practact2	Practice Act licensure law	0=no 1=yes	.88	.3282607	0	1
popden	Population density	continuous	202.18	267.651	1	1,225
lpcpop	Licensed counselor population		2887.44	2942.626	25	14,982
stateinrank	State integrity ranking		62.92	4.91495	51	76

A Pearson's correlation was run to test the strength of the relationship between the independent variables, as well as any significance. Results of the Pearson correlation indicated significant associations between four of the variables, educational credit hours and CACREP accreditation ($r(48) = -.060$, $p = .014$), educational credit hours and ACA Code of Ethics ($r(48) = .339$, $p = .016$), CACREP accreditation of graduate program and hours of continuing education ($r(48) = .286$, $p = .045$), and hours of continuing education and LPC population ($r(48) = -.337$, $p = .017$). Although significant, the level of association between these variables is considerably small so the interactions are negligible. The remainder of the relationships between the variables were small and not statistically significant. Table 3 provides the results for the Pearson's correlational analysis.

Table 3

Correlation matrix between independent variables

	Education Credit Hour	Additional Education/ training	CACREP Accreditation	Hours Supervised Experience	Hours continuing Education	ACA Code of Ethics	Jurisprudence Exam	Practice Act	Population Density	LPC Population	State Integrity ranking
Education Credit Hour	1.0000										
Additional Education/ training	0.1535 0.2871	1.0000									
CACREP Accreditation	-0.060* 0.014	0.6808 0.925	1.0000								
Hours Supervised Experience	0.246 0.084	0.001 0.997	-0.018 0.902	1.0000							
Hours continuing Education	0.010 0.946	-0.201 0.161	0.286* 0.045	-0.067 0.631	1.0000						
ACA Code of Ethics	0.339* 0.016	-0.147 0.303	-0.081 0.572	-0.072 0.620	0.087 0.541	1.0000					
Jurisprudence Exam	0.059 0.687	-0.031 0.830	-0.151 0.297	0.111 0.443	0.061 0.674	-0.004 0.970	1.0000				
Practice Act	0.012 0.933	0.123 0.394	0.036 0.806	-0.270 0.576	-0.155 0.282	-0.060 0.680	-0.081 0.576	1.0000			
Population Density	0.267 0.061	0.061 0.673	-314 0.152	0.156 0.280	-0.084 0.562	-0.031 0.806	-0.073 0.613	-0.207 0.150	1.0000		
LPC Population	-0.209 0.144	0.160 0.268	-0.206 0.152	-0.056 0.692	-0.337* 0.017	-0.089 0.536	0.243 0.089	0.067 0.643	0.131 0.365	1.0000	
State Integrity Ranking	0.176 0.221	0.134 0.202	-0.123 0.396	-0.032 0.823	-0.014 0.921	-0.019 0.894	0.105 0.466	-0.044 0.762	0.252 0.078	-0.040 0.784	1.0000

*p<.05

The assumptions underlying the statistical basis for multivariate analysis of the independent variables were tested. Normality of the data distribution was examined through the skewness and kurtosis testing. Skewness describes the balance of the distribution and kurtosis describes how peaked or flatness of the distribution shape. All variables except for State Integrity ranking were found to have distributions with approximate symmetry and without excessive peakedness. State Integrity Ranking was moderately skewed to the right (skewness .96). Kurtosis describes the shape of the probability distribution. The kurtosis of the independent variables was found to be less than the standard score of “3” indicating a flat-topped distribution.

The results of the univariate analysis for the dependent variables are provided in Table 4. The dependent variables consisted of counts for violations and actions summed in each category by state for all years of collected data then divided by the number of licensed professional counselors per state. This provided a standardized count of violations and actions per state. The standardized counts were summed across all states to provide a final count.

Table 4

Description of dependent variables

Variable		Categorized for analysis	Mean	Std. Dev.	Min.	Max.
totalviolations	Total Actions	Continuous	.0028	.0023	0	.0117
viofailtoadhere	Failure to adhere to standards of practice	Continuous	.0007	.0010	0	.0045
viofailurepractice	Failure or unable to practice professional counseling with reasonable skill and safety to clients	Continuous	.0002	.0004	0	.0019
violegalconv	Plea or conviction of crime or legal incident	Continuous	.0001	.0001	0	.0004

Table 4 Continued

Variable		Categorized for analysis	Mean	Std. Dev.	Min.	Max.
vioboundaryvio	Boundary violation/dual relationship	Continuous	.0004	.0004	0	.0022
viouncoopboard	Failure to respond to board summons or uncooperative with board request or investigation	Continuous	.0002	.0002	0	.0008
viounethconduct	Unethical or unprofessional conduct or misconduct	Continuous	.0097	.0009	0	.0039
viocontedu	Continuing education violation	Continuous	.0003	.0097	0	.0059
totalactions	Total actions	Continuous	.0032	.0029	0	.0129
actrevokedsurr	License revoked or surrendered	Continuous	.0005	.0005	0	.0025
actrepcensure	License reprimanded or censured	Continuous	.0004	.0005	0	.0023
acttrainconted	Training or continuing education	Continuous	.0006	.0008	0	.0027
actpenfine	Civil penalty or fine	Continuous	.0006	.0010	0	.0053
actclinicalsup	Undergo clinical supervision	Continuous	.0002	.0005	0	.0026
actpractrestriction	Practice restriction	Continuous	.0001	.0002	0	.0011
actprobation	Probation	Continuous	.0004	.0005	0	.0022
actsuspension	Suspension of license	Continuous	.0003	.0004	0	.0022
acttherserv	Undergo therapeutic services	Continuous	.0001	.0001	0	.0004

Research Question One

The first research question explored how states vary in their approach to setting regulatory accountability measures including education and practice standards. The index scores and cluster analysis were used to investigate the first research question by exploring any similarities or

differences within the states. The index score and cluster analysis were based on eight clustering variables: minimum level of education for licensure, the requirement for additional or specific training/coursework outside of the minimum requirements, master's degree counseling curriculum based on the CACREP model or fully CACREP accreditation, minimum number of post-masters supervised counseling experience, minimum number of continuing education credit hours, adoption of ACA Code of Ethics, the requirement of jurisprudence exam, and state licensure laws that include practice acts. The analysis utilized a combination of hierarchical and partitioning algorithms.

Stringency Index Score. An index score was developed to measure the stringency of the state board licensure requirements. The index score was based on eight standardized variables: minimum level of education for licensure, master's degree counseling curriculum based on the CACREP model or fully CACREP accreditation, the requirement for additional or specific training/coursework outside of the minimum requirements, minimum number of post-masters supervised counseling experience, minimum number of continuing education credit hours, adoption of ACA Code of Ethics, the requirement of jurisprudence exam and state licensure laws that include practice acts. Because the independent variables all have differing types of measurements, the variables were converted into z-scores. The use of the standardized z-score allowed for comparison between variables with otherwise different normal distributions and ensured all variables contributed evenly when added together for the index score. Z-scores also makes it easier to interpret the results when performing regression analysis (UCLA Institute for Digital Research and Education, 2017).

The standardized scores were summed across the independent variables to obtain the stringency index score. A simple aggregation method was used since each variable was considered

equally valued. There was no measure identified in this study to support holding one licensure criteria more important than another. The states were ranked according to the stringency index and how they performed overall on the requirements. The more or higher requirements a state met the higher a state would rank on the index. Table 4 provides the results of the ranking. West Virginia and Utah had the highest rankings with a stringency score of 5.8 and Hawaii and Michigan had the lowest score with -6.35. A significant factor that affects the low score for Michigan and Hawaii is neither state requires continuing education hours. New York also did not require continuing education hours; however, New York requires a minimum of 60 credit hours plus additional or specific training to obtain licensure. Interestingly, despite West Virginia and Utah both being ranked the highest, they did not fall into the same clustering category (Table 5). The cluster analysis will be further discussed in the following section.

Table 5

State Stringency Ranking

State	Stringency Score	Ranking	State	Stringency Score	Ranking
WV	5.869	1	ID	-0.143	26
UT	5.582	2	KY	-0.595	27
CA	4.234	3	NV	-0.602	28
TN	3.498	4	MO	-0.602	29
WY	3.495	5	AL	-0.602	30
FL	3.400	6	LA	-0.636	31
NC	3.311	7	SC	-0.636	32
OK	3.311	8	PA	-0.709	33
VA	3.298	9	MT	-1.013	34
AZ	3.2415	10	NY	-1.418	35

Table 5 Continued

State	Stringency Score	Ranking	State	Stringency Score	Ranking
IA	3.032	11	MN	-1.737	36
OH	2.384	12	TX	-1.806	37
AR	2.110	13	CT	-1.939	38
VT	1.305	14	AK	-2.054	39
MD	1.305	15	RI	-2.149	40
MA	1.202	16	CO	-2.466	41
IN	1.026	17	NM	-2.641	42
NH	1.026	18	ND	-2.698	43
OR	0.941	19	IL	-2.698	44
ME	0.7876	20	WI	-2.878	45
MS	0.646	21	NE	-2.971	46
KS	0.332	22	DE	-4.552	47
WA	0.288	23	GA	-5.868	48
SD	0.268	24	HI	-6.3466	49
NJ	0.217	25	MI	-6.347	50

Table 6 provides the ranking of states according to how they scored on the State Integrity Index in a study conducted by the Center for Public Integrity (2015a). States with similar scores between the two indexes include California ranking in the top five on both indexes and Delaware and Michigan ranking in the bottom five on both indexes. While West Virginia was ranked first on the Stringency Index, it ranked 16 on the State Integrity Index. While Hawaii was at the bottom on the State Stringency Index, it ranked number four on the State Integrity Index.

A correlational analysis was performed to examine the overall relationship between the rankings on the State Stringency Index created for this study and the rankings from the State Integrity Index conducted by the Center for Public Integrity. The results of the Pearson's correlation were not significant, indicating a low measure of association between the rankings on the two indexes ($r(48) = .07, p = .62$).

Table 6 Continued

State Integrity Ranking

State	Stringency Score	Ranking	State	Stringency Score	Ranking
AK	2.661	1	IN	-0.187	26
CA	2.051	2	MO	-0.187	27
CT	1.644	3	MN	-0.187	28
HI	1.237	4	ID	-0.187	29
RI	1.034	5	NM	-0.187	30
OH	1.034	6	NH	-0.391	31
CO	0.830	7	FL	-0.391	32
AL	0.830	8	AR	-0.391	33
IA	0.830	9	MS	-0.391	34
IL	0.830	10	NY	-0.391	35
MA	0.830	11	VT	-0.391	36
NE	0.830	12	SC	-0.594	37
WA	0.830	13	TX	-0.594	38
KY	0.830	14	ME	-0.594	39
VA	0.627	15	LA	-0.798	40
WV	0.627	16	OK	-0.798	41
TN	0.627	17	OR	-0.798	42
NJ	0.423	18	KS	-0.798	43

Table 6

State	Stringency Score	Ranking	State	Stringency Score	Ranking
NC	0.423	19	ND	-0.798	44
MD	0.220	20	PA	-0.798	45
MT	0.220	21	NV	-1.001	46
AZ	0.220	22	DE	-1.204	47
GA	0.016	23	SD	-1.408	48
WI	0.016	24	WY	-1.408	49
UT	2.661	25	MI	-2.425	50

Note: Data drawn from a study conducted by the Center for Public Integrity & Global Integrity (Center for Public Integrity, 2015a)

Hierarchical cluster analysis was used to run the initial analysis to determine the number of clusters and obtain the initial cluster seeds and preliminary profile of the cluster centers (centroids). The analysis utilized the Wards linkage method with the Euclidean distance measure which defines the similarity between clusters using the sum of squares within the clusters summed over all the variables. The selection of clusters was based on which combination of clusters minimize the within-cluster sum of squares across all the separate clusters (Hair, Black, Babin, & Anderson, 2010).

To identify the optimal number of clusters, two stopping rules were utilized, the Duda-Hart and the Calinski/Harabasz stopping rules. Each examines the heterogeneity between the clusters at each successive step, and the clustering solution is defined when there is a sudden jump. Hair et al. (2010) suggests this type of stopping rule as providing accurate decisions in empirical studies. Both the Duda-Hart and the Calinski-Harabasz stopping rules included a stopping point of 4 clusters. Parsimony is achieved with a reduced number of clusters, and four clusters provided an

adequate number of states per cluster, minimizing extremely small clusters, yet providing a good definition between the clusters.

The second step of the clustering analysis utilized a non-hierarchical, partitioning algorithm (k-means) with the clustering seeds using the Euclidean distance measure. This resulted in the assignment of the states into the four clusters with the assigned states based on similarity of the observations.

Groups of States. As stated earlier, the grouping of states according to the licensure requirements (independent variables) allows a researcher to identify patterns that exist. The clustered groups are shown in Table 7 and a map of the clustered states is illustrated in Figure 6. The states clustered according to similarity into four groups, just over half of states clustering together into one group, approximately one third into the second group, and two groups assigned four and three states respectively.

Table 7

Cluster Analysis Final Results

Cluster	1			2			3			4		
	mean	min	max	mean	min	max	mean	min	max	mean	min	max
	Nevada	Louisiana		Arizona	Massachusetts		Mississippi			New York		
	Utah	Oklahoma		Kansas	West Virginia		Tennessee			Michigan		
	New Jersey	Alaska		Florida	Connecticut		Kentucky			Hawaii		
	Delaware	Missouri		Georgia	Nebraska		Texas					
	Indiana	Minnesota		Ohio	North Dakota							
	Colorado	Idaho		California	Washington							
	Vermont	Oregon		Pennsylvania								
	Rhode Island	New Hampshire		Illinois								
	South Carolina	Iowa		Arkansas								
	South Dakota	Montana		Wisconsin								
	Maryland	Virginia										
	North Carolina	New Mexico										
	Alabama	Wyoming										
		Maine										
Educational credit hours	2.556	2	3	2.438	1	3	2.750	2	3	2.333	2	3
Additional or specific educations or training	0	0	0	.250	0	1	0	0	0	.333	0	1
CACREP accreditation of counseling degree	.481	0	1	.316	0	1	.500	0	1	0	0	0
Hours of supervised experience	2.149	1	4	2.188	1	4	2.750	2	4	2.00	2	2
Hours of continuing education	20.370	20	27.5	15.750	15	18	11.	10	12	0	0	0
Adoption of ACA Code of Ethics	.407	0	1	.500	0	1	.500	0	1	0	0	0
Jurisprudence exam	.259	0	1	.188	0	1	.500	0	1	0	0	0
Practice act	.815	0	1	.938	0	1	1.000	1	1	1.00	1	1
<i>n</i>	27			16			4			3		

Cluster One. Just over half of the states clustered together into one group. Cluster one is distinguished from the other clusters by having the highest mean hours of continuing education (20.370) and none of the states in this cluster required any additional or specific education or training. Geographically, 15 of the states tends to be clustered within the west/mid-west geographical pattern of the United states (see Figure 6), however the cluster can be said to be well represented in all geographic sections (eight states in the southern/mid-Atlantic and 4 states in the northeast). In comparison to the stringency index score, approximately half of the states fall above

the mean (14 states) and half below the mean stringency score (13 states) indicating that cluster one does not only include those states with the highest licensure requirements.

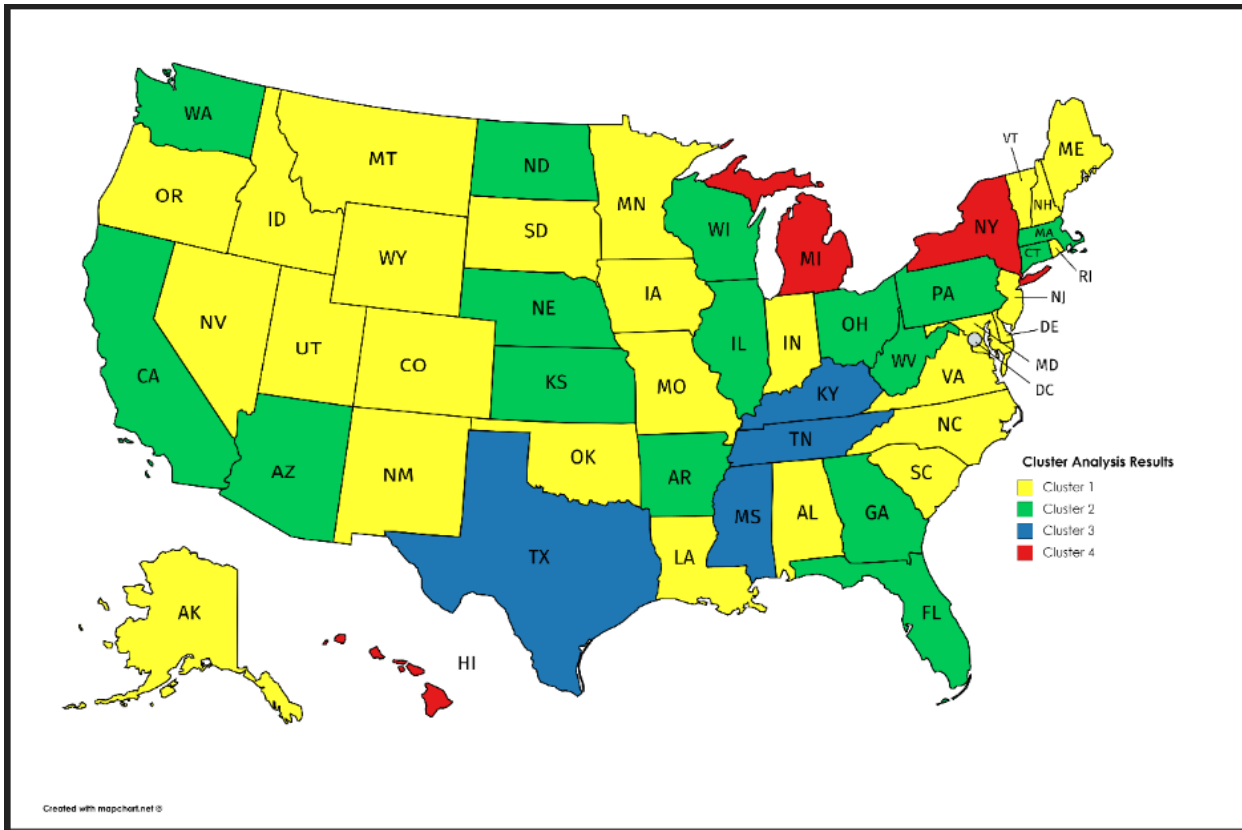


Figure 7. Map showing results of cluster analysis.

Cluster Two. Sixteen states clustered together into the second group. Cluster two followed cluster one in the number of hours of continuing education (15.750), but also included states (25%) that required additional or specific education or training. Like cluster one, the states in cluster two fall close to equal on the stringency requirements reflecting both above and below the mean stringency scores for licensure requirements. Nine states fell above the mean and seven states fell below the mean score. Geographically, cluster two is scattered throughout each region. Three in

the west, six in the mid-west region, four in the southern/mid-Atlantic area, and three in the northeast area.

Clusters Three and Four. Clusters three and four appear most influence by the adoption of the practice act, which appears to separate these states from the states in clusters one and two. Cluster three (Mississippi, Tennessee, Kentucky, and Texas), and cluster four (New York, Michigan, and Hawaii) all adopted the practice act into their statutory laws, as opposed to clusters one and two, which vary on the adoption of the practice act by the states.

A second visible difference noted in cluster three was that these states demonstrated some of the highest means in licensure requirements, apart from the hours of continuing education and additional/specific training. In comparison with the stringency index scale, the states in clusters three and four all fall below the mean stringency score, apart from Mississippi which is ranked 21 among the states. Clusters four have some of the lowest mean scores in six of the seven variables (all but additional/specific training). Cluster four contains Michigan and Hawaii, both states scored the lowest on the ranking and none of the states required CACREP accreditation of graduate programs, no continuing education hours, and no jurisprudence exam. Although New York was included in cluster four, it ranked number 35, but its raw score fell below the mean stringency score of the states.

A visual inspection of state partisan control for the years 2009 through 2016 was examined in comparison with the four clusters. Often, partisan control of the legislature or governor's office will contribute to the direction of state laws. In this case, the clusters did not appear to be influenced by partisan control for either state legislatures or the office of the Governor. See Appendix M for maps showing partisan control (National Conference of State Legislatures, 2018).

Research Question Two

The second research question examined how state licensing board regulations effect the ethical behavior of licensed professional counselors. To answer the research question, reported discipline violations committed by individuals and discipline actions taken against the individual was collected from each state where available. Discipline violations and disciplinary actions were totaled for each state as well as tallied and totaled for each violation/action category as described in the methodology chapter. Multiple regression was employed utilizing the seemingly unrelated regression model (SUR Model) to investigate the hypotheses and examine the relationships between dependent variables (disciplinary sanctions and complaint/violation) and the multiple independent variables (minimum level of education for licensure, the requirement for additional or specific training/course outside of the minimum requirements, minimum number of post-masters supervised counseling experience, minimum number of continuing education credit hours, adoption of ACA Code of Ethics, requirement of jurisprudence exam, and state licensure laws that include practice acts) within a combined model. The SUR model is often applied when there are several equations that may have contemporaneous cross-equation error correlation (Katchova, 2013). The regression analysis was first carried out using total violations and total actions to answer the second research question and test each hypothesis, followed by regression analysis carried out using the seven specific violations and eight specific discipline actions to provide further in-depth investigation into the following eight hypotheses.

H1: States that require a jurisprudence exam will have lower numbers of disciplinary violations and actions reported.

H2: States where the board has adopted the ACA Code of Ethics into their Rules and Regulations will have lower numbers of disciplinary violations and actions reported.

- H3: State legislatures that enact the practice act counselor licensing statute will have lower numbers of disciplinary violations and actions reported.
- H4: States that have a higher minimum educational requirement to obtain licensure will have lower numbers of disciplinary violations and actions reported.
- H5: States that require additional educational training on specific topic areas that is beyond the minimum education requirement will have lower numbers of disciplinary violations and actions reported.
- H6: States that require counseling graduate degrees that include a CACREP accreditation or curriculum equivalent to CACREP accreditation will have lower numbers of disciplinary violations and actions reported.
- H7: States that have a higher minimum standard for supervised experience requirements to obtain licensure will have lower numbers of disciplinary violations and actions reported.
- H8: States that require counselors to obtain a greater number of continuing educational credits or are required more frequently for licensure renewal will have lower numbers of disciplinary violations and actions reported.

The results of the regression analysis for total violations and total actions are shown in Table 8. The quality of the whole system of equations was evaluated by system weighted RMSE (the square root of the variance of the residuals) and system weighted R^2 . The system weighted RMSE and R^2 measures the fit of the model jointly, obtained by stacking all models together and performing a single regression (Keshavarzi, Ayatollahi, Zare, & Sharif, 2013). The RMSE can be interpreted as the standard deviation of the unexplained variance and has the useful property of being the same units as the response variable. Lower values of RMSE indicate a better fit (Grace-

Marten, 2018). The overall model specifications for total violations and total actions indicate the model is a good fit ($R^2 = 0.527$; $RMSE = .002$) and ($R^2 = 0.553$; $RMSE = .002$) respectively. Table 8 is referenced for each of the eight hypotheses that follow.

Table 8

Regression analysis for total violations and actions

		Total Violations and Actions						
		Total Violations			Total Actions			
		Model <i>R-sq. = 0.527</i> <i>RMSE = .002</i> <i>p = 0.010</i>			Model <i>R-sq. = 0.553</i> <i>RMSE = .002</i> <i>p = 0.004</i>			
		Coef	SE	p value	Coef.	SE	p value	
State Licensure Requirements								
Educational credit hours	H ₄ -	.0008	.0008	0.300	H ₄ -	.0008	.0010	0.407
Additional or specific education	H ₅ -	.0001	.0004	0.795	H ₅ -	.0001	.0004	0.826
CACREP accreditation of counseling degree	H ₆ -	.0009*	.0004	0.021	H ₆ -	.0010*	.0005	0.032
Supervised experience Less than to or above 3000 hours	H ₇ -	.0015	.0009	0.121	H ₇ -	.0008	.0006	0.516
Hours of continuing education	H ₈ -	7.466	.0003	0.982	H ₈ -	-.0002	.0004	0.652
Adoption of ACA Code of Ethics	H ₂ -	-.0001	.0004	0.761	H ₂ -	.0004	.0004	0.408
Jurisprudence exam	H ₁ -	.0003	.0004	.359	H ₁ -	.0007	.0004	0.132
Practice act	H ₃ -	-.0004	.0004	0.414	H ₃ -	-.0010	.0005	0.088
Population density		-.0007	.0004	0.077		-.0009	.0005	0.067
LPC population		-.0001	.0003	0.863		-.0003	.0004	0.499
State integrity ranking		.0005	.0005	0.169		.0005	.0005	0.255

Note: N = 43

* $p < .05$

Legal Accountability Relationship. Legal accountability can be derived from external sources with high degrees of control, such as oversight, and monitoring activities (Radin, 2011) and Dubnick (2003) posited a relationship between accountability and ethics, suggesting that the employment of accountability enforcement mechanisms will promote ethical behavior. Hypotheses one through three explored the legal accountability relationship and the enforcement mechanism of liability by examining the relationship between the state statutes that govern the practice of professional counseling (through setting rules and establishing minimum standards of practice) and ethical outcomes as described as discipline violations and actions taken against individuals.

Hypothesis 1: States that require a jurisprudence exam will have lower numbers of disciplinary violations and actions. The first hypothesis examines the relationship between a state's requirement for an applicant to pass a jurisprudence exam and ethical outcomes. The jurisprudence exam tests the applicants' knowledge of the state licensing board rules and operating procedures, as well as state laws affecting the counselor's practice within the field. Hypothesis one posits that those states that require a jurisprudence exam would demonstrate less violations and have lower actions taken against professional counselors. The regression analysis did not support a significant relationship between the requirement of a jurisprudence exam and lower disciplinary actions ($\beta = .0003$, $p < .359$), nor did it support a significant relationship between the requirement of a jurisprudence exam and specific ethical violations made by individuals ($\beta = .0006$, $p < .132$). Within the discipline violation and actions categories there were no further statistically significant findings to support the hypothesis for the requirement for a jurisprudence exam, these findings will be discussed in more detail in the following section.

As indicated, the results of hypothesis one was not supported as evidenced by the absence of statistical significance. Additionally, when looking at the direction of the association, only

four of the sixteen categories were in the direction expected suggesting that not only is the jurisprudence exam not associated with lower violations and actions, but the association is in the opposite direction. If a jurisprudence exam does not affect an individual's ethical behaviors through knowledge of the laws and the rules and regulations that govern the professional practice, then the question remains as to what external accountability measure contribute to ensuring high ethical standards of professionals.

Hypothesis 2: States where the board has adopted the ACA Code of Ethics into their rules and regulations will have lower numbers of disciplinary violations and actions. The second hypothesis examines the relationship between a state's decision to subscribe to the code of ethics and practice standards for counselors as promulgated by the American Counseling Association and ethical outcomes. Hypothesis two posits that states that adopt the ACA Code of Ethics into its licensure board rules and regulations would demonstrate less ethical violations and have lower actions taken against professional counselors. The analysis did not support a significant relationship between the adoption of the ACA Code of Ethics and lower disciplinary violations ($\beta = -.0001$, $p < .761$) or discipline actions taken ($\beta = .0003$, $p < .408$).

Within the discipline categories, the discipline action category for *Suspension of License*, the variable for ACA Code of Ethics ($\beta = -.0002$, $p < .035$) resulted in a statistically significant finding. This variable was in the direction as expected, indicating states that adopt the ACA Code of Ethics also have fewer individuals who have their license suspended. No further significant relationships were found in the other violation or action categories.

Like the use of the jurisprudence exam, the adoption of the ACA Code of Ethics by states was not found to be statistically significant for total violations and actions but was significant for one of the sixteen categories. However, the association between the Code of Ethics and the 16

dependent variables resulted in seven of the sixteen in the direction as expected. The results of hypothesis two possibly reflects that having a code of ethics is influential, but not necessarily the adoption of the ACA's Code of Ethics.

Hypothesis 3: State legislatures that enact the practice act counselor licensing statute will have lower numbers of disciplinary violations and actions. The third hypothesis examines the relationship between the enactment of state counselor laws that are practice acts and ethical outcomes. Practice act licensure laws prohibit the practice of professional counseling without becoming licensed and are considered more strongly protective of consumers than title act laws (American Counseling Association, 2014). Hypothesis three posits that state legislatures that enact practice act counselor licensing statutes would demonstrate less ethical violations and have lower actions taken against professional counselors. The analysis did not support a significant relationship between the enactment of practice act licensure laws and lower discipline actions ($\beta = -.0004$, $p < .414$) taken against professional counselors, nor did it find a significant relationship for disciplinary violations ($\beta = -.0009$, $p < .088$).

Within the discipline categories, practice act licensure laws were found to have a statistically significant relationship in the category *Undergo Therapeutic Services* ($\beta = -.0001$, $p < .012$). The variable practice act licensure law was found to be in the expected direction indicating that states that enact practice act laws will have fewer individuals who are ordered to undergo therapeutic services. No further significant relationships were found in the other violation or action categories.

As indicated, the results of hypothesis three was not supported as evidenced by the absence of statistical significance for total violations and total actions. The one statistically significant finding in the action category does give more credence to the adoption of practice act licensure

laws. Additionally, when looking at the direction of the association, 10 of the 16 categories were in the direction expected indicating although not significant, the relationship is captured.

Professional Accountability Relationship. The professional accountability relationship is described by Romzek and Dubnick (1987) can be used to describe individual accountability within the professional counselor field as counselors can function with high degrees of autonomy. They work in various settings that range from highly structured environments to settings with limited structure and having very limited oversight. The counseling profession is based on the expertise of the individual and his or her performance is rooted within the professional norms of the field. Specialized education and supervised experience promote both professional and legal accountability by increasing an individual's knowledge in each subject(s) area. It was proposed that states that require higher educational requirements, the requirement of a master's degree counseling curriculum based on the CACREP model or fully CACREP accreditation, longer durations of supervised clinical experience, and a greater amount of continuing education hours will thereby promote higher standards of accountability and greater ethical outcomes. Hypotheses four through eight explored the professional accountability relationship between a state's requirements of minimum standards to practice as a licensed professional counselor and ethical outcomes as described as discipline violations and actions taken against individuals.

Hypothesis 4: States that have a higher minimum educational requirement to obtain licensure will have lower numbers of disciplinary violations and actions. The fourth hypothesis examines the relationship between educational requirements and ethical outcomes. To become licensed as a professional counselor, a master's degree or higher is required. The minimum number of graduate semester hours (or equivalent quarter hours) ranges in states from 42 semester hours in Wisconsin to 60 semester hours including but not limited to Alaska, New York, and Florida.

Hypothesis four posits states that have a higher minimum educational requirement to obtain licensure would demonstrate less ethical violations and have lower actions taken against professional counselors. The analysis did not support a significant relationship between the higher educational requirements to obtain licensure and lower disciplinary violations, however a statistically significant relationship was found between states that required more than 3000 hours of supervisor experience and ethical violations ($\beta = .0009$, $p < .024$). This was in the opposite direction than expected. No significance was found for discipline actions taken ($\beta = .0008$, $p < .110$).

Within the categories, under discipline violations the independent variable of higher minimum education resulted in three statistically significant relationships *Failure/Unable to Practice Counseling with Reasonable Skill or Safety* ($\beta = .0002$, $p < .043$), *Boundary Violation/Dual Relationship* ($\beta = .0002$, $p < .033$), and *Unethical or Unprofessional Conduct/Misconduct* ($\beta = .0004$, $p < .046$). Under discipline actions, the independent variable of higher minimum education resulted in one statistically significant result *License Revoked/Surrendered* ($\beta = .0003$, $p < .050$), conversely, the analysis also found a statistically significant relationship for states that only require the minimum amount of educational credit hours ($\beta = .0005$, $p < .055$). This direction is as expected, indicating the less educational requirement to higher the discipline actions.

The remainder of the findings were all in the opposite direction as expected indicating states that require more educational credit hours were associated with engaging in more discipline violations.

The results of hypothesis four indicate that the more education credit hours required by a graduate program did not necessarily result in lower actions and violations, conversely, there were

statistically significant findings in three categories for higher disciplinary. The more classes (credit hours) added to degree programs does not necessarily promote ethical behavior.

Hypothesis 5: States that require additional educational training on specific topic areas that is beyond the minimum education requirement will have lower numbers of disciplinary violations and actions. The fifth hypothesis examines the relationship between the requirement for additional education or specific types of training/education beyond that of the minimum requirements for licensure and ethical outcomes. Some examples of this include California's requirement of 15 contact hours in alcoholism and other chemical substance abuse/dependency, and Washington requires that all professional counselors complete four hours of HIV/AIDS education and training. Hypothesis five posits states that require additional educational training in specific topic areas that is beyond the minimum education requirement would demonstrate less ethical violations and have lower actions taken against professional counselors. The analysis did not support a significant relationship between the requirement of additional educational training to obtain licensure and lower disciplinary violations ($\beta = .0001, p < .795$) or discipline actions taken ($\beta = .00081, p < .826$).

Within the discipline violation and actions categories there were no further statistically significant findings to support the hypothesis for the requirement for a state to require additional education or training and will be discussed in further detail in the next section. These findings suggest that additional education or training in specific areas does not influence ethical behavior.

Hypothesis 6: States that require counseling graduate degrees that include a CACREP accreditation or curriculum equivalent to CACREP accreditation will have lower numbers of disciplinary violations and actions. The sixth hypothesis examines the relationship between a state's requirement for counseling graduate degree programs that include CACREP accreditation

or a curriculum equivalent to CACREP accreditation and ethical outcomes. CACREP accredited programs requires coursework in eight common core areas as well as a supervised practicum and internship. Hypothesis 6 posits states that require a that the counseling degree be from a program that is either CACREP accredited or a curriculum based on CACREP accreditation would demonstrate less ethical violations and have lower actions taken against professional counselor. The regression analysis indicated a significant positive relationship between the requirement of CACREP accreditation/equivalent program and disciplinary violations ($\beta = .0009$, $p < .021$) and discipline actions taken against professional counselors ($\beta = .0010$, $p < .032$), suggesting that states that require counseling programs be CACREP/equivalent accredited have higher disciplinary violations and disciplinary actions taken. This finding was in the opposite direction as proposed by the hypothesis.

Within the discipline categories, CACREP accreditation was found to have a significant positive relationship in three of the violation categories, these include *Failure to Adhere to Standards of Practice* ($\beta = .0004$, $p < .015$), *Failure to Practice Counseling with Reasonable Skill or Knowledge* ($\beta = .0001$, $p < .050$) and *Continuing Education Violation* ($\beta = .0004$, $p < .039$). These relationships were not in the direction as expected, indicating states that the require CACREP accreditation is associated with higher levels of ethical violations pertaining to failure to adhere to standards of practice, failure to practice counseling with reasonable skill or knowledge, and continuing education violations. No further significant relationships were found in the other violation or action categories.

These findings, although not supportive of the hypothesis, pose some interesting questions. CACREP accreditation had the most statistically significant findings among the variables, albeit in

the opposite direction. CACREP accredited programs are considered the most stringent and are used as a yard stick ensuring the highest quality in programing.

Hypothesis 7: States that have a higher minimum standard for supervised experience requirements to obtain licensure will have lower numbers of disciplinary violations and actions.

The seventh hypothesis examines the relationship between the hours of supervised experience to obtain licensure and ethical outcomes. The required number of hours of supervised experience ranges from 1000 hours for counseling residents in Idaho to 4,500 hours in New Jersey and Oregon. Supervised residency programs provide the licensure candidate experience in the areas including assessment, diagnostic procedures, treatment planning and implementation, case management and record keeping, professional counselor identity and function, and professional ethics and standards of practice (Commonwealth of Virginia, 2015). Hypothesis seven posits states that require higher minimum standards for supervised experience would demonstrate less ethical violations and have lower actions taken against professional counselors. The analysis did support a statistically significant relationship between the requirement for more hours of supervised experience to obtain licensure and disciplinary violations, however, the relationship was not in the direction as expected. States with requirements of 3000 hours of supervised experience or above were found to have more violations than states with less required experience ($\beta = .0009$, $p < .124$) and discipline actions taken was not significant ($\beta = .0008$, $p < .110$).

Within the discipline categories, the higher requirement for supervised experience was found to have significance in three of the violation categories and one discipline action category. These include *Failure to Practice Counseling with Reasonable Skill or Knowledge* ($\beta = .0002$, $p < .043$), *Boundary Violation/Dual Relationship* ($\beta = .0002$, $p < .033$), *Unethical or Unprofessional Conduct/Misconduct* ($\beta = .0004$, $p < .046$), and *License Surrendered or Revoked* ($\beta = .0003$, $p <$

.051) and ($\beta = .0003$, $p < .001$) respectively. None of the significant findings were in the direction as expected. This suggests states that require more than 3000 hours of supervised experience are associated with higher ethical violations pertaining to failure to practice with reasonable skill or knowledge and unethical or unprofessional conduct or misconduct, boundary violations, and have higher numbers of individuals who have their license surrendered or revoked. No further significant relationships were found in the other violation or action categories.

Hypothesis 8: States that require counselors to obtain a greater number of continuing educational credits or are required more frequently for licensure renewal will have lower numbers of disciplinary violations and actions. The eighth hypothesis examines the relationship between a greater number of continuing educational credits per year for licensure renewal and ethical outcomes. The minimum required number of continuing education hours ranges from none being required in Michigan and Hawaii and 27.5 in Maine (requires 55 hours total every two years for license renewal). Hypothesis eight posits states that require counselors to obtain a greater amount of continuing education hours for licensure renewal would demonstrate less ethical violations and have lower actions taken against professional counselors. The analysis did not support a significant relationship between the requirement for greater amount of continuing education hours for licensure renewal and lower disciplinary violations ($\beta = 7.46$, $p < .982$) or discipline actions taken ($\beta = -.0002$, $p < .652$).

Although not statistically significant, nine of the sixteen categories were found to be in the direction as expected. This suggests that there is an association between lower violations and actions taken and the requirement for continuing education as compared to some of the other variables examined. It is surprising that there were not more significant findings among the

categories, as continuing education attempts to promote professionals remaining abreast of the current trends.

Population Density and State Integrity Influences. In addition to the eight hypotheses, the analysis also examined three additional variables that were considered to have an impact on ethical outcomes. These variables included population density of the state, licensure professional counselor density per state, and the state integrity ranking. None of the control variables were found to be significantly associated with either the total discipline violation or total discipline action categories, however population density and state integrity ranking were found significant in two of the individual categories, this will be addressed in the next section.

Regression Analysis for Discipline Violation and Discipline Action Categories. After the exploration of the eight hypotheses examining the total violations and total actions combined categories, seemingly unrelated regression analysis was employed to examine the licensure requirement and the effects for each category of violation and discipline action. Table 9 provides the SUR results for discipline violations in each category and Table 10 provides the SUR results for discipline actions taken in each category.

Table 9

Regression Analysis Results for Discipline Violations by Category

State Licensure Requirements	Violations											
	Expected Direction of Hypothesis	Failure to Adhere to Standards of Practice	Failure/Unable to Practice Prof. Counseling with Reasonable Skill/Safety	Plea or Conviction of Crime or Legal Incident	Boundary Violation/Dual Relationship							
	Coef.	SE	p value	Coef.	SE	p value	Coef.	SE	p value	Coef.	SE	p value
Educational credit hours	-	-2.933	.0004	0.994	-5.788	.0001	0.945	.0000	.0000	0.313	.0001	0.386
Additional or specific education	-	2.377	.0002	0.989	.0001	.0001	0.392	.0000	.0000	0.466	-.0000	0.623
CACREP accreditation of counseling degree	-	.0004	.0002	0.015	.0001	.0001	0.050	.0000	.0000	0.093	.0001	0.512
Supervised experience <3000hrs	-	.0005	.0002	0.260	.0002	.0001	0.285	.00002	.0001	0.773	.0001	0.303
Supervised experience >3000hrs	-	.0002	.0002	0.161	.0002	.0001	0.043	-4.300	.0001	0.873	.0002	0.033
Hours of continuing education	-	-3.200	.0002	0.998	-.0000	.0001	0.633	-.0000	.0001	0.610	.0000	0.616
Adoption of ACA Code of Ethics	-	-.0001	.0002	0.588	-.0000	.0001	0.717	.0001	.0001	0.640	-.0001	0.197
Jurisprudence exam	-	.0001	.0002	0.705	3.166	.0001	0.965	-2.344	.0000	0.918	.0001	0.162
Practice act	-	-.0003	.0002	0.138	9.177	.0001	0.918	2.811	.0000	0.921	-.0001	0.327
Population density	na	-.0002	.0002	0.208	-.0001	.0001	0.471	-.0000	.0000	0.654	-.0001	0.356
LPC population	na	.0001	.0002	0.449	.0000	.0001	0.734	.0000	.0000	0.127	-.0000	0.861
State integrity ranking	na	.0002	.0002	0.240	.0001	.0001	0.566	-4.322	.0000	0.862	-8.344	0.001

Note: N = 43
*p < .05

Table 9 Continued

State Licensure Requirements	Violations												
	Expected Direction of Hypothesis	Failure to Respond to Board Summons or Uncooperative w/Investigation			Unethical or Unprofessional Conduct/Misconduct			Continuing Education Violation			Continuing Education Violation		
		Coef.	SE	p value	Coef.	SE	p value	Coef.	SE	p value	Coef.	SE	p value
Educational credit hours	-	.0000	.0000	0.466	.0001	.0001	0.120	.0002	.0002	0.976	.0002	0.976	
Additional or specific education	-	-.0000	.0000	0.595	-.0000	.0001	0.920	.0000	.0001	0.822	.0000	0.822	
CACREP accreditation of counseling degree	-	.0000	.0000	0.411	.0000	.0001	0.782	.0004	.0002	0.039	.0004	0.039	
Supervised experience <3000hrs	-	-.0001	.0000	0.072	.0005	.0002	0.220	-.0000	.0002	0.860	-.0000	0.860	
Supervised experience >3000hrs	-	.0000	.0000	0.326	.0004	.0002	0.046	-.0002	.0002	0.413	-.0002	0.413	
Hours of continuing education	-	-.0000	.0000	0.685	.0001	.0001	0.691	-.0003	.0002	0.099	-.0003	0.099	
Adoption of ACA Code of Ethics	-	-.0000	.0000	0.287	2.644	.0002	0.987	.0003	.0002	0.072	.0003	0.072	
Jurisprudence exam	-	.0000	.0000	0.240	.0001	.0002	0.726	.0003	.0002	0.130	.0003	0.130	
Practice act	-	-.0000	.0000	0.809	.0001	.0002	0.718	-.0000	.0002	0.842	-.0000	0.842	
Population density	na	.0000	.0000	0.498	-.0003	.0002	0.088	5.599	.0002	0.979	5.599	.0002	0.979
LPC population	na	5.133	.0000	0.881	-.0002	.0001	0.198	-.0002	.0001	0.355	-.0002	.0001	0.355
State integrity ranking	na	-.0000	.0000	0.385	.0001	.0002	0.458	.0002	.0002	0.283	.0002	.0002	0.283

Note: N = 43

*p < .05

Table 10

Regression Analysis Results for Discipline Actions by Category

State License Requirements	Discipline Actions															
	License Revoked/Surrendered			License Reprimanded or Censured			Training or Continuing Education			Civil Penalty or Fine			Undergo Clinical Supervision			
	Expected Direction of Hypothesis	Coef.	SE	p value	Coef.	SE	p value	Coef.	SE	p value	Coef.	SE	p value	Coef.	SE	p value
Minimum 60 Educational credit hours	-	-.0000	.0001	0.839	-.0001	.0001	0.608	.0005	.0003	0.050	-.0001	.0002	0.777	-.0001	.0001	.637
Additional or specific education	-	-.0001	.0001	0.478	-.0001	.0001	0.689	.0001	.0001	0.215	.0002	.0001	0.414	.0000	.0001	0.766
CACREP accreditation of counseling degree	-	.0002	.0001	0.061	.0001	.0001	0.254	.0001	.0001	0.134	.0003	.0002	0.113	.0002	.0001	0.076
Supervised experience <3000hrs	-	.0005	.0002	0.050	.0001	.0001	0.325	-2.055	.0001	0.986	6.599	.0002	0.974	-.0000	.0001	0.909
Supervised experience >3000hr	-	.0003	.0001	0.001	-4.211	.0001	.971	.0001	.0001	0.454	6.722	.0002	.977	.0002	.0001	0.109
Hours of continuing education	-	.0000	.0001	0.822	.0001	.0001	0.443	-.0000	.0001	0.691	-.0003	.0002	0.159	-.0000	.0000	0.780
Adoption of ACA Code of Ethics	-	.0001	.0001	0.165	.0000	.0001	0.843	.0001	.0001	0.446	.0003	.0002	0.167	.0000	.0001	0.834
Jurisprudence exam	-	.0001	.0001	0.070	.0001	.0001	0.257	.0000	.0001	0.502	.0004	.0002	0.072	.0001	.0001	0.379
Practice act	-	.0001	.0001	0.552	-.0002	.0001	0.060	-.0003	.0001	0.061	-.0003	.0002	0.222	-.0001	.0001	0.277
Population density	o na	.0000	.0001	0.918	-.0000	.0001	0.747	-.0004	.0001	0.001	.0000	.0002	0.895	-.0001	.0001	0.488
LPC population	na	-8.799	.0001	0.875	-.0000	.0001	0.784	-.0001	.0001	0.425	-.0002	.0002	0.216	-.0001	.0001	0.552
State integrity ranking	na	.0001	.0001	0.866	.0000	.0001	0.890	.0003	.0001	0.025	.0000	.0001	0.885	5.855	.0001	0.935

Note: N = 43
 *p < .05; **p < .01

Table 10 Continued

State Licensure Requirements	Discipline Actions						Undergo Therapeutic Services								
	Practice Restriction		Probation		Suspension of License		Practice Restriction		Suspension of License		Undergo Therapeutic Services				
Expected Direction of Hypothesis	Coef.	SE	p value	Coef.	SE	p value	Coef.	SE	p value	Coef.	SE	p value	Coef.	SE	p value
Educational credit hours	.0000	.0001	0.353	.0004	.0002	0.050	.0001	.0001	0.297	.0001	.0000	0.022	.0001	.0000	0.022
Additional or specific education	.0000	.0001	0.749	-.0001	.0001	0.710	-.0001	.0001	0.104	-.0000	.0000	0.271	-.0000	.0000	0.271
CACREP accreditation of counseling degree	.0001	.0000	0.085	-.0001	.0001	0.692	-.0000	.0001	0.766	.0000	.0000	0.248	.0000	.0000	0.248
Supervised experience <3000hrs	.0001	.0001	0.103	.0002	.0001	0.116	-.0001	.0001	0.449	-.0001	.0000	0.746	-.0001	.0000	0.746
Supervised experience >3000hrs	.0001	.0001	0.194	.0001	.0001	0.197	-.0001	.0001	0.923	-.0001	.0000	0.501	-.0000	.0000	0.501
Hours of continuing education	-8.266	.0001	0.8021	.0000	.0001	0.695	.0000	.0001	0.654	.0000	.0000	0.426	.0000	.0000	0.426
Adoption of ACA Code of Ethics	.0000	.0001	0.522	-.0000	.0001	0.725	-.0002	.0001	0.035	-.0002	.0000	0.964	-.0002	.0000	0.964
Jurisprudence exam	-.0002	.0001	0.561	.0001	.0001	0.865	-.0001	.0001	0.278	-.0001	.0000	0.381	-.0001	.0000	0.381
Practice act	.0000	.0001	0.487	.0002	.0001	0.881	-.0000	.0001	0.718	-.0001	.0000	0.012	-.0001	.0000	0.012
Population density	na	.0001	0.255	-.0002	.0001	0.082	-.0001	.0001	0.260	-.0001	.0000	0.017	-.0001	.0000	0.017
LPC population	na	7.199	.0001	0.851	2.300	.0001	0.998	.0001	0.358	.0001	.0000	0.439	.0000	.0000	0.439
State integrity ranking	na	7.577	.0000	0.859	.0001	.0001	0.392	.0000	.0001	0.667	.0000	0.263	.0000	.0000	0.263

Note: N = 43
 *p < .05; **p < .01

Discipline Violation Categories. The dependent variable categories for professional counselor discipline violations include: failure to adhere to the standards of practice, failure to practice counseling with reasonable skill or knowledge, entering into a plea to a felony or conviction of a crime, boundary violation or engaging in a dual relationship, failure to respond to a board's summons or uncooperative with board request or investigation, unethical conduct or unprofessional conduct/misconduct, and violation of continuing education requirements. Table 11 provides a summary of the significant results for total violations and for each discipline action category as well as the direction of association. The results are mixed for the expectation of the direction of association. It was expected that the higher the requirement the lower the number of violations committed. However, five out of the six significant findings resulted in the opposite direction than expected.

Failure to Adhere to Standards of Practice. The dependent variable, failure to adhere to standards of practice, resulted in one independent variable with a statistically significant association, CACREP accreditation of the counseling degree ($\beta = .0004$, $p < .015$). This relationship was not in the direction as expected, indicating states that the require CACREP accreditation is associated with higher levels of ethical violations pertaining to failure to adhere to standards of practice.

Failure to Practice Counseling with Reasonable Skill or Knowledge. The dependent variable, failure or unable to practice professional counseling with reasonable skill or knowledge, resulted in two independent variables with statistically significant findings. These include CACREP accreditation of the counseling degree ($\beta = .0001$, $p < .050$) and more than 3000 hours of supervised experience ($\beta = .0002$, $p < .043$). Both findings were in the opposite direction as expected indicating that states that require CACREP accreditation and more than 3000 hours of

supervised experience are associated with higher ethical violations pertaining to failure to practice with reasonable skill or knowledge.

Plea or Conviction of a Crime or Legal Incident. The dependent variable plea or conviction of a crime or legal incident did not result in any significant findings.

Boundary Violation/Dual Relationship. The dependent variable boundary violation/dual relationship resulted in one statistically significant finding, hours of post graduate supervised experience. States that require that equal to 3000 hours of post graduate supervised experience demonstrated a negative relationship ($\beta = -.0002$, $p < .037$). This suggests that states that require at least 3000 hours of supervised experience are associated with lower levels of ethical violations that pertain to boundary violations. Supervised experience less than 3000 hours also resulted in a negative relationship, however it was not significant.

Failure to Respond to Board Summons or Uncooperative with Investigation. The dependent variable for failure to respond to a board summons or uncooperative with an investigation did not result in any significant findings among the independent variables.

Unethical or Unprofessional Conduct/Misconduct. The dependent variable unethical or unprofessional conduct/misconduct resulted in one significant finding, supervised experience of more than 3000 hours ($\beta = .0004$, $p < .046$). States that require licensure candidates to obtain greater than 3000 hours of post graduate supervised experience is associated with more ethical violations that pertain to unethical or unprofessional conduct or misconduct. Similarly, states that require less than 3000 hours was also associated with higher ethical violations, however, it was not found to be statistically significant.

Table 11

Summary of Significant Results for Discipline Violation Categories and Associated p-values

Discipline Violations											
	Total Violations Results	Failure to Adhere to Standards of Practice	Failure/Unable to Practice w/Reasonable Skill/Safety	Plea or Conviction of Crime or Legal Incident	Boundary Violation/Dual Relationship	Failure to Respond to Board Summons or Uncooperative	Unethical or Unprofessional Conduct/Misconduct	Continuing Education Violation			
	+/- p value	+/- p value	+/- p value	+/- p value	+/- p value	+/- p value	+/- p value	+/- p value			
State Licensure Requirements											
Educational credit hours (H ₄)	ns										
Additional education (H ₅)	ns										
CACREP accreditation (H ₆)	+ p<.05	+ p<.05	+ p<.05				+ p<.05				
Supervised experience <3000hrs (H ₇)	ns										
Supervised experience >3000 (H ₇)	ns		+ p<.05		+ p<.05		+ p<.05				
Hours of continuing education (H ₈)	ns										
ACA Code of Ethics (H ₉)	ns										
Jurisprudence exam (H ₁)	ns										
Practice act (H ₁)	ns										
Population density	ns										
LPC population	ns										
State integrity ranking	ns										
Model Specifications	R ² = .53 p<.01	R ² = .46, p<.03	R ² = .31, p<.42	R ² = .23, p<.76	R ² = .43, p<.07	R ² = .19, p<.61	R ² = .43, p<.07	R ² = .32, p<.41			
		ns	ns	ns	ns	ns	ns	ns			

Note: N = 43

Continuing Education Violation. The final dependent variable, continuing education violation, resulted in one significant association, CACREP accreditation ($\beta = .0004$, $p < .039$). However, it was not in the directed as proposed in the hypothesis, indicating states that require CACREP accredited programs or equivalent resulted with higher number ethical violations pertaining to continuing education.

Discipline Action Categories. The dependent variable categories for professional counselor discipline actions include: license revoked or surrendered, license reprimanded or censured, training/continuing education, civil penalty or fine, required to undergo clinical supervision, practice restriction, probation, suspension of license, and required to undergo therapeutic services. Table 12 provides a summary of the significant results for total discipline actions and for each discipline action categories as well as the direction of association. The results are mixed for the expectation of the direction, it was expected that the higher the licensure requirement the lower the number of discipline actions to be committed in each category. Six of the nine discipline action categories resulted in 10 significant findings, however, 6 out of the 10 significant results with found to be in the opposite direction than expected.

Table 12

Summary of Significant Results for Discipline Action Categories and Associated p-values

Discipline Actions																							
State Licensure Requirements	Total Actions Results		License Revoked or Surrendered		License Reprimand or Censure		Training/ Continuing Education		Civil Penalty or Fine		Undergo Clinical Supervision		Practice Restriction		Probation		Suspension		Therapeutic Services				
	+	-	p value	+/+	-/-	p value	+/+	-/-	p value	+/+	-/-	p value	+/+	-/-	p value	+/+	-/-	p value	+/+	-/-	p value		
Educational credit hours (H ₄)			ns					+								+					+	p<.05	
Additional education (H ₅)			ns																				
CACREP accreditation (H ₆)	+		p<.05																				
Supervised experience <3000hrs (H ₇)			ns	+		p<.05																	
Supervised experience >3000hrs (H ₇)	+		p<.05	+		p<.01																	
Hours of continuing education (H ₈)			ns																				
ACA Code of Ethics (H ₉)			ns																				
Jurisprudence exam (H ₁)			ns																				
Practice act (H ₁)			ns																				
Population density			ns																				
LPC population			ns																				
State integrity ranking			ns					+															
Model Specifications			R ² = .55 p<.01			R ² = .50, p<.01																	
						R ² = .40, p<.13																	
						ns																	
						R ² = .32, p<.33																	
						ns																	
						R ² = .32, p<.01																	
						ns																	
						R ² = .32, p<.38																	
						ns																	
						R ² = .32, p<.79																	
						ns																	
						R ² = .32, p<.79																	
						ns																	
						R ² = .44, p<.05																	

Note: N = 43

License Surrendered or Revoked. The dependent variable of license surrendered or revoked resulted in two statistically significant findings including all categories of post graduate supervised experience. States that require 3000 or less hours of supervised experience or more than 3000 hours of supervised experience were both found positively associated with higher numbers of individuals who have their license surrendered or revoked ($\beta = .0005, p < .050$) and ($\beta = .0003, p < .001$) respectively.

License Reprimanded or Censured. The dependent variable of the discipline action license reprimanded or censured did not result in any statistically significant findings.

Training or Continuing Education. The dependent variable of the discipline action training/continuing education resulted in three statistically significant results including education credit hours ($\beta = .0005, p < .050$), population density ($\beta = -.0004, p < .001$) and state integrity ranking ($\beta = .0003, p < .025$). Population density was the only of the three found in the direction as expected, indicating that states with higher population density received fewer discipline actions that include training or continuing education requirements. States that require more educational credit hours and had a higher state integrity ranking were in the opposite direction as expected and was associated with receiving more discipline actions that include training or continuing education requirements.

Civil Penalty or Fine. The dependent variable of the discipline action civil penalty or fine was not found to have resulted in any statistically significant findings.

Undergo Clinical Supervision. The dependent variable of the discipline action for the requirement to undergo clinical supervision did not result in any statistically significant findings.

Practice Restriction. The dependent variable of discipline action practice restriction did not result in any statistically significant findings.

Probation. The dependent variable of discipline action probation resulted in one statistically significant finding for educational credit hours ($\beta = .0004$, $p < .050$). The independent variable educational credit hour was in the opposite direction as expected indicating that the higher number of educational credit hours required was associated greater number of individuals who were placed on probation.

Suspension of License. The dependent variable of discipline action suspension of license resulted in one statistically significant finding, the adoption of the ACA Code of Ethics into the rules and regulations ($\beta = -.0002$, $p < .035$). This variable was in the direction as expected, indicating states that adopt the ACA Code of Ethics also have fewer individuals who have their license suspended.

Undergo Therapeutic Services. The dependent variable for the discipline action for the requirement to undergoing therapeutic services resulted in three statistically significant findings including education credit hours ($\beta = .0001$, $p < .022$), practice act ($\beta = -.0001$, $p < .012$) and population density ($\beta = -.0001$, $p < .017$). Education credit hours was found positively associated (opposite direction as expected) indicating states that require graduate degree programs with higher education credit hours as associated with more individuals who receive discipline actions to undergo a variety of therapeutic services. Both the practice act and population density were found to be in the expected direction indicating that states that enact practice act laws and have higher population density will have fewer individuals who are ordered to undergo therapeutic services.

Summary

This chapter was introduced with a brief description and rationale for the study. A description of the variables was provided with the examination of the univariate and bivariate statistics and a discussion of the stringency index score. The analysis was presented in two sections to address the research questions. The first research question was addressed through the presentation of results for the cluster analysis. The second research question was addressed in a two-fold manner. First, through the presentation of the results for the seemingly unrelated regression answering each of the eight hypotheses for the combined categories of total violations and total actions, in addition to the individual categories that presented with significant findings for each hypothesis. This was followed by a more in-depth examination for the findings of independent variables on discipline outcomes using the seven violation and eight action categories.

Results from the first research question revealed the underlying differences in licensure requirements. The stringency index score provided a ranking of the states ranging from -6.347 to 5.869, West Virginia received the highest ranking and Hawaii and Michigan received the lowest. The states clustered according to similarity into four groups. Group one consisted of 27 states, group two consisted of 16 states, group three consisted of 4 states and group four consisted of 3 states. The most visible differences in the requirements that separated the states included the adoption of the practice act, hours of continuing education, and additional/specific training.

There appears to be little geographical effects on the clusters, as the states in each cluster are drawn from the different geographical regions, with an exception of a grouping of states from cluster one within the west/mid-western region (15 of the 27). When examined for political

partisanship, between the years the data was gathered (2009 – 2016), there did not appear to be any influences.

The results from the second research question had two statistically significant findings when discipline violations and discipline actions were examined. Three hypotheses examined the legal accountability relationship. Of the three hypotheses, Hypothesis two and three demonstrated statistically significant findings. When examined in total, the discipline action findings were not significant. However, under the discipline action category of the *Undergo Therapeutic Services* states that adopt practice act statutes demonstrated lower reported discipline actions in this category. Under the category *Suspension of License*, states that adopt the ACA Code of Ethics demonstrated lower disciplinary actions. Total violations did not result in any significant finding in relation to practice statute acts.

Five hypotheses examined the professional accountability relationship. Of the five, three of the hypotheses demonstrated significant findings in either total violations or actions or within the separate actions and violation categories. These included hypotheses four, six and seven and were found to be statistically significant, however, most findings were in the opposite direction as anticipated. Significant findings were found for higher educational requirement (H₄) associated with more actions taken for ethical violations in the action categories of training or continuing education, probation, and to undergo therapeutic services. The overall action category did not result in significance and the hypothesis was not supported.

States that require graduate programs be CACREP accredited or equivalent (H₆) was found to result in higher number of reported discipline violations and actions, in addition to significant findings for the violation categories of failure to adhere to standards of practice, failure to practice

with reasonable knowledge and skills, and failure to complete continuing education hours. The hypothesis was not supported.

States that require higher minimum standards for supervised experience (H₇) resulted in one statistically significant finding for total actions, as well as four significant findings in the violation and action categories. These findings include higher violations in failure to practice with reasonable knowledge and skills, boundary violation/dual relationship, unethical/unprofessional conduct, and more actions taken that include having a license revoked or surrendered. None were in the direction as expected. Hypothesis seven was not supported.

In addition to the state licensure requirements, three control variables were analyzed for their potential relationship with discipline violations and actions but were not found to be statistically significant.

The results of the cluster analysis and stringency index score suggest that differences exist among the states according to the regulations of licensure requirements. However, the results from the regression analysis indicate there is not a strong significant relationship between the regulations for licensure and lower numbers of ethical violations and actions taken against professional counselors. The analysis did result in several significant effects but not in the direction as anticipated. One does not doubt the idea that there should be minimum requirements and standards, but the question remains do higher expectations in the areas of education and experience requirements impact ethical outcomes? The results of this analysis raise the question of what else could be contributing to the higher levels of ethical violations.

The next chapter will evaluate the findings of the data in greater detail. It will attempt to unify the separate components and synthesize the findings into an overarching synopsis. It will

provide a discussion of the implications of the study, including the implications for the education and practice of professional counseling, policy design, and recommendations for further research.

CHAPTER V

SUMMARY, DISCUSSION, AND CONCLUSIONS

In Chapter IV the presentation and analysis of the data was reported. Chapter V consists of a summary of the study, discussion of the findings, implications for future practice and policy design, recommendations for further research, and conclusions. The purpose of the final section of the chapter is to expand upon the concepts that were studied to better understand the relationship between state licensure board's requirements for the practice of professional counseling and the legal and professional behaviors of counseling professionals.

Summary of the Study

The purpose of this study was to examine how individual states, who have the power to set licensure laws establishing the minimum regulatory standards, vary in their approach to setting accountability measures as defined by the minimum requirements for education, examination, and practice. Also, this study examined whether an accountability relationship exists between the education and experience requirements and ethical outcome measures in the field of professional counseling. The theoretical framework for this study is couched in the research conducted by Romzek and Dubnick (1987) and Dubnick (2003, 2005) around accountability relationships and account-giving mechanisms.

The study utilized a state comparative design of counselor licensure boards within the United States to examine the differences in professional counselor licensure regulations that focus on the educational and experience requirements, the utilization of the ACA Code of Ethics, practice act statute laws, and the effect on ethical violations defined as disciplinary violations and actions taken over an eight-year time frame. The data utilized for this study was obtained from a

state-by-state report conducted and compiled by the American Counseling Association (American Counseling Association, 2014c), state regulatory boards available online from official state websites, the U.S. Census Bureau (U.S. Census Bureau, 2010), and Statista a statistics portal (Statista, 2018). Data was available from all 50 states for the comparison of licensure requirements between the states. The data for the outcome measures, discipline violations and discipline actions, was available for 43 of the 50 states. The District of Columbia and Puerto Rico were not included in the data collection or final analysis due to the unavailability of the outcome data.

Data analysis included univariate and bivariate analysis for preliminary examination of the variables. An index score was developed to measure the stringency of the state board licensure requirements utilizing the independent variables. States were then ranked according to how each licensing board performed overall on the requirements. Cluster analysis was used as an exploratory tool identifying similarities that exist among the states in accordance to how each state stands among the identified clustering variables and sorted the states into similar groupings. In the final section of the analysis, seemingly unrelated regression (SUR Model) was used to examine the relationship between the licensure requirements and disciplinary violations and actions.

Overview of Findings

Previous research examining regulatory discipline measures in the health professions have mainly focused on the medical, dental, and optometry fields (Carroll, 1983; Carroll, 1981; Strong, 2005). Studies conducted in the field of professional counseling have focused mainly on the supervision process and practice and professional identity. The few studies that have focused on ethical behavior were qualitative in nature based on survey data of state licensure boards (Herlihy & Remley, 1995; Neukrug, Milliken, & Walden, 2001). The goal of this study was to examine the

differences in licensure requirements among the states (accountability relationships) and examine the ethical outcomes (accountability mechanisms).

Research Question One. The first research question sought to answer: *How do states vary in their approach to setting regulatory accountability measures including education and practice standards?* The findings that resulted from research question one revealed several underlying differences in licensure requirements among the states. The stringency index score ranked each of the states according to the summed total of their standardized scores. West Virginia received the highest rankings, followed by Utah. Hawaii and Michigan received the lowest rankings.

The states clustered according to similarity into four groups, just over half of states clustering together into one group, approximately one third into the second group, and two groups having four and three states respectively assigned. The most notable difference that separated the states was the adoption of the practice act, the states in cluster three (Mississippi, Tennessee, Kentucky, and Texas), and cluster four (New York, Michigan, and Hawaii) all adopted the practice act into their statutory laws, as opposed to clusters one and two, which vary on the adoption of the practice act by the states.

A second visible difference noted in cluster three was that these states demonstrated some of the highest means in the licensure requirements, apart from the hours of continuing education and additional/specific training, which separated these states from the others. Cluster four appears to be separated from the other clusters based on having some of the lowest mean scores in six of the seven variables (all but additional/specific training). Cluster one appears affected most by having the highest requirements for hours of continuing education.

When compared to the stringency index scores, cluster four contains Michigan and Hawaii, both states scored the lowest on the ranking. Although New York was included in cluster four, it

ranked number 35, but its raw score fell below the mean score of the states. No other visible patterns were noted when compared with the index scores, approximately half from each group fell above the mean and half below the mean apart from cluster four (Michigan, Hawaii, and New York), all states fell below the mean for the group.

It is noted that when the clustered states were compared to the original unstandardized scores for violations and actions for each state, the stringency index scores did not appear associated with higher violations or actions by state. Arizona had the highest reported actions taken against professional counselors but ranked 10 on the stringency index. Michigan (ranked 50, cluster 4) had similar actions to other states including Kansas (ranked 22, cluster 2), Rhode Island (ranked 40, cluster 1), and Louisiana (ranked 31, cluster 1). It is noted that of the states from cluster 3, data was unavailable from Kentucky and Mississippi. Hawaii had no reported violations or actions but ranked 49 on the stringency index score.

A visual inspection of state partisan control for the years 2009 through 2016 was examined in comparison with the four clusters. The clusters did not appear to be influenced by partisan control for either state legislatures or the office of the Governor. See Appendix M for maps showing partisan control (National Conference of State Legislatures, 2018).

Research Question Two: The second research question sought to answer: *How do state licensing board regulations affect the ethical behavior of licensed professional counselors?* Research question two is answered through the examination of the two types of accountability relationships: the legal accountability relationship that focuses on accountability derived through external sources of control such as the laws that govern licensure, enactment of a code of ethics, and jurisprudence examination; and the professional accountability relationship that has an

emphasis on individual accountability based on educational experience and the professional norms of the field.

Legal Accountability Relationship. There were three hypothesized outcomes of the legal accountability relationship and enforcement mechanism of liability. These examined the relationship between the establishment of state codes governing licensure laws, licensure oversight including requirement of a jurisprudence exam, and ethical codes of conduct. Of the three hypotheses tested, only the third was supported, but only for one of the seven action categories, suggesting that states that enact practice act statute laws have lower disciplinary actions in the categories of requiring to undergo therapeutic services. Practice act laws are those laws that stipulate licensure to practice as a professional counselor. Since this study only looked at outcomes for individuals who are licensed, these conclusions could indicate that those states that adopt practice act licensure laws have stronger laws and regulations that are more protective of consumers, hence have less actions taken against individuals as opposed to individuals who are in an unlicensed human services type profession.

The study did not find sufficient support for the hypotheses of states that require individuals to pass a jurisprudence exam, and the adoption of the ACA Code of Ethics into a state's rules and regulations would have fewer discipline violations or actions taken against individuals. The jurisprudence exam tests an applicant's knowledge of licensure board rules and operating procedures, as well as the state laws that affect the counselor's practice. Only a handful of states require the jurisprudence exam (California, Maryland, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Utah, and Wisconsin) the sample may not have provided adequate data to measure a significant difference.

This study looked specifically at the adoption of the ACA Code of Ethics into a state's rules and regulations. All states require professional counselors conduct themselves in an ethical manner, however, not all states adopt the ACA code of ethics. The findings from this study may be an indication that the presence of a code of ethics and the expectation that one conducts themselves ethically may influence a professional's behaviors. Additionally, 34 states require professional counselors to complete continuing education in ethics annually or bi-annually. The inclusion of annual ethics training may have provided a better measure for what contributes to ethical behavior.

Professional Accountability Relationship. There were five hypothesized outcomes associated with the professional accountability relationship and enforcement mechanisms for answerability. These hypotheses were answered by examining the relationship between the requirement set forth by state licensure boards including: minimum standards for education including CACREP accredited programs and additional or specific training, post graduate supervised experience, and the requirement for the completion of continuing education hours. Of the five hypotheses tested only one resulted in a statistically significant finding.

The Council for Accreditation of Counseling and Related Education Programs (CACREP) seeks to promote professional competence of counseling and related practitioners. CACREP accredited graduate programs require completion of coursework in eight core areas in addition to a supervised practicum and internship. However, as noted in the results section, this finding was not in the direction as expected. States that require CACREP accreditation of graduate degree programs were positively associated with discipline violations and actions. When the individual categories were examined CACREP accreditation influenced two violation categories, failure to adhere to standards of practice and violation of continuing education hours. However, the effects

were negligible. Under the discipline action categories, CACREP did not indicate any statistically significant effects.

This study was not able to sufficiently answer the second research question of how do state licensing board regulations affect the ethical behavior of licensed professional counselors. Only one hypothesis was supported and the effects were marginal. The nonsignificant results could be a result of the small sample size. Data was available for only 43 out of 50 states. Additionally, Puerto Rico and the District of Columbia have licensure boards, but the data were unavailable. It is possible that the additional nine states providing data could have improved the validity of the findings.

Earlier studies have noted similar challenges. In addition to the challenges of accessing data on complaints and violations, Neukrug, Milliken and Walden (2001) noted differences among boards in the language used to describe ethical complaints. This remained a difficult task for this study, as the violations and complaints were hand recorded and then cross walked into similar categories. At least one state indicated they did not keep record of past complaints but had “recollection” of having received only two complaints over the past 8 years.

Adaptations in the research design may have improved the results. By utilizing a mixed method design and including a questionnaire sent to the state licensure boards, additional information may have been gathered that could contribute to the study outcome.

Other Possible Contributing Factors

It is possible that the differences in educational and experience requirements among the states are minimal enough that they did not contribute to an effect on ethical behavior outcomes. The question remains, what factors influence unethical behavior committed by professional

counselors? The outcomes recorded for this study were drawn from state licensure boards and all offenders were licensed. Not included in this study was the length of time an individual was licensed prior to having an action taken against him or her. The average length of time a counselor is under post graduate supervision is two years. It could be argued that newly licensed counselors are more familiar with the rules and regulations associated with professional counseling. On the other, more seasoned counselors may have better ability and have built a stronger support network to navigate ethically-charged situations.

Research has noted difficulties with missing, incomplete or unavailable data (Mascari & Webber, 2006), and the unavailability of one systematic data collection or central clearinghouse (Herlihy, Healy, Cook, & Hudson, 1987; Mascari & Webber, 2006). Little has been done to improve the accessibility of data since Herlihy, Healy, Cook & Hudson's research in 1987. With all states now having professional counseling licensure (the last state to pass legislation was California in 2009) access to complete and accurate records is crucial. The fact remains that until data becomes readily available, finding the underlying causes for ethical violations is difficult.

Of final consideration related to the availability of data on ethical violations is the concern that violations are not being properly investigated by state boards. In a recent commentary Barrett and Green (2018) reported on a legislative review that noted failure of professional licensure boards to properly track complaints that were received and lengthy time-frames to complete complaints resulting in untimely actions. It is plausible that the outcomes from this study could be more directly related to a deeper underlying issue affecting licensure boards.

Implications

The implications of this study are multifaceted because it affects not only individuals, but organizations at varying levels including state licensure boards, professional governing entities and professional associations, higher education programs, state and local agencies that oversee the provision of services, public and private practitioners, as well as the consumer. This next section will be broken down by subgroup to address each entity at the appropriate level.

State Licensure Boards. This study has important implications for state licensure boards. Licensure boards report annually to the Governor and each board is tasked with the duty to oversee the current rules and regulations that pertain to professions, as well as maintain updated licensee information, ensure licensees remain current, verify the completion of continuing education, and investigate complaints against individuals in the health professions. Licensure boards have been under scrutiny of late as noted in a commentary article that reported a lack of investigation of consumer complaints against professional counselors in multiple states (Barrett & Green, 2018). Research would further assist in identifying underlying causes and potential methods to address shortfalls.

This is a comprehensive study utilizing data for licensure and practice requirements collected from all states so it is comparable between the states. The data from ethical outcomes was available from 41 of the 50 states. This study is consistent with earlier research indicating access of complaints, violations and discipline actions is not consistent across boards and not always available. Some boards made the data readily available, provided ease of access, while other boards provided entire case transcripts requiring each case be reviewed and the violations and actions transcribed. One board denied access, indicating freedom of information pertained only to residents of the state.

This study has importance for state licensure boards because the more information known about ethical violations, the better position the state is to address ethical violations. Without easy access and updated information, regular studies are not conducted. Academic research in professional regulations and outcomes is a cornerstone of professional development and consumer protection. The outcome of this study can contribute to a broader understanding of public policy and administration by providing a nuanced understanding of differences in regulatory practices of states and professional boards and the impact the differences have on the profession. Although the findings did not support in full the propositions that higher standards in licensure requirements and practice contribute to lower discipline actions, states can re-evaluate their own standards to make informed decisions.

Professional Governing Entities/Professional Associations. Professional counseling is influenced by multiple governing entities and professional associations. These include organizations that provide supportive roles such as the American Association of State Counselor Boards (AASCB), American Counseling Association (ACA), National Board for Certified Counselor (NBCC), American Mental Health Counselors Association (AMHCA) among others whose goals revolve around the promotion of professionalism, ethical practice, advocacy, and education. Similar to the discussion above in relation to state licensure boards, organizations such as those listed provide support and education to state licensure boards, educators, practitioners, and consumers through a variety of ways. These organizations conduct research and rely on other's research for the advancement of the field.

Particular to the American Counseling Association, twenty states have adopted the ACA Code of Ethics into their board's rules and regulations. This study did not find support to indicate that the ACA's Code of Ethics resulted in fewer disciplinary violations and action taken against

professionals. That does not mean that the Code of Ethics is not beneficial, but other code of ethics that states may implement were just as influential in assisting with ethical decision making. The implication for this research for entities such as the ACA and AASCB would be to support further research, assist boards with implementing methods of documenting and reporting violations or the creation of a clearinghouse for discipline violations and actions so that research on ethical outcomes can be furthered.

CACREP and Graduate Degree Programs. This study may have the most implications for CACREP (Council for Accreditation of Counseling & Related Educational Programs) and graduate degree programs throughout the United States. As discussed earlier in this study, the mission of CACREP is to promote the professional competence of counseling and related practitioners through development of preparation standards, encouragement of excellence in program development and the accreditation of professional preparation programs (Council for Accreditation of Counseling & Related Educational Programs, 2017). CACREP has influenced counselor education programs throughout the states by raising the accreditation standards from 48 semester hours to the 60-semester hour requirement, and many counselor education programs have adopted these standards (Wheeler & Bertram, 2015).

This study reported that 19 states either require graduate degree counseling programs be CACREP accredited or equivalent. The requirement for CACREP accreditation was statistically significant but in the opposite direction than expected. It indicated an association with higher levels of ethical violations and actions. Additionally, although not statistically significant for the total categories, there was statistical significance found for educational credit hours in three of the actions categories and one of the violations categories. This is an interesting finding, as CACREP has advocated for counseling programs to raise the standard from 48 to 60 credit hours. This study

raises the question as to importance of a 60-credit hour vs. 48 credit hour programs and effects on ethical practice. Furthermore, it highlights the importance of further research to find other underlying factors that may contribute to positive ethical outcomes.

Other Governing Entities. The creation and implementation of occupational and licensure regulation is the first step to the administration of a profession, regardless of the profession. To administer programs effectively we must have what Argyris (1996) terms *actionable knowledge*. Several important questions are proposed for the field of public administration and management for researchers to consider: How can managers know that they are producing the actions that are intended? How do they know the actions produced are having the intended effect? (Argyris, 1996). These questions directly relate to the importance of this study and the outcomes. Public administrators in the field, regardless of where they may work, governing bodies that regulate others including state departments that oversee the health and human services fields or the department of Medicaid Assistance, which manages Medicaid and Medicare programs by paying for mental health or other health services.

Licensure laws and regulations affect every aspect of the human services field. State and Federal programs such as Medicaid and Medicare reimbursement and third-party insurances require licensure status to be a provider under the managed care organizations and for the many services offered. The counseling profession has gained status through the obtainment of licensure regulations which has contributed to the growth of the profession. With the growth of the profession there is a greater need for oversight to ensure the standards of education and experience that will protect the public and ensure quality services as well as the integrity of the profession. This cannot happen without research into the policies, regulation and requirements that influence the counseling profession.

Individual Citizens/Consumers. The private citizen, although discussed last, may be the most important person to benefit from this research. Because the citizen can be in any of the roles described above including the recipient of counseling services, the professional providing the service, or the student obtaining his or her degree in the counseling field.

Recommendations for Future Research

The goal of this study was to explore how states vary in the implementation of licensure education and practice requirements for professional counselors, and to determine if a relationship exists between the education and experience requirements and ethical outcomes in the professional counseling field. Data was collected to test two research questions and eight hypotheses relating to this goal. The findings, although they did not support the eight hypotheses, was able to answer the first question which was exploratory in nature. Despite this, these finding have implications for future research. However, the findings in this study do have some limitations.

One limitation is the small effect of the findings, regardless if they were in the direction expected or the opposite direction. This limitation is directly contributed to by the limited number of violations and actions reported by each state. The data was standardized as a proportion of the professional counselors per state creating an even smaller effect to be tested. Another limitation was the design of the study. This includes the possibility of identifying inaccurate variables or not identifying all the variables that may have an impact on ethical behavior. Additionally, it may have been beneficial to use mixed methods approach by including a survey for representatives on the state licensing boards.

There are implications for future research that could address these limitations. A mixed methods design could assist with gathering more information related to ethical behaviors by

surveying individual(s) from each board. Board members may also be able to provide more insight into the lack of data available. Future studies are needed in this area to focus on improved ways to gather data. Possibly by looking at the number of complaints that a board receives and the number of investigations that lead to discipline actions. A survey of board personal may also help clarify reasons for low reporting of complaints and violations and ways to improve these findings.

Another limitation in the study is the possibility of misidentifying variables that may have influenced outcomes. Clearly there were unidentified variables that were not accounted for. If the identified variables for education and experience requirements did not contribute to the outcome, identifying what could contribute is another step in this type of research. Potential variables that include the amount of ethics training individuals receive prior to renewing a license as opposed to focusing on the incorporation of the ACA's Code of Ethics.

Additional future avenues could include analysis comparing the clustered states to the state outcomes. Do any of the clusters identified influence or are associated with ethical outcomes? The cluster analysis could provide a jump off point for several directions to take future studies.

Conclusions

The findings of this study provide new insights and expand on the work of previous studies on accountability and ethical behavior. The results from this research was not in the direction as expected, however it sheds light on areas that need further investigation. The study provided information on how states vary in their adoption of education and experience requirements for licensed professional counselors. Among the distinguishing characteristics, the largest grouping of states clustered around their similarities in the requirement for higher hours of continuing education per year, had a significant portion of states in the west/mid-west geographic region. The

second largest grouping had the second highest mean scores for continuing education hours. The smaller clusters grouped around the adoption of practice act licensure laws. These groupings did not appear influenced by the year their licensure legislation was in effect or for any political partisanship of government in power during the years the data was drawn.

The second part of the study investigated the effects of state licensure requirements on ethical behavior. The study revealed that education and experience requirements did not influence lowering discipline violations or outcomes. Contrarywise, it found a positive association between CACREP accreditation and higher discipline violations and actions with specific areas that include increased violations related to failure to adhere to standards of practice, failure to practice with reasonable skill or knowledge, and failure to complete continuing education hours.

Although much has been written in the ethics-accountability literature, the relationship between accountability and ethics has not been clearly articulated or examined (Dubnick, 2002). This study builds upon the theoretical foundation of the accountability relationship developed by Romzek and Dubnick (1987) and Dunnick's (2005) account-giving mechanisms as means to examine the accountability-ethics relationship within the licensed professional counselor field. Although the results from the study did not support the proposed relationship between the accountability and ethical behavior, the results should not be discounted, but further explored to revisit the relationship and examine other variables that may influence improved ethical outcomes. This research serves as a starting point for more in-depth examination into how state licensing boards can promote greater ethical outcomes through legislative efforts and enforcement of current regulations.

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APPENDIX A

LICENSURE CHART FOR PROFESSIONAL COUNSELORS

State	Law Passed	Credentials		Practice/ Title	Count
Alabama	1979	Licensed Professional Counselor Associate Licensed Counselor	LPC ALC	Practice and Title	1,600 280
Alaska	1998	Licensed Professional Counselor	LPC	Title	497
Arizona	1988	Licensed Professional Counselor Licensed Associate Counselor	LPC LAC	Practice	2,412 919
Arkansas	1979	Licensed Professional Counselor Licensed Associate Counselor	LPC LAC	Practice and Title	900 455
California	2009	Licensed Professional Clinical Counselor	LPCC	Practice and Title	0*
Colorado	1988	Licensed Professional Counselor Provisional Licensed Professional Counselor	LPC	Title	4,432 90
Connecticut	1997	Licensed Professional Counselor	LPC	Practice and Title	1,932
Delaware	1987	Licensed Professional Counselor of Mental Health Licensed Associate Counselor of Mental Health	LPCM LACMH	Title	304 3
District of Columbia	1992	Licensed Professional Counselor	LPC	Practice and Title	1,111
Florida	1981	Licensed Professional Counselor Provisional Mental Health Counselor Registered Mental Health Counselor	LMHC	Practice	8,813 71 3,990
Georgia	1984	Licensed Professional Counselor Associate Professional Counselor	LPC ALPC	Practice and Title	5,252 1,228
Hawaii	2004	Licensed Mental Health Counselor	LMHC	Practice and Title	268

State	Law Passed	Credentials	Practice/ Title	Count	
Idaho	1982	Licensed Clinical Professional Counselor	LCPC	Practice	750
		Licensed Professional Counselor	LPC		895
		Registered Counselor Intern			11
Illinois	1993	Licensed Clinical Professional Counselor	LCPC	Practice	5,590
		Licensed Professional Counselor	LPC		2,720
Indiana	1997	Licensed Mental Health Counselor	LMHC	Practice and Title	1,853
Iowa	1991	Licensed Mental Health Counselor	LMHC	Practice	1,010
Kansas	1997 **	Licensed Clinical Professional Counselor	LCPC	Practice and Title	359
		Licensed Professional Counselor	LPC		429
Kentucky	1996	Licensed Professional Clinical Counselor	LPCC	Practice and Title	1,223
		Licensed Professional Counselor Associate	LPCA		599
Louisiana	1987	Licensed Professional Counselor	LPC	Practice	2,810
		Counselor Intern	CI		914
Maine	1989	Licensed Clinical Professional Counselor	LCPC	Practice	1,453
		Licensed Professional Counselor	LPC		211
		Licensed Clinical Professional Counselor- Conditional			469
		Licensed Professional Counselor- Conditional			93
		Registered Counselor	RC	Practice	634
Maryland	1985	Licensed Clinical Professional Counselor	LCPC CPC LGPC	Practice and Title	3,000
Massachusetts	1987	Licensed Mental Health Counselor	LMHC	Practice	5,446

State	Law Passed	Credentials		Practice/ Title	Count
Michigan	1988	Licensed Professional Counselor Limited Licensed Professional Counselor	LPC LLPC	Practice and Title	9,069 total
Minnesota	2007	Licensed Professional Clinical Counselor Licensed Professional Counselor	LPCC LPC	Practice and Title	391 465
Mississippi	1985	Licensed Professional Counselor	LPC	Practice and Title	954
Missouri	1985	Licensed Professional Counselor Provisional Licensed Professional Counselor	LPC PLPC	Practice and Title	3,531 693
Montana	1985	Licensed Clinical Professional Counselor	LPCP	Practice and Title	954
Nebraska	1986	Licensed Independent Mental Health Practitioner Licensed Mental Health Practitioner Certified Professional Counselor Provisional Licensed Mental Health Practitioner	LIMHP LMHP CPC PLMHP	Practice and Title	682 *** 2,615 *** 1,106 935 ***
Nevada	2007	Licensed Clinical Professional Counselor Licensed Clinical Professional Counselor – Intern	LCPC	Practice and Title	25* 13*
New Hampshire	1998	Licensed Clinical Mental Health Counselor	LCMHC	Practice and Title	737
New Jersey	1993	Licensed Professional Counselor Licensed Associate Counselor	LPC LAC	Title	3,217 1,061
New Mexico	1993	Licensed Professional Clinical Mental Health Counselor Licensed Professional Mental Health Counselor Licensed Mental Health Counselor	LPCC LPC LMHC	Practice	1,862 279 802
New York	2002	Licensed Mental Health Counselor	LMHC	Practice and Title	4,996

State	Law Passed	Credentials	Practice/ Title	Count		
		Limited Permit		--		
North Carolina	1983	Licensed Professional Counselor	LPC	Practice and Title	4,307	
		Licensed Professional Counselor Associate	LPCA			0*
		Licensed Professional Counselor Supervisor	LPCS			0*
North Dakota	1989	Licensed Professional Clinical Counselor	LPCC	Practice and Title	152	
		Licensed Professional Counselor	LPC		198	
		Licensed Associate Professional Counselor	LAPC		49	
Ohio	1984	Licensed Professional Clinical Counselor	LPCC	Practice and Title	4,858	
		Licensed Professional Counselor	LPC		3,933	
		Professional Counselor/Clinical Resident	CR		1,003	
		Registered Counselor Trainee	RCT		690	
Oklahoma	1985	Licensed Professional Counselor	LPC	Practice and Title	2,926	
Oregon	1985	Licensed Professional Counselor	LPC	Title	1,694	
		Registered Intern			434	
Pennsylvania	1998	Licensed Professional Counselor	LPC	Title	3,986	
Puerto Rico	2002	Licensed Professional Counselor Professional Counselor with a Provisional License	LPC PCPL	Practice and Title	2,474 75	
Rhode Island	1987	Licensed Clinical Mental Health Counselor	LCMHC	Practice and Title	363	
South Carolina	1985	Licensed Professional Counselor	LPC	Practice	1,777	
		Professional Counselor Intern	LPC/I		311	
South Dakota	1990	Licensed Professional Counselor-Mental Health	LPC-MH	Practice	211	
		Licensed Professional Counselor	LPC		471	

State	Law Passed	Credentials		Practice/ Title	Count
Tennessee	1984	Licensed Professional Counselor- Mental Health Service Provider	LPC/MH SP	Practice and Title	1,458
		Licensed Professional Counselor	LPC		355
Texas	1981	Licensed Professional Counselor Professional Counselor Intern	LPC	Practice and Title	14,982 2,800
Utah	1994	Licensed Professional Counselor	LPC	Practice	578
		Certified Professional Counselor Intern			310
		Certified Professional Counselor – Extern		34	
Vermont	1988	Licensed Clinical Mental Health Counselor	LCMNC	Practice and Title	667
Virginia	1976	Licensed Professional Counselor	LPC	Practice and Title	3,227
Washington	2001	Licensed Mental Health Counselor	LMHC	Practice and Title	5,133
		Licensed Mental Health Counselor- Associate	LMHCA		1,235
		Certified Counselor	CC	717	
		Certified Advisor	CA	9	
		Agency Affiliated Counselors	AAC	5,996	
West Virginia	1986	Licensed Professional Counselor	LPC	Practice and Title	1,060
Wisconsin	1992	Licensed Professional Counselor	LPC	Practice and Title	5,158
		Licensed Professional Counselor- Trainee			582
Wyoming	1987	Licensed Professional Counselor	LPC	Practice and Title	714
		Provisional Professional Counselor			161

*State is still in process of implementing law for this credential.

**Kansas began registering counselor in 1987; law licensing professional counselors pass 1997.

***count includes professional counselor, marriage and family therapists and social works. Those holding CPC credential also hold either LMHP or LIMHP credential and can use the title LPC.

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APPENDIX B

SAMPLE OF STATE LICENSURE REQUIREMENTS

State/Board	Credential/Title(s)	Education/degree requirements	Post degree requirements	Exam Required
Alabama Board of Examiners in Counseling	Licensed Professional Counselor (LPC) A person licensed to render professional counseling services in private practice for a fee. Associate Licensed Counselor (ALC) A person licensed to render professional counseling services in private practice for a fee while under board approved supervision	Master's degree or higher in counseling from a CACREP or CORE accredited program, or the content equivalent, with a minimum of 48 graduate semester hours (or 72 graduate quarter hours) from a regionally accredited academic institution	3,000 hours of supervised experience in professional counseling with board approved supervision. 2,250 of the 3000 must be direct counseling services. An applicant may subtract 1,000 hours of the require professional experience for every 15 graduate semester hours (or 22.5 quarter hours) obtained beyond the master's degree, provided that the coursework is clearly related to the field of professional counseling. This formula may be used for up to 2000 hours, 1500 of the 2000 must be direct counseling services	NCE
Alaska Board of Professional Counselors	Licensed Professional Counselor (LPC)	Master's degree or higher in counseling or a related profession from a regionally accredited institution of higher education approved by the board, with at least 60 graduate semester hours in counseling.	2 year/3,000 hours of post-master's supervised experience in professional counseling, including 1,000 hours of direct client contact and 100 hours of face-to-face supervision. Supervision must be under an LPC or other licensed MH professional approved by the board and approved prior to the	NCE

State/Board	Credential/Title(s)	Education/degree requirements	Post degree requirements	Exam Required
		The degree must include coursework in 8 core areas.	beginning of the supervision.	
		Related professional field include psychology, marital and family therapy, social work, and applied behavioral science.		
Connecticut Department of Public Health- Professional Counselor Licensure	Licensed Professional Counselor (LPC)	Master's degree or higher in counseling or a related mental health field from a regionally accredited institution of higher education consisting of at least 60 semester hours and completion of required coursework.	3,000 hours of post-master's supervised experience in professional counseling. A minimum of 100 hours of direct supervision by an appropriately licensed individual is required.	NCE or NCMHCE
Vermont Board of Allied Mental Health Practitioners	Licensed Clinical Mental Health Counselor (LCMHC)	Master's degree or higher in counseling from an accredited institution, with a minimum of 60 semester hours and 1,000 hours of a supervised practicum, internship, or field experience in a clinical mental	2 years/3,000 hours of postmaster's experience in clinical mental health counseling, including 2,000 hours of direct client contact. 100 hours of face-to-face supervision required. Supervision should be 1 hour per 30 client hours and 50 must be individual supervision.	NCE and NCMHCE And VT Jurisprudence exam

State/Board	Credential/Title(s)	Education/degree requirements	Post degree requirements	Exam Required
		health setting. (Master's degree must be 48 semester hours)	Supervision must be under a board approved licensed mental health professional.	
Virginia Board of Counseling	Licensed Professional Counselor (LPC) Licensed Professional Counselor- resident (LPC-resident)	Master's degree or higher in counseling that includes 60 semester hours (or 90 quarter hours) of graduate study in counseling. Completion of a supervised internship consisting of at least 600 hours. Programs that are approved by CACREP or CORE are recognized as meeting the definition of graduate degree programs that prepare individuals to practice counseling and counseling treatment intervention.	4,000 hours of postgraduate supervised counseling experience, including 2,000 hours of direct client contact. 200 hours of supervision required (100 hours must be under the supervision of an LPC). Graduate level internship hours may count toward the 4,000 hours.	NCMHCE
Washington Licensed Mental Health Counselors, Marriage and Family Therapists	Licensed Mental Health Counselor (LMHC) Licensed Mental Health Counselor Associate (LMHCA) A pre-licensure candidate who has a	LMHC/LMHCA Master's degree or higher in mental health counseling or related field from a regionally accredited college or university that	LMHC 3 years of full-time counseling or 3,000 hours of postgraduate supervised mental health counseling in an approved setting.	LMHC - NCE or NCMHCE LMHCA - None

State/Board	Credential/Title(s)	Education/degree requirements	Post degree requirements	Exam Required
and Social Workers Advisory Committee	graduate degree in mental health counseling or related field and is working toward meeting the supervised experience requirements (may renew annually up to 6 time)	includes a supervised counseling practicum or internship. ALL professionals must complete 4 hours of HIV/AIDS education and training.	To include 1,200 hours of direct counseling with individual, couples, groups and family and 100 hours of immediate supervision by a board approved supervisor.	

Note. Copyright 2014 by the American Counseling Association, Alexandria, VA. Adapted with permission from *Licensure Requirements for Professional Counselors: A State-by-State Report*, p. 127 – 130.

APPENDIX C

SAMPLE COMPLAINT FORM AND AUTHORIZATION FOR RELEASE OF INFORMATION OF RECORDS

Wisconsin Department of Safety and Professional Services DIVISION OF LEGAL SERVICES AND COMPLIANCE

Mail To: P.O. Box 7190
Madison, WI 53707-7190
FAX #: (608) 266-2264
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
Email: dsp@wisconsin.gov
Website: <http://dsp.wi.gov>

COMPLAINT FORM

Due to Wisconsin Open Records Laws, confidentiality cannot be guaranteed, and in most cases your name will be disclosed to the person or business complained of so that they can respond to the matter.

Complaint filed by: Mr./Ms./Mrs. (First, Middle, Last)	
Address:	
City:	State: Zip:
County:	Phone # with area code: ()
Email address:	
Patient name (if applicable): Mr./Ms./Mrs. (First, Middle, Last)	Patient date of birth:
Patient contact information (if applicable):	Is patient deceased? ____ No ____ Yes Date of Death: _____
People and/or Entities the complaint is against:	Profession/Trade
Address:	
City:	State: Zip:
County:	Phone # with area code: ()
Email address:	
If your complaint involves a trade has this project been submitted for review/approval? ____ No ____ Yes Transaction ID	
If your complaint involves a building, when was the building constructed?	

Wisconsin Department of Safety and Professional Services
 DIVISION OF LEGAL SERVICES AND COMPLIANCE

INSTRUCTIONS FOR COMPLETING AUTHORIZATION FORMS FOR HEALTH CARE COMPLAINTS

Complete and return Authorization Form only if your complaint involves a health care professional.

Authorization Forms give your permission for our agency to obtain copies of treatment records, discuss that treatment with the persons who provided the treatment, and use the records as part of our inquiry and/or investigation of the complaint and, if necessary, during any hearing that may follow.

You may make additional copies of this blank form to cover additional facilities and/or offices where treatment was provided.

The patient, or other person, if this is legally allowed, will need to fill in the blanks on the form before signing the form and returning it to us.

- **Patient's Name:** Insert the name of the patient whose records we will be requesting.
- **Patient's Date of Birth:** This will be necessary to identify the patient.
- **I, _____ hereby authorize _____**

Insert the name of the individual authorizing the release of records after the word "I" and insert the name of the individual or facility which treated the patient after the words "hereby authorize".

Examples: "Metropolitan Hospital "
 "Dr. Jane Doe "
 "Southside Dental Clinic "

- **Signature:** Sign the form legibly.
- **Date:** Put the date the form is signed.
- **Authority for signing:** If the patient is a minor, is deceased, or is not competent to sign, the parent, legal guardian, next of kin, or estate representative should sign:

Examples: "James Smith, parent of Michael Smith, a minor child "
 "Mary Jones, surviving wife of Henry Jones, deceased "
 "Steve Green, personal representative for Sandy Blue "

MAIL TO:

Wisconsin Department of Safety and Professional Services
 Division of Legal Services and Compliance
 P.O. Box 7190
 Madison, WI 53707-7190

If you do not include the completed Authorization Form(s), we may not be able to investigate your complaint.

If you have any questions about completing the Authorization Form, please contact the department staff at (608) 266-2112.

Thank you for taking the time to complete this document.

Wisconsin Department of Safety and Professional Services
 DIVISION OF LEGAL SERVICES AND COMPLIANCE

Mail To: P.O. Box 7190
 Madison, WI 53707-7190

FAX #: (608) 266-2264
 Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
 Madison, WI 53703

Email: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

AUTHORIZATION FOR RELEASE OF INFORMATION

Completion of this form is voluntary

Patient's Name: _____ Patient's Date of Birth: _____

I, _____ hereby authorize _____

and all staff or employees of that facility or office to provide the Wisconsin Department of Safety and Professional Services (Department) and its attached Boards, or any attorney, investigator, employee, or agent thereof, with copies of all health care records relating to the above named patient in your possession or under your control, regardless of origin, including, but not limited to, the following: admission records, physical examinations and histories, nurses notes, progress notes, diagnostic test records, physician notes and orders, medication orders and records, operative reports, laboratory work, prescription and dispensing records, x-ray films, radiology reports, anesthesia records, physical therapy records, occupational therapy records, fetal monitoring strips, respiratory therapy records, consultation reports, pathology reports, emergency room records, discharge summaries, drug and alcohol treatment records, and mental health/psychiatric treatment records. This is to include records relating to HIV treatment, if such treatment has been given. I further authorize you to allow these persons to examine and copy any records or information relating to the above named patient. A reproduced copy of this Authorization Form shall be as valid as the original.

This disclosure is being made for the purposes of a legal inquiry and any subsequent proceedings by the Department and its attached Boards. Unless revoked earlier, this consent regarding records is effective until two (2) years from the date of signature. I understand that: (a) I may revoke this authorization at any time by sending a written notice of revocation to the Department at the above address; or by sending a written notice of revocation to the above health care provider; (b) information obtained as a result of this consent may be used after the above expiration date or revocation; (c) the information that the Department receives under this request will not be re-disclosed except in the case of a Department or board proceeding, or a valid open records request and then only under the circumstances permitted by law and re-disclosed information is no longer protected by privacy laws; and (d) the completion or non-completion of this consent has no effect on any treatment, payment, enrollment or eligibility for benefits by any health care provider.

I have been informed, pursuant to Wis. Admin. Code § DHS 92.03(3)(d), that I have the right to inspect and receive a copy of any mental health treatment record materials which are disclosed as a result of this authorization, as required under Wis. Admin. Code §§ DHS 92.05 and 92.06.

I further authorize you to discuss with these persons, any matters relating to the treatment of the above named patient.

 Signature

 Date

Authority for Signing (i.e., Parent of Minor; Guardian of Ward or Incompetent; Personal Representative or Spouse of Deceased)

APPENDIX D**SAMPLE LETTER**

Kelly J. Doolan
1753 Seaton Dr.
Virginia Beach, VA 23464

RE: Doctoral Research

Dear Sir/Madam,

I am a doctoral student in the Public Administration and Urban Policy Program at Old Dominion University, Norfolk, VA. I am currently completing my dissertation and conducting a state comparative study examining accountability in the regulatory process for licensed professional counselors. In particular, I am examining how states vary in their approach to setting legal and professional accountability measures as defined by the minimum requirements for education and practice in the field. I will be exploring the relationship between ethical outcomes as defined by disciplinary actions taken by the state board of counseling and the education and experience requirements set by individual states.

I am writing to obtain a listing of all the disciplinary actions taken between the dates of January 1, 2009 and December 31, 2016 for each state board. If possible, I would like to obtain this information without incurring a fee. The data can be sent to the address listed above.

Thank you in advance for your assistance in this important study. If you have any questions, please feel free to contact me at XXX-XXX-XXXX or email me directly at kdool005@odu.edu.

Respectfully,

Kelly Doolan, LPC, LMFT
Doctoral Candidate, Public Administration & Urban Policy
Old Dominion University

APPENDIX E**SAMPLE EMAIL**

Ms. Clay,

I am a doctoral student in the Public Administration and Urban Policy Program at Old Dominion University, Norfolk, VA. I am currently completing my dissertation and conducting a state comparative study examining accountability in the regulatory process for licensed professional counselors. In particular, I am examining how states vary in their approach to setting legal and professional accountability measures as defined by the minimum requirements for education and practice in the field. I will be exploring the relationship between ethical outcomes as defined by disciplinary actions taken by the state board of counseling and the education and experience requirements set by individual states.

I am writing to obtain a listing of all the disciplinary actions taken between the dates of January 1, 2009 and December 31, 2016 for each state board.

Thank you for your consideration, if you have any questions, please feel free to contact me at XXX-XXX-XXXX or email me directly at kdool005@odu.edu.

Respectfully,

Kelly Doolan, LPC, LMFT
Doctoral Candidate, Public Administration & Urban Policy
Old Dominion University

APPENDIX F

LIST OF STATES WITH AVAILABLE DATA

State	Source of Data	Violation and Discipline Available
Alabama	Online	yes
Arizona	Online	yes
California	Online	yes
Colorado	Online	yes
Connecticut	Online	no
Florida	Online	yes
Hawaii	Online	Yes
Idaho	Online	yes
Illinois	Online	Yes
Indiana	Online	Yes
Iowa	Online	yes
Kansas	Online	Yes
Louisiana	Online	Yes
Maine	Online	Yes
Maryland	Online	Yes
Massachusetts	Data provided via email	Yes
Michigan	Online	Yes
Minnesota	Online	Yes
Missouri	Data provided via email	Yes
Montana	Data provided via email	Yes
Nebraska	Data provided via email	No
Nevada	Online	Yes
New Hampshire	Online	Yes
New Jersey	Online	Yes
New Mexico	Data provided via email	Yes
New York	Online	Yes
North Carolina	Online	yes
North Dakota	Response via telephone	Yes
Ohio	Online	Yes
Oklahoma	Online	No
Oregon	Online	Yes
Pennsylvania	Online	Yes
Rhode Island	Online	Yes
South Carolina	Online	Yes
South Dakota	Online	No
Tennessee	Online	Yes
Texas	Online	Yes
Utah	Online	Yes
Vermont	Online	Yes
Virginia	Online	Yes

State	Source of Data	Violation and Discipline Available
Washington	Data provided via email	Yes
Wisconsin	Online	Yes
Wyoming	Online	Yes

APPENDIX G

CATEGORIZATION OF DISCIPLINARY VIOLATIONS

Collapsed grouping for violations	Full listing of reported violations
Failure to adhere to standards of practice	Failure to comply with or violate or abetting in the violation any provision of a chapter or rule Failure to conform to minimum practice standards of practice developed by the board Failure to maintain appropriate standard of care Disclosure of professional confidence or privileged information Communication without securing ROI except where otherwise required by law Delegating professional responsibility to a person whom the licensee knows is not qualified by training or experience to perform such responsibilities Assisted or abetted an individual to practice without being listed as a registered therapist Failure to provide proper supervision over supervisee Failure to provide required supervisor agreement form Failure to implement appropriate therapeutic interventions Failure to obtain authorization for disclosure of records Failure to obtain written consent for treatment Failure to refer to appropriate practitioner Failure to terminate therapeutic relationship when appropriate to situation Failure to timely respond to records request Insufficient documentation of having completed adequate assessment including risk assessment Termination of services without appropriate referral or failure to provide written notice of termination Violation of CRS rule regarding use of alcohol, drug, or controlled substance Violation of general statutes Violation of standards of practice Violation of standards of practice/failure to avoid harm Failure to keep records secured Consent for treatment lacked sufficient information Treatment Plan lacked sufficient information Failure/refusing to maintain adequate records of BHS to client Falsified or failed to make entries or made incomplete entries in client's record Not filing timely documentation

Collapsed grouping for violations	Full listing of reported violations
	Unjustified diagnosis Violation of consent agreement Delinquent taxes
Failure/Unable to practice professional counseling with reasonable skill and safety to clients	Acted or failed to act in manner that does not meet generally accepted standards of professional discipline under which person practices Conduct, practice, or condition that impairs the ability of the licensee to practice profession safely or competently Conduct contrary to recognized standards of ethics in BH profession that constitutes danger to health, welfare, or safety of client Failure to submit to mental status exam Sexual exploitation of a child Negligence in practice Unable to practice professional counseling with reasonable skill and safety to clients Active habitual intemperance in the use of alcohol or active habitual substance abuse Currently being treated for opioid dependency Negligence in practice Failure to report abuse/neglect
Plea or conviction of crime/legal incident	Conviction or entered plea to a felony Conviction of a crime related to professional counseling Failure to report legal incident to the board at the time of occurrence
Boundary violation/dual relationship	Committing an act upon a client which would constitute sexual battery/misconduct Dual relationship ...engaged/maintained relationship w/client likely to impair prof. judgment Engaging in a dual relationship or physical contact between licensee and client that could result in psychological harm to client Engaging in dual relationship by providing couples therapy at the same time as providing Individual therapy Engaged in romantic or sexual relationship with client or former client Failure to maintain boundaries/dual relationship violation of professional boundaries
Failure to respond to board's summons or uncooperative with board's request or investigation	Failure to comply with previous board order of agreement or sanction, or previous stipulations set by the board Failure to update personal info with board Being the subj of revocation, suspension, surrender or another disciplinary sanction...or other adverse action related to professional license in another jurisdiction

Collapsed grouping for violations	Full listing of reported violations
Unethical conduct, unprofessional conduct, or misconduct	<p>Failure to report order from another state or jurisdiction</p> <p>Exploiting client or former client or supervisee (taking advantage of professional relationship)</p> <p>Violation code of ethics relating to client welfare</p> <p>Code of ethics - inaccurate or misuse of testing</p> <p>Code of ethics -client welfare/sexual harassment</p> <p>Code of ethics - client welfare/professional competence</p> <p>Code of ethics - exploitative relationship</p> <p>Code of ethics – client welfare/counseling plan</p> <p>Code of ethics - consent regarding minors</p> <p>Code of ethics – client welfare/sexual intimacies with client</p> <p>Unprofessional conduct/misconduct</p> <p>Violated directly or indirectly or assisted or abetted another to violate any provision or term of article or rule in the practice of BH</p> <p>Inaccurate information on work verification form</p> <p>Making or filing a report that one knows to be incomplete or inaccurate</p> <p>Fraud/fraudulent billing</p> <p>Misrepresentation of degree</p> <p>Misrepresentation of licensure level or misleading and deceptive advertising</p> <p>Oral or written misrepresentation of a fact by an applicant or licensee to secure issuance of a license</p> <p>Performed services outside area of training, experience, and competence</p> <p>Use of fraud or deceit of rendering services as a licensee...regarding skills or the value of any treatment provided</p> <p>Engaging or offering to engage in activities that are not congruent with licensee's professional education, training, and experience</p> <p>Practicing with lapsed or no license</p>
Continuing education violation	<p>Failure to complete continuing education hours or to comply with audit requirements</p> <p>Failure to provide verification of continuing education hours</p>

APPENDIX H

Categorization of Disciplinary Actions

Collapsed grouping for actions taken	Full listing of reported actions
Licensed Revoked/Surrendered	License revoked, stayed License surrendered/revoked Voluntary inactive status of license Voluntary surrender/relinquishment of license Agree to retire at expiration of license Agreement to accept inactive license status in lieu of formal hearing Agrees not to practice/will not renew license Revocation, 24 months stayed ITRM Cessation of practice (not a current disciplinary Proceeding) Cease and desist
Reprimand/Censure	Letter of admonition Reprimand/censure Warning Consent order
Training or Continuing Education	CAPE training CE, hours - ethics/dual relationship/documentation CE, 03 hours ethics CE, 03 semester hours in ethics CE, 06 hours behavioral health BH documentation standards CE 06 hours risk assessment CE, 06 hours BH documentation/treatment planning CE, 06 hours in BH ethics/boundaries CE, 06 hours in BH ethics/child forensics CE, 06 hours in BH ethics/record keeping CE, 08 hours documentation standards CE, 10 hours report writing CE, 10 hours ethics CE, 12 hours ethics CE, 15 hours CE, 15 hours BH ethics CE, 12 hours clinical supervision CE, 20 hours each year CE, 20 hours CE, 20 hours in BH ethics/boundaries CE, 30 hours CE, 40 hours CE, completion of delinquent hours

Collapsed grouping for actions taken	Full listing of reported actions
	CE, Marriage Family Therapy CE, ProBE CE, recording keeping/foundations of counseling
Civil Penalty/Fine	Civil penalty/fine Reimbursement of client for services rendered
Clinical Supervision	Clinical supervision, 1 year Clinical supervision, 2 years Clinical supervision, 36 months Completion of practice audit Practice monitor Practice monitor, 1 year Practice monitor, 2 years Supervised experience, 500 hours Supervised practice Provide reports to board of address/employment changes
Practice Restriction	Practice restriction Practice restriction/prohibited to provide supervision Practice restriction/prohibited to provide supervision, 1 year Surrender supervisor designation
Probation	Probation Probation, 1 year Probation, 1 year supervised Probation, if seeks reactivation of license status Probation, 06 months Probation, 06 months supervised Probation, 18 months supervised with practice restrictions Probation, 2 years Probation, 2 years supervised Probation, 2 years, 1 year supervised Probation, 3 years Probation, 3 years supervised Probation, 3 years under Peer Assistant Services (PAR) Probation, 3 years with conditions Probation, 4 years supervised Probation, 5 years supervised following suspension Probation, 5 years with clinical supervision Probation, indefinite/supervised
Suspension of License	Suspension, provisionally Suspension, stayed Suspension, 03 months Suspension, 06 months Suspension, 12 months Suspension, 12 months stayed/probated Suspension, 2 years

Collapsed grouping for actions taken	Full listing of reported actions
	Suspension, 2 years, stayed Suspension, 24 months, 18 months stayed Suspension, 24 months, 23 months stayed Suspension, 3 years Suspension, 4 years, stayed Suspension, 5 years with 3 years stayed Suspension, immediate Suspension, indefinite
Therapeutic Services	Therapy, 12 months Therapy, 24 months Therapy, focus on boundaries/ethics Therapy, for the term of supervised probation Undergo comprehensive mental health evaluation Undergo fitness for practice evaluation Undergo substance abuse evaluation Undergo substance abuse treatment Submit to toxicology screens, 1 year Abstinence from illegal or addictive substances

APPENDIX I

DISCIPLINARY VIOLATION COUNT BY STATE

ID	State Name	Year	Total No. of Individual	Total No. of Violations	No. of Violations Group 1	No. of Violations Group 2	No. of Violations Group 3	No. of Violations Group 4	No. of Violations Group 5	No. of Violations Group 6	No. of Violations Group 7
1	AL	09	3	5	2	0	0	0	3	0	
		10	0	0	0	0	0	0	0	0	0
		11	2	4	2	0	0	0	0	2	0
		12	1	3	2	0	0	0	0	1	0
		13	3	6	4	0	0	0	0	2	0
		14	6	12	6	0	0	0	0	4	2
		15	5	10	3	0	1	1	0	2	3
		16	1	2	1	0	0	0	0	0	1
2	AK*										
3	AZ	09	0	0	0	0	0	0	0	0	0
		10	0	0	0	0	0	0	0	0	0
		11	15	43	14	4	1	6	1	17	0
		12	17	42	18	0	1	8	1	14	0
		13	8	17	8	2	0	3	1	3	0
		14	4	12	3	2	0	3	1	3	0
		15	16	43	22	11	0	3	0	7	0
		16	21	69	22	17	0	3	1	26	0
4	AR*										
5	CA	09	NA								
		10	NA								
		11	NA								
		12	NA								
		13	NA								
		14	1	2	1	0	0	0	0	1	0
		15	0	0	0	0	0	0	0	0	0
		16	8	16	0	1	1	0	0	7	7
6	CO	09	10	13	6	1	0	0	5	0	
		10	21	27	13	2	0	0	8	0	
		11	13	26	10	4	0	4	2	6	0
		12	17	28	16	4	1	3	0	4	0
		13	14	24	15	1	0	2	2	4	0
		14	22	33	22	3	0	2	2	4	0

ID	State Name	Year	Total No. of Individual	Total No. of Violations	No. of Violations Group 1	No. of Violations Group 2	No. of Violations Group 3	No. of Violations Group 4	No. of Violations Group 5	No. of Violations Group 6	No. of Violations Group 7
		15	21	28	16	1	1	7	1	2	0
		16	45	42	29	5	1	3	1	3	16
7	CT	09	1	2	0	0	0	1	0	1	0
		10	1	1	0	0	0	0	0	1	0
		11	1	1	0	0	0	0	0	1	0
		12	1	1	0	0	0	1	0	0	0
		13	1	2	0	0	0	1	0	1	0
		14	1	2	0	1	0	1	0	0	0
		15	1	2	0	1	0	1	0	0	0
		16	0	0	0	0	0	0	0	0	0
8	DE*										
9	FL	09	13	15	8	2	1	0	3	2	0
		10	4	6	3	0	1	0	0	2	0
		11	13	26	9	3	6	2	0	5	1
		12	13	16	10	0	4	0	1	1	0
		13	13	21	8	2	4	4	2	1	0
		14	10	15	5	1	3	2	0	4	0
		15	3	4	1	1	1	0	0	1	0
		16	12	25	9	0	4	4	2	6	0
10	GA*										
11	HI	09	0	0	0	0	0	0	0	0	
		10	0	0	0	0	0	0	0	0	0
		11	0	0	0	0	0	0	0	0	0
		12	0	0	0	0	0	0	0	0	0
		13	0	0	0	0	0	0	0	0	0
		14	0	0	0	0	0	0	0	0	0
		15	0	0	0	0	0	0	0	0	0
		16	0	0	0	0	0	0	0	0	0
12	ID	09	3	5	2	0	0	1	0	1	1
		10	3	4	1	0	0	1	0	1	1
		11	4	7	1	0	1	1	1	2	1
		12	11	13	4	0	0	2	0	4	3
		13	6	8	4	0	0	1	1	2	0
		14	6	8	4	0	0	1	0	1	2
		15	7	9	2	1	0	1	0	4	1
		16	4	6	1	1	0	0	2	2	0

ID	State Name	Year	Total No. of Individual	Total No. of Violations	No. of Violations Group 1	No. of Violations Group 2	No. of Violations Group 3	No. of Violations Group 4	No. of Violations Group 5	No. of Violations Group 6	No. of Violations Group 7
		12	3	3	2	0	0	0	0	1	0
		13	1	1	0	0	0	1	0	0	0
		14	0	0	0	0	0	0	0	0	0
		15	6	6	0	0	0	3	0	3	0
		16	4	4	1	0	0	0	0	3	0
19	ME	09	7	8	0	1	0	0	0	1	6
		10	9	9	0	0	0	0	0	2	7
		11	5	5	0	0	0	0	0	2	3
		12	1	6	1	0	0	0	0	2	3
		13	1	6	1	0	0	1	0	3	1
		14	5	5	0	0	0	1	0	3	1
		15	1	1	0	0	0	0	1	0	0
		16	0	0	0	0	0	0	0	0	0
20	MD	09	0	0	0	0	0	0	0	0	0
		10	1	1	0	0	1	0	0	0	0
		11	1	3	0	0	0	1	1	1	0
		12	3	5	0	0	0	1	1	3	0
		13	3	5	3	0	0	0	2	0	
		14	5	13	2	1	1	3	0	6	0
		15	2	4	1	0	1	0	1	1	0
		16	0	0	0	0	0	0	0	0	0
21	MA	09	5	5	1	0	1	1	0	2	0
		10	5	5	0	0	2	1	0	2	0
		11	2	2	1	0	0	0	1	0	0
		12	9	9	0	0	0	2	0	4	3
		13	11	11	3	1	0	2	0	3	2
		14	6	7	0	1	0	0	0	4	2
		15	11	11	3	0	1	0	2	5	0
		16	10	10	3	0	0	1	5	0	1
22	MI	09	8	19	2	5	3	0	4	5	0
		10	5	11	1	1	5	0	1	3	0
		11	12	22	2	7	2	2	2	7	0
		12	6	9	1	5	0	1	0	2	0
		13	18	34	5	8	8	1	5	7	0
		14	15	21	6	8	4	1	2	0	0
		15	17	30	1	10	6	4	5	4	0
		16	15	19	5	8	0	1	1	4	0

ID	State Name	Year	Total No. of Individual	Total No. of Violations	No. of Violations Group 1	No. of Violations Group 2	No. of Violations Group 3	No. of Violations Group 4	No. of Violations Group 5	No. of Violations Group 6	No. of Violations Group 7
		13	0	0	0	0	0	0	0	0	0
		14	0	0	0	0	0	0	0	0	0
		15	0	0	0	0	0	0	0	0	0
		16	0	0	0	0	0	0	0	0	0
29	NH	09	0	0	0	0	0	0	0	0	0
		10	1	1	0	0	0	0	0	0	0
		11	2	4	1	0	0	1	0	2	0
		12	2	7	0	0	0	1	2	4	0
		13	0	0	0	0	0	0	0	0	0
		14	7	15	2	0	0	2	3	8	0
		15	0	0	0	0	0	0	0	0	0
		16	2	3	1	0	0	0	0	2	0
30	NJ	09	20	25	13	0	0	3	2	7	0
		10	6	8	4	2	0	0	0	1	1
		11	4	6	2	0	0	1	0	3	0
		12	4	6	1	0	0	0	4	1	0
		13	1	3	0	0	0	0	0	2	1
		14	5	5	2	0	0	0	2	1	0
		15	6	8	1	1	0	4	0	2	0
		16	4	7	3	1	0	1	1	1	0
31	NM	09	0	0	0	0	0	0	0	0	0
		10	0	0	0	0	0	0	0	0	0
		11	1	3	0	0	0	1	0	2	0
		12	2	1	0	0	1	0	0	1	0
		13	3	4	0	0	0	1	0	2	1
		14	1	1	0	0	0	0	0	1	0
		15	0	0	0	0	0	0	0	0	0
		16	0	0	0	0	0	0	0	0	0
32	NY	09	1	1	1	0	0	0	0	0	0
		10	0	0	0	0	0	0	0	0	0
		11	3	3	0	0	2	1	0	0	0
		12	1	1	0	0	1	0	0	0	0
		13	4	5	2	1	0	1	0	1	0
		14	1	2	1	0	0	1	0	0	0
		15	2	2	0	1	1	0	0	0	0
		16	3	5	1	1	0	0	0	3	0
33	NC	09	2	2	1	0	0	1	0	0	0

ID	State Name	Year	Total No. of Individual	Total No. of Violations	No. of Violations Group 1	No. of Violations Group 2	No. of Violations Group 3	No. of Violations Group 4	No. of Violations Group 5	No. of Violations Group 6	No. of Violations Group 7
		10	5	7	2	0	0	1	1	3	0
		11	9	18	8	1	0	1	1	7	0
		12	8	12	5	0	1	4	1	1	0
		13	6	10	3	2	3	1	0	1	0
		14	6	14	5	1	0	3	0	5	0
		15	12	16	2	2	2	5	1	4	0
		16	6	11	1	0	1	4	1	4	0
34	ND	09	0	0	0	0	0	0	0	0	0
		10	0	0	0	0	0	0	0	0	0
		11	0	0	0	0	0	0	0	0	0
		12	0	0	0	0	0	0	0	0	0
		13	1	1	0	0	0	0	0	1	0
		14	1	0	0	0	0	0	0	1	0
		15	0	0	0	0	0	0	0	0	0
		16	0	0	0	0	0	0	0	0	0
35	OH	09	5	7	1	0	0	1	2	1	2
		10	6	10	2	0	0	2	2	2	2
		11	6	7	4	0	2	0	0	1	0
		12	8	9	3	0	0	5	0	1	0
		13	8	9	2	1	0	2	1	1	2
		14	7	10	1	2	0	0	3	1	3
		15	7	9	4	0	0	5	0	0	0
		16	6	7	2	0	1	1	0	2	1
36	OK	09	7	NA							
		10	3	NA							
		11	1	NA							
		12	8	NA							
		13	4	NA							
		14	0	NA							
		15	3	2	0	0	1	0	0	1	0
		16	8	NA							
37	OR	09	8	11	7	0	0	2	1	1	0
		10	10	12	6	1	0	2	2	1	0
		11	4	7	3	0	0	2	0	2	0
		12	9	12	6	4	0	1	1	0	0
		13	10	14	4	1	0	4	0	5	0
		14	15	21	6	4	0	8	0	3	0
		15	8	13	3	2	1	4	1	2	0

ID	State Name	Year	Total No. of Individual	Total No. of Violations	No. of Violations Group 1	No. of Violations Group 2	No. of Violations Group 3	No. of Violations Group 4	No. of Violations Group 5	No. of Violations Group 6	No. of Violations Group 7
		16	13	18	6	1	0	7	0	4	0
38	PA	09	1	1	0	0	0	1	0	0	0
		10	7	8	1	0	0	0	1	3	3
		11	5	6	0	0	1	1	1	2	1
		12	24	40	1	0	1	2	0	20	16
		13	10	17	0	1	1	2	1	8	4
		14	6	11	2	0	2	2	0	5	0
		15	3	5	0	0	1	2	0	2	0
		16	3	5	0	0	0	1	1	2	1
39	RI	09	1	1	0	0	0	0	0	1	0
		10	0	0	0	0	0	0	0	0	0
		11	1	1	0	0	0	0	0	1	0
		12	1	3	0	1	0	1	0	1	0
		13	0	0	0	0	0	0	0	0	0
		14	0	0	0	0	0	0	0	0	0
		15	0	0	0	0	0	0	0	0	0
		16	2	5	1	0	0	1	1	2	0
40	SC	09	3	3	0	0	0	0	0	3	0
		10	2	2	0	0	0	1	0	1	0
		11	0	0	0	0	0	0	0	0	0
		12	2	2	0	0	0	0	0	2	0
		13	0	0	0	0	0	0	0	0	0
		14	2	3	0	0	1	0	0	2	0
		15	1	2	0	0	0	0	1	1	0
		16	1	3	0	0	0	1	1	1	0
41	SD	09	0	NA							
		10	0	NA							
		11	0	NA							
		12	3	NA							
		13	1	NA							
		14	0	NA							
		15	1	NA							
		16	0	NA							
42	TN	09	15	15	0	0	0	0	0	0	15
		10	15	22	0	0	0	0	0	11	11
		11	48		0	0	0	0	0	0	48
		12	3	3	0	0	0	1	0	2	0

ID	State Name	Year	Total No. of Individual	Total No. of Violations	No. of Violations Group 1	No. of Violations Group 2	No. of Violations Group 3	No. of Violations Group 4	No. of Violations Group 5	No. of Violations Group 6	No. of Violations Group 7
		13	0	0	0	0	0	0	0	0	0
		14	3	4	1	0	1	0	0	2	0
		15	16	19	3	0	0	1	0	3	12
		16	0	0	0	0	0	0	0	0	0
43	TX	09	21	21	11	0	0	6	1	3	0
		10	21	24	8	2	1	9	1	3	0
		11	18	25	12	0	0	5	3	5	0
		12	24	25	9	0	1	7	6	2	0
		13	29	30	20	1	1	6	2	0	0
		14	15	17	5	0	0	3	4	5	0
		15	14	16	5	0	1	6	3	1	0
		16	16	18	5	0	0	6	3	4	0
44	UT	09	2	2	0	0	0	0	1	1	0
		10	0	0	0	0	0	0	0	0	0
		11	0	0	0	0	0	0	0	0	0
		12	1	1	0	0	0	0	0	1	0
		13	4	5	0	0	0	1	0	4	0
		14	3	4	0	0	0	1	1	2	0
		15	3	3	0	0	0	0	0	3	0
		16	7	8	0	0	0	1	0	7	0
45	VT	09	1	2	1	0	0	0	0	1	0
		10	0	0	0	0	0	0	0	0	0
		11	3	5	2	0	0	1	1	1	0
		12	1	1	0	0	0	0	0	1	0
		13	1	2	1	0	0	1	0	0	0
		14	0	0	0	0	0	0	0	0	0
		15	1	2	0	0	0	1	0	1	0
		16	3	9	2	2	0	3	1	1	0
46	VA	09	7	10	1	0	2	2	1	1	3
		10	3	4	1	2	0	1	0	0	0
		11	3	3	1	1	0	1	0	0	0
		12	4	6	1	1	0	3	0	1	0
		13	8	14	2	5	2	4	0	1	0
		14	10	15	4	3	1	1	3	1	2
		15	3	4	0	1	2	1	0	0	0
		16	7	13	2	5	1	4	0	1	0
47	WA	09	10	19	6	4	1	2	0	6	0

ID	State Name	Year	Total No. of Individual	Total No. of Violations	No. of Violations Group 1	No. of Violations Group 2	No. of Violations Group 3	No. of Violations Group 4	No. of Violations Group 5	No. of Violations Group 6	No. of Violations Group 7
		10	7	14	4	6	0	1	2	1	0
		11	6	10	4	5	0	0	0	1	0
		12	7	12	4	4	0	2	1	1	0
		13	14	24	5	11	0	4	0	4	0
		14	17	35	17	9	0	5	1	3	0
		15	4	7	3	2	0	0	1	1	0
		16	1	2	0	0	0	1	1	0	0
48	WV*										
49	WI	09	1	2	0	0	0	1	0	1	0
		10	2	2	0	0	1	0	0	1	0
		11	6	9	2	1	1	3	1	1	0
		12	22	23	2	1	1	1	1	4	13
		13	4	5	2	0	0	2	0	1	0
		14	8	10	1	0	0	4	3	2	0
		15	8	11	3	2	0	2	0	4	0
		16	12	13	4	1	0	5	3	4	0
50	WY	09	1	1	0	0	0	0	0	1	0
		10	0	0	0	0	0	0	0	0	0
		11	0	0	0	0	0	0	0	0	0
		12	0	0	0	0	0	0	0	0	0
		13	1	4	1	1	0	1	0	1	0
		14	1	2	1	0	0	0	0	1	0
		15	0	0	0	0	0	0	0	0	0
		16	1	0	0	0	0	1	0	1	0

* Data unavailable

APPENDIX J

DISCIPLINARY ACTION COUNT BY STATE

State ID	State Name	Year	Total No. cited	Total No. Actions	No. of Actions Group 1	No. of Actions Group 2	No. of Actions Group 3	No. of Actions Group 4	No. of Actions Group 5	No. of Actions Group 6	No. of Actions Group 7	No. of Actions Group 8	No. of Actions Group 9	
1	AL	09	3	3	1	0	0	0	0	0	2	0	0	
		10	0	0	0	0	0	0	0	0	0	0	0	
		11	2	2	0	0	0	0	0	0	0	2	0	0
		12	1	1	0	0	0	0	0	0	0	1	0	0
		13	3	3	0	0	0	0	0	0	0	3	0	0
		14	6	6	2	0	0	3	0	0	0	1	0	0
		15	5	5	3	0	0	2	0	0	0	0	0	0
16	1	1	1	0	0	0	0	0	0	0	0	0		
2	*AK													
3	AZ	09	0	0	0	0	0	0	0	0	0	0	0	
		10	0	0	0	0	0	0	0	0	0	0	0	
		11	15	43	3	0	10	0	17	1	5	6	1	0
		12	17	45	9	1	11	0	7	6	9	0	2	0
		13	8	18	6	0	4	0	2	3	3	0	0	0
		14	4	11	3	0	4	0	1	2	1	0	0	0
		15	16	37	12	1	9	1	4	4	5	0	1	0
16	21	53	15	0	12	4	6	5	8	0	3	0		
4	*AR													
5	CA	09	NA											
		10	NA											
		11	NA											
		12	NA											
		13	NA											
		14	1	1	1	0	0	0	0	0	0	0	0	0
		15	0	0	0	0	0	0	0	0	0	0	0	0
16	8	14	0	0	7	7	0	0	0	0	0	0		
6	CO	09	10	11	1	4	3	0	3	0	0	0	0	
		10	21	25	2	15	3	0	1	0	2	2	0	
		11	13	18	2	6	3	0	3	1	3	0	0	
		12	17	25	5	5	7	0	0	0	6	0	2	
		13	14	26	6	5	7	0	0	1	4	0	3	
		14	22	39	9	4	13	0	0	0	12	0	1	
15	21	35	5	10	9	0	4	0	6	0	1			

State ID	State Name	Year	Total No. cited	Total No. Actions	No. of Actions Group 1	No. of Actions Group 2	No. of Actions Group 3	No. of Actions Group 4	No. of Actions Group 5	No. of Actions Group 6	No. of Actions Group 7	No. of Actions Group 8	No. of Actions Group 9
		16	45	68	2	33	9	0	7	1	11	1	4
7	CT	09	1	1	0	1	0	0	0	0	0	0	0
		10	1	1	0	1	0	0	0	0	0	0	0
		11	1	1	0	1	0	0	0	0	0	0	0
		12	1	1	1	0	0	0	0	0	0	0	0
		13	1	1	0	1	0	0	0	0	0	0	0
		14	1	1	0	1	0	0	0	0	0	0	0
		15	1	1	0	1	0	0	0	0	0	0	0
		16	0	0	0	0	0	0	0	0	0	0	0
8	*DE												
9	FL	09	13	33	4	5	8	10	0	5	1	0	0
		10	4	10	2	2	1	2	0	1	2	0	0
		11	13	19	7	3	2	3	1	1	0	1	1
		12	13	22	6	5	5	5	0	1	0	0	0
		13	13	19	6	3	0	5	0	1	1	2	1
		14	10	11	9	0	0	1	0	0	0	1	0
		15	3	3	3	0	0	0	0	0	0	0	0
		16	12	18	8	3	0	5	0	0	1	1	0
10	*GA												
11	HI	09	0	0	0	0	0	0	0	0	0	0	0
		10	0	0	0	0	0	0	0	0	0	0	0
		11	0	0	0	0	0	0	0	0	0	0	0
		12	0	0	0	0	0	0	0	0	0	0	0
		13	0	0	0	0	0	0	0	0	0	0	0
		14	0	0	0	0	0	0	0	0	0	0	0
		15	0	0	0	0	0	0	0	0	0	0	0
		16	0	0	0	0	0	0	0	0	0	0	0
12	ID	09	3	7	1	1	1	3	0	1	0	0	0
		10	3	6	0	1	1	2	0	1	1	0	0
		11	4		1	0	6	3	0	0	0	0	1
		12	11	22	2	2	4	8	1	1	3	1	0
		13	6	11	4	0	2	2	0	1	2	0	0
		14	6	14	2	0	4	3	1	1	3	0	0
		15	7	16	2	0	3	4	0	1	3	2	1
		16	4	5	1	0	1	2	0	0	0	1	0

State ID	State Name	Year	Total No. cited	Total No. Actions	No. of Actions Group 1	No. of Actions Group 2	No. of Actions Group 3	No. of Actions Group 4	No. of Actions Group 5	No. of Actions Group 6	No. of Actions Group 7	No. of Actions Group 8	No. of Actions Group 9
13	IL	09	4	9	2	5	0	2	0	0	0	0	0
		10	20	21	15	0	0	3	0	0	3	0	0
		11	8	12	2	4	0	4	0	0	1	1	0
		12	6	10	2	2	0	3	0	0	2	1	0
		13	35	67	2	32	0	32	0	0	0	1	0
		14	29	43	10	13	0	17	0	1	1	1	0
		15	6	6	2	2	0	0	0	0	0	2	0
		16	6	6	1	0	0	0	0	0	0	5	0
14	IN	09	1	2	0	0	0	1	0	0	0	1	0
		10	4	8	1	0	2	1	0	0	3	0	1
		11	2	4	1	0	1	1	0	0	1	0	0
		12	2	4	0	1	1	0	1	0	1	0	0
		13	2	6	0	2	2	2	0	0	0	0	0
		14	2	6	0	0	1	2	0	0	1	1	1
		15	2	6	0	0	1	1	1	0	2	0	1
		16	1	5	0	0	1	1	0	0	1	0	2
15	IA	09	0	0	0	0	0	0	0	0	0	0	0
		10	1	3	0	0	1	0	0	0	1	1	0
		11	2	5	0	0	2	0	1	0	0	1	1
		12	0	0	0	0	0	0	0	0	0	0	0
		13	5	12	1	3	3	3	0	0	1	1	0
		14	5	10	3	1	1	0	0	0	2	1	2
		15	3	6	1	0	2	0	1	0	2	0	0
		16	2	4	0	1	1	0	1	0	1	0	0
16	KS	09	0	0	0	0	0	0	0	0	0	0	0
		10	2	4	0	0	1	0	1	0	0	2	0
		11	2	3	0	0	2	0	0	0	0	1	0
		12	1	1	0	0	1	0	0	0	0	0	0
		13	0	0	0	0	0	0	0	0	0	0	0
		14	1	1	0	1	0	0	0	0	0	0	0
		15	1	1	0	0	0	0	0	0	0	1	0
		16	1	1	0	0	1	0	0	0	0	0	0
17	*KY												
18	LA	09	1	1	0	1	0	0	0	0	0	0	0
		10	4	4	2	1	0	0	0	0	0	1	0
		11	0	0	0	0	0	0	0	0	0	0	0
		12	3	6	1	0	2	3	0	0	0	0	0

State ID	State Name	Year	Total No. cited	Total No. Actions	No. of Actions Group 1	No. of Actions Group 2	No. of Actions Group 3	No. of Actions Group 4	No. of Actions Group 5	No. of Actions Group 6	No. of Actions Group 7	No. of Actions Group 8	No. of Actions Group 9
		14	0	0	0	0	0	0	0	0	0	0	0
		15	0	0	0	0	0	0	0	0	0	0	0
		16	0	0	0	0	0	0	0	0	0	0	0
29	NH	09	0	0	0	0	0	0	0	0	0	0	0
		10	1	1	0	1	0	0	0	0	0	0	0
		11	2	6	0	1	1	0	2	1	0	1	0
		12	2	5	0	1	1	0	1	1	0	1	0
		13	0	0	0	0	0	0	0	0	0	0	0
		14	7	20	1	4	4	3	3	1	0	3	1
		15	0	0	0	0	0	0	0	0	0	0	0
		16	2	4	1	1	0	1	1	0	0	0	0
30	NJ	09	20	52	13	15	3	16	0	1	1	3	0
		10	6	17	5	5	1	5	0	0	0	0	1
		11	4	14	2	4	3	3	0	0	1	1	0
		12	4	9	3	2	0	2	1	0	0	0	1
		13	1	1	1	0	0	0	0	0	0	0	0
		14	5	6	0	1	0	2	2	0	0	1	0
		15	6	10	2	1	1	1	0	0	1	3	1
		16	4	8	1	0	1	1	2	0	0	2	1
31	NM	09	0	0	0	0	0	0	0	0	0	0	0
		10	0	0	0	0	0	0	0	0	0	0	0
		11	1	1	0	0	1	0	0	0	0	0	0
		12	2	6	1	0	1	1	0	0	1	1	1
		13	3	5	0	2	1	2	0	0	0	0	2
		14	1	1	1	0	0	0	1	0	0	0	0
		15	0	0	0	0	0	0	0	0	0	0	0
		16	0	0	0	0	0	0	0	0	0	0	0
32	NY	09	1	3	0	0	0	1	0	0	1	1	0
		10	0	0	0	0	0	0	0	0	0	0	0
		11	3	8	0	0	0	2	0	0	3	3	0
		12	1	1	1	0	0	0	0	0	0	0	0
		13	4	12	0	0	0	4	0	0	4	4	0
		14	1	3	0	0	0	1	0	0	1	1	0
		15	2	5	0	0	0	1	0	0	2	2	0
		16	3	5	1	0	0	0	0	0	2	2	0
33	NC	09	2	4	0	0	2	0	0	0	2	0	0
		10	5	10	1	0	2	0	0	0	4	1	2

State ID	State Name	Year	Total No. cited	Total No. Actions	No. of Actions Group 1	No. of Actions Group 2	No. of Actions Group 3	No. of Actions Group 4	No. of Actions Group 5	No. of Actions Group 6	No. of Actions Group 7	No. of Actions Group 8	No. of Actions Group 9
		11	9	20	1	1	8	0	0	1	7	1	1
		12	8	17	3	0	3	0	0	4	4	3	
		13	6	12	3	0	3	0	0	3	1	2	
		14	6	9	3	2	2	0	1	0	0	1	
		15	12	18	8	0	3	0	2	0	3	1	1
		16	6	18	0	1	5	0	4	0	1	4	3
34	ND	09	0	0	0	0	0	0	0	0	0	0	0
		10	0	0	0	0	0	0	0	0	0	0	0
		11	0	0	0	0	0	0	0	0	0	0	0
		12	0	0	0	0	0	0	0	0	0	0	0
		13	1	1	0	1	0	0	0	0	0	0	0
		14	1	1	0	1	0	0	0	0	0	0	0
		15	0	0	0	0	0	0	0	0	0	0	0
		16	0	0	0	0	0	0	0	0	0	0	0
35	OH	09	5	7	1	0	0	0	1	1	0	3	1
		10	6	14	3	0	4	0	3	0	0	3	1
		11	6	10	1	2	3	0	2	1	0	1	0
		12	8	15	0	2	4	0	4	0	0	3	2
		13	8	14	2	1	2	0	2	1	0	2	4
		14	7	7	5	1	0	0	0	0	0	1	0
		15	7	10	2	1	3	0	1	2	0	0	1
		16	6	11	2	2	4	0	2	0	0	1	0
36	OK	09	7	14	0	0	4	4	0	2	3	1	0
		10	3	4	1	0	1	1	0	0	1	0	0
		11	1	2	0	0	1	0	1	0	0	0	0
		12	8	12	5	0	2	1	0	1	2	0	1
		13	4	5	1	0	0	2	0	0	2	0	0
		14	0	0	0	0	0	0	0	0	0	0	0
		15	3	3	3	0	0	0	0	0	0	0	0
		16	8	12	6	0	2	1	1	0	1	1	0
37	OR	09	8	18	3	4	3	5	3	0	0	0	0
		10	10	20	4	2	3	8	3	0	0	0	0
		11	4	11	2	1	1	4	2	0	0	0	1
		12	9	30	0	1	8	9	7	0	0	3	2
		13	10	16	1	3	3	6	3	0	0	0	0
		14	15	33	6	2	6	8	8	2	0	0	1
		15	8	17	4	1	1	7	2	0	0	0	2
		16	13	30	2	4	3	11	7	0	0	3	0

State ID	State Name	Year	Total No. cited	Total No. Actions	No. of Actions Group 1	No. of Actions Group 2	No. of Actions Group 3	No. of Actions Group 4	No. of Actions Group 5	No. of Actions Group 6	No. of Actions Group 7	No. of Actions Group 8	No. of Actions Group 9
		14	3	3	1	0	0	1	0	1	0	0	0
		15	16	28	1	1	12	13	0	0	0	1	0
		16	0	0	0	0	0	0	0	0	0	0	0
43	TX	09	21	21	2	9	0	6	0	0	0	4	0
		10	21	21	5	3	0	4	0	0	1	8	0
		11	18	20	4	6	0	2	0	0	0	7	0
		12	24	24	5	7	0	4	0	0	0	8	0
		13	29	30	5	4	1	15	0	0	1	4	0
		14	15	15	3	3	0	5	0	0	0	4	0
		15	14	15	5	1	0	2	0	0	0	7	0
		16	16	16	4	3	0	0	0	0	0	9	0
44	UT	09	2	4	2	1	0	0	0	0	1	0	0
		10	0	0	0	0	0	0	0	0	0	0	0
		11	0	0	0	0	0	0	0	0	0	0	0
		12	1	1	0	0	0	0	0	0	1	0	0
		13	4	5	2	1	0	0	0	0	2	0	0
		14	3	5	2	1	1	0	0	0	1	0	0
		15	3	6	0	2	3	0	0	0	1	0	0
		16	7	10	4	2	0	0	0	0	4	0	0
45	VT	09	1	2	0	1	0	0	0	0	1	0	0
		10	0	0	0	0	0	0	0	0	0	0	0
		11	3	6	0	0	1	2	0	0	2	1	0
		12	1	2	0	1	0	0	0	0	0	1	0
		13	1	1	0	0	0	0	0	0	0	1	0
		14	0	0	0	0	0	0	0	0	0	0	0
		15	1	1	0	0	0	0	0	0	0	1	0
		16	3	6	0	1	1	1	1	0	1	2	0
46	VA	09	7	10	2	0	2	2	0	0	1	2	1
		10	3	6	0	0	0	0	0	0	3	1	2
		11	3	3	2	0	0	0	0	0	1	0	0
		12	4	6	1	1	0	0	0	0	1	2	1
		13	8	10	2	1	3	0	0	0	1	3	0
		14	10	16	1	1	5	2	0	0	1	4	1
		15	3	4	0	0	1	0	0	0	1	2	0
		16	7	13	0	0	4	0	0	2	5	2	0
47	WA	09	10	20	1	0	7	4	1	2	5	0	0
		10	7	17	1	0	4	2	0	2	5	1	2

State ID	State Name	Year	Total No. cited	Total No. Actions	No. of Actions Group 1	No. of Actions Group 2	No. of Actions Group 3	No. of Actions Group 4	No. of Actions Group 5	No. of Actions Group 6	No. of Actions Group 7	No. of Actions Group 8	No. of Actions Group 9
		11	6	12	1	0	3	3	3	1	1	0	0
		12	7	10	0	0	3	3	0	0	0	4	0
		13	14	30	7	0	6	5	7	1	3	0	1
		14	17	30	3	0	10	8	1	1	3	3	1
		15	4	6	2	0	1	1	1	0	0	1	0
		16	1	1	0	0	0	0	0	0	0	1	0
48	*WV												
49	WI	09	1	2	0	0	0	0	0	0	0	1	1
		10	2	5	1	0	0	1	1	0	0	1	1
		11	6	11	1	1	0	3	1	0	0	4	1
		12	22	35	11	8	7	4	1	0	0	3	1
		13	4	8	1	3	2	2	0	0	0	0	0
		14	8	13	1	0	1	3	0	0	0	7	1
		15	8	14	1	3	2	3	0	0	0	3	2
		16	12	18	1	3	3	5	0	0	0	5	1
50	WY	09	1	1	0	1	0	0	0	0	0	0	0
		10	0	0	0	0	0	0	0	0	0	0	0
		11	0	0	0	0	0	0	0	0	0	0	0
		12	0	0	0	0	0	0	0	0	0	0	0
		13	1	3	0	0	0	0	1	1	0	0	1
		14	1	1	1	0	0	0	0	0	0	0	0
		15	0	0	0	0	0	0	0	0	0	0	0
		16	1	1	1	0	0	0	0	0	0	0	01

* Data unavailable

APPENDIX K

INDEPENDENT VARIABLES COUNT BY STATE

State ID	State Name	Education Credit hours	Additional education or training	CACREP accreditation of degree	Hours of supervised experience	Hours of continuing education	Adoption of ACA code of ethics	Jurisprudence exam	Practice act
1	AL	48 (2)	No (0)	Yes (1)	3000	20	No (0)	No (0)	Yes (1)
2	AK	60 (3)	No (0)	No (0)	3000	20	Yes (1)	No (0)	No (0)
3	AZ	60 (3)	No (0)	Yes (1)	3200	15	Yes (1)	No (0)	Yes (1)
4	AR	60 (3)	No (0)	Yes (1)	3000	15	Yes (1)	No (0)	Yes (1)
5	CA	60 (3)	Yes (1)	No (0)	3000	18	No (0)	Yes (1)	Yes (1)
6	CO	48 (2)	No (0)	Yes (1)	2000	20	No (0)	Yes (1)	No (0)
7	CT	60 (3)	No (0)	No (0)	3000	15	No (0)	No (0)	Yes (1)
8	DE	48 (2)	No (0)	No (0)	3200	20	No (0)	No (0)	No (0)
9	FL	60 (3)	Yes (1)	Yes (1)	3000	15	No (0)	No (0)	Yes (1)
10	GA	48 (1)	No (0)	No (0)	2400	17.5	No (0)	No (0)	Yes (1)
11	HI	48 (2)	No (0)	No (0)	3000	**	No (0)	No (0)	Yes (1)
12	ID	60 (3)	No (0)	No (0)	1000	20	Yes (1)	No (0)	Yes (1)
13	IL	48 (2)	No (0)	No (0)	1680	15	Yes (1)	No (0)	Yes (1)
14	IN	60 (3)	No (0)	Yes (2)	3000	20	No (0)	No (0)	Yes (1)
15	IA	60 (3)	No (0)	Yes (1)	3000	20	Yes (1)	No (0)	Yes (1)
16	KS	60 (3)	No (0)	No (0)	4000	15	No (0)	No (0)	Yes (1)
17	KY	60 (3)	No (0)	No (0)	4000	10	No (0)	No (0)	Yes (1)
18	LA	48 (2)	No (0)	No (0)	3000	20	Yes (1)	No (0)	Yes (1)
19	ME	48 (2)	No (0)	Yes (1)	3000	27.5	No (0)	No (0)	Yes (1)
20	MD	60 (3)	No (0)	No (0)	3000	20	No (0)	Yes (1)	Yes (1)
21	MA	60 (3)	No (0)	No (0)	3360	15	Yes (1)	No (0)	Yes (1)
22	MI	48 (2)	No (0)	No (0)	3000	**	No (0)	No (0)	Yes (1)
23	MN	48 (2)	No (0)	Yes (1)	2000	20	No (0)	No (0)	Yes (1)
24	MS	60 (3)	No (0)	No (0)	3500	12	Yes (1)	No (0)	Yes (1)
25	MO	48 (2)	No (0)	Yes (1)	3000	20	No (0)	No (0)	Yes (1)

State ID	State Name	Education Credit hours	Additional education or training	CACREP accreditation of degree	Hours of supervised experience	Hours of continuing education	Adoption of ACA code of ethics	Jurisprudence exam	Practice act
26	MT	60 (3)	No (0)	No (0)	3000	20	No (0)	No (0)	Yes (1)
27	NE	*	No (0)	Yes (1)	3000	16	No (0)	No (0)	Yes (1)
28	NV	48 (2)	No (0)	Yes (1)	3000	20	No (0)	No (0)	Yes (1)
29	NH	60 (3)	No (0)	Yes (1)	3000	20	No (0)	No (0)	Yes (1)
30	NJ	60(3)	No (0)	No (0)	4500	20	Yes (1)	No (0)	No (0)
31	NM	48 (2)	No (0)	No (0)	3000	20	No (0)	No (0)	Yes (1)
32	NY	60 (3)	Yes (1)	No (0)	3000	**	No (0)	No (0)	Yes (1)
33	NC	60 (3)	No (0)	No (0)	3000	20	Yes (1)	Yes (1)	Yes (1)
34	ND	48 (2)	No (0)	No (0)	2000	15	Yes (1)	No (0)	Yes (1)
35	OH	60 (3)	No (0)	No (0)	3000	15	Yes (1)	Yes (1)	Yes (1)
36	OK	60 (3)	No (0)	No (0)	3000	20	No (1)	Yes (1)	Yes (1)
37	OR	48 (2)	No (0)	Yes (1)	4500	20	No (0)	Yes (1)	No (0)
38	PA	60 (3)	No (0)	No (0)	3600	15	Yes (1)	No (0)	No (0)
39	RI	60 (3)	No (0)	No (0)	2000	20	No (0)	No (0)	Yes (1)
40	SC	48 (2)	No (0)	No (0)	3000	20	Yes (1)	No (0)	Yes (1)
41	SD	48 (2)	No (0)	Yes (1)	2000	20	Yes (1)	No (0)	Yes (1)
42	TN	60 (3)	No (0)	Yes (1)	3000	**	Yes (1)	Yes (1)	Yes (1)
43	TX	48 (2)	No (0)	No (0)	3000	12	No (0)	Yes (1)	Yes (1)
44	UT	60 (3)	No (0)	No (0)	4000	20	Yes (1)	Yes (1)	Yes (1)
45	VT	60 (3)	No (0)	No (0)	3000	20	No (0)	Yes (1)	Yes (1)
46	VA	60 (3)	No (0)	Yes (1)	4000	20	No (0)	No (0)	Yes (1)
47	WA	48 (2)	Yes (1)	No (0)	3000	18	No (0)	No (0)	Yes (1)
48	WV	60 (3)	Yes (1)	Yes (1)	3000	17.5	Yes (1)	No (0)	Yes (1)
49	WI	42 (1)	No (0)	No (0)	3000	15	No (0)	Yes (1)	Yes (1)
50	WY	60 (3)	No (0)	Yes (1)	3000	22.5	Yes (1)	No (0)	Yes (1)

** not required

APPENDIX L

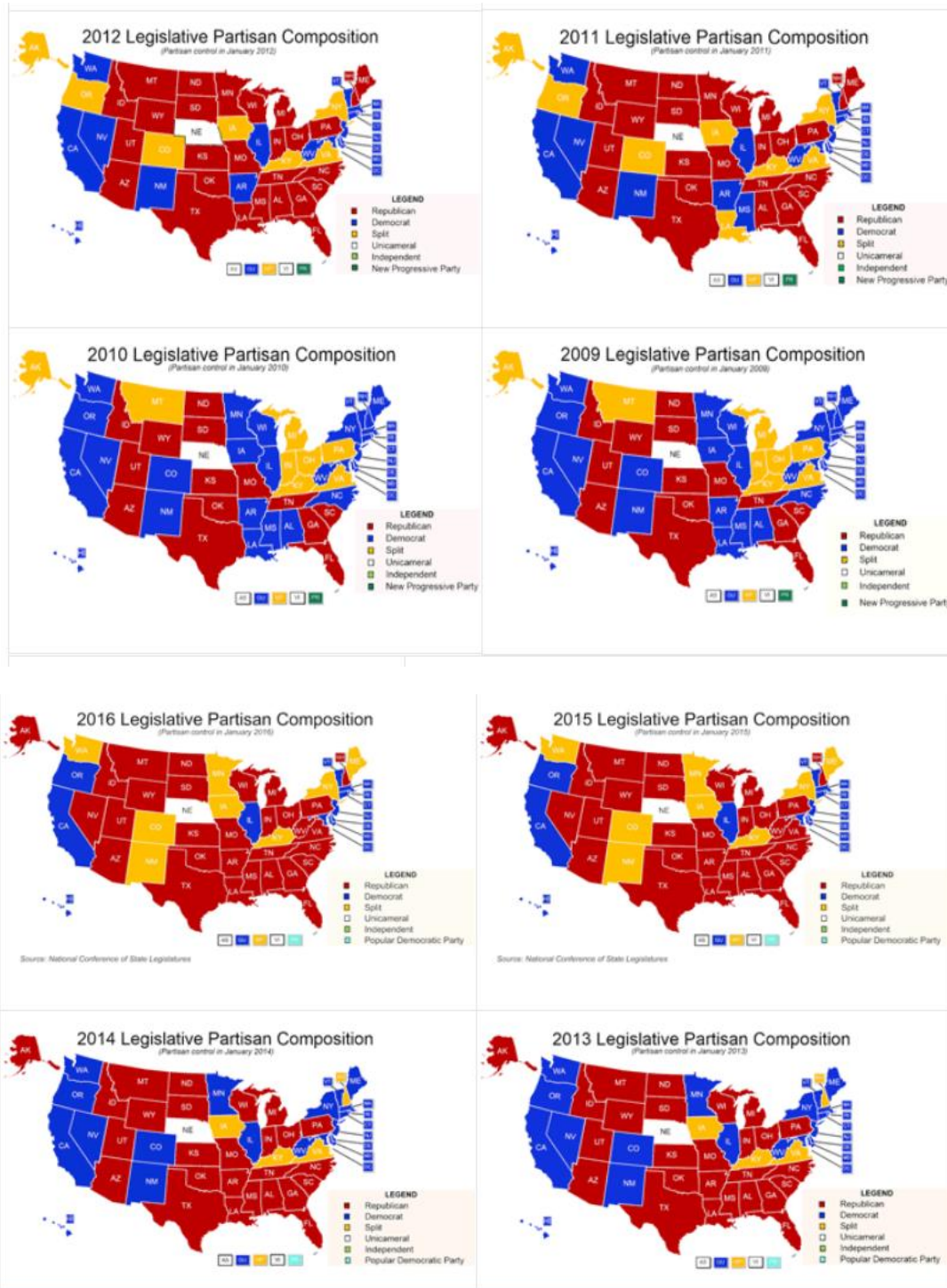
CONTROL VARIABLES COUNT BY STATE

State ID	State Name	Population Density	Licensed Counselor population	State Integrity ranking
1	AL	96	1600	67
2	AK	1	497	76
3	AZ	62	2412	64
4	AR	58	900	61
5	CA	254	1416	73
6	CO	54	4432	67
7	CT	741	1932	71
8	DE	494	304	56
9	FL	391	8813	61
10	GA	181	5252	63
11	HI	222	268	69
12	ID	21	1645	62
13	IL	231	8310	67
14	IN	186	1853	62
15	IA	56	1010	67
16	KS	36	788	59
17	KY	113	1223	67
18	LA	108	2810	59
19	ME	43	1664	59
20	MD	624	3000	64
21	MA	879	5446	67
22	MI	176	9069	51
23	MN	70	856	62
24	MS	64	954	61
25	MO	89	3531	62
26	MT	7	954	64
27	NE	25	3297	67
28	NV	27	25	57
29	NH	150	737	61
30	NJ	1225	3227	65
31	NM	17	2943	61
32	NY	421	4996	61
33	NC	211	4307	65
34	ND	11	350	59
35	OH	285	8791	68
36	OK	57	2926	59
37	OR	43	1694	59
38	PA	286	3986	58

State ID	State Name	Population Density	Licensed Counselor population	State Integrity ranking
39	RI	1025	363	68
40	SC	167	1777	60
41	SD	11	682	56
42	TN	163	1813	66
43	TX	108	14982	60
44	UT	38	578	62
45	VT	68	667	60
46	VA	214	3227	66
47	WA	111	5133	67
48	WV	76	1060	66
49	WI	107	5158	63
50	WY	6	714	51

APPENDIX M

STATE AND LEGISLATIVE PARTISAN COMPOSITION



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VITA

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Education:

Ph.D. in Public Administration and Urban Policy – Old Dominion University, August 2018

Dissertation: Ethical Accountability of Licensed Professional Counselors: A Comparative Study of State Regulations and the Effects on Ethical Behavior

Master of Science in Art Therapy – Eastern Virginia Medical School, July 1993

Thesis: The Imagery of Unsanctioned Grief in Women who have Experienced an Elective Abortion

Bachelor of Science in Psychology – Old Dominion University, May 1991

Qualifications and Honors

Licensed Professional Counselor – 1997 (current)

Licensed Marriage and Family Therapist – 1998 (current)

Juvenile Forensic Evaluator, March 2017

ASPA-HR Chapter, board member

Professional Related Experience

Clinician IV Supervisor of Case Management, Intensive Care Coordination, After School Day Treatment Programs, Virginia Beach Department of Human Services - Child and Youth Behavioral Health Services, 2002 – present.

Clinician II, Therapeutic Day Treatment Program, Virginia Beach Department of Human Services - Child and Youth Behavioral Health Services, 1997 - 2002.

Intensive In-home Therapist, Virginia Beach Department of Human Services - Child and Youth Behavioral Health Services, 1996 - 1997.

Art Therapist, Maryview Behavioral Health Center, Portsmouth, VA, 1993 – 1997.

Art Therapist, Tidewater Psychiatric Institute, Norfolk, VA, 1993 – 1994