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Am I My Peers' Keeper? Problems of Professional Competency in Doctoral Students

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Addressing problems of professional competency (PPC) among doctoral students is essential given that doctoral students will become our future counselor educators. In this study, doctoral students (N = 345) in programs accredited by the Council for Accreditation of Counseling and Related Educational Programs were surveyed about their knowledge of peers' PPC. The findings from this study indicate that doctoral students are aware of peers with PPC (68.1%), which include inade- quate skills to deliver counseling services and problematic behaviors related to personal or psycho- logical issues. The findings suggest that respondents are negatively affected by being in a program with a peer they perceive has a PPC (47.9%) and are frustrated with educators for allowing prob- lematic peers to continue their doctoral training (70%). The findings of this study show that faculty members need to place more emphasis on educating doctoral students about competency issues and assessing for PPC.

Keywords: doctoral students, CACREP, problems of professional competency, peers, doctoral training

Doctoral training in counselor education can be intense and demanding even when a student is committed and excited about the learning process. Unlike doctoral programs in other disciplines, where students only encounter cognitive and time-management challenges, students who enter the helping professions face the additional emotional challenges related to personal development as they engage in counseling and supervision (Silvester, 2011). There has been a growing effort to develop expectations about ways to address problematic professional behaviors in addition to the American Counseling Association (ACA) Code of Ethics (ACA, 2014). The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016b) also requires that programs establish a policy for student remediation and retention, which has led to formalized gatekeeping procedures for programs. Yet because CACREP standards are not specific, several researchers have attempted to define professional competencies in a more detailed format. Homrich, DeLorenzi, Bloom, and Godbee (2014) proposed a set of standards focused on profes-

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sional and personal conduct, including professional behaviors, interpersonal behaviors, and intrapersonal behaviors. Through a survey of counselor educators in CACREP-accredited programs, Homrich et al. (2014) evaluated specific behaviors that could expand upon the current expectations found in the ACA Code of Ethics. Henderson and Dufrene (2012) also identified the need for clearly defined expectations based on professional ethics to support gatekeeping efforts and derived a list of student behaviors associated with remediation from the mental health literature. The goal of both studies was to help operationalize student behaviors in a way that would be useful to faculty in assessing problematic student behaviors.

Although there has been increased attention to issues around gatekeeping, there has been little research on doctoral students and professional competency. CACREP (2016b) has mandated that future counselor educators be prepared to deal with the "screening, remediation, and gatekeeping functions" needed in counseling programs (p. 40). Foster and McAdams (2009) defined gatekeeping as the process of intervening with counselors or student counselors who engage in behaviors that could be harmful to the welfare of clients. Still, this definition may be somewhat limiting in that it only addresses a counselor's work with clients rather than how doctoral students work with counselors-in-training or their interactions with peers. More recently, terminology has evolved to include problems of professional competency (PPC; Brown-Rice & Furr, 2016; Schwartz-Mette, 2011; Shen-Miller et al., 2014) or impairment (Crawford & Gilroy, 2012; Falender, Collins, & Shafranske, 2009) to encompass a wider range of problematic behaviors. Although the term impairment is included in the ACA Code of Ethics (2014), Falender et al. (2009) cautioned against the use of this terminology due to the Americans with Disabilities Act (ADA) Amendments Act of 2008 because of possible legal risks. These authors warned that because the ADA has defined the word impairment as having a specific legal meaning associated with a legally protected disability, use of this term could create significant legal issues if applied in other settings.

Defining Problems of Professional Competency

Counselor educators recognize the importance of having established gatekeeping procedures (Crawford & Gilroy, 2012; Homrich et al., 2014; Ziomek-Daigle & Christensen, 2010) but have not formalized the expected professional behaviors. In contrast, the field of psychology has evolved a model of competence benchmarks to assess professional behavior that considers professionalism and relationships in addition to practice variables, scientific knowledge and methods, cultural diversity, and ethics (Fouad et al., 2009). Ziomek-Daigle and Christensen (2010) recognized that the guidelines related to gatekeeping in counseling are often vague and believed counseling credentialing organizations could benefit the profession by developing a gatekeeping model to assist those who train counselors. While Wilkerson (2006) proposed such a model, which includes informed consent, assessment, evaluation, treatment planning, and termination, currently there are no recognized standards for gatekeeping within the field of counselor education, with Crawford and Gilroy (2012) finding wide variations in how counseling programs approach gatekeeping.

Behaviors that have been recognized as problematic in counseling students include inadequate academic skills (Kerl & Eichler, 2007), inadequate clinical skills (Bogo, Regehr, Power, & Regehr, 2007), personality or psychological issues (Bogo et al., 2007; Gaubatz & Vera, 2002), and unethical behavior (Henderson & Dufrene, 2012). This list of behaviors appears to fall into two categories: one focused on issues related to classroom performance (i.e., academic skills, clinical skills) and another related to dispositional issues (i.e., personality or psychological). Findings from previous research indicate that students are more likely to leave programs in the helping professions due to personal issues rather than academic performance (Brear, Dorrian, & Luscri, 2008).

In the field of psychology, Lamb et al. (1987) provided a framework for defining problematic behaviors for students in training, including (a) an inability

or unwillingness to acquire and integrate professional standards into their professional behaviors; (b) an inability to develop the professional skills needed to reach an accepted level of competency; and (c) an inability to manage personal stress, psychological dysfunction, or emotional responses that may impact professional behavior. A fourth characteristic was added later to address students who engage in unethical behavior (Lamb, Cochran, & Jackson, 1991). These four areas are similar to the eight categories identified by Henderson and Dufrene (2012): (1) ethical behaviors, (2) symptoms of a mental health diagnosis, (3) intrinsic characteristics, (4) counseling skills, (5) feedback, (6) self-reflective abilities, (7) personal difficulties, and (8) procedural compliance. The principles outlined by Lamb et al. (1987) have guided several investigations into PPC through the construction of behavioral items related to PPC (Brown, 2013; Brown-Rice & Furr, 2013; Rust, Raskin, & Hill, 2013). While it is important to distinguish normative, developmental behaviors from substandard performance (Falender et al., 2009), the ultimate criterion for PPC is the risk it presents to the well-being of others.

Impact of PPC among Peers

In general, researchers have examined PPC in terms of the impact of counselor behavior on clients, with the vast majority of research focusing on the behavior of students in master's-level counseling programs. The issue of PPC among doctoral students is more complex because of the roles doctoral students fulfill with master's students and the close, interactional nature of doctoral cohorts. For doctoral students, peer support is a crucial factor for student persistence in counseling programs (Golde, 2005; Hoskins & Goldberg, 2005). Finding one's connections to other students helps build a sense of community, and these connections provide emotional support and a means of reducing stress (Hadjioannou, Shelton, Fu, & Dhanarattigannon, 2007). However, what happens to the student cohort when a member engages in problematic behavior? Although there is limited research on doctoral student issues around professional competence, a few studies have attempted to address this phenomenon. In a qualitative study that included master's and doctoral students who had reported a peer for PPC, Parker et al. (2014) found that students reported peers only when their own studies were affected by the behavior. In a qualitative study focused on psychology graduate students, students expressed resentment about having to deal with peers whose difficult behavior resulted in extra work for the students and felt frustrated with professors who appeared to avoid dealing with problematic behaviors (Oliver, Anderson, Bernstein, Blashfield, & Roberts, 2004). In another quantitative study, graduate students in psychology expressed anger and frustration toward faculty for not addressing problematic peers students saw as disrupting the learning environment (Rosenberg, Getzelman, Arcinue, & Oren, 2005). The most common problems demonstrated by peers and identified by at least half the sampled psychology students were a "lack of awareness of impact on others (60%), emotional problems (58%), clinical deficiency (54%), and poor interpersonal skills (52%)" (Oliver et al., 2004, p. 668). The field of counseling has not investigated the influence of peer PPC on an extensive scale.

A peer with PPC can influence the cohort negatively or positively (Shen-Miller et al., 2011). Because of existing relationships, the cohort can become divided depending on alliances with the problematic student. However, there may also be a positive effect in that non-PPC members of the cohort may become more cohesive if they agree concerning the problematic behavior (Shen-Miller et al., 2011). Cohort members in psychology reported they often saw inappropriate behaviors that were not seen by faculty because of student interactions outside the academic environment (Shen-Miller et al., 2011). Such interactions create difficulties for students concerning how to define their responsibility for a peer's personal behavior that may affect professional behavior. Rosenberg et al. (2005) found that students believed they were better able to identify problematic behaviors in peers than were faculty members. In this study, 85% of the participants reported that they had encountered at least one peer

in their program who exhibited problematic behavior. In comparison, Veilleux, January, VanderVeen, Felice, and Klongoff (2012) found that 57.8% of respondents indicated they had observed problematic behaviors in at least one peer. However, both these studies were conducted with psychology graduate students, and the findings may not reflect the experience of counselor education doctoral students. To date, no similar studies have been published in the field of counseling.

Because most of the studies addressing PPC in doctoral students have been conducted in psychology, there is a dearth of research on the impact of doctoral students' PPC on other doctoral students in the professional counseling field. To fill this void, we designed the current study to address the following questions: (a) "How prevalent is PPC among doctoral students in counseling and counselor education doctoral programs?", (b) "What types of problematic behaviors do doctoral students encounter from their peers?", (c) "What is the perceived influence of peer PPC on doctoral students?", and (d) "Are doctoral students provided with knowledge about how to respond to peer PPC?"

Method

Respondents and Procedures

After obtaining institutional review board (IRB) approval, we recruited doctoral students in counseling and counselor education from CACREP-accredited programs. Recruitment occurred by sending an e-mail with a link to a Psychdata survey to the contact people at all CACREP-accredited doctoral programs in the United States listed on the official CACREP websites and by sending an e-mail via the COUNSGRADS listserv. We excluded three CACREP programs due to their requirement that we apply to their IRB boards. The most current information at the time of data collection in spring 2015 identified 2,122 counseling and counselor education doctoral students as indicated in the CACREP (2016a) annual report. As a result of these recruitment efforts, we had 363 participants for a response rate of 17%. After using listwise deletion to eliminate respondents with invalid or missing data (n = 18) (see Sterner, 2011), the final sample included 345 counselor education doctoral students.

The respondents identified as 70.7% female, 29.3% male, and 0% transgender. Respondents described their sexual orientation as 87.2% heterosexual, 8.7% lesbian or gay, and 4.1% bisexual. In terms of the cultural identification, participants were White (64.9%), African-American (11.6%), Asian (9.6%), multiracial (8.7%), and Hispanic/Latino (5.2%). The majority of respondents (42.3%) identified their ages as 30 to 39, with 26.7% stating they were under 30 years old, 20.9% stating they were 40 to 49 years old, and 10.1% stating they were 50 years or older. The participants were in various stages of their doctoral studies: 22.9% were in their first year, 26.4% were in their second year, 25.8% were in their third year, 7.8% were in their fourth year, 11.6% were in their fifth year, and 5.5% were in their sixth or higher year. Overall, the current study's participants approximated the demographic data CACREP (2016a) reported for 2015. CACREP reported the following gender data for CACREP doctoral students: 76.9% of CACREP students identified as female, and 23.1% identified as male. CACREP also reported the following demographic data for all master's and doctoral students combined: (a) 60.2% identified as Caucasian, 18.6% identified as African-American, 8.4% identified as Hispanic/Latino, 2.1% identified as Asian-American, 2.1% identified as multiracial, and 0.6% identified as American Indian/Native Alaskan.

Instrumentation

The Problems of Professional Competency Survey-Doctoral (PPCS-D) evolved from the Problems of Professional Competency Survey (PPCS-MS) used to evaluate master's students' knowledge of peers with PPC (Brown-Rice & Furr, 2013). We established the content validity and reliability of the original instrument through an expert review, pilot studies, and principal component analysis (see Brown-Rice & Furr, 2013). We altered the language of items from the PPCS-MS for the PPCS-D to fit the doctoral

population but did not change the items' content. The questions assessed doctoral students' perceptions of other doctoral students' PPC, the perceived influence of the defined behaviors on students, and student knowledge about how to respond to their peers' behaviors. The measure included 31 questions, with the first two questions inquiring if participants had observed a peer with PPC in their program and how many total peers with PPC they believed they had observed in the program. We based the remaining 29 questions on a five-point Likert scale (1= strongly disagree to 5= strongly agree) regarding types of PPC encountered (items 3–8) and perceptions of the influence of peers' PPC on the respondent (items 9–18), as seen in Table 1. Higher scores indicate that the behavior of the peer had a stronger effect on the participant. The remaining items addressed how the doctoral students' program addresses PPC. The Cronbach alpha for these 29 items was .92, indicating high internal consistency. Correlations among items ranged from .171 to .703, with the vast majority of correlations being significant.

Data Analysis

This study used the Statistical Package for Social Sciences (SPSS) software to screen, analyze, and gather descriptive data. Tables using SPSS determined frequencies, averages, and percentages in answering the research questions. The responses of 1,284 doctoral students in CACREP-accredited counselor education programs and APA psychology programs (see Furr & Brown-Rice, 2017, for APA results) provided data for the analysis of the PPCS-D. We grouped the 29 items using the five-point Likert scale into two categories for the remaining item discussion. The percentage of those who agree/strongly agree will be compared to those who disagree/strongly disagree, and the percentage does not include those respondents who answered neither disagree or agree. Therefore, the number of respondents for each question will not total 345, which will affect the percentages. Complete information on all responses can be found in Table 1. Researchers have found that the midpoint response of "neither agree or disagree" is often a "face saving response" (Sturgis, Roberts, & Smith, 2014, p. 30) that adds little meaning to the findings (Cheung & Mooi, 1994), but including it as an option prevents forcing the respondent into a choice.

Table 1

Percentages and Numbers of Participants' Responses

	Survey Question	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
1.	I have been impacted by a peer who has problems of professional competency.	25.5 n = 88	22.0 n = 76	8.7 n = 30	30.1 n = 104	13.6 n = 47
2.	I have been impacted by a peer who has displayed inadequate clinical skills.	23.8 n = 82	35.1 n = 121	12.5 n = 43	22.0 n = 76	6.7 n = 23
3.	I have been impacted by a peer who has not been able to regulate his/her emotions.	26.7 n = 92	24.6 n = 85	7.5 n = 26	28.1 n = 97	13.0 n = 45
4.	I have been impacted by a peer who has a psychological concern (e.g., suicidal ideation/attempts, mood disorder, anxiety disorder).	38.8 n = 134	26.4 n = 91	12.8 n = 44	9.0 n = 31	13.0 n = 45
5.	I have been impacted by a peer who has a personality disorder.	36.5 n = 126	35.7 n = 123	6.1 n = 21	12.5 n = 43	9.3 n = 32

6.	I have been impacted by a peer who has a substance abuse issue.	49.0 n = 169	34.5 n = 119	11.0 n = 38	4.3 n = 15	1.2 n = 4
7.	I have been impacted by a peer who has engaged in unprofessional behavior (e.g., lied, academic dishonesty, excessive tardiness, class absences).	23.2 n = 80	28.4 n = 98	12.8 n = 44	22.9 n = 79	12.8 n = 44
8.	I have been impacted by a peer who engaged in unethical behavior (e.g., breach of confidentiality, boundary issue).	32.5 n = 112	33.3 n = 115	14.5 n = 50	13.3 n = 46	6.4 n = 22
9.	A peer's problems of professional competency have interfered with my ability to be an effective professional.	45.8 n = 158	33.9 n = 117	7.5 n = 26	12.8 n = 44	0.0 n = 0
10	A peer's problems of professional competency have disrupted the learning environment.	24.6 n = 85	18.8 n = 65	7.2 n = 25	31.3 n = 108	18.0 n = 62
11.	A peer's problems of professional competency have increased my workload.	35.4 n = 122	21.7 n = 75	8.4 n = 29	16.5 n = 57	18.0 n = 62
12.	A peer's problems of professional competency have resulted in me feeling stressed.	26.1 n = 90	18.8 n = 65	10.7 n = 37	27.2 n = 94	17.1 n = 59
13.	A peer's problems of professional competency have resulted in me having difficulty concentrating and completing my own work.	33.9 n = 117	26.1 n = 90	15.4 n = 53	18.6 n = 64	6.1 n = 21
14.	A peer's problems of professional competency have resulted in me feeling resentful of this peer.	22.3 n = 77	21.4 n = 74	9.6 n = 33	21.2 n = 73	25.5 n = 88
15.	I am frustrated when I believe that the faculty is not addressing a peer with problems of professional competency.	14.2 n = 49	13.0 n = 45	9.3 n = 32	32.8 n = 113	30.7 n = 106
16.	I am frustrated when a peer with problems of professional competency is allowed to continue in my program.	11.9 n = 41	10.4 n = 36	14.8 n = 51	31.6 n = 109	31.3 n = 108
17.	I am concerned about peers with problems of professional competency being allowed to obtain a doctoral degree.	10.1 n = 35	9.6 n = 33	9.0 n = 31	29.9 n = 103	41.4 n = 143
18.	I am concerned about the quality of my profession due to a peer with problems of professional competency being allowed to obtain a doctoral degree.	15.4 n = 53	12.5 n = 43	16.5 n = 57	19.7 n = 68	35.9 n = 124
19.	I think it is my responsibility to be aware of a peer's problems of professional competency.	10.7 n = 37	10.1 n = 35	31.0 n = 107	33.3 n = 115	14.8 n = 51
20.	I think it is the responsibility of the faculty to be aware of problems of professional competency with peers.	2.0 n = 7	0.0 n = 0	6.1 n = 21	32.5 n = 112	59.4 n = 205
21.	I believe that some peers' problems of professional competency are not addressed by faculty due to the faculty liking or favoring the peer.	14.8 n = 51	31.9 n = 110	20.3 n = 70	25.5 n = 88	7.5 n = 26

22.	I believe that some peers' problems of professional competency are not addressed by faculty due to the peer's cultural background.	15.7 n = 54	37.4 n = 129	13.9 n = 48	25.5 n = 88	7.5 n = 26
23.	The faculty has discussed my program's policy with me regarding how doctoral students with problems of professional competency are addressed.	12.2 n = 42	27.8 n = 96	14.2 n = 49	34.5 n = 119	11.3 n = 39
24.	I have received training from the faculty regarding how to intervene with a peer who I believe is demonstrating problems of professional competency.	33.0 n = 114	33.6 n = 116	15.4 n = 53	18.0 n = 62	0.0 n = 0
25.	I know the appropriate intervention that I should take regarding a peer I believe is having problems of professional competency.	16.5 n = 57	29.9 n = 103	18.6 n = 64	33.0 n = 114	2.0 n = 7
26.	I feel comfortable discussing with a faculty member a peer I believe has problems of professional competency.	12.2 n = 42	36.8 n = 127	11.6 n = 40	27.2 n = 94	12.2 n = 42
27.	I am aware of a situation when a peer's problems of professional competency were addressed by faculty.	18.3 n = 63	25.5 n = 88	17.4 n = 60	31.0 n = 107	7.8 n = 27
28.	I would like to be provided with more information regarding how to identify a peer with problems of professional competency.	8.7 n = 30	9.3 n = 32	28.1 n = 97	39.7 n = 137	14.2 n = 49
29.	I would like to be provided with information regarding how to respond when I believe a peer has problems of professional competency.	9.6 n = 33	3.2 n = 17	20.6 n = 71	47.0 n = 162	19.7 n = 68

Results

The first research question addressed the prevalence of PPC among doctoral students in counseling and counselor education programs. When asked if they had observed any peers with PPC in their programs, 68.1% (n = 235) of the doctoral students in CACREP-accredited programs stated they had observed this behavior in a peer, 25.2% (n = 87) said they had not observed PPC in a peer, and 6.7% (n = 23) indicated that they did not know. In terms of frequency, 17.1% (n = 59) reported observing one peer, 27% (n = 97) reported observing two peers, 14.2% (n = 49) reported observing three peers, and 12.1% (n = 42) reported observing more than three peers with PPC.

The second research question examined the types of problematic behaviors doctoral students encounter from their peers. For the survey questions, we defined the word "impact" as having "a strong effect on you." For this discussion, the percentages combine the agree/strongly agree responses. Table 1 provides complete details on the doctoral students' responses. When asked if they had been impacted by a peer with PPC, 47.9% (n = 151) of the doctoral students responded that they had. The behaviors participants perceived affected them were a peer who (a) was unable to regulate emotions (44.5%, n = 142); (b) engaged in unprofessional behavior (40.9%, n = 123; e.g., lying, academic dishonesty, excessive tardiness, class absences); (c) displayed inadequate clinical skills (32.8%, n =

99); (d) had a psychological concern (25.2%, n = 76); e.g., suicidal ideation/attempts, mood disorder, anxiety disorder); (e) engaged in unethical behavior (23.1%, n = 68; e.g., breach of confidentiality, boundary issues); (f) had a personality disorder (23.1%, n = 75); and (g) had a substance abuse issue (6.2%, n = 19).

In the third research question, we asked doctoral students how the peers' PPC influenced them (see Table 1). The three most frequently cited ways included a peer's PPC disrupting the learning environment (53.1%, n = 170), the student feeling resentful of the peer (51.6%, n = 161), and the student feeling stressed (49.7%, n = 153). For some students, the peer's PPC increased the student's workload (37.7%, n = 119) or caused the student to have difficulty concentrating and completing work (29.1%, n = 85). Only a small portion of doctoral students reported that a peer's PPC interfered with their ability to be an effective professional (13.8%, n = 44). A high proportion of doctoral students indicated that they had concerns about what having a peer with PPC means to the profession. Respondents expressed concern over peers with PPC being allowed to obtain doctoral degrees (78.3% n = 246), a peer with PPC being allowed to continue in their program (73.8%, n = 217), and the quality of the profession due to peers with PPC being allowed to obtain doctoral degrees (66.7%, n = 192). Doctoral students also voiced frustration when they believed faculty did not address a peer with PPC (70%, n = 219).

The final research question addressed whether programs provided doctoral students with knowledge about how to respond to PPC (see Table 1). The doctoral students clearly believed it was the responsibility of faculty to be aware of PPC in peers (97.8%, n = 317). Participants also viewed being aware of peers with PPC as their own responsibility (69.7%, n = 166). This was one of few items in which a large percentage of students responded neither disagree or agree (31%, n = 107), which may demonstrate some students' uncertainty about their responsibility for addressing peer PPC.

Although doctoral students believed faculty held the major responsibility for being aware of PPC, doctoral students also acknowledged some potential challenges for faculty. Some doctoral students believed faculty did not address PPC due to liking or favoring the peer (41.5%, n = 114), with which a large number of students also responded that they neither disagree or agree (n = 70), or due to the peer's cultural background (38.4%, n = 114), with 48 doctoral students responding that they neither disagree nor agree. Doctoral students did indicate that they knew of some situations in which a peer's PPC had been addressed by faculty (47%, n = 134), and some students indicated that they felt comfortable discussing peers' PPC with faculty (44.6%, n = 136).

In terms of understanding policy and procedures, not all students reported being prepared to report a peer with PPC. While 53.4% (n = 158) of the doctoral students reported that faculty had discussed their program's policy regarding how doctoral students with PPC were addressed and knew the appropriate intervention they should take (43.1%, n = 121), only 21.2% (n = 62) indicated that they had training on how to intervene with a peer demonstrating PPC. Overall, doctoral students wanted more information regarding how to identify a peer with PPC (75%, n = 186) and respond to a peer with PPC (83.9%, n = 230).

Discussion

The findings from this study show that the majority (68.1%) of doctoral students reported that they had observed peers with PPC in their training programs and that they were likely to be influenced by peers' nonacademic characteristics (e.g., inability to regulate emotions, unprofessional behaviors). The results of this study mirror other studies on counseling students with PPC (Brown-Rice & Furr, 2013, 2016; Foster, Leppma, & Hutchinson, 2014), in which PPC was identified as a major concern among master's-level students. This is the first study to extensively examine this issue among doctoral students. The literature supports the importance of counseling training programs assessing students for behavioral issues that relate to

PPC (Duba, Paez, & Kindsvatter, 2010; Henderson & Dufrene, 2012; Homrich et al., 2014). However, the findings of this and previous studies (Brown-Rice & Furr, 2013, 2016) suggest that counselor educators may need to be more diligent in assessing for and addressing problematic behaviors related to professionalism and interpersonal functioning. This action is especially important given that over half (53%) of the doctoral students in this study found that peers' PPC disrupted their learning environments and resulted in the students feeling stressed (49.7%).

To enhance gatekeeping with doctoral students, we suggest that programs implement a competency checklist to assess students' behaviors after each course (Figure 1). This checklist would be a mechanism to address standards that are essential to become a competent counselor educator but that typically fall outside accreditation standards. Faculty could review the checklists for each student at their biannual or annual reviews in addition to completing other gatekeeping procedures currently in place.

This study also provides insight regarding concerns CACREP doctoral students have about peers with PPC being allowed to remain in the profession. Over three-fourths (78.3%) of the students expressed concern over peers with PPC being allowed to obtain doctoral degrees. Furthermore, the respondents expressed concern about the quality of the profession due to peers with PPC obtaining doctoral degrees (66.7%). Doctoral students are the future educators and leaders of our profession. Therefore, it is crucial that counseling faculty and administration only allow those individuals with appropriate professional and personal competence to enter and graduate from training programs. CACREP provides specific standards regarding professional orientation, curricula, and field experiences and requires that doctoral program admissions determine applicants' "fitness for the profession, including self-awareness and emotional stability" (CACREP, 2016b, p. 38). However, there are no defined benchmarks related to professional competence. Counselor education programs have the responsibility of preparing future educators who, in turn, will monitor the professional competence levels of future counselors. Because PPC issues have been shown to exist in counselor educators (Brown-Rice & Furr, 2015), we can prevent future problems by addressing competency concerns with students in our doctoral programs.

The results of the study also highlighted doctoral students' frustration with what they perceive as peers' PPC not being addressed. While the reality could be that faculty are addressing problematic behavior in programs through remediation and gatekeeping practices, students may not be aware of any of the remediation activities due to confidentiality and due process. In this study, 47% of the doctoral students stated they knew of some situations in which a faculty member had addressed a peer's PPC, and some students reported feeling comfortable discussing a peer's PPC with faculty (45%). However, the majority of the students (70%) are still frustrated with faculty based on their perceptions that faculty are not sufficiently challenging problematic behaviors. Perhaps the students continue to encounter aspects of the peer's PPC that faculty members do not see or believe faculty's remedial actions are not enough. Helping doctoral students understand the developmental aspects of remediation will help them in not only their current situations but also their actions as future counselor educators. Although it is primarily the faculty's responsibility to address PPC, the ACA Code of Ethics indicates that peers have a responsibility to approach other professionals when their behavior does not meet ethical standards. Educating doctoral students on their responsibilities and assisting them in ways to become ethical professionals will help them become attuned to issues as the profession's future gatekeepers.

While faculty are not allowed to discuss another student's remediation or dismissal activities, a program can have a policy of transparency regarding general information that could be beneficial to students. Parker et al. (2014) interviewed current and former counselor education students and found that students voiced a need for clear procedures for reporting peers with PPC. Thus, student orientations could include information related to (a) education on what

constitutes a PPC, (b) how students may be negatively affected by a peers' PPC, (c) students' ethical responsibilities, (d) protocols for reporting peers' PPC to faculty, and (e) faculty members' limitations regarding what they can discuss regarding another student (Brown-Rice & Furr, 2013). This type of policy seems needed given that only a little over half (53.4%) of the doctoral students reported that faculty had discussed the program's policy regarding how doctoral students with PPC were addressed, and less than one-quarter (21.2%) indicated that they had training on how to intervene with a peer demonstrating PPC. Furthermore, students wanted additional information regarding how to identify a peer with PPC (75%) and how to respond to a peer with PPC (83.9%). However, other research findings support the need for the gatekeeping process to be discussed with students beginning at entrance interviews and continuing throughout the program (Foster et al., 2014).

Another consideration educators must be aware of relates to students' perceptions regarding how professors treat students. Some doctoral students believed faculty did not address another student's PPC because the faculty liked or favored the peer (41.5%). Although this study did not examine specific behaviors related to what might constitute a favored status, counselor educators need to remain cognizant of how interactions with students may appear to other doctoral students. Because counselor educators and doctoral students can participate in various professional roles outside the classroom (e.g., research projects, conference presentations, manuscript preparations) (Dickens, Ebrahim, & Herlihy, 2016; Herlihy & Corey, 2016), it is possible that some students may perceive their peers as receiving differential treatment. This area may benefit from further research. The ACA Code of Ethics (2014) stresses that counselor educators must be aware of the power differential and that they only enter nonprofessional interactions with students that are potentially beneficial to the student. We believe educators should also consider how professional relationships benefit the student invited to participate but also negatively affect other students who are not included.

Previous research has shown how divisions may occur in the student cohort when one student demonstrates PPC (Shen-Miller et al., 2014). Furthermore, dissatisfaction and mistrust of faculty may result when students do not believe faculty are addressing disruptive behavioral issues (Shen-Miller et al., 2014). To restore trust, students need to know faculty are taking actions when PPC occurs. On another level, faculty can establish the importance of professional competence by holding all students accountable for their behaviors in the classroom and work settings. Therefore, confidence in faculty may increase if students see that standards of professional behavior are established and reinforced. It might be beneficial for the program to establish a clear contract that outlines expectations and consequences for not fulfilling their commitments (Wade-Benzoni, Rousseau, & Li, 2006). If peers observe that faculty hold all students to consistent standards, they will have more confidence in

Figure 1. **Student Competency Checklist**

	Competency	Yes	No
1.	The student has demonstrated adequate academic skills during this course.		
2.	The student has demonstrated adequate clinical skills during this course.		
3.	The student has demonstrated an ability to regulate their emotions during this course.		
4.	The student has demonstrated no psychological concerns (e.g., suicidal ideation/attempts, mood disorder, anxiety disorder, personality disorder) during this course.		
5.	The student has demonstrated no substance use issues during this course.		
6.	The student has demonstrated professional behavior (i.e., meeting deadlines, open to feedback, collegiality) during this course.		
7.	The student has demonstrated ethical behavior during this course.		

faculty members' ability to address PPC.

Limitations

This study has three main limitations. First, we sampled only doctoral students attending CACREP-accredited counseling education programs. This approach omitted participants who were not enrolled in CACREP-accredited programs and who were not available when recruitment occurred. The second limitation is the use of a researcher-designed survey. The survey evolved from a previous instrument that underwent validation activities; however, although survey-item reliability was found for this modified version, more research on the instrument is needed. An additional concern is that the categories listed representing the types of PPC may be too broad to be as meaningful as looking at a more detailed list of behaviors. For example, unprofessional behaviors included examples of lying, academic dishonesty, excessive tardiness, and class absences, which may be viewed as having differing degrees of seriousness. The third limitation is that volunteers may have answered the survey questions differently than those individuals in the population who did not agree to participate. It is possible that students who had concerns about peers welcomed the opportunity to share their perceptions, making them more likely to respond.

Recommendations for Future Research

This study provides needed insight regarding how doctoral students with PPC affect other students in their programs. However, there is a need for further research to develop a more in-depth understanding related to the findings of this study. Additional qualitative investigation could enrich our understanding of how PPC relates to the doctoral student experience and how doctoral students view their responsibility toward responding to problematic behaviors. One potential area for research involves examining the impact of consistent training for doctoral students on PPC on how to identify and respond to peers demonstrating problematic behaviors. Research on what constitutes a positive, supportive program climate or the role PPC may have in creating a negative climate could enrich our understanding of the doctoral student experience. Faculty members invest in the success of their students, so examining factors that facilitate positive outcomes for students is needed. Additional research to evaluate the outcomes of interventions used with PPC can help programs develop outcome measures of success.

Conclusion

Doctoral students are the future educators and leaders of our profession. Counselor educators have a responsibility to provide an environment that fosters students' personal and professional growth and ensures that students display professional behaviors. For doctoral students, competencies not only relate to professional competency as clinicians but also fitness to be stewards of our profession and training programs. Given that prior research has shown the prevalence of PPC among faculty members (Brown-Rice & Furr, 2015, 2016), the most efficient way to improve PPC among faculty members is to reduce problematic behaviors prior to a doctoral student entering the professoriate. Doctoral students may not perceive the ways in which their behaviors affect others. Receiving timely, constructive feedback can help them grow into successful professional educators. Therefore, counselor educators need to continually assess for and address doctoral students' problematic behaviors. Educators' failure to engage in these gatekeeping and remediation practices will result in a dysfunctional system that leaves the future of the counseling profession to subpar practitioners.

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